

PARTICIPANT HANDOUTS

CWS3071W: CONCURRENT PERMANENCY PLANNING

(Online Version)



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

WDS Workforce Development
and Support

HANDOUTS

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COURSE COMPETENCIES AND LEARNING OBJECTIVES CWS3071: CONCURRENT PERMANENCY PLANNING

Course Competencies:

1. The trainee understands the **principles** of concurrent permanency planning and the **negative effects** inconsistent and non-permanent living arrangements have on children.
2. The trainee understands the potentially traumatic **effects of the separation** and **placement experience** for the child and child's family.
3. The trainee can **work collaboratively** with biological parents, foster/resource families and relatives/kin, involving them in assessment and planning and supporting them in coping with special stresses and difficulties.
4. The trainee can conduct **effective ongoing concurrent service assessment and planning** and make appropriate modification to the concurrent service plan.
5. The trainee can demonstrate knowledge of specific **laws, policies, and terminology related to concurrent permanency** planning.

Course Learning Objectives:

Upon completion of the course, trainees will be able to:

1. Process attitudes and understanding relative to concurrent services planning and to family centered, child-focused permanency planning; as well as open and inclusive approaches to working with birth parents and foster/adoptive parents in their own communities.
2. Explain the principles of concurrent planning.
3. Know the current definitions, terminology, characteristics, and processes of concurrent permanency planning.

4. Demonstrate knowledge of federal and state laws and policies regarding concurrent planning.
5. Identify critical steps of casework process under ASFA, which include development of concurrent reunification and permanency plans and identify exception to the requirements of “reasonable efforts.”
6. Value concurrent planning as a family reunification method that ensures the best interest of the child guides case planning decisions.
7. Conduct a differential assessment on the potential for reunification for families/children using the Permanency Planning Indicator tool and ongoing assessments.
8. Explain and apply the Concurrent Planning Three-Stage Casework Practice Model and its timeline.
9. Ask appropriate questions of caretakers regarding their commitment to permanency that will ensure all parties are making an informed choice that is in the child’s best interests.
10. Conduct “full disclosure” interviews with biological parents, extended family, foster parent, resource families, relative caregivers, and children in care.
11. Practice writing effective case plans (behaviorally specific case plans, develop appropriate timelines, write case plans that include measurable changes in parenting skills) and documentation for the courts.
12. Value the strengths of extended family and caregivers as a support such as the need to find relatives early, how to support relative caregivers, and how to include relative in case planning.
13. Identify pitfalls of concurrent planning in order to address these areas of concern in their practice.
14. Incorporate the benefits of implementation of concurrent planning into their work with families, service providers, and the community.
15. Identify steps in their own transfer of learning plan.

COURSE AGENDA

DAY ONE

- | | |
|------------|--|
| ACTIVITY A | Introduction to Concurrent Planning |
| ACTIVITY B | The Core Components |
| ACTIVITY C | Permanency Planning Assessment |
| ACTIVITY D | Planning for Permanency: A Three-Stage Process |
| ACTIVITY E | Planning for Permanency: The Document |
| ACTIVITY F | Full Disclosure Interviewing |
| ACTIVITY G | Building the Child-Centered Relationship |
| ACTIVITY H | Wrap-Up |

Virginia Children's Services Practice Model

The Virginia Children's Services System Practice Model sets forth a vision for the services that are delivered by all child serving agencies across the Commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services and the Office of Comprehensive Services. The practice model is central to our decision making; present in all of our meetings; and in every interaction that we have with a child or family. Decisions that are based on the practice model will be supported and championed. Guided by this model, our process to continuously improve services for children and families will be rooted in the best of practices, the most accurate and current data available, and with the safety and well-being of children and families as the fixed center of our work.

We believe that all children and communities deserve to be safe.

1. Safety comes first. Every child has the right to live in a safe home, attend a safe school and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.
2. We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety, and recognize that removal from home is not the only way to ensure child or community safety.
3. In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.
4. Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
5. We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.

We believe in family, child, and youth-driven practice.

1. Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, well-being as well as in service and educational planning and in placement decisions.

2. Each individual's right to self-determination will be respected within the limits of established community standards and laws.
3. We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
4. Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
5. We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

We believe that children do best when raised in families.

1. Children should be reared by their families whenever possible.
2. Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.
3. Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child- centered, and community-based.
4. People can and do make positive changes. The past does not necessarily limit their potential.
5. When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.
6. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.
7. Children's needs are best served in a family that is committed to the child.
8. Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

We believe that all children and youth need and deserve a permanent family.

1. Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.
2. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.
3. Planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.
4. Permanency planning for children begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.

We believe in partnering with others to support child and family success in a system that is family- focused, child-centered, and community-based.

1. We are committed to aligning our system with what is best for children, youth, and families.
 - Our organizations, consistent with this *practice model*, are focused on providing supports to families in raising children. The *practice model* should guide all of the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance and other supports must reinforce the model.
 - We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.
 - Community support is crucial for families in raising children.
2. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.

- Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers and community stakeholders.
 - All stakeholders share responsibility for child safety, permanence and well-being. As a system, we will identify and engage stakeholders and community members around our *practice model* to help children and families achieve success in life; safety; life in the community; family based placements; and life-long family connections.
 - We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.
3. We are committed to working collaboratively to ensure that children with disabilities receive the supports necessary to enable them to receive their special education services within the public schools. We will collaboratively plan for children with disabilities who are struggling in public school settings to identify services that may prevent the need for private school placements, recognizing that the provision of such services will maximize the potential for these children to remain with their families and within their communities.

We believe that how we do our work is as important as the work we do.

1. The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our *practice model*. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.
2. As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.
3. Our organizations are focused on providing high quality, timely, efficient, and effective services.

4. Relationships and communication among staff, children, families, and community providers are conducted with genuineness, empathy, and respect.
5. The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness and guide policy decisions. We must strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families
6. As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

CONCURRENT PERMANENCY PLANNING DEFINED

What is concurrent planning?

- A process of working towards one legal permanency goal (typically reunification)
- while at the same time establishing and implementing an alternative permanency goal and plan
- that are worked on concurrently to move children/youth more quickly to a safe and stable permanent family.

What are the goals of concurrent planning?

The National Resource Center for Permanency and Family Connections states that concurrent planning has four goals:

- To promote safety, permanency, well-being of children/youth
- To achieve timely permanency
- To reduce the number of moves for children and youth
- Continue significant relationships

What is the philosophy behind concurrent planning?

Concurrent planning is based on the philosophy that adults, rather than children/youth, should assume the emotional risk of foster care. Concurrent planning assumes that adults are better able to manage the ambiguity of relationships and the uncertainty of an unknown future than are children/youth – so, the emotional burden is shifted (Northern California Training Academy, 2009).

How is “success” defined in concurrent planning?

Success is defined as:

- safely achieving permanency for children/youth in a timely way
- so that children do not remain in foster care any longer than is absolutely necessary.
- While reunification is a primary goal, it is not the only permanency goal.

THE NINE COMPONENTS OF CONCURRENT PLANNING

1. Differential assessment and prognostic case review
2. Full disclosure to all participants in the case planning process
3. Family search and engagement
4. Family group conferencing/teaming
5. Visiting between family, child/youth
6. Setting clear time lines for permanency decisions
7. Transparent written agreements and documentation
8. Committed collaboration between child welfare, the courts, service providers
9. Specific recruitment, training, and retention of dual licensed resource families

Courtesy of **The National Resource Center for Permanency and Family Connections** at the Silberman School of Social Work at Hunter College, Concurrent Planning: A Web-based Practice Toolkit, 2010

Component #1: Differential assessment and prognostic case review

The Differential Assessment Tool is used for early assessment of the conditions that

- led to the child's placement in foster care,
- the strengths of the family and
- the likelihood of reunification within 12 to 15 months.

This is a tool meant to help identify those children who need to be placed in a resource family home, in the event that reunification does not work out, **and** those families who would benefit from more intensive outreach, engagement, and services (reasonable efforts) to give reunification every opportunity to work.

This process is consistent with other VDSS requirements to assess the family's strengths, as well as the interplay of risk factors such as child vulnerability, parental capacity and the family members' history of functioning. The **Permanency Planning Indicator** is one of the recommended assessment tools.

What is a prognostic case review?

A prognostic case review considers factors that make timely reunification more or less difficult, and more or less likely. VDSS mandates a minimum of 90 day re-assessment reviews of the effectiveness of, and need for, services.

Source: [NRCFCPP. \(n.d.\) Concurrent Planning Curriculum: Module 2: Differential Assessment to Prevent Foster Care Drift](#). Retrieved March 29, 2010

Virginia Department of Social Services, Foster Care Manual, August 2020, Section 5 Conducting Child and Family Assessment.

