

**Georgia Division of Family and Children Services  
&  
The National Resource Center for Family Centered Practice and  
Permanency Planning**

**Report of Findings  
Concurrent Planning Focus Groups**

The Georgia Division of Family and Children Services (DFCS), with technical assistance from the National Resource Center for Family Centered Practice and Permanency Planning, conducted three focus group sessions across the state on November 19 and 20, 2008. The purpose of the focus groups was to gather information from key stakeholders concerning the practice of concurrent planning in DFCS. Improving permanency outcomes for children and families is one of the strategies articulated in Georgia's Program Improvement Plan. To address this strategy, the agency is looking to establish and implement an effective policy and practice concerning concurrent planning. An agency workgroup has been established to implement this strategy. The findings from these focus groups will be used in the development of the agency's concurrent planning policy and practice.

The agency held the focus groups in three locations: Lawrenceville (Gwinnett County), Macon, and Tifton. Janyce Fenton, a consultant from The National Resource Center for Family Centered Practice and Permanency Planning, facilitated each focus group with assistance from workgroup members. An open invitation was issued to agency staff to attend one of the focus groups, and external stakeholders (i.e. private service providers, resource families, and court personnel) were also invited to attend.

Each focus group was conducted as a focused, semi-structured interview. The facilitator worked from a prepared list of questions developed in collaboration with the concurrent planning workgroup; however, the facilitator also had the flexibility to ask additional questions, engage in dialogue with the group, and encourage dialogue among group members.

<b>Focus Group Demographics</b>	
<b>Stakeholder Group</b>	<b>Number in attendance</b>
Supervisors	19
Case Managers (including Resource Development)	17
Regional staff (field program specialists, QI, regional training coordinator, etc.)	12
State office staff (includes policy, training, performance evaluation, and GA Shines)	9
County administrators (program directors, county directors)	6
Private service providers	4
Court personnel (CASA, citizens panel review)	2
Foster parents	1
University partner	1
Unknown - demographic sheet not completed	4
Total (represents the total of all three sessions and responses submitted by participants who were unable to attend)	75

The following pages contain a summary of the responses and key discussion points from the concurrent planning focus groups.

**Question 1: How do you perceive the difference between concurrent planning and permanency planning?**

There was not a consistent understanding of the difference between concurrent planning and permanency planning. Some participants did not perceive a difference between the two. The facilitator took this opportunity to explain the differences to each group. Ms. Fenton explained that for a lot of folks the name (concurrent planning) became synonymous with permanency planning, although it is not. Concurrent planning is based on an assessment of the prognosis for reunification. It means working towards reunification while at the same time working an alternative plan. So, it is only done when reunification is the permanency plan. All children need a permanency plan, but not all children need a concurrent plan.

**Question 2a: What factors are present when concurrent planning works well?**

Summary of the responses:

- Family support...an active extended family that can provide backup to the birth parents
- Good communication ...a clear understanding of what concurrent planning really means. It needs to be clearly defined, everyone involved needs to be on the same page.
- Ownership of all parties...DFCS, birth family, extended family, resource family
- Use of family centered-practice (however, this can mean different things to different people)
- Use of Family Team Meetings
- Creating concurrent plan at the beginning of the case. Should be talking about concurrent planning with families at the onset of the case.
- Use of permanency timeline as a tool to help explain this concept to birth families/get birth families on board.
- Involvement of the birth parents in the legal process and case planning
- Case managers have the right mindset....need to view permanency as a loving home, not just getting the child off the caseload.
- Trust between the birth family and the case manager. This includes case managers following up on what they say, not making promises they might not be able to keep, getting to know the family, and developing a mutual trusting relationship.
- Foster parents that support the child and the birth family and work in partnership
- Search and exploration of extended family and fictive kin
- Liberal visitation -- foster parent supervises the visits and gets to know the birth parents; more frequent visits; more visits in foster home or parents home, more unsupervised visits with parents
- Court that has “bought in to” the concurrent plan and is committed to child achieving timely permanency.

