

CONCURRENT PLANNING GUIDE

Child's Name:		Date:	
FACTS Number		Completed By:	

GUIDELINES: This tool is designed to identify children in need a concurrent planning placement based on a family assessment. The Guide should be completed within 60 days of case opening. This tool seeks to balance a child's need for permanency with recognition that the parents have the capacity for growth and change, and that reunification efforts continue in earnest. It is expected that some children living in concurrent planning resource families will reunify. ***The tool is ideal for team decision-making, as well as supervisory conferences.***

SECTION I – EARLY REUNIFICATION PROGNOSIS INDICATORS

Prognosis indicators for early reunification – concurrent planning not needed

Parent-Child Relationship

The parent/s demonstrate:

- ☐ Ability to respond to child's cues.
- ☐ Empathy for child; balance between own needs and needs of child
- ☐ Ability to accept appropriate responsibility for problems that lead to abuse/neglect.
- ☐ Ability and willingness to modify parenting.
- ☐ Having raised the child for a significant period of time.
- ☐ Ability to meet child's special needs (medical, educational, social, cognitive, etc.)
- ☐ Evidence of previous effective parenting observed through child's development (age appropriate cognitive & social skills; conscience development; minimal behavior issues)

Parental History And Functioning

The parent/s demonstrate:

- ☐ Stable physical health.
- ☐ Stable emotional/mental health; any mental illness well-controlled
- ☐ Economic stability (employment, housing, and/or ability to live independently)
- ☐ Freedom from addiction/s (substances, gambling, violence, etc.)
- ☐ Consistent contact with child (visitation, parenting time, telephone contacts)
- ☐ Historical ability to meet child's needs despite impaired mental function.
- ☐ Problems leading to placement are of recent origin and situational rather than chronic in nature.

Support Systems

The parent/s demonstrate:

- ☐ Positive relationships supportive of safe parenting.
- ☐ Kin system providing mutual caretaking and shared parenting.
- ☐ Proximity of support system practical to family needs.
- ☐ A support system that recognizes strengths and limitations of parents/family.

The Concurrent Planning Guide has been developed based on modification of the indicators found in **Concurrent Planning: From Permanency Planning To Permanency Action**. © 1994 – Lutheran Social Services of Washington & Idaho.
Authors: Katz, Spoonemore, and Robinson

SECTION II – POOR PROGNOSIS INDICATORS

NEED FOR CONCURRENT PLANNING

Develop alternative plan (alternative placement as appropriate.)

Parent-Child Relationship

Factors Related To Abuse Or Neglect

- ☐ Serious physical abuse, such as burns, fractures, poisoning
- ☐ Non third party sexual abuse of child; prognosis likely to require lengthy foster care.
- ☐ Diagnosed failure to thrive infant
- ☐ Child drug-exposed at time of birth (cocaine, crack, heroin, alcohol, etc)
- ☐ Child has been victim of more than one form of abuse.
- ☐ Significant neglect

Factors Related To Ambivalence

- ☐ Previous placement of this child or other children
- ☐ Previous consideration of relinquishing this child; previous relinquishments of a child
- ☐ Repeated pattern of uncertainty as to desire to parent
- ☐ Inconsistent contacts with child
- ☐ Lack of emotional commitment to child; parent dislikes child due to child's paternity
- ☐ Parental mental illness not historically and/or currently well controlled.
- ☐ Parent/s consistently acknowledge ongoing problems with parenting.

Parental History and Functioning

- ☐ Parent continues to reside with someone dangerous to the child
- ☐ Parent/s raised in foster care.
- ☐ Recent or perpetual history of parental criminal involvement.
- ☐ Documented history of domestic violence
- ☐ Parent has degenerative or terminal illness
- ☐ Previous reunification has disrupted
- ☐ Intergenerational abuse with lack of historical change in family dynamics
- ☐ Parent/s engage in high-risk relationships (drugs, criminal activity, alcohol)
- ☐ Progressive signs of family deterioration due to personality disorder/s
- ☐ Previous interventions and/or treatment unsuccessful; uncooperative with treatment plan
- ☐ Parent/s restricted in ability to parent due to developmental disabilities
- ☐ Lifestyle and support system choices place child at risk through inappropriate caregivers
- ☐ Visible means of financial support derived from prostitution, drugs, or other crime
- ☐ Failure to respond to multiple forms of treatment/intervention despite acceptable

	participation level