Component #2: Full disclosure to all participants in the case planning process**According to the VDSS manual, Section 7 (August 2020):**

Parents have a right to know what foster care and permanency planning is about as they ultimately decide the outcome of the case through their behaviors and choices. Full disclosure is the respectful discussion with parents so that they will have clear information about the following:

- *Reunification standards and expectations.*
- *Parent's rights and responsibilities.*
- *Importance of staying connected to their child.*
- *How foster care, by its very nature, has the potential to cause harm to their child.*
- *How a permanent placement is so vital to their child's well-being.*
- *Factors in the family's history that may make reunification more difficult.*
- *Consequences of not reunifying and the steps the service worker is taking to provide an alternative permanency safety net for the child through identification and implementation of a concurrent plan.*

Full disclosure has been found to increase the motivation of parents to reunify. "The parents should know that they can expect the agency to proceed with alternative plans if they are not available or cooperative... Concurrent planning deals directly with the parent(s)' ambivalence and indecision, and not allowing that to paralyze case planning..." (1994, Katz, *Concurrent Planning*, pages 12-13.) Full disclosure begins when a child is placed in foster care, is offered to the parents and other team members, and continues throughout the life of the case.

Who is entitled to full disclosure?

Birth parents, extended family, children and youth, foster parents, relative caregivers, tribal representatives (when appropriate), attorneys, guardians ad litem, and service providers are entitled to full disclosure.

The birth parents, the child if appropriate, relatives, foster families, judges, attorneys and service providers should be told about the child protective service process and time frames; that there is an alternative permanency plan; and that the alternative permanency plan will be implemented if the birth family does not meet the agency's and court's expectations in the time frames specified.

Relative and non-relative resource families should be provided with the following information:

- Resource care is temporary and it is not good for children to grow up without permanent parent(s)
- Their roles in assuming care for the child
- Their roles in assisting or supporting reunification
- The expectation that they will commit to being the legal parents or guardians for the child in the event that the child cannot return home

Virginia Department of Social Services August 2020 Child and Family Services Manual Chapter E. Foster Care Section 7 Selecting Permanency Goals

The National Resource Center for Permanency and Family Connections at the Silberman School of Social Work at Hunter College, **Concurrent Planning: A Web-based Practice Toolkit**, 2010

Component #3: Family Search and Engagement

Concurrent Planning requires the early determination of paternity and family finding activities, including both maternal and paternal relatives. This identification and search is consistent with VDSS policy as stated in the Foster Care manual, Chapter E, Section 2 (2013). This component is used as a strategy for permanence in all aged children and is imperative for youth in long-term care, who are aging out of care and needing lifelong connections.

The LDSS shall document diligent efforts to notify in writing all grandparents and other adult relatives, both maternal and paternal, when the child is being removed or has been removed. Parents and relatives should be actively engaged in decision making for the child through a Family Partnership Meeting prior to removing the child whenever possible. Notifying relatives and documenting these efforts shall be the responsibility of all services workers involved in the child's case.

After notifying family members that the child is being removed or has been removed and is in the custody of the LDSS, workers shall:

- Invite the family members to discuss ways to be involved in the child's life, including the possibility of becoming a resource parent for the child.
- Request assistance in locating relatives who may be willing to be involved in the child's life, including being considered as possible placements for the child.
- Explain the legal options available to relatives for the placement and care of the child.
- Describe the requirements for becoming a resource foster family.
- Provide information on the types of services and supports available for children placed with resource families.
- Explain the permanency options that may no longer be available if the relatives do not respond to the written notice.
- Provide contact information for LDSS staff responsible for responding to the relatives' interest in caring for the child.

The following six step approach to Family Finding has been outlined in:

[Six Steps to Find a Family: A Practice Guide to Family Search and Engagement \(FSE\):](#)

- **Setting the Stage**

The goal of this step is for the child, youth, family, supervisor, caregivers and professionals to gain a clear understanding of the Family Search and Engagement (FSE) process and how safely and successfully support these activities.

- **Discovery**

Knowledge of a large pool of family members and significant adults, some of whom will establish connections and join the team to assist and support the child's and youth's quest for permanency.

- **Engagement**

Those who have an inherent, or historic, connection to the child and/or youth share information about them, are cleared on safety as needed, begin to establish a connection with the child and/or youth, and, if they are not already on the team, join the team.

- **Exploration and Planning**

A functioning team composed of the child, youth, family, and professionals, and important others explores options and takes responsibility for finding permanency for the child and/or youth.

- **Decision Making and Evaluation**

The team, including child, youth and social worker, develops an individualized plan for legal and emotional permanency, a timeline for completion, a process for ongoing monitoring of progress, and a contingency plan.

- **Sustaining the Relationship(s)**

Resources have been organized to maintain permanency.

The National Resource Center for Permanency and Family Connections at the Silberman School of Social Work at Hunter College, Concurrent Planning: A Web-based Practice Toolkit, 2010

VDSS, Foster Care Manual, August 2020, Chapter E, Section 2 - Engaging the child, family, and significant adults

Component #4: Family group conferencing/teaming

Per the VDSS Foster Care Manual (August 2020) Section 2:

A Family Partnership Meeting is a team approach for partnering with family members and other partners in decision making throughout the family's involvement with the child welfare system. The team is facilitated by a trained individual who is not the service worker for the child or family. It builds upon the strengths of the child, family, and community to ensure safety, a permanent family, and lifelong connections for the child. A Family Partnership Meeting should be held prior to the child's removal from home and prior to placement changes to engage the family, other significant adults, and community members in the decision-making process.

An FPM should be held at critical decision making points, including when reviewing progress in determining the concurrent planning goal and selecting services/monitoring progress in accomplishing the permanency plan.

The Family Partnership Meeting should include birth parents, youth, other significant players identified by the birth parents and/or youth, and neighborhood-based community representatives.

Each Family Partnership Meeting convened at the critical decision points after a child's removal should include all the team members invited to previous meetings and should include the foster and/or adoptive parents of the child, so that the birth-foster parent, legal guardian or foster parent-adoptive parent or birth-foster-adoptive parent relationship can be initiated and/or strengthened and expectations of all parties can be clarified.

Participants and their respective roles in the Family Partnership Meeting are described below:

Facilitator. *This individual is trained to lead the group through a solution-focused process. The Family Partnership Meeting is facilitated by a trained individual who is not the service worker for the child or family.*

Birth parents. *The birth parents are recognized as the experts on their family's needs and strengths. Their presence and involvement is integral to the meeting. Family Partnership Meetings do not occur without family unless the purpose of the meeting is to consider an emergency placement and the decision to remove the child from the home must be made by the agency within 24 hours. Every effort is made to involve the family, and the meeting does not occur unless the family is not available or chooses not to participate. If the family is not present, the reason for their absence is well documented in OASIS.*

Caseworker connected to the family. The caseworker first talks with his or her supervisor to determine whether a Family Partnership Meeting is needed for the child or family. The caseworker is responsible for making the referral for a Family Engagement Meeting. The caseworker relays all relevant information to the facilitator that includes the purpose of the meeting and any potential physical or emotional safety concerns that may impact the meeting, and ensures both the maternal and paternal family and all individuals that are involved with the family are invited to the meeting. The caseworker is prepared to provide information to participants about the meeting purpose and provide any information and previous services received by the family. The case worker is responsible for making a decision if absence of consensus or if safety concerns are evident.

Child(ren)/Youth. In deciding whether or not a child should participate, the service worker considers the child's developmental and chronological age and the parents' suggestions and concerns, and consults with others that have a working knowledge of the child's capacity, such as a therapist or counselor. There is a presumption that older youth will always participate unless there is a sound reason for them not to. It is recommended that youth 9 and older, unless otherwise determined, participate in Family Partnership Meetings.

Extended family and non-relative supports. Both maternal and paternal relatives as well as non-relative supports are invited by youth, parents, and/ or the service worker as supports, to assist, and/ or to be a resource. Their participation is always supported and encouraged. Extended family members are also asked about other individuals involved with the family who may be a potential support.

Current caregivers (kin, foster). These individuals are also seen as key team members who assist in providing information regarding the child's adjustment, progress, and needs, and assist with developing ideas and reaching a decision.

Supervisor. The supervisor of the caseworker connected to the family is responsible for being knowledgeable of the case. The supervisor utilizes the meeting as an opportunity to assess the strengths of their worker and identify areas in need of improvement. The supervisor serves as the expert about the process for accessing various services within their locality.

Community partners. These individuals are defined by their identity as a member of the family's community whether based on neighborhood, ethnicity, religion, school, or other connection. They are invited by the agency and/or the birth parents, based on existing partnership to provide support, resource expertise, and an external perspective to decision making. Their presence in the meeting is agreed to by parents.

Service providers. *These are persons currently or previously involved with the family who come to the meeting prepared to discuss current or previous services provided to the child and/or family and any current or future recommended service needs.*

Guardian ad litem (GAL) and CASA volunteers. *These court-appointed representatives responsible for representing the child's best interest are invited to the Family Partnership Meeting. These individuals often have useful information that can help inform the family engagement process. GALs can also give guidance and set parameters around legal issues that may be discussed during the meeting.*

Other public agency staff. *This group may include home finding, independent living, family preservation staff, adoption staff, adult services staff, benefits workers, or others available to provide expertise/information depending on the purpose of the meeting and the type of Family Partnership*

Component #5: Visiting between family, child/youth

While children are in out-of-home care placements, it is important to maintain connections with their birth families. Parent-child visits are a key strategy to accomplish this and to work toward reunification of the family.

