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ISSUE BRIEF

April 2012

Concurrent Planning: What the Evidence Shows

Concurrent planning is an approach that seeks to eliminate delays in attaining permanent families for children in the foster care system. Concurrent planning involves considering all reasonable options for permanency at the earliest possible point following a child's entry into foster care and concurrently pursuing those options that will best serve the child's needs. Typically the primary plan is reunification with the child's family of origin. In concurrent planning, an alternative permanency goal (e.g., adoption) is pursued **at the same time** rather than being pursued sequentially after reunification has been ruled out. The National Resource Center for Permanency and Family Connections (n.d.) identifies the following nine core components of concurrent planning:

What's Inside:

- How has the practice of concurrent planning progressed?
- What have the Child and Family Services Reviews identified regarding concurrent planning in States?
- What does the literature say about concurrent planning?
- What are successful examples from the field?

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Child Welfare Information Gateway
Children's Bureau/ACYF
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
800.394.3366
Email: info@childwelfare.gov
http://www.childwelfare.gov

1. **Differential assessment and prognostic case review.** An individualized understanding of the personal, interpersonal, and environmental context of the child and family through initial assessments of safety and risk, indepth assessment of family functioning, and child evaluation is combined with a consideration of factors that make timely reunification more or less difficult and more or less likely.
2. **Full disclosure to all participants in the case planning process.** A respectful, candid discussion that begins when the child enters foster care and continues throughout the life of the case includes the following topics:
   - Parental rights and responsibilities
   - Identification of problems that led to the child's placement in care
   - Changes needed to support reunification
   - Alternative decision-making
   - Possible consequences
   - These discussions are offered to birth parents, extended family, children and youth, foster parents, relative caregivers, Tribal representatives, attorneys, guardians *ad litem*, and service providers.
3. **Family search and engagement**
4. **Family group conferencing/teaming**
5. **Parent-child visiting** during out-of-home care
6. **Setting clear time limits for permanency decisions.** Establishing a timeframe in which both reunification and alternative permanency options are pursued helps focus case planning on early and intensive services to enhance a parent's ability and willingness to make necessary changes.
7. **Transparent written agreements and documentation** give all parties a clear understanding of what both the agency and the family must do to achieve reunification.
8. **Committed collaboration between child welfare, the courts, and service providers** is necessary to ensure that timely casework is paired with smooth progress of cases through the court. Support from service providers, including foster parents, ensures that all parties are working toward the same goals.
9. **Specific recruitment, training, and retention of dual licensed resource families**

How Has the Practice of Concurrent Planning Progressed?

Since the 1970s, child welfare agencies have sought ways to reduce children's time in foster care and expedite paths to permanency. One method developed at this time was the foster-adoptive program, which placed children with preadoptive families prior to the termination of parental rights (TPR). The preadoptive family would agree to adopt the child if the parental rights were terminated (Rycraft & Benavides, 2011). This method also may be referred to as "legal risk" or

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"at-risk" adoption. In the 1980s, Lutheran Social Services in Washington State adapted this concept to develop the first concurrent planning model. Whereas the primary focus of foster-adoptive programs was adoption, concurrent planning works simultaneously toward both reunification and an alternate permanent family. Additionally, under the concurrent planning model, the preadoptive parents are expected to support reunification efforts (Rycraft & Benavides, 2011; Edelstein et al., 2002).

The Adoption and Safe Families Act of 1997 paved the way for the legal sanction of concurrent planning in States by requiring that agencies make reasonable efforts to find permanent families for children in foster care should reunification fail and stating that these efforts could be made concurrently with reunification attempts (D'Andrade, Frame, & Berrick, 2006). Additionally, the Fostering Connections to Success and Increasing Adoptions Act of 2008 may help expand the use of concurrent planning. Although the Fostering Connections Act does not directly address concurrent planning, it requires States to contact adult relatives within 30 days of a child entering foster care and notify them of their options to become a placement option, which may assist in concurrent planning efforts (National Resource Center for Permanency and Family Connections, n.d.).

The use of concurrent planning has steadily grown over the past two decades. The number of State statutes (including Washington, DC, and Puerto Rico) that, at a minimum, allow for concurrent planning to occur increased from approximately 33 in 2003 to 38 in 2009 (National Clearinghouse on Child Abuse and Neglect Information, 2003; Child Welfare Information Gateway, 2009).[1] Statutes in some States require the practice under certain circumstances or require the State agency to establish a concurrent planning program. Additionally, data from the National Survey of Child and Adolescent Well-Being estimates that 87 percent of child welfare agencies in 1999–2000 were implementing concurrent planning, with large and urban counties being less likely to have completed implementation (Mitchell et al., 2005).

