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The **CONCURRENT PLANNING (CP)** learning objectives are:

1. Learn about CP: definitions, goals, assessment of all options, hierarchy of permanency and CP goals, concurrent case planning, and implementation. CP is working towards reunification while at the same time, establishing and implementing an alternative permanency plan.

Three degrees of implementation: paper (policies and procedures), process implementation (training, supervision, change forms), and performance implementation (putting procedures and practices in place that affect change for consumers).

2. Understand the federal laws used to support CP, which includes family centered practice: ASFA (safety, permanency, well-being), placement with relatives and siblings, family engagement, clinical supervision, legal collaboration, staff and foster parent retention, family team meetings, diligent search (includes finding fathers/finding paternal and maternal relatives), visitation, birth/foster parent relationships, community partnerships, targeted recruitment.

3. Understand how CP affects social work practice for case workers, children, families (birth and concurrent family), attorneys, etc. Parents and relatives rights should not trump "child's best interest." CP is a tool where both things could be accomplished.

4. Challenge yourself to "think outside the box." Open your mind to CP for not only abused and neglected children, but CHINS, delinquent, etc. They are usually the same children. CP is not compatible with an Independent Living or Emancipation plan. Independent Living and Emancipation should always be the last choice when planning for a child. (The federal terms for Emancipation and Independent Living are OPPLA--Other Planned Permanent Living Arrangement; and APPLA--Another Planned Permanent Living Arrangement).

Consider the well-being of a child. Getting children to permanency and keeping them safe is not enough; and moving older children to Independent Living is not enough. We need to think about the whole child and their well-being. Because adverse childhood experiences show there's more to worry about (effects of chronic trauma, fear, brain development, relationships, social, emotional, etc) on a long-term basis than just getting the child out of the system. Our older children need life-long, kin-like connections with a supportive adult. Further, that taking children from a dangerous situation to safety, or taking children that are a danger to themselves or others to learning independent living skills is a good first step, but not a final step.