According to the VDSS manual:

A plan for visitation between the child and parent/prior custodians (shall be included in the Service Plan). If siblings are separated, a plan for visitation and communication with siblings shall also be included. .. The service plan should include specific objectives for parents including frequency and location of visits and expected observations that would demonstrate adequate parenting and state any restrictions or limitations to the visits or communications. “

Visiting between parents and their children in foster care is generally considered to be the most important factor contributing toward timely family reunification, a major feature of permanency planning for children in foster care. Hess & Proch (1992) referred to family visiting as the "heart of reunification." The practice allows the social worker involved to assess the parent-child relationship as well as the level of readiness for reunification. It also provides opportunity to promote the importance of child safety and emotional well-being (Kessler & Green, 1999; Wright, 2001).

What is the role of parent-child visitation in concurrent planning?

Visitation is considered the primary child welfare intervention for maintaining parent-child relationships necessary for successful family reunification.

The National Resource Center for Permanency and Family Connections at the Silberman School of Social Work at Hunter College, Concurrent Planning: A Web-based Practice Toolkit, 2010

VDSS, Foster Care Manual, August 2020, Chapter E, Section 2 - Engaging the child, family, and significant adults

Component #6: Setting clear time lines for permanency decisions

Firm timelines:

- Give activities priority, create motivation, and focus attention.
- Deadlines balance the child's need for timely permanency with a parent's right to reunify.
- Quickly engages the parent in services and underscores the timelines to the parent.
- Requires case planning that includes early and intensive service provision to parents, focusing on parental ability and willingness to make changes to undertake caretaking responsibilities

Clear and firm time lines for permanency decision-making are usually set within 12 months, unless there are extenuating circumstances, during which both reunification and alternative permanency options are pursued;

Component #7: Transparent written agreements and documentation

The service plan indicates what the permanency planning goal is for the child and the concurrent goal. **The plan delineates the objectives and services for both plans.** Strength and weakness information from the Permanency Planning Indicator is incorporated into the plan. All parties involved must understand that the Adoption and Safe Families Act (ASFA) allows the LDSS to engage in concurrent planning while making reasonable efforts to reunite the family because the desired outcomes are decreased length of stay in foster care, fewer placement moves, and fewer children in long-term foster care. These outcomes help maintain continuity of care for children and, thus, healthier attachments to caretakers.

Why are timely case reviews important?

Conducting frequent ongoing case reviews is essential to assess any continuing needs, the effectiveness of services supporting both plans, in order to plan for the future. The Center for Social Services Research at the University of California, Berkeley states:

Regular collaborative case reviews encourage thoughtful discussion of concurrent planning alternatives, and provide collegial and supervisory support for workers making difficult decisions in limited time frames. Reviews begin early in case involvement to identify children needing a permanent plan and ensure participants retain a sense of urgency regarding the need to consider concurrent plans.

Component #8: Committed collaboration between child welfare, the courts, and service providers

The concept of teaming is not new, but now it has become a formalized part of the services offered to families.

Per Section 16 of the VDSS FC Manual,

*LDSS should use a **wraparound approach** to help achieve the child's permanency goal and address the child and family's needs. The process involves an intensive, individualized process for planning, implementing, and managing care to achieve positive outcomes with the child and family.*

A team of people, relevant to the child's life, collaboratively develops and implements a creative wraparound plan. This holistic plan is designed based on an assessment of the needs of the child, caregivers, and siblings. A wraparound set of services and supports is individually designed with the child and family to meet their identified needs. The services creatively build upon and enhance the unique strengths, resources, and natural supports of the child and family. The planning process, as well as the services and supports provided, are individualized, family-driven, culturally-competent, youth-guided, and community-based. The process and plan are strengths-based, including activities that purposefully help the child and family recognize, use, and build their talents, assets, and positive capacities.

The process strives to develop the coping skills, problem-solving skills, and self-efficacy of the child and family members. It increases the "natural support" available to the family by strengthening their interpersonal relationships and using other available resources in the family's network of social and community relationships. It emphasizes integrating the child into the community and building the family's social support network.

Such initiatives as Family Partnership meetings, Bridging the Gap and involvement with the Model Court process support collaborative efforts in Virginia.

Component #9: Specific recruitment, training, and retention of dual licensed resource families.

Since 2009, the VDSS Resource Parent guidelines have supported the dual approval of foster parents for both foster and adoptive placements. According to the Resource Family Manual of January 2021, a resource parent is:

An approved provider who is committed both to support reunification and also to be prepared to adopt the child if the child and family do not reunify. This provider has completed the dual approval process.

Specific recruitment for concurrent planning families is a critical component to successful concurrent planning. These resource families need initial as well as ongoing training and support. The importance of facilitating the relationship between the birth family and the foster family is essential. This relationship can enhance placement stability, as well as expedite permanency either through adoption or providing lifelong relationships to children and their families. Bridging the Gap practices are consistent with Concurrent Planning practice.

Resource families who are trained and prepared for being a “resource” for however the child needs them, both support and are supported by, efforts to achieve timely permanence for children, explore voluntary relinquishment with parents expressing ambivalent feelings, as well as providing mentoring and role modeling behaviors for birth parents.

CONCURRENT PERMANENCY PLANNING ASSESSMENT TOOLS

Family Strengths/Early Reunification Indicators:

These are some of the strengths and resources which can be called upon to help the family plan for timely reunification and improve children's well-being.

Parent – Child Relationship

- Parent show empathy and concern for child.
- Parent responds positively and supportively to the child's verbal and non-verbal signals.
- Parent shows the ability to put the child's needs ahead of his/her own.
- When they are together, child shows comfort in parent's presence.
- The parent has raised the child for a significant period of time.
- In the past, the parent has met the child's basic physical and emotional needs.
- Parent accepts some responsibility for the problems that brought the child into care or the attention of the authorities.

Parent Support System

- Parent has positive, significant relationships with other adults who seem not to have overt problems (spouse, parents, friends, relatives).
- Parent has a meaningful support system that can help him/her now (church, job, counselor).
- Extended family is nearby and capable of providing support.

Past Support System

- Extended family history shows family members able to help out/provide support when one member is not functioning well.
- Relatives came forward to offer help when child needed placement.
- Relatives have followed through on commitments in the past.
- There are significant other adults, not blood relatives, who have helped in the past.
- Significant other adults have followed through on commitments in the past.

Family History

- Family's ethnic, cultural, or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis.
- Parent's own history shows consistency of parent caretaker.
- Parent's history shows evidence of his/her childhood needs being met adequately.

Child's Overall Development

- Child shows age-appropriate cognitive abilities.
- Child is able to attend to tasks at an age appropriate level.
- Child shows evidence of conscience development.
- Child has age-appropriate social skills.
- Child's behavioral problems are managed/redirected positively.
- Child's health care needs have been met routinely.

National Resource Center for Foster Care and Permanency Planning, Hunter College School of Social Work, Children's Bureau/ACF/DHHS. *Concurrent Planning for Timely Permanency Curriculum, Module 2: Differential Assessment to Prevent Foster Care Drift*. Retrieved from: www.hunter.cuny.edu/socwork/nrcfcpp.

INDICATORS OF CONCERN ABOUT REUNIFICATION: PERMANENCY PLANNING RED FLAGS

These are conditions which might make timely reunification difficult or unlikely and indicate a need for more intensive casework services with the parents as well as a concurrent plan for placement with a permanency planning resource family. Conditions with an (*) are associated with a very low probability for family reunification and for the most part have been incorporated in ASFA's "aggravated circumstances" when Reasonable Efforts to reunify may not be required.

Factors Related to Abuse or Neglect:

- Parent has killed or seriously harmed another child through abuse or neglect and no significant change has occurred in the interim (*)
- Parent repeatedly and with premeditation harmed or tortured this child (*)
- Child has experienced physical or sexual abuse in infancy
- Diagnosed failure to thrive infants
- Child has been a victim of drug-exposure at time of birth
- Significant neglect
- In addition to emotional trauma the child has suffered more than one form of abuse, neglect or sexual abuse
- There have been three or more CPS interventions for serious incidents, indicating a chronic pattern of abuse, or severe neglect.
- CPS preventive measures have failed to keep the child safe with the parent.
- This child has been abandoned with friends, relatives, hospital or in foster care; or once the child is placed in subsequent care, the parent does not visit on his or her own accord

Factors Related to Ambivalence

- Previous placement of this child or other children
- Parent has asked to relinquish child on more than one occasion following initial intervention; previous relinquishment of a child
- Repeated pattern of uncertainty as to desire to parent
- Inconsistent contacts with the child
- Lack of emotional commitment to the child; parent dislikes child due to child's paternity
- Parent(s) consistently acknowledge ongoing problems with parenting

Factors Related to Parental History and Functioning

- Parental rights to another child have been terminated following a period of service delivery to the parent and no significant change has occurred in the interim (*)
- Siblings have been placed in foster care or with relatives for periods of time or have had placements by CPS
- Parent is under the age of 16 with no parenting support systems, and placement of the child and parent together has failed due to parent's behavior
- Parent is addicted to debilitating illegal drugs or alcohol
- Mother abused drugs/alcohol during pregnancy, despite medical advice to the contrary
- Pattern of documented domestic violence and refusal to separate
- Parent has a recent history of serious criminal activity and jail
- Parent grew up in care with multiple placements or in a family of intergenerational abuse
- Parent has degenerative or terminal illness
- Visible means of support derived from prostitution, drugs or other crimes
- Parent diagnosed with severe mental illness which has not responded to previous mental health services
- Parent diagnosed with a severe mental illness that responds slowly or not at all to current treatment modalities
- Parent is developmentally disabled, has shown significant problems in self-care, has no kinship support system able to share parenting

National Resource Center for Foster Care and Permanency Planning, Hunter College School of Social Work, Children's Bureau/ACF/DHHS. *Concurrent Planning for Timely Permanency Curriculum, Module 2: Differential Assessment to Prevent Foster Care Drift*. Retrieved from: www.hunter.cuny.edu/socwork/nrcfcpp.