The following two sections describe in more detail how concurrent planning practice has been discussed in the Child and Family Services Reviews (CFSRs) and child welfare literature.

What Have the Child and Family Services Reviews Identified Regarding Concurrent Planning in States?

Final Reports from the Federal CFSRs[2] present results and discussion for each State regarding its substantial conformity with child safety, permanency, and well-being outcomes. In two full rounds of 52 reviews, no State was found to be in substantial conformity with the first permanency outcome, "Children

[1] The word *approximately* is used to stress that States frequently amend their laws.

[2] The Child and Family Services Reviews are designed to enable the Children's Bureau to ensure that State child welfare agency practice is in conformity with Federal child welfare requirements, to determine what is actually happening to children and families as they are engaged in State child welfare services, and to assist States to enhance their capacity to help children and families achieve positive outcomes. For more information about the CFSR process, visit the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/cwmonitoring

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have permanency and stability in their living situations." The first permanency outcome is most closely connected to concurrent planning and, in the Final Reports, contains most of the references to concurrent planning.

While concurrent planning is not directly assessed in relation to the CFSR outcomes and indicators, it is mentioned in 51 of the 52 State Final Reports in round 1, and in all 52 reports in round 2. These reports serve as useful sources of information about State policies practices, training, and other issues related to concurrent planning.

Over the course of two review cycles, at least 21 States have linked concurrent planning to positive results; these include reduced time to permanency and establishing appropriate permanency goals (IL, LA, NE, NM, NC, SD, VA, VT), enhanced reunification or adoption efforts by engaging parents (CO, IL, ND, SD), and reduced time to adoption finalization (AL, CA, HI, ID, MA, MN, NJ, ND, RI, UT, WA). In round 2 of the CFSRs, only 11 States linked concurrent planning to positive results.

The following are positive examples of and support for concurrent planning across the United States following the second round of reviews:

- At least 41 States have formal concurrent planning policies (an increase from 9 States in the first round). These policies describe the circumstances under which concurrent planning must be practiced, such as mandating concurrent planning upon children's entry into foster care, encouraging concurrent planning when it is in the child's best interests and mandating the practice when the court orders it, and requiring concurrent planning in cases with poor prognosis indicators.
- All 52 State reports indicate that concurrent planning is being implemented to varying degrees.
- At least 20 States provide concurrent planning training to child welfare, court, or other staff. Only 11 States indicated they provided training in round 1.

A Federal summary and analysis of the first round of State reviews found that "concurrent planning efforts are not being implemented on a consistent basis when appropriate" in a majority of States (Children's Bureau, 2004). The Final Reports discussed the concerns and difficulties related to concurrent planning in each State. One of the concerns was a disconnect between policy and practice: In some States with formal concurrent planning policies, little or no evidence of concurrent planning practices was found in case reviews. Similar findings occurred in some States in which stakeholders reported the use of concurrent planning, but little evidence supporting their assertions was found. In a number of States, concurrent goals were written in the case files, but case reviews showed that efforts toward the goals were sequential rather than concurrent.

At least 28 States included concurrent planning in their Program Improvement Plans (PIPs) following round 1 of the CFSRs. Improvement strategies included:

- Developing policy or changing existing policies, including standards of practice (14 States)
- Instituting training for child welfare, court, and other staff (13 States)
- Beginning to implement or increasing the use of concurrent planning (5 States)

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- Improving the review process for concurrent planning (2 States)

In the second round of reviews, the Final Reports continue to address concerns and difficulties related to concurrent planning. In at least 14 States, concurrent planning was mentioned as a key overall concern in the Final Report. Although the majority of States or localities now have formal concurrent planning policies, many indicated that the policies were not being implemented as described in the policies. At least 22 reports indicated that caseworkers were pursuing the concurrent goals sequentially rather than simultaneously. For example, stakeholders in three States noted that, in some cases, all efforts toward reunification are exhausted before any efforts are made toward the other goal (e.g., adoption). Additionally, at least 12 reports indicated that some adoptions were not finalized in a timely manner due to caseworkers incorrectly implementing concurrent planning or not using it at all.