## What are the barriers to concurrent planning?

Summary of the responses:

- High caseloads and staff turnover
- Lack of time
- Court (judges, citizen panels, SAAGs, attorneys, CASA, etc.) not understanding concurrent planning
- Lack of placement resources
- Case managers' lack of time to support foster parents; Resource Development (RD) staff are not in every county to provide support to the foster parents
- Issues with foster parents: overwhelmed; only wanting certain types of children; don't understand what could happen when a child comes into care; get attached to children; difficulty with emotions involved when asking them to work toward reunification but be willing to adopt
- RD staff doing other work. (This is a positive in some counties because the RD workers are completing assessments on family members so children can be placed with relatives instead of staying in foster care. Some counties are focusing more on relatives as a resource for the child instead of foster parents)
- Visitation issues: lack of meaningful visits; visitation centers do not support good visitation – it's an artificial setting; bi-weekly visitation does not support reunification; foster parents aren't involved in family visitation
- Private providers who provide services to families don't understand concurrent planning
- Lack of quality assessments of resource families
- Few resource families with "stay-at-home" parents...don't have time/opportunity to do some of the intensive work with birth parents

Two important practice implications were discussed during the course of this dialogue. The first concerns the timeframe for establishing a concurrent plan. Ms. Fenton suggested that every child should have a concurrent plan **assessment** within 60 days of coming into care. This does not mean that every child should have a concurrent plan; it just means that every child should be assessed to determine if a concurrent plan would be appropriate. There was some indication that in practice, some counties were waiting until 6 months into the case to establish a concurrent plan; however, Ms. Fenton indicates that this is beyond the time that should be allowed for making this decision. "If we're waiting that long to work a concurrent plan, we've already missed the boat."

The second practice implication concerns what it means to work the plans concurrently. Case managers actually have to work both plans at the same time if they are truly doing concurrent planning. It is not enough to say you have a concurrent plan or to establish/document a concurrent plan. Many practitioners end up working them as subsequent plans – if reunification doesn't work out, then they start to work on the alternate plan. This is not the correct way to practice concurrent planning.

**Question 2b: Do you have a specific example from your county/region where concurrent planning worked well in a case?**

In sharing these examples, some common themes emerged:

- Upfront identification of a resource family willing to care for the child under these conditions
- Foster parent involvement - foster parent willing to act in partnership with birth families and help birth parents prepare for reunification
- The court supports concurrent planning at the onset
- CASA and guardian ad litem impacts concurrent planning outcomes
- Good communication between DFCS county office and juvenile court/presiding judge
- All stakeholders are on board with the plan– agency, birth family, foster parent, provider, and court
- Transparency – everyone knows what’s going on and there are no surprises or “gotchas.”
- Being able to break through trust barrier with birth family

**Question 3: How have you been able to explain concurrent planning to birth parents/families?**

Summary of the responses:

- Discuss with parents during case plan development that if they don’t complete reunification goals, the agency could file termination of parental rights (TPR)
- Parents with substance abuse issues - try to help families understand long road to recovery and what that means for child. Talk with them specifically about what permanency means.
- Family Team Meetings (FTMs) have been a very positive way to engage the family.
- Letting the birth parent (s) develop the family plan and “back-up plan”
- Demonstrating respect for the birth parent
- By going over the permanency timeline and writing in dates - helps them understand what has to take place by certain timeframes. Then, explaining we will work with them on reunification but will also be working towards another form of permanency in the event they are unable to meet the goals within the timeline.
- By asking “What plan do you have for your child (ren) if you can no longer parent them?” “Where should they live or who should care for them?” Also, explaining the ASFA guidelines and timelines seem to help. Need to be completely open with parents and allow them to choose options.

Overall, this seemed to be an area of concern for the participants. Participants discussed the difficulty of having these conversations with birth parents. Staff is concerned about what concurrent planning says to the family.....we will work with you, but at the same time we will be looking for another family.

Also, some participants noted that some new workers tend to believe that they can't talk to parents about adoption because it will make them not want to work on reunification. We need to change this mindset and help case managers see that this can be a positive thing, doesn't have to be negative.

Ms. Fenton spent some time discussing the normalization of concurrent planning. She explained that helping a birth family plan an alternative permanency home was similar to what most of us do when we decide who will become the guardians of our children if something were to happen to us.