Permanency Planning Indicator

Case Name:	Form Completion Date:
Parent or Prior Custodian:	Social Worker's Name:
Case Number:	
Section 1 – Strengths	Section 2 – Barriers
Parent-Child Relationships	Catastrophic Prior Abuse
1. Parent shows empathy for child	1. Parent has killed or seriously harmed another child through abuse or neglect and no significant change has occurred in the interim.
2. Parent responds appropriately to the child's verbal and non-verbal signals	2. Parent has repeatedly and with premeditation harmed or tortured this child.
3. Parent has an ability to put the child's needs ahead of his/her own.	3. Child experienced sexual abuse by a caretaker or entered foster care due to sexual abuse.
4. When they are together, the child shows comfort in the parent's presence.	4. Child experienced physical abuse in infancy.
6. In the past, the parent has met the child's basic physical and emotional needs.	Dangerous Lifestyle
7. Parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities.	5. Parent's only visible support system and only visible means of financial support is found in illegal drugs, prostitution, and street life.
Current Parental Support System	6. Parent is addicted to debilitating illegal drugs or alcohol.
8. Parent has positive, significant relationships with other adults who seem free of overt pathology.	7. Pattern of documented domestic violence between the spouses and they refuse to separate.
9. Parent has a meaningful support system that can help him/her now (job, counselor, faith based group/network/institution).	8. Parent has a recent history of serious criminal activity and jail.
10. Extended family is nearby and capable of providing support.	9. Mother abused drugs/alcohol during pregnancy despite medical evidence to the contrary.
Past Parental Support System	Significant History
11. Extended family history shows family members able to help appropriately when one member is not functioning well.	10. Parental rights to another child have been terminated following a period of service delivery to the parent and no significant change has occurred in the interim.
12. Relatives came forward to offer help when the child needed placement.	11. There have been three or more CPS interventions for serious separate incidents, indicating a chronic pattern of abuse or severe neglect.
13. Relatives have followed through on commitments in the past.	12. In addition to emotional trauma, the child has suffered more than one form of abuse, neglect, or sexual abuse.
14. There are significant other adults, not blood relatives, who have helped the family in the past.	13. Siblings have been placed in foster care or with relatives for a period of time over six month duration or have had repeated placements with CPS intervention.
15. Significant other adults have followed through on commitments in the past.	14. This child has been abandoned with friends, relatives, hospital, or in foster care; or once the child placed in subsequent care, the parent does not visit of his/her own accord.
Family History	15. CPS preventative measures have failed to keep the child with the parent.
16. Family's ethnic, cultural, or religious background includes and emphasis on mutual caretaking and shared parenting in times of crisis.	16. Parent is under the age of 18 with no parenting support system, and placement of the child and parent together has failed due to parent's behavior.
17. Parent's own history shows consistency of parental caregiver.	17. Parent grew up in foster care or group care, or in a family of intergenerational abuse.
18. Parent's history shows evidence of his/her childhood needs being met adequately.	18. Parent has asked to relinquish the child on more than one occasion following initial intervention.
Parent's Self-Care and Maturity	Parental Conditions
19. Parent's general health is good.	19. Parent diagnosed with severe mental illness (psychosis, schizophrenia, borderline personality disorder, sociopathy) which has not responded to previously delivered mental health services.
20. Parent uses medical care for self appropriately.	20. Parent's symptoms continue, rendering parent unable to protect and nurture child.
21. Parent's hygiene and grooming are consistently adequate.	21. Parent has a diagnosis of chronic and debilitating mental or physical illness: psychosis, schizophrenia, borderline personality disorder, sociopathy, brain injury, or other physical illness that responds slowly or not at all to current treatment modalities.
22. Parent has a history of stability in housing.	22. Parent is intellectually impaired, has shown significant self-care deficits, and has no support system of relatives able to share parenting
23. Parent has a solid employment history.	
24. Parent has graduated from high school or possesses a GED.	
25. Parent has employable skills.	
Child's Development	
26. Child shows age-appropriate cognitive abilities.	
27. Child is able to attend to tasks at an age-appropriate level.	
28. Child shows evidence of conscience development.	
29. Child has appropriate social skills.	
30. Major behavioral problems are absent.	
Section 3 - Need for Concurrent Plan	
Concurrent Plan Needed	
Concurrent Plan Not Needed	
<ul style="list-style-type: none"> The Permanency Planning Indicator is done once, as early in the process as possible, to determine if the child will be placed in a permanency planning resource family. Reassessment consists of review of the parent's visitation with the child and progress with the case plan. 	<p>* Extreme conditions making family reunification a low probability.</p> <p><i>Adapted from Concurrent Planning: From Permanency Planning to Permanency Action, Katz and Robinson.</i></p>

032-19-0007-00-eng (07/12)

CASE SCENARIO 1: DANIELLE

Danielle, a seven-year-old girl, was reported to CPS by the attending physician as having a broken arm and femur, as well as having bruises along the side of her torso. As a result of her injuries, she required hospitalization and medical follow-up. Danielle said her stepfather Sam caused her injuries when he hit her with a big board. Danielle is afraid of Sam and doesn't want to return home as long as he is there. Danielle has been placed with her maternal grandmother.

Danielle's mother Sally and stepfather Sam were interviewed at their home. They are a stable couple in their middle twenties. They married when Danielle was two years of age and have lived in their current apartment since that time. Danielle's biological father is not in contact with the family. Sam is a general construction worker and Sally is a waitress. Both graduated from high school and Sally has taken some junior college classes. Sally was raised in a nurturing and stable single parent household, although Sally did live with an aunt in another county for one year during high school when she started running with a "wild" bunch of kids. Sam spent 10 years in foster care as a child, from age 8 to 18, living in six different homes. Sally and Sam are both employed full time although their employment is subject to some seasonal fluctuations, especially for Sam. Sam often goes for two or three months between jobs. They deny, and there is no evidence of substance abuse or domestic violence. Neither is there any history of psychological or physical impairments. Both have large extended families living close by. Sally's extended family is more involved, often keeping Danielle for weekend visits and providing backup child care. Sam's family loaned them money for three month's rent when Sam was out of work.

Danielle is doing well in her second grade class. She has never been a difficult child to raise nor has she had any unusual medical problems.

The family had one prior abuse report when Danielle was three years old. She was found alone in the middle of a busy street about two blocks from home. Sally was at home at the time and maintains that Danielle just slipped out of her sight. Sally and Sam agreed to voluntarily attend a parenting class, but stopped coming after two sessions.

Sam is horrified that he hit Danielle, let alone with a board. He is sorry he hit her and promises it won't happen again. He quickly becomes defensive when Sally berates him for this action. There is tension between them with Sam not understanding why Sally won't let go of "this one mistake." However, they remain committed to their marriage and Danielle.

- What strengths did they find?
- What red flags or poor prognosis indicators did they identify?
- What do they still want to know?
- What steps would you suggest happen next – with Sally, Sam, with Danielle?

CASE SCENARIO 2: DANIELLE

Danielle, a seven-year-old girl, was reported to CPS by the attending physician as having a broken arm and femur, as well as having bruises along the side of her torso. As a result of her injuries, she required hospitalization and medical follow-up. Danielle said her stepfather Sam caused her injuries when he hit her with a big board. Danielle is afraid of Sam and doesn't want to return home as long as he is there. Danielle has been placed with her maternal grandmother.

Danielle's mother Sally and stepfather Sam were interviewed at their home. Sally is 22 and Sam is 30. They married when Danielle was six years of age but have lived together since she was four. They have lived in five different homes during their time together, sometimes staying with relatives when they didn't have rent money. Danielle's biological father is not in contact with the family.