Other difficulties reported for some States in the second round include:

- In 15 States, the practice was being implemented inconsistently across different areas of the State or within localities.
- In eight States, staff's understanding of concurrent planning was unclear.
- In six States, there was a need for additional training about concurrent planning for child welfare staff.
- In six States, there was resistance from the courts and attorneys to the implementation of concurrent planning.
- There were limits in data systems. One report indicated that the State data system hinders concurrent planning because it allows only one goal to be on record at a time.

What Does the Literature Say About Concurrent Planning?

The recent literature on concurrent planning yields little in the way of outcomes or evidence-based practice (Rycraft & Benavides, 2011; D'Andrade & Berrick, 2006). Most available studies consist of tracking permanency outcomes or gleaning qualitative information from focus groups, surveys, or interviews with caseworkers, families, foster/adoptive parents, or other stakeholders. Despite the limitations, recent evaluations do appear to offer support for the approach.

Concurrent Planning Can Improve Outcomes for Children

The primary benefit of concurrent planning appears to be that children in foster care achieve permanency with families more quickly. A British study compared children in concurrent planning projects to children receiving traditional services and found that the children receiving concurrent planning services were placed with permanent families significantly faster and with fewer moves than the comparison group. The children in the concurrent planning projects, however, were unexpectedly much younger than the children in the comparison group, which may affect the results (Monck, Reynolds, & Wigfall, 2004).

In an examination of case records of 640 children in Connecticut who were legally free for adoption, Cushing and Greenblatt (2009) found that if the foster family with whom

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the child is living at the time of the TPR is rejected as the adoptive family, the child is 66 percent less likely to be adopted at all. Additionally, each additional year following the TPR resulted in an 80 percent decrease in the likelihood of adoption during the study period.

The literature also suggests that openness and direct communication between birth parents and caregivers in concurrent planning may lead to more voluntary relinquishments and open adoptions—a seemingly logical outcome of this more open relationship. Finally, existing evaluations identify critical factors in successful concurrent planning efforts that can offer important guidance for child welfare practitioners.

Effective Concurrent Planning Programs Have Common Elements

Frame, Duerr Berrick, and Coakley (2006) examined the legislatively mandated implementation of concurrent planning (CP) in six California counties to identify factors that could be associated with success. They describe seven system characteristics that "appear necessary, in combination, for the full functioning of a system of CP." These essential elements are:

- **Agency support at all levels** for the principles, priorities, and practices of concurrent planning
- **Institutionalization of the approach** through the use of formal systems for resolution of paternity issues and relative search, documented reunification prognosis, tracked timelines, procedures for referral between workers, and regular review meetings
- **Support for caseworkers** including formal and informal training, shared decision-making, and manageable caseloads
- **Integration of child welfare and adoption units** working toward the same concurrent goals
- **An adequate pool of concurrent caregivers** who are willing and able to work toward both reunification and adoption
- **Services available to support birth parents** in achieving reunification-related goals
- **Support from judges, attorneys, and other court personnel** for concurrent planning philosophy and practice

Elements of Concurrent Planning Associated With Positive Permanency Outcomes

Potter and Klein-Rothschild (2002) conducted a study to identify the predictors of permanency attainment within 1 year in the Colorado Department of Human Services' Expedited Permanency Planning (EPP) project, which used an intensive concurrent planning model. In this study of 125 children aged 7 and younger, factors predicting timely permanency included:

- **Race.** African-American children were 74 percent less likely to achieve timely permanency.
- **Mental health.** Children with emotional or behavioral problems were 89 percent less likely to achieve timely permanency.
- **Caseworker consistency.** Each additional caseworker decreased the likelihood of timely permanency by 63 percent.

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- **Fewer placements.** Each additional placement a child experienced reduced the odds of attaining timely permanency by 32 percent.
- **Eligibility for title IV-E assistance.** Children from families that were poor enough to qualify for title IV-E eligibility were 90 percent less likely to achieve timely permanence in 12 months. Thus, ineligibility due to higher income increased the odds for timely permanency.
- **Substance abuse.** When parental substance abuse was identified, timely permanence was 23 times more likely.
- **Court timeframes.** Each day less between the initial filing and the adjudication increased the chance of timely permanence by 1 percent, and each day less between the adjudication and the order for treatment plan increased the chance by 3 percent.

Other factors found to relate to timely permanency included clear identification of the concurrent plan in the written service plan and parental signatures on the plan. This research also found agencies' terminology regarding foster/adoptive parents appeared to be related to differences in how foster and adoptive families were viewed as a part of the concurrent planning process. Agencies using the term "resource families" for foster/adoptive parents tended to involve them more fully in the planning process and make earlier foster/adoptive placements for children than did those who referred to such families as "legal risk."