#### **Question 4a: What type of resource families seem to work most successfully with concurrent planning?**

Summary of responses:

- Those willing to work with birth families - allow liberal visitation by the parent, gets involved in the visits; models for birth parent, gets to know birth family
- Those interested in the child's needs...goes to the foster parent's motivation for fostering.
- Foster parents who are actively involved in the case....they go to court, participate in FTM, etc.
- Foster parents who are less judgmental
- Seasoned foster parents
- Those who are clear about whether they want to foster or adopt and who understand the difference. Have had problems with people who say yes to fostering, but they really want to adopt...can be a barrier to reunification of the family.
- Foster parents who continue to provide some support to birth families after reunification has occurred...demonstrates their commitment to the child and the family
- Those who are knowledgeable about the community and are resourceful
- Those who are willing to have open adoptions; relative resources

This question generated a lot of discussion and unearthed a number of practice implications. A summary of this discussion follows.

#### **Veteran resource families versus newer resource families:**

Some participants expressed a concern about the differences between resource families who have been working for the agency a long time and were trained using MAPP and those newer foster parents who were trained using IMPACT. A participant expressed that veteran foster parents trained under MAPP are sometimes less willing to engage in partnership with birth families. A participant also expressed the idea that even if foster parents seem to embrace this idea in

training, it's difficult to make this attitude or approach stick once they actually start to have children in their home. There was group consensus that it takes nurturing from the case manager to get foster parents through this process, to help them develop positive relationships with birth families, and to help them to keep their boundaries in check.

### **Recruitment/licensing of foster parents:**

There was a general consensus across all three focus groups that the agency needs to grow in this area. The agency needs to raise the bar for resource families and needs to provide better support to foster parents. Also, the agency needs to acknowledge that not all foster parents can provide a concurrent planning home. The agency needs different resources for different birth family situations, and needs to emphasize the right type of families rather than the numbers of families. Need to develop a pool of foster parents that can act as concurrent families.

Ms. Fenton also contributed to this dialogue by explaining that many states struggle with this. She believes that agencies need to stop recruiting from a "position of desperation." Often when we recruit, we send the message that the agency is desperate for resource families to help these children, when we should be sending the message that we have wonderful children --- individuals can apply and we will determine if they are worthy of parenting these children. It's a matter of messaging.

Ms. Fenton also shared that other states that are successfully practicing concurrent planning have developed a specific category of approval/pool of families that are concurrent planning families. This is separate and apart from regular foster parents or adoptive parents.

Participants expressed that the agency needed a mindset change in the way it recruits resource families. Need to be clear that we are looking for families to meet the birth family's needs not just the child's needs.....slogan change from "make a difference in the life of a child," to "make a difference in the life of a family."

Suggestions offered for recruitment, approval, and retention of foster parents:

- Use foster parents who have a positive experience with partnering with a birth family to tell other foster parents and other people in the community. Foster parents are the best recruiters for community support.
- Tighten the process for deciding which potential families are accepted into IMPACT training. Agency is spending time training families that aren't really the families we need.
- Create foster parent support positions. This is an initiative in some counties in region 4 and is working with great results. This staff person's sole job is to support and foster parents.
- In IMPACT classes, put up pictures of children in care to explain that these are the faces of the children who need families. This may help to move some applicants from only considering ages 0 to 5 to considering an older child or teen.

- Talk with applicants while they are in IMPACT about whether they want to continue the process – assuring them that it’s okay if they choose to select out if they decide that fostering isn’t really for them. Consider backing this conversation up to orientation – the agency needs to be able to say no thank you, you’re not what we’re looking for.
- Consider letting teens come to IMPACT and talk about their needs
- Consider asking birth parents to come to IMPACT and share – this can be very impactful.

Shared parenting:

A resource parent offered input and explained the work that she did with one birth parent. She worked with the birth mom from day one. Took her to appointments if needed, encouraged her to come to the child’s doctors or other appointments, and would go and get her if she needed transportation. Now the family is being reunified. She is committed to working with birth families, but will adopt if needed – she has adopted seven children. She explained that at first it was hard and almost broke her heart to let children go. But, as a result of the way she worked with them, the parents have allowed her to remain in the children’s lives after they go home.