Sam is a general construction worker and Sally is a waitress. Both graduated from high school and Sally has taken some junior college classes. Sally was raised in a nurturing and stable single parent household, although Sally did live with an aunt in another county for one year during high school when she started running with a "wild" bunch of kids. Sam spent 10 years in foster care as a child, from age 8 to 18, living in six different homes. They have little contact with Sam's family. Sam's father is an alcoholic and abuses Sam verbally when they are together. They are both now employed full time, but Sam is frequently out of work. Sally accuses Sam of drinking too much. He comes home late from work and drunk three or four nights a week. Sam says he has always drunk a lot and that she knew this when they got married. He has been arrested for driving under the influence and currently has a suspended driver's license for this offence. Sam states that he sometimes can't remember what happened when he was drunk. They agree they are more likely to argue when Sam has been drinking.

Sally has begun using crystal-met amphetamine during the last year. She has tried to stop but has been unable to. She entered a drug treatment program twice in the last year but has been unable to stay clean. Sam complains that when she starts using drugs, he has to take care of Danielle all by himself and there usually isn't anything to eat in the house.

Sally's extended family lives close by, often keeping Danielle for weekend visits and providing back up child care.

Danielle is doing below grade level work in her second grade class and has missed about 30% of the school days in the last year. She has never been a difficult child to raise nor has she had any unusual medical problems.

Sam said he had about six beers and two shots of liquor within the four hours prior to his hitting Danielle. He says he shouldn't have hit her, but she should have taken her bath like he told her. He quickly becomes defensive when Sally berates him for this action. He dismisses Danielle's fear of him, saying she should know he won't hurt her again. He says he was beaten like that as a child and it didn't do him any harm. There is tension between them with Sam not understanding why Sally won't let go of "this one mistake." However, they remain committed to their marriage and Danielle.

Sam has had his parental rights for his two children from another relationship terminated subsequent to a founded incident of physical abuse. Sam had on three separate occasions beaten one or the other of the children, then aged six and eight, with a coat hanger, leaving welts. Sam was ordered to attend Alcoholics Anonymous but was unsuccessful in staying sober.

- What strengths did they find?
- What red flags or poor prognosis indicators did they identify?
- What do they still want to know?
- What steps would you suggest happen next – with Sally, Sam, with Danielle?

Concurrent Planning: A Three-Stage Model of Casework

1 to 4 Months

5 to 8 Months

9 to 12 months

Stage One: Doing For (One to four months)

- Parent Capacity: Very low, in crisis, disorganized – experiencing traumatic loss and grief
- Parent-Worker Responsibility: Worker
- Secure and Manage Resources: Worker plans and gets resources
- Teach Problem-solving Skills: Worker describes while doing, elicits suggestions
- Resolve Internal Obstacles: Stabilize by providing basics and support
- Establish Support Network: Involve significant others as resource managers, if available

Examples of Activities:

- Specific help, direction guidance
- Role model for making phone calls and setting up appointments
- Setting up transportation
- Frequent visits, phone calls
- Checking on progress
- Support managing money
- Supervised or teaching visits
- Role model re: community networking/resource allocation
- Setting up care for children (resource home, kinship support)

Stage Two: Doing With (five to eight months)

- Parent Capacity: Moderate, client has basic skills – past traumatic loss stage as bond continues with children
- Parent-Worker Responsibility: Collaborative planning, Parent does task and worker offers feedback
- Secure and Manage Resources: Worker offers information, client gets resources
- Teach Problem-solving Skills: Worker prompts for steps, generalize skills to new situation
- Establish Support Network: parent request help from network, adds members

Examples of Activities:

- Parent reports progress to worker on a scheduled basis
- Parent sets up their own appointments
- Less frequent home visits, calls initiated by parent
- If relapse occurs, with the support of the worker, parent able to use supports to return to sobriety
- Parent begins to make requests for assistance rather than worker having to plan for needs
- Parent manages their money
- Increased visitation – more responsibility in caring for children (whether at home or in care)
- Unsupervised visits, overnight visits

**Stage Three: Moving towards Independence: Cheering on
(nine to twelve months)**

- Parent Capacity: Good decision-making and implementation skills – preparing to care for child(ren) full-time
- Parent-Worker Responsibility: Parent
- Parent able to secure and manage resources
- Worker teaching problem-solving skills and helping parent plan for future
- Parent able to request help from network, add members

Examples of Activities:

- Parent reports progress
- Parent increasing responsibility for child care (school, medical, decisions)
- Arranges support services for themselves – calls caseworker only after making efforts themselves
- If relapse occurs, parent able use supports to immediately return to sobriety
- Parent shares parenting challenges with workers
- If child is not at home, extended, overnight visits occurring as frequently as possible

Adapted from Concurrent Planning, Three – Principles Applied: Your Case Plan, Northwest Institute for Children and Families and National Resource Center for Permanency Planning. The Pennsylvania Child Welfare Training Program. Used with permission.

CASEWORK DOCUMENTATION CHECKLIST

HAVE YOU...

- ☐ Included diligent search efforts in the case record? Established paternity? Verified Native American heritage?
- ☐ Included copies of letters and other materials from collateral contacts in the case record? Included medical records, birth certificates, and school records in the case record?
- ☐ Collected all important case information about family background, interaction patterns, visitations and diligent searches?
- ☐ Documented missed contacts or visits that were not the family's fault?
- ☐ Fairly and accurately documented parts of the service plan that the family is not in agreement with, but with which they are expected to comply?
- ☐ Indicated what type of contact occurred, i.e. home visit, office visit, telephone contact, collateral contact?
- ☐ Included accurate information that supports the activities outlined in the most recent Service Plan? Described observations and contacts in factual and behavioral terms?
- ☐ Documented the quality of parent-child visits in behavioral terms?
- ☐ Included your professional assessments and impressions in a paragraph that is clearly marked "Impressions", and that is separate from the other paragraphs?
- ☐ Included specific information about family strengths?
- ☐ Checked spelling, grammar and punctuation? Checked that the progress notes are written in clear, concise and understandable language? Checked that the progress notes are jargon-free?
- ☐ Placed the progress notes in chronological order, with most recent entry as the leading page in its section? Disclosed the contents to the birth family?
- ☐ Assured that someone other than yourself could pick up the case record and readily understand the decisions about Plan A or Plan B and progress based on the service plan and progress notes for this particular case?

Adapted from Kriya Associates and People Potential. St Christopher Otilie, Families Together Project.

HANDOUTS

ACTIVITIES E– H (continued)

Handout E-1	SMART Case Plans
Handout E-2	Sample Concurrent Service Plan
Handout F-1	Full Disclosure Values
Handout F-2	Communication Tips When Talking to Parents About Concurrent Planning
Handout F-3	Core Engagement Strategies
Handout F-4	Full Disclosure Interviews
Handout F-5	Recognizing, Exploring and Resolving Ambivalence
Handout G-1	Strategies to Minimize Challenges of Working with Birth Families
Handout G-2	Full Disclosure: Issues to address with Parents and Identified Caregivers
Handout G-3	Full-Disclosure Checklist- Birth and Caregiver Families
Handout G-4	Guidelines for Conversations with Children About Concurrent Planning
Handout H-1	Concurrent Planning Checklist
Handout H-2	Learning Plan
Handout General	Bibliography

SMART CASE PLANS

SMART case plans describe **WHO** will be able to do **WHAT** by **WHEN** and **HOW** we will know.

- Specific:** The family should know exactly what has to be done and why.
Everyone should know when the objectives have been achieved.
- Measurable:** Objectives will be measurable to the extent that they are behaviorally based and written in clear and understandable language.
- Achievable:** The family should be able to accomplish the objectives in a designated time period, given the resources that are accessible and available to support change.
- Realistic:** The family should have input and agreement in developing feasible objectives.
- Time-Limited:** Time frames for objectives accomplishment should be determined based on an understanding of the family's risks, strengths, ability and motivation to change. Availability and level of services may affect time frames, as will compliance with legal timeframes set by ASFA and State policy.
- Goal:** Reunification
- Objective:** To ensure the physical safety of the children in the home and eliminate future risk concerns from corporal punishment, the parent will practice positive and effective child guidance.

Task/Activity: Parent will actively participate in home-based counseling focused on positive parenting techniques for each of her children. (To begin within two weeks).

Task/Activities: Parent will identify, for the home-based counselor, those components of the children's behavior that are most difficult for her to manage (throughout service provision, as needed).

Task/Activities: Parent will be able to describe alternative discipline methods that are age-appropriate for her children and demonstrate non-physical discipline methods during extended visitations, without direction from the counselor (prior to any trial home visit, within 3 months).

Task/Activities: In collaboration with the Family Specialist, the parent will set chore responsibilities for their children, based on their developmental age (within 3 months).

Sample of Concurrent Service Plan

Includes Sections for Concurrent Goals of Reunification
& Transfer of Custody to Relative – Parent and Relative sections only

- 6. b. List the services which will be provided which will address the needs identified above, improve conditions of the parents' home and facilitate return of the child home, movement into other permanent placement, or transition to independence. Give target dates for completion.**

1. Parent(s)/Prior Custodian(s) –

GOAL: RETURN HOME: CAROL BRADY

To assist Mrs. Brady in providing a safe and stable living environment, DSS will:

- Refer her to the Housing Unit and assist her in completing an application for assistance (two months prior to completion of her current in-patient rehab program and in consultation with her rehab counselor).
- Refer Mrs. Brady to the Work Force Center for training and counseling in securing employment (upon release from her program or as recommended by her counselor).
- Connect Mrs. Brady with community resources to assure the availability of basic furniture, clothing and food supplies (upon her securing a residence).