In a study of 885 children from six counties in California, D'Andrade (2009) compared permanency outcomes of children who received elements of concurrent planning (identified as the existence of a concurrent plan, a reunification prognosis, full disclosure, and a discussion of voluntary relinquishment) with those who did not. She found that, when full disclosure was present (i.e., notifying the birth parents of the consequences of failing to complete the case plan), children were less likely to be reunified with their parents, and discussion of voluntary relinquishment was associated with an increased likelihood of adoption. No other elements of concurrent planning were associated with either permanency outcome. However, some variables that were not elements of concurrent planning, including placement with kin and entry into care after concurrent planning was legislated in the State, were associated with an increased likelihood of reunification. Parents who were less likely to be reunited with their children included those who did not visit during out-of-home care, had a child previously removed, had current substance abuse issues, or had a developmental delay.

More Research Is Needed Regarding the Indicators of a Poor Prognosis for Reunification

Concurrent planning models frequently use an assessment checklist to identify families that have little chance for reunification. Many programs use strengths assessments and poor prognosis tools developed by Katz and her colleagues, but some have developed their own tools. The most common poor prognosis indicators are the following (Lutz, 2000):

- Parent has previously killed or seriously harmed another child.

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- Parent has repeatedly and with premeditation harmed a child.[3]
- Parent's only visible support system is a drug culture, which parent makes no significant effort to change.
- Parent has significant, protracted, and untreated mental health issues.
- Parent's rights to another child have been involuntarily terminated.

At least one study has found no relationship between poor prognosis indicators and the likelihood of permanency through either family reunification or adoption (D'Andrade, 2009). Agencies should use poor prognosis indicators as only one part of a comprehensive family assessment, along with other assessment tools such as strengths, risk, and safety indicators. A differential diagnosis that includes all these tools may be more effective in helping caseworkers gather and assess all relevant information to determine services and concurrent planning needs.

Several States have developed prognostic tools and guidelines for differential assessment that look at a variety of strengths and needs. (See the National Resource Center for Permanency and Family Connections at http://www.nrcpfc.org/cpt/component-one.htm for more information.) State laws and policies vary as to when concurrent planning should be employed (Child Welfare Information Gateway, 2009).

[3] It should be noted that, with the 1997 passage of the Adoption and Safe Families Act and corresponding legislation in the States, attempts to reunite families are not typically required when a parent has killed or seriously or repeatedly harmed a child, as described in the first two bulleted items.

Courts Play an Important Role in Concurrent Planning

Juvenile court oversight of permanency planning and decision-making for children in foster care is mandated by the Adoption Assistance and Child Welfare Act of 1980 and given time limits by Adoption and Safe Families Act (ASFA); the failure to achieve timely permanency is frequently connected to delays in legal proceedings (Edwards, 2007). Because most States legislatively allow for or require concurrent planning (Child Welfare Information Gateway, 2009), courts are critical to the successful implementation of concurrent planning and are responsible for ensuring that agencies implement it within ASFA timeframes.

The importance of judicial involvement in concurrent planning is highlighted by a study of the Kentucky Adoption Opportunities Project (KAOP) (Martin, Barbee, Antle, & Sar, 2002). In this model, the use of concurrent planning was combined with other permanency planning activities for achieving timely permanence: risk assessment, representation by a single attorney from initial filing to permanency, and early placement in foster/adoptive and kinship homes. These activities included changes in court procedures as well as efforts to improve communication between the child welfare agency and the courts.

While it is difficult to isolate the effect of concurrent planning on the outcomes, the KAOP children experienced fewer placement changes and shorter lengths of stay relative to the overall foster care population in their counties. Study authors were unable to identify the effect of specific activities on permanency outcomes but point to

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increased awareness of early assessment, adherence to timelines, reasonable efforts, and coordination, communication, and cross-system collaboration. The study also pointed to several barriers to expedited permanency. Birth parents were often provided inappropriate service referrals that underestimated or misunderstood the incidence of mental illness, multigenerational abuse, and domestic violence. Other barriers included poor communication, confusion about roles, and delays in court hearings.

