



NEW JERSEY DEPARTMENT  
OF CHILDREN AND FAMILIES

## New Jersey Department of Children and Families Policy Manual

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### CONCURRENT PERMANENCY PLANNING

9-29-2006

**Concurrent permanency planning** - a case practice that provides reunification services while simultaneously implementing an alternative or back-up permanency plan in the event that reunification cannot be accomplished within the required time frames. Concurrent, rather than sequential, planning efforts move children more quickly from the uncertainty of resource care to the security of a permanent family.

**Concurrent planning is required for all children in out-of-home placement with a primary case goal of reunification.** A secondary case goal is selected and documented on a Contact Sheet and in supervisory conference notes.

**First placement-best placement practice model** - The overall goal is to place the child as quickly as possible with a family willing to adopt if reunification efforts fail. This is meant to minimize the negative impact that separation, loss and unresolved grief can have on a child, and to reduce the relationship disruptions a child experiences, even if he or she must be placed in resource care to protect him or her from abuse or neglect.

**Incremental implementation** - The concurrent planning case practice model is implemented statewide incrementally as the staff in each office is trained.

### DEFINITIONS

9-29-2006

The following definitions apply throughout Concurrent Planning policy:

- **Birth Parent(s) or Birth Family** - the family who had legal authority for the child at the time of removal. This includes biological parents, adoptive parents, or an adult who has legal guardianship of the child.
- **Concurrent planning placement** - a placement with a resource family who has expressed a willingness to assist the family to achieve reunification, while

acknowledging that if reunification does not work out, they are committed to providing a permanent home for the child.

## **GOALS OF CONCURRENT PERMANENCY PLANNING**

10-15-2012

### **Goals of concurrent planning:**

- Support the safety and well-being of a child and his or her family
- Promote early permanency decisions for a child in out-of-home care
- Reduce the number of moves and relationship disruptions a child experiences in resource care
- Decrease a child's length of stay in resource care
- Develop a network of resource parents (relatives and non-relatives) who can work towards reunification and also serve as permanency resource families for a child, to help birth families understand the child's need for permanency
- Assess whether the child/family has any potential family connections outside of the United States that will assist in providing permanency for the child. See [CP&P-IV-C-9-200](#), International Social Service
- Engage families in early case planning, case review and decision-making about permanency options to meet the child's urgent need for stability and continuity in his or her family relationships
- Maintain continuity in the child's family, sibling and community relationships

Through the collaborative effort of ISS-USA and DCF, family connections can:

- Give a child resources when needed
- Connect a child to his or her culture, language, traditions
- Strengthen a child's sense of identity
- Strengthen the extended family

See [CP&P-III-B-5-500](#), Family Engagement.

See [CP&P-VIII-D-1-100](#), Interstate Services Unit.

## **COMPONENTS OF CONCURRENT PERMANENCY PLANNING**

9-29-2006

**Success redefined** - Early permanency for children is the ultimate goal. Success means the child is safe and in a permanent home in a reasonable amount of time, either through reunification or another permanent option.

**Prognostic assessment** - A culturally respectful assessment of the family and the child is made, based on the family's history. The assessment assists in identifying the family's strengths, needs and core problems. See CP&P Form [22-24](#), New Jersey CP&P SDM™ Caregiver Strengths and Needs Assessment, and CP&P Form [22-25](#), New Jersey CP&P SDM™ Child Strengths and Needs Assessment. The information is gathered within the first thirty days of the child's placement. The assessment allows the Worker to hypothesize about the probability of the child being reunified with his or her birth family. Additionally, the assessment provides a tentative assumption about the family's capacity to benefit from reunification services and the need for an alternative permanency plan. The CP&P Form [26-89](#), Concurrent Planning Guide, is used to help determine services needed, and whether a concurrent planning placement is appropriate. A concurrent planning placement is most important for a child in or entering resource care with a family history that suggests a poor prognosis for reunification within the allotted time frame.