To strengthen and support the parent/child relationship, DSS will:

- Connect and monitor compliance of Mrs. Brady with mental health services at the Richmond City CSB or other Medicaid/sliding scale treatment provider, targeting both individual counseling and issues of domestic violence (Referral was completed 7/18/2014. Services to begin post-detox and will be ongoing, as recommended by treatment provider).
- Refer and monitor compliance with parenting education program that includes topics related to meeting Cindy's basic developmental needs and the delays resulting from prior abuse and neglect. Program should include the use of positive parenting techniques (within two months and until completion of program).
- Arrange weekly visitation consistent with policy at the rehab center. Should it be needed, DSS will provide Mrs. Brady with transportation services. Upon her release from rehab, the visitation schedule will be reviewed for increased contact (ongoing).

To enhance and support Mrs. Brady's ability to respond to Cindy's developmental delays and ongoing needs for safety and well-being, DFS will:

- Arrange for a parental capacity evaluation to be completed by Richmond CSB (within 3 months).
- Monitor compliance with any current safety plan regarding the presence of Mr. Brady in the home or near the children (ongoing and to be reviewed as his status may change).
- Monitor Mrs. Brady's interactions during visitation/contacts with Cindy to support and provide feedback on using positive parenting techniques.(ongoing)
- Ensure Mrs. Brady's inclusion in all IEP and other school meetings (ongoing).
- Assist with Mrs. Brady's knowledge of, and attendance at, any medical or dental appointments, as well as obtaining any consents for more extensive medical treatment (ongoing).
- Inform and include Mrs. Brady in periodic Family Partnership meetings and monthly progress reviews to discuss and assess service needs and accomplishments (ongoing).

To assist Mrs. Brady in meeting Cindy's need for lifelong connections and permanency, DSS will:

- Discuss with her all paternal and maternal relative support and placement resources (ongoing).
- Provide full disclosure of issues, concerns and progress that affect meeting the concurrent goals of this plan (ongoing/monthly).

GOAL: RETURN HOME: MICHAEL BRADY

Upon sentencing and disposition of the criminal charges for which Mr. Brady is currently incarcerated, an amended service plan will be submitted regarding the support and assistance that will/can be given, based on his residence/sentence.

GOAL: PLACEMENT WITH RELATIVES

To locate and support any alternative relative or fictive kin placement, DSS will:

- Request relatives' names and contact information from both parents and children, using interview, genogram and/or other assessment tools, such as Accurant (ongoing)
- Send letters to identified relatives encouraging participation in case planning, attendance at Family Partnership meetings and placement (within the first 5 days when feasible, or within 30 days, and ongoing, for the time Cindy remains in custody).

To assure that any relative placement meets physical safety standards, DSS will:

- Conduct a home study consistent with Virginia State standards for custody transfer or as an approved resource home provider (as soon as application is received).
- Should the relative reside out of state, a request for an ICPC home study from the legal jurisdiction in which the relative resides will be initiated. The request will include criminal and reference checks, as well as an assessment of their ability to understand and meet the trauma needs of a child coming into care (Request to be completed within two weeks of identification).
- Supervision of the placement by the out of state agency, on a monthly basis, will be provided/requested (ongoing until custody is transferred)

To ensure the alternative caregiver's ability to meet Cindy's developmental needs and delays, DSS will:

- Provide the supervising agency full disclosure of all medical, educational and psychological information available. (Prior to and ongoing, as available).
- Include relative in therapy sessions with Cindy, as recommended and in collaboration with her therapist.(TBD)
- Include relative caregivers in agency provided pre-service training for resource or kinship care providers, to include issues related to the developmental needs of abused/neglected children.(prior to or within 60 days of placement)

To address permanency and well-being needs, DSS will:

- Include relatives in FPM and planning meetings, as well as provide full disclosure on the progress of meeting the concurrent goals.(ongoing)
- Assist and encourage face-to-face and other forms of contact with Cindy to build a stronger connection.(ongoing)

- Assist relative and birth parents in defining role responsibilities, as well as visitation/communication schedules (ongoing).
 - Provide counseling to Mrs. Brady to assist in Cindy's transition relative custody (as needed).
-

7. List responsibilities, including conduct and financial support, with target dates for completion for:

a. Parent(s)/Prior Custodian(s) –

GOAL: RETURN HOME: CAROL BRADY

Mrs. Brady will meet Cindy's developmental need for a safe and stable living environment by:

- Completing an application for housing assistance, or independently secure housing (Prior to her completion of her in-patient drug rehabilitation program).
- Maintaining housing that is free of safety hazards and provides for at least two bedrooms.
 - Prior to Cindy participating in in-home/overnight visitation, this residence is to be maintained without financial concern for three months.
- Mrs. Brady will be able to provide for her own financial needs, independent of irregular community donation, on an ongoing basis(within two months of discharge from rehab).
 - Mrs. Brady will participate in the Work Force Center training and counseling program (upon release from her program or as recommended by her counselor).
 - Until she has obtained employment, she will provide verification to DSS of at least two job applications each week.
 - Should she meet criteria for disability benefits, Mrs. Brady will apply for SSI benefits.

Mrs. Brady will address issues of her ability to understand and respond to Cindy's developmental delays, needs and well-being by:

- Completing the parental capacity evaluation, at the agreed upon appointment time. Should she not be able to make the appointment, she must call within 48 hours of the scheduled appointment and provide verification of the reason for missing the appointment.
- Follow all recommendations of the parental capacity (TBD)
- Abide by any current safety plan regarding the presence of Mr. Brady in her home or near the children (ongoing).
- Complete a parenting education program, in agreement with DSS, that includes topics related to meeting Cindy's basic developmental needs and the delays resulting from prior abuse and neglect. Program should include the use of positive parenting techniques (within two months and until completion of program).
- Attend/complete all arranged visitation/contacts with Cindy, or provide 24 hour notice and verification of reason for cancelling.

- Mrs. Brady must be free of all substance use at the time of visitation. Random screens may be requested and visitation may be cancelled if substance use is suspected(ongoing).
- Practice/implement positive parenting in interactions with Cindy – e.g. Participating in play activities and discussion regarding school and routine life activities, using patience and redirection with guidance, while abstaining from abusive verbal comments or physical consequences, withholding of affection or suggesting child's guilt in the family's current status.
- Attend and actively participate in school meetings, any medical or dental appointments, as well as being available to provide any consents for more extensive medical treatment (ongoing).
- Attend and actively participate in Family Partnership meetings and monthly progress reviews to discuss and assess service needs and accomplishments (ongoing).

To address her current mental health and substance abuse issues that have affected her ability to protect and attend to Cindy's needs, Mrs. Brady will:

- Complete current drug rehab program and meet the program's definition of "actively and successfully participating". Participate in follow-up drug programs and supports as recommended by the rehab program.
- Actively and consistently participate in individual therapy at Richmond City CSB or other Medicaid/sliding scale treatment provider, targeting both individual mental health issues and issues of domestic violence. (Services to begin post-detox and will be ongoing, as recommended by treatment provider)

To assist Cindy's need for lifelong connections and permanency, Mrs. Brady will:

- Provide paternal and maternal relative names and information regarding their ability to be placement resources (ongoing).
- Should the goal of relative placement be primary, assist Cindy in transitioning to the relative placement and cooperate with the redefined role responsibilities (ongoing).

CONCURRENT GOAL: Placement with Relative

To assure that the identified caregiver has the capacity to meet the safety and developmental needs of Cindy, they will:

- Participate in and comply with all requirements of the home study process, consistent with the standards set by the jurisdiction in which they live (within 90 days of initiation).
- Complete pre-service training for resource or kinship care providers, to include issues related to the developmental needs of abused/neglected children (prior to or within 60 days of placement).
- Comply with agency supervision of the placement on a monthly basis (ongoing until custody is transferred).
- Comply with and participate in any and all agency recommendations for continued mental health, medical, educational or special service needs identified in Cindy's treatment plan. (ongoing).
- Identified relatives will participate in any school, provider, FPM and planning meetings(until custody is transferred)

FULL DISCLOSURE

Full Disclosure Values: **

- Parents ultimately decide the outcome of the case
- Parents have a right to know the permanency timeline
- Parents can handle the truth
- Parents need to give and receive data in order to make informed choices
- Parents are our partners

* Adapted from discussions with Jeanette Matsumoto and Lee Dean – Hawaii Department of Human Services – Child Welfare Services Branch; NRCFCPP training materials (2001).

** Adapted from Kriya Associates & People Potential – St. Christopher Otilie, Families Together Project.

COMMUNICATION TIPS WHEN TALKING TO PARENTS ABOUT CONCURRENT PLANNING

Five Key Items to Discuss During A Full Disclosure Interview*

1. **Rights**
2. **Responsibilities** – of private/public agency, parent, foster/kinship caregiver
3. **Expectations** – parents and worker, options, consequences
4. **Out-of-home placement's effect on children**
 - a. Foster care has an effect on children;
 - b. Multiple placements, broken attachments, children's self-blame
 - c. We are determined to avoid these, for the sake of the child.