Staff Acceptance and Understanding Are Critical

Although child welfare staff often believe that concurrent planning is fair, necessary, and helps move children more quickly to permanency, they also emphasize that concurrent planning is stressful, requires them to gather more information to determine permanency options early in the case, and necessitates additional training and support to implement the process effectively (Frame et al., 2006; Gerstenzang & Freundlich, 2006; Malm et al., 2001; Westat & Chapin Hall Center for Children, 2001). The literature, as well as anecdotal reports, indicates that caseworkers often experience difficulty grappling with the tension inherent in attempting to reunite a child with his or her family while also working on an alternative permanent plan (D'Andrade et al., 2006). It is important that both caseworkers and their supervisors accept the philosophy of concurrent planning and believe that it is possible to work in good faith with parents while at the same time planning for an alternative permanency goal.

D'Andrade et al. (2006) found that concurrent planning practice often was well-developed and understood in the "back end" of the system but was poorly developed and understood by frontline workers. Caseworkers often fall back on the traditional method of sequential planning. In addition to understanding basic concurrent planning practice, caseworkers must be competent in conducting differential assessments and in working with parents and other professionals to plan and deliver targeted services and assess progress toward goals (Frame et al., 2006; Lutz, 2000; Westat & Chapin Hall Center for Children, 2001). Supervisors play a key role in promoting collaboration among service recipients, providers, and others involved in each case. Concurrent planning requires that supervisors have the time and skills necessary to involve themselves closely in timely case planning and decision-making.

Agency Policy Should Be Congruent With Concurrent Planning Practice

The implementation of concurrent planning also calls for close scrutiny of agency policies to assess their consistency with the philosophy and intent of this approach. Procedures for staff assignment, case review, documentation, and interaction with the courts and other service providers all have the potential to affect the success of efforts to achieve safe and timely permanency. Examples of agency policies that may help concurrent planning practice be congruent with policy include:

- Eliminating caseworker reassignment when children move from foster to adoptive status (Lutz, 2000)
- Reducing caseload size for caseworkers involved with both reunification and permanency efforts

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- Ensuring that caseworkers have sufficient supports (e.g., supervisory feedback on decision-making) and experience in order to meet the more complex demands of concurrent planning practice (Frame et al., 2006)
- Assigning two caseworkers (one for reunification and one for adoption) to reduce the burden on a single caseworker trying to meet both roles (D'Andrade & Berrick, 2006) or integrating child welfare and adoption staff organizationally and structurally to facilitate ongoing communication and collaborative goal-setting (Frame et al., 2006)

Foster/Adoptive Families Must Be Well Prepared

The concurrent planning approach demands much of foster/adoptive families, who must be well prepared and supported. They must be willing to make a permanent commitment to a child placed in their home before the child is available for adoption, while at the same time work cooperatively with the agency and family of origin to effect reunification. Their work often includes teaching and modeling skills for birth parents and other family members as well as mentoring new foster/adoptive families.

In one study, child welfare staff and court personnel reported that although concurrent planning made fostering more emotionally difficult for foster parents, they believed that it provided a more clearly defined role for the foster parents (D'Andrade et al., 2006). Another researcher noted that one of the primary benefits of concurrent planning is that it allows the foster/adoptive parents to have a more accurate representation of the birth parents to provide to the adopted children as they grow up (Kenrick, 2010).

Not surprisingly, the literature commonly points to the recruitment, preparation, and support of foster/adoptive families as one of the most challenging aspects of concurrent planning. A study of concurrent planning in New York State found that although most foster parents reported understanding concurrent planning, existing training, services, and supports may not be adequate to meet their complex needs during this process (Gerstenzang & Freundlich, 2005).

A study by Gerstenzang and Freundlich (2006) indicates that foster parents should not be required to commit to adoption from initial placement, giving them an opportunity to get to know the child before making a permanent decision. Rather, the agency should inform the birth and foster parents that the foster family will be considered a possible resource.

In a study of 51 California counties, more than half of them reported difficulty recruiting foster/adoptive families. Additionally, more than half of all the counties also reported not providing any additional services to foster/adoptive families beyond what they provided to standard foster families, which could be a reason for the recruitment struggles (D'Andrade, Mitchell, & Duerr Berrick, 2003). In another study of six California counties, researchers found that there were an insufficient number of families willing and able to become foster/adoptive families. Explanations for the low numbers included, but were not limited to, not having special recruiting strategies for foster/adoptive families, and prospective families not being willing to accept the emotional risks involved

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in concurrent planning (Frame, Berrick, & Coakley, 2006).