Ms. Fenton asked the group how we could clone this foster parent. Participants responded that it’s the responsibility of the agency to support foster parents; we should not be afraid to let them have some of the control; some staff members are too threatened by foster parent involvement and want foster parents to clear everything with them.

Ms. Fenton explored this issue further with the group by asking what workers are afraid of. The responses were varied and included: some case managers take ownership of children as if they are their own; case managers are driven by bias toward birth families; case managers demonstrate more allegiance to foster parents than birth parents; we are the obstacles sometimes; it’s an issue of supervision.

Several case managers offered their insight into this issue, as reflected by the following comments:

- It’s not that they don’t want to give foster parents freedom, but they’ve had situations that were not good. They want to make sure foster parents understand boundaries and birth parents know their boundaries. Case managers still need to know what’s occurring and what’s not, otherwise it’s a problem.
- There are some foster parents that do a lot for the family, but with wrong motives ---so they’ll be in a better position, they think, to keep the child.
- A lot of foster parents aren’t as willing to be involved with birth families – they don’t want the birth parent to know where they live or have their phone number.
- A lot of veteran foster parents are not accustomed to the new way of doing things. New workers are trained differently, so they get resistance.

Ms. Fenton shared information about the Casey Icebreaker Model, which promotes the idea of an initial visit between birth parent and foster parent within 24 hours of a child's removal. This provides a way to begin the shared parenting process and increases the level of respect for the birth parent.

**Other related issues:**

Staff hiring: The agency needs to work on who gets hired – need to ask the right questions of applicants.

Supervision: Supervisors should be nurturing workers into a relationship with the family. But because of turnover, supervisors are like “super case managers” – they are carrying caseloads and don't have time to do good supervision. There's also a lack of support for new supervisors. We are not valuing or respecting supervisors.

**Question 5a: How has the juvenile court supported concurrent planning in your region/circuit?**

Summary of responses:

- Held meetings with the families and agency
- CASA and guardian ad litem support
- Judge educated himself on concurrent planning and is very involved
- Judge requires that DFCS do concurrent planning on meth cases; also does mediations with birth parents and DFCS
- Judges tend to agree with concurrent planning, if it's used correctly. For example, judges do not like every case to have a concurrent plan – feel the agency is simply setting families up for failure.

**Question 5b: What are the issues/practices/policies that need to be addressed/aligned with the court?**

Summary of responses:

- Training of judges -- some judges support concurrent planning and some do not
- Training for all court personnel – SAAGs, CASA, guardian ad litem...important for them to understand that creating a concurrent plan doesn't mean agency is not going to work with the parent toward reunification. It is possible to do both.
- Consider joint, regional training on concurrent planning that includes case managers, supervisors, SAAGs, and judges/court personnel
- Communication of the agency's policy and practice on concurrent planning
- More collaborative meetings with the courts -- Courts do not support concurrent planning because they do not understand it.

- DFCS staff need to build relationship with judges
- More accountability of the SAAGs
- Need to address timeliness in TPR cases...too many continuations, too long to get a hearing set, too long to receive orders

**Question 6: What changes in policy and practice would you suggest for successful, consistent implementation of concurrent planning to occur?**

Summary of responses:

- Policy should clearly define concurrent planning and the circumstances under which it should be done
- Mandate concurrent planning **assessment**, not concurrent planning; specify a time period in which this assessment must occur.
- Require concurrent plans for any child that has been in foster care previously
- Clarify current policy on placing children with undocumented relatives
- Don't limit decisions about concurrent planning to an assessment instrument. If using a specific instrument, should only be used to facilitate discussion.
- Policy should be written in a way that it supports good practice
- Policy should be concrete, but allow some flexibility. Include more practice issues and guidelines in policy for things that can vary from county to county.
- Pay attention to the way policy is implemented/communicated to the field....many times new policy or directives are presented to the management team a certain way...by the time it trickles down to staff, it can be skewed depending on the way a particular manager perceives the new policy and change.
- Pay attention to the use of FTMs. Utilize FTM in making the decision to do concurrent planning; establish a concurrent planning guide for the FTM participants to complete – this will provide direction for what should be included in the plan (note that Wyoming uses a guide); address problems with FTM implementation, such as case managers going into the meeting with decisions already made and counties not holding meetings frequently enough
- Consider getting rid of the foster to adopt category for resource families, or at least re-naming it legal risk adoption, and use it only for cases where there has been a judicial finding that reasonable efforts do not need to be provided.
- Consider creating organizational units to promote concurrent planning...possible dedicated staff for working cases with concurrent plans.
  - NOTE: Ms. Fenton gave a caveat regarding this ...could end up with these workers having all of the most difficult cases. If a concurrent plan is in place, there was a lower prognosis for reunification which probably means more difficult issues with the child and family.

This discussion revealed an important issue concerning assessing the appropriateness of concurrent planning in individual cases. Some in the groups felt that the agency's current Comprehensive Child and Family Assessment (CCFA) requirements should be revised to include a requirement to gather information that would allow the case manager and supervisor to make a decision about the appropriateness of a concurrent plan. Others felt that the CCFA should already offer enough information to make this decision, but we are not getting quality assessments from private providers. Ms. Fenton offered information about a concurrent planning assessment tool that some states have adopted which she can share with Georgia.

**Question 7: What training needs do you envision in order for successful, consistent implementation of concurrent planning to occur?**

Summary of responses:

- More in-the-field training
- Include how case managers can make the most of the contacts with families
- Include more on developing interviewing skills
- Include specifics on how to develop a concurrent plan with correct steps; how to work a concurrent plan with the parents; how a supervisor would mentor/guide case manager working on concurrent plans; provide some type of monitoring tool for supervisors
- Attention to the transfer of learning process
- A third level of training focused on best-practice research
- Training should start with supervisors. Disagreement – train the administrators first!
- Attention to how concurrent planning is trained. Are you training compliance or good practice?
- Reexamine the connection between training, policy, and practice ....new worker, veteran training and policy do not complement each other fully or prepare the new worker to know what to do.
- Begin by looking at what's being taught in Foster Care track training already and go from there
- Training needs to include content/activities to address the needed mindset change about concurrent planning
- Include what the relationship between foster parents and birth parents should look like and what supports are needed to support shared parenting
- Create a regional support network. Regional staff should have the responsibility for continuing training with staff after classroom training. Training unit should provide the materials/content so that regional staff can do this
- Identify counties where concurrent planning is being done well and use these as models; allow us to “see” a “good” concurrent case plan.
- Consider joint, regional training on concurrent planning that includes case managers, supervisors, SAAGs and judges/court personnel

The relationship between the state office and the field was an important issue revealed through the discussion of policy, practice, and training. Issues related to this are revealed in the following comments:

- State office does not stick with a program long enough to see if it works. New people come in to administration and change things before the staff have a chance to see if a program works.
- It seems like the State Office focus is on the numbers and the county office focus is on the family.
- State office staff are often not familiar with the variety of resources or lack of resources from region to region, county to county when making policy and practice recommendations.
- Need more guidance and support from the State Office instead of the State Office just being compliance focused.
- State office staff need to be involved in frontline implementation. Before making a policy or practice recommendation, make sure you know if it will work on the frontline.
- There seems to be a lack of leadership at State Office....no one who can give specific expertise and advice on the issue of concurrent planning. Can't tell supervisors who to call when they need help.

These comments point to the need to be strategic in how this initiative is planned and implemented in the field. It also suggests a need to build internal capacity within the agency –to identify and develop staff members who can provide expertise and leadership in the practice of concurrent planning.

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Concurrent Planning Workgroup  
Workgroup Chairperson: Julie York, DFCS  
Education and Training Services

Focus Group Recorders:  
Wendy Wilson, DFCS GA SHINES project  
Amy Mobley, DFCS Education and Training  
Services  
Deidre Carmichael, Georgia State University,  
DFCS Professional Excellence Program

Report development:  
Deidre Carmichael, Georgia State University,  
DFCS Professional Excellence Program