**Full disclosure** - The Worker has respectful, candid, open, honest discussions with all parties involved, including the birth family, relatives, foster/adoptive family, attorneys, and other service providers early on about:

- The impact of out-of-home placement on a child
- Clarification of parents' rights and responsibilities
- Available services
- Supports CP&P will provide
- Permanency options -- ask the parents: "Who would you want to care for your child if you could not?"
- Consequences for not following through with the case plan in a timely manner

Full disclosure is a skill and a process of sharing information, establishing expectations, clarifying roles, and addressing obstacles to working with families. It uses the basic engagement skills of mutual respect, genuineness, and empathy. The Worker gives the parents candid feedback throughout the process. Engage the family by the use of meetings or family group decision-making/engagement strategies to involve families in early case planning whenever possible. See [CP&P-III-B-5-500](#), Family Engagement. The case plan is developed with the family, and fully articulates the expectations of the parents, including qualitative, behavioral measurements of success, and deadlines.

Refer to CP&P Form [26-90](#), Full Disclosure Checklist for Working with Birth Families, for assistance when talking to the family.

**NOTE:** Certain information is protected by state and federal laws and regulations, and sharing may be a breach of confidentiality. Laws and regulations require special

releases to share certain information about health, substance abuse and domestic violence. See [CP&P-IX-G-1-100](#), Disclosure of Client Information, and [CP&P-IX-G-1-200](#), Collection and Retention of Client Information.

- **Crisis and time limits as motivators** - Placement of a child and legal time frames create a crisis for the family. Clearly explain to the family the time limits designated by policy and law, including the 5th and 10th month internal conferences and the 12th month permanency hearing. (Note: Under some circumstances, permanency hearings may be held prior to the 12th month.) Use time limits and the placement crisis as motivators to engage families in planning. The parent's behavior ultimately determines the outcome of a case. Time limits are based on the child's urgent need for a stable, caring and permanent family.
- The role of the Worker is to engage families in planning, to motivate them to change and support the process of change. The role of the parent and/or family is to change.
- **Frequent visitation** - Parents who visit regularly have the best chance of reunification with their child. See [CP&P-IV-A-5-100](#), Visitation Between the Child and His Family. Visitation is scheduled based on the child's/family's need to stay connected. The more the visitation structure is determined with parents' participation, the more likely parents will participate. Involve the resource parents in parent-child visitation to promote more supportive relationships, if appropriate.
- **Plan A: Reunification; and Plan B: Alternative Permanency Plan** - The permanency goal is part of the case plan. While reunification is the primary permanency/case plan goal, an alternative (concurrent) permanency plan is identified, in the event that reunification is unsuccessful. Both plans begin concurrently at the time the child is first placed in out-of-home care. It is essential to conduct a diligent, timely search to identify and involve immediate and extended family, including fathers as well as maternal and paternal relatives and other significant family-like connections early in the permanency/case planning process since they may become placement resources for the child.
- **Permanency planning resource families** - A key component of permanency planning is that partnerships are formed between birth families, resource parents, and the Division; including partnerships between the birth family and the resource family independent of CP&P, if appropriate. These relationships encourage and support family reunification. The resource family provides hands-on teaching of parenting skills to the birth parents. The birth and resource family attend visitations, case reviews, medical appointments, evaluations and school functions together. Often the relationships developed between birth and resource families continue on after the child is returned home, providing the birth family with extended family and support that may have been lacking. In cases where reunification is

unsuccessful, their relationship often leads to voluntary termination of parental rights. When matching a resource family with a child, consideration is given to the compatibility between families.

- **Scrupulous documentation** - The Worker and the birth parents negotiate the necessary steps to be accomplished for safe reunification. Prepare a written family friendly case plan which identifies short term and long term goals, including a primary goal and (when the primary goal is reunification) an alternative, concurrent goal. Include concrete service linkages that specify who, what, when, where, and provide immediate access to services. Focus on writing criteria of success statements that are individualized to a specific family, are qualitative and demonstrate the accomplishment of outcome changes that are behavioral in nature, not promises. Refer to achievements, rather than programs or treatment techniques. Answer the question: "What change is desired?" Frequent ongoing case reviews are critical to assess progress, review continuing needs and plan for the future.

All on-going case progress information is documented on a CP&P Form [26-52](#), Contact Sheet.

- **Legal/social