5. You, the parent, have **choices and paths to choose**.

Here are paths other parents have taken through the system.

Generally, there are four paths to take:

- Parents can **work actively with the agency** on the court-ordered service plan so that reunification is the most likely outcome. This is the choice we hope parents will make.
- Parents can **withdraw**, disappear, or only sporadically appear so that no service plan can really get going. In this case, the agency will move ahead more quickly with an alternative permanent plan. It is vital for parents to know what our response will be if they demonstrate ambivalence or reluctance.
- Parents can take an **adversarial stance** against all proposed services, visit schedules, evaluations, etc., so that the process slows down while every decision is handled legally, rather than between worker and parent. In this instance, while a permanency outcome will be delayed, the parent will not be able to demonstrate progress to the court on his or her own behalf so reunification is not likely.

- Finally, a parent can **relinquish permanent custody** of their child. They can decide for their child to live permanently with a relative or alternative permanent caregiver and the worker can help make this happen. It is the parent's right to do this, and can be a good plan in some situations. Often, by agreement between the families, some contact can continue through future years.

**Adapted from Concurrent Planning, Three—Principles Applied: Your Case Plan, Northwest Institute for Children and Families and National Resource Center for Permanency Planning. Used with permission. The Pennsylvania Child Welfare Training Program*

Used with permission from California Social Work Education Center. *Pathways to permanency: An interdisciplinary approach to permanency planning* (Handout #8, 2002).

CORE ENGAGEMENT STRATEGIES

Mutual Respect

“...means valuing another person because he/she is a human being. Respect implies that being a human being has value in itself...”

Caseworkers should believe that all people have the strength, internal resiliency, and capacity to become more competent.

Strategies for Conveying Respect:

- Convey respect for families from the beginning of the casework relationship, rather than communicate acceptance conditional on performance.
- Demonstrate interest in others through active listening and effective use of questions.
- Treat each person as a unique individual with strengths and needs.
- Explain how each individual's unique potential can be utilized to achieve successful outcomes.
- Elicit input from families.
- Culturally competent practice that entails: identification of critical cultural values important to the children and family, knowledge acquisition as to how cultural values function as strengths in the children and family, match services that support the identified cultural values, consider indigenous interventions and matching cultural values.

Genuineness

“involves being aware of one's own feelings and making a conscious choice about how to respond to the other person, based on what will be most helpful in facilitating communication and developing a good relationship...”

Strategies for Conveying Genuineness:

- Match verbal responses with nonverbal behavior
- Practice non-defensive communication
- Use self-disclosure appropriately

Empathy

“A two-stage process whereby one person attempts to experience (step into) another person’s world and then communicate understanding of and compassion for the other’s experience...”

Strategies for Conveying Empathy:

- Demonstrate active listening and observation skills (nodding, verbal utterances, recognizing non-verbal cues) when reaching for the family’s experiences.
- Use reflections to test out what the family member to elicit emotions.
- Ask open-ended questions of the family member to elicit emotions.
- Tune into subtle forms of communication such as a family member’s tempo of speech, lowering of the head, clenching of the jaws, or shifting posture.
- Introduce issues of concern by relating them to the needs or concern of the family member.

Definitions of respect, empathy, and genuineness from New York State Office of Children and Family Services
Supervisory CORE Curriculum developed by SUNY Research Foundation/CDHS.

FULL DISCLOSURE INTERVIEWS

Why Do Full Disclosure Interviews?

RISKS IF FULL DISCLOSURE IS NOT DONE:

- multiple placements
- broken attachments
- child's self-blame
- worker turnover

BIRTH PARENTS NEED TO KNOW THEIR CHOICES:

- work actively with agency
- withdraw or disappear
- take an adversarial stance
- decide if child is to live permanently with other family

RESOURCE FAMILIES NEED TO KNOW THEIR CHOICES:

- work actively with agency
- commit to the child long-term
- quit or discontinue services
- ability to work for the child, including contact with biological family
- ability to support child through their transitions

How Do You Do Full Disclosure Interviews?

HOW TO START INTERVIEW:

- "I will work with you to the very best of my ability to find ways to help you."
Then state how the Agency will be able to support the parent.

ITEMS TO COVER:

- Timelines
- Expectations
- Statements not promises
- Roles and responsibilities
- Relationship between workers, birth parents and resource family
- Laws and legal process
- Services to be offered
- Visitation plan
- Allow for questions and concerns

WHEN:

- Early on in the case
- Right after the case is determined to be a concurrent planning case
- Repeat or summarize the interview as most people need to hear the information more than once.

Reprinted with permission from Rose Marie Wentz, New Mexico Permanency Planning Conference Concurrent Planning: *Skills and Practices* (May 2001).

RECOGNIZING, EXPLORING AND RESOLVING AMBIVALENCE

Recognizing: Redefine Success-Permanency for Children, Listening for clues with parents, Statements regarding relinquishment.

- Considered abortion options.
- Previous relinquishment of another child.
- Statements of not wanting to or being incapable of parenting.
- Negative comments about a particular child.
- Statements as to outside pressure (i.e. family or religious) which convinced them not to go with original consideration regarding abortion or relinquishment, or which continue to influence them now.
- Desire to parent is projection of own rejection.
- Inconsistent participation in visitation opportunities.

Exploring: Exploring and sorting of the clues with parents

- Look at your own biases about “giving up a child” and seeking clarity about clients’ right to resolve things this way.
- Assume respect for client's decisions, allowing them some control over the outcome of their child's life.
- Promote a relationship between the birth parents and resource parents allows parents to see how child is being cared for.
- When parent raises issues related to relinquishment, avoid saying “you'll make everything ok” based on your own biases or investment in reunification.
- Ask open ended questions to explore parent's fantasies about who can do it better or where or with whom child would be better off.
- Consider whether to refer out or not to refer out for relinquishment counseling—you may or may not be the right person to do this.
- Give parent "permission" to make the decision not to parent and facilitate parental involvement in alternative decision-making: using Family Group Decision Making, Mediation, Parenting Options Counseling.

- Consider non-custodial parents and/or family members as options for parenting. Recognize that not all siblings may need the same permanency goal-younger/older children have different needs.
- Acknowledge and discuss parent's wishes for child vs. capacities to care for child.
- Consider relative placement and explore parent's fears about the child being raised by relatives (the same way they were?).
- Maintain an emphasis on the 'shared goal' of what is in the best interests of the child.
- Talk about what the parent does well or can do well.

Resolution

- Help parent follow-through on decisions made.
- Respect and control remain paramount if parent decides on relinquishment.
- A supportive relationship with resource parents helps.
- Provide education about the consequences of the decisions.
- Whenever appropriate, consider and negotiate an open adoption agreement which must include consultation with parent's attorney.
- Schedule a court hearing as soon as possible following the decision to relinquish parental rights.
- Prepare the parent to be involved in/the one who informs the child about the decisions made allowing the parent to give the child permission to 'move on'.

Adapted from materials developed by Janyce Fenton, Consultant, National Resource Center for Foster Care and Permanency Planning/Hunter College School of Social Work (2001).

STRATEGIES TO MINIMIZE CHALLENGES OF WORKING WITH BIRTH FAMILIES

Work as a Team:

It is critical the foster parent be a strong team player and encourages the child's parent to participate actively in team meetings. This will reinforce roles and responsibilities, maintain focus on goals and objectives and build working relationships between all participants.

Develop and Maintain a Positive, Trusting Relationship:

Many conflicts arise when individuals are suspicious and distrustful of each other. This leads to poor communication and misperceptions of each other's intentions. When individuals work collaboratively, goals are met more readily and conflict is more easily resolved.

Set Clear Boundaries:

It is important team members are explicit regarding their own role and be well versed on other's roles and responsibilities. The foster parent should possess the confidence to defer to others.

Establish Ground Rules:

The foster parent should develop with the child's parent basic ground rules for phone calls, visits, etc. This includes the time, place, duration, and parent's behavior during visitation. When both families agree at the onset of their work together what the ground rules will be, fewer conflicts are likely to arise in the future.

Reassure Parent the Goal is Reunification:

In many cases, the child's parents are fearful the child will never return. This creates anxiety and cynicism, which inhibits progress in the case plan. When parents are reassured by the child's caregiver, this may reduce the inherent tension of the relationship.

Gently Remind the Child's Parent It's Their Choice to Cooperate With the Case Plan:

This gives parent a sense of control over the situation. In addition, the responsibility for the success of the case plan rests with the child's parent not the foster parent.

Collaborate With the Social Worker:

The social worker has the ultimate responsibility for the child, the family and the case plan. The social worker should be regularly consulted to minimize confusion and miscommunication regarding activities between the child and his/her family. The social worker can also be used as a liaison with the child's family when conflicts with the foster family arise.

Reprinted with permission from Denise Goodman, PhD, (2003).