Casework Practice Is Inconsistent

Even with the philosophy of concurrent planning gaining traction at the State and agency levels, casework practice has been inconsistent. For example, a 1997 law in California requires the documentation of concurrent plans in child welfare court reports. Through case file reviews and interviews with agency and court staff in six counties, D'Andrade, Frame, and Duerr Berrick (2006) determined that the requirement was being met in slightly more than half of all cases. The study also found that caseworkers who did implement concurrent planning were not doing so early enough in the case and sometimes were waiting until just before the TPR hearing. Additionally, much of the text that described concurrent plans in the case files was cursory or described sequential plans. The study listed several reasons provided by agency and court staff for the limited use of concurrent planning, including the belief that concurrent planning was too emotionally taxing for the birth parents, concerns about the duality of the caseworker's role negatively affecting reunification, and that the practice may cause confusion or conflicting loyalties in children.

What Are Successful Examples From the Field?

The following examples illustrate successful methods for planning and implementing concurrent planning in public agencies.

Idaho

The Idaho Department of Health and Welfare (DHW) began focusing on concurrent planning soon after the Adoption and Safe Families Act of 1997. After its first CFSR in 2003, the State incorporated the development of a concurrent planning standard into its PIP. DHW also began training caseworkers on concurrent planning practice. During the second round of CFSRs in 2008, the State recognized that although it had concurrent planning policies in place, practice was not occurring as consistently and effectively as possible. In its next PIP, the State focused on providing support to supervisors and additional training to caseworkers and court staff. DHW developed a concurrent planning tool (available at http://healthandwelfare.idaho.gov/portals/0/Children/MoreInformation/Concurrent%20Planning.pdf) to assist supervisors in guiding their caseworkers. The tool provides definitions and a detailed outline of the concurrent planning-related actions that should occur at various stages in a case. The tool has helped supervisors and caseworkers implement the concurrent planning policies. Additionally, the National Child Welfare Resource Center on Legal and Judicial Issues conducted a training for caseworkers and court staff, including judges and prosecutors, about concurrent planning practice.

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Other practices DHW uses to support concurrent planning include:

- Reviewing concurrent planning practice during semiannual quality assurance reviews. During these reviews, the caseworker and case reviewer are interviewed about strengths and areas needing improvement regarding how the case was coordinated, including the use of concurrent planning. The review tool is the same one used by Federal staff during the CFSRs.
- Conducting permanency roundtables to explore additional permanency options. If there is no viable permanency option for a case, DHW convenes a workgroup to consider other options, including the use of concurrent planning. This many include the use of family group decision-making early in a case, which may help facilitate concurrent planning efforts.

Idaho's concurrent planning efforts have helped improve permanency outcomes for children in out-of-home care. The number of adoptions in the State has increased from 195 in 2007 to 313 in 2010, and DHW attributes part of this increase to its concurrent planning efforts.

North Dakota

The North Dakota Department of Human Services (DHS) implemented concurrent planning statewide in 1999, following a 5-year period of development, training, and regional pilot-testing. Development of the approach involved DHS, the courts, and the mental health and juvenile justice systems. Concurrent planning also was promoted through the State's Court Improvement Project.

Comparisons of current State permanency indicators with those prior to implementation show clear differences. Average time in care decreased from 17 months in 1999 to 9.7 months in 2003. In 2003, 50 percent more children were placed with relatives than in 1999, while 92 percent of children with a goal of reunification were returned to their families (K. M. Kenna, personal communication, March 1, 2004). In 2009, the median length of stay in foster care was 11.9 months. Of children who exited from foster care that year, 66 percent were reunified and 11 percent were adopted.[4] Almost three-quarters of children who were reunified achieved that outcome within 12 months; another 20 percent did so within 24 months (U.S. Department of Health and Human Services (HHS), n.d.)

North Dakota DHS staff cite early family assessment, the development of measurable case plan objectives, full exploration of family resources, and timely service provision as key elements in the success of this approach.

Suggested Citation:

Child Welfare Information Gateway. (2012). *Concurrent planning: What the evidence shows.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

[4] These numbers compare favorably to national outcomes, in which the median length of stay was 13.7 months, 51 percent were reunified, and 20 percent were adopted (HHS, 2010).

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Note: The original (2005) version of this issue brief was developed in partnership with the Child Welfare League of America Research to Practice Initiative, under subcontract to the National Clearinghouse on Child Abuse and Neglect Information. This update was developed by Child Welfare Information Gateway, in partnership with Susan Dougherty. This document is made possible by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The conclusions discussed here are solely the responsibility of the authors and do not represent the official views or policies of the funding agency.

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