FULL DISCLOSURE: ISSUES TO ADDRESS WITH PARENTS AND IDENTIFIED CAREGIVERS

- The need for child welfare intervention (threats and risks to the child's safety that may exist, and how they can be addressed).
- The process that can be expected for the assessment and planning for where the child will be placed—expectations that parents and family members can have of the agency.
- Expectations the agency will have for the parents' and family members' involvement
- Identification and discussion of family strengths, opportunities and resources that may exist.
- Potential options (with or without court intervention) to resolve problems that brought the family to the attention of the child welfare agency.
- Children's developmental need for safety, connections to family, continuity of care, connection to family and culture.
- The obligation to give first consideration to potential adult relative care providers and assess their capacity to serve as placement and possible permanency resources.
- Placement options for relative care providers: informal placement, legal guardianship (with or without subsidy, TANF funding), formal foster care, adoption (with or without subsidy).
- It is important to disclose to any relative under consideration for placement the reasons why the child is in out of home care and the projected date of reunification or placement for adoption or legal guardianship.
- Do not "sugar coat" the parents' problems when speaking to a relative or caretaker about concurrent planning.

- It is important for relatives and caretakers to understand that parents are given timelines for completing the case plan and that failure to cooperate within the timelines may result in termination of efforts to reunify the family.
- Parents' rights and responsibilities in continuing to plan for their children even if placed with a relative care provider.
- Children's urgent need for parents and family members to be involved in planning, visiting and decision-making about what will happen to the children.

Consider:

- **Are there any topics here that could not be covered in an FPM?**
- **How could an FPM assist in the discussion of expectations, as well as progress, in reviewing the "road map" towards permanency?**

Adapted from National Resource Center for Foster Care and Permanency Planning/Hunter College School of Social Work (2001). *Determining adult relatives as preferred caretakers in permanency planning: A competency-based curriculum*.

FULL DISCLOSURE CHECKLIST –**Birth and Caregivers**

Definition: Open, honest, respectful discussion of rights, responsibilities, timeframes, permanency options, consequences, expectations of the agency; gentle confrontation about ambivalence to plan or be involved in planning.

Have You

- ☐ Talked with the birth parents/family about their rights?
- ☐ Talked with the birth parents/family about your role as a representative of the agency?
- ☐ Talked with the birth parents/family about the role of the foster parents?
- ☐ Asked the birth parents/family about their understanding of the circumstances that caused placement?
- ☐ Shared with the birth parents/family – respectfully, but directly – the official reasons for placement?
- ☐ Explained permanency planning timeframes to the parents/family?
- ☐ Discussed the range of permanency planning options with the parents/family?
- ☐ Discussed concerns about past involvement or present barriers to permanency planning with family?
- ☐ Discussed and agreed to a mutually satisfactory visitation plan?
- ☐ Discussed purposes, types and behavioral expectations of visitation?
- ☐ Discussed service plan and assessment process with parents/family?
- ☐ Discussed consequences of following through/not following through with the plan?
- ☐ Identified additional planning resources, i.e. relatives, friends, service supports?
- ☐ Asked the foster family about their willingness to adopt, if birth family is unable to plan?
- ☐ Provided feedback to parents/family about progress being made/not made?
- ☐ Gently confronted parents/family about planning ambivalence?

GUIDELINES FOR CONVERSATIONS WITH CHILDREN ABOUT CONCURRENT PLANNING

Remember that relationship building and conversations with children/youth begin from the time they enter care. Full disclosure is ongoing and conducted in age appropriate language.

Without discussion – children/youth create their own versions of what is happening/can happen.

- Get in touch with your own discomfort and reluctance to be open and honest about difficult subjects with children.
- Be brief, concrete and honest—early on. Use multiple discussions. Everything doesn't have to be said at one meeting.
- The more directly the information is conveyed, the less chance children have to become confused, deny the truth, or to blame themselves for what is happening.
- Clear information helps children become more ready to begin the internal adjustments needed to come to grips with separations, loss and grief.
- *Children take in what they can or are ready to understand*—what is too much or beyond them will likely come up later when they are older or more emotionally ready to accept it.
- REVISIT topics if clarification is needed. Information shared doesn't have to be perfect—it can be corrected, expanded, re-discussed, and re-approached.
- Share reasons for parents' difficulties in clear and yet general terms—frame information in ways children may understand. Consider that their own reactions may help them understand their parents behaviors (e.g.- parents did what they did because things weren't going well for them in their lives; they hadn't figured out how to care for themselves and that made it difficult to take care of any child; they have helped us make a plan for you; your mom really tried to take better care of you- here are some of the things she tried – but she just wasn't able to learn how to do them even though she tried hard).

- In explaining parental mental illness, compare to experiences the child may have had in feeling afraid or confused after a bad dream (when they weren't sure about what was real or not real); how parents might be feeling all the time.
- Consider whether there is anything for which the child may feel responsible.
- Clearly let children know they deserve to have the things they need right now, like food, clothes, hugs, someone to play with, someone to help you help you with school. That can't wait. This is their only turn to be __ years old. And they deserve to have a turn like everyone else.
- Tell children why they are unable to return home when it becomes certain that reunification will not work out and give them the opportunity to have a "good bye" visit.
- Convey information in a way that does not suggest the parent is a bad person.
- Children will often lead the way—showing us what they need and when.
- Listen to their questions and let them serve as a guide to what the child might be thinking or needs to hear.
- Help children to tell their stories in a safe way.
- Use Life Books to help children piece together where they are, how they got there and where they are going.
- A child will need to be told that she or he is not responsible for the parents' problems. Help the child understand that the parents are grownups. It is their job to care for the child, not the other way around. Tell him/her that is the responsibility of the parents to complete the case plan.

Adapted from National Resource Center for Foster Care and Permanency Planning, Hunter College School of Social Work – a service of the Children's Bureau/ACF/DHHS.

CONCURRENT PLANNING CHECKLIST

ACTION	TIMEFRAME	✓
<p><u>Make a comprehensive assessment</u> of the case facts and history including assessment of the need for concurrent planning. Clearly identify:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The service team definition of the central problem, which is the condition that if corrected will allow the child to safely remain home or that will allow reunification. 	First 30 days	
<p><u>When prognosis is poor</u>, prior to removal, or if an emergency removal, make immediate search for possible non-custodial parents and all potential kin who are able to commit to reunification and/or permanency.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify the family resources for the purpose of selecting potential permanent placement options <input type="checkbox"/> Document diligent search in case notes <input type="checkbox"/> Develop a plan for maintaining continuity in the child's significant relationships with parents, family members, kin, or others 	Immediate and ongoing	
<p><u>Practice full-disclosure</u>. Share the assessment results with the family, their attorney, the GAL, CASA, and the Court. Be open and honest, explaining:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The need for concurrent planning and the importance of involving the family in planning and reviewing the permanency options <input type="checkbox"/> The harmful effects of temporary care on the child and the child's need for a stable, caring, and permanent family <input type="checkbox"/> Clarify birth parents rights and responsibilities, including the court and department's expectations and effect of parental inaction, disappearance, or lack of progress <input type="checkbox"/> Review the legal requirements for timely permanency and the urgency of reunification 	Immediate and ongoing	
<p><u>Educate and explore</u> with parents the various permanency options such as safely remaining home, safe reunification; placement with relatives, adoption (including voluntary relinquishment), guardianship, etc. as the basis for mutually informed decision making regarding the permanency plan. Encourage and support an alliance between the birth parents and alternative family based on mutual concern for the child. When this is accomplished, the foundation is laid for supportive reunification efforts as well as strengthening the possibilities of openness in adoption if reunification does not occur.</p>	Within 30 days and ongoing, as necessary	
<p><u>Develop or amend the Case Plan</u> to incorporate the elements of concurrent planning. The concurrent permanency options shall be selected through a service team meeting or through a team decision-making process. The case plan shall identify goals, indicators and strategies to assist the family and the alternate permanent family that focuses on their unique needs and role.</p>	Within 30 days of custody	

ACTION	TIMEFRAME	✓
<p><u>Develop a visitation plan</u> if the child is in placement (VISIT EARLY AND OFTEN):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Based on the child's age and developmental level <input type="checkbox"/> That assures frequent, meaningful contact is initiated, sustained, and included in the court ordered service plan. <input type="checkbox"/> Identify parental ambivalence and indecision so that it can be targeted as a case plan strategy <input type="checkbox"/> Establish a reasoned hypothesis about the probability of the child remaining or returning home. <input type="checkbox"/> Include visitation plan with siblings in and out of home 	<p>Immediate and no later than 15 days of custody</p>	
<p><u>Document the agency's efforts to effectively assist the family to achieve and demonstrate real change</u> that will assure safety and well being of the child. Document the family progress or lack of progress.</p>	<p>Ongoing</p>	
<p><u>Assess the effectiveness of the plan</u> no later than 90 days after the case plan has incorporated concurrent planning.</p>	<p>Mandated reviews, FPMs and minimum of every 90 days until reunification is achieved.</p>	
<p><u>Initiate</u> discussions regarding an early review hearing or permanency hearing at any appropriate point in the case.</p>	<p>As appropriate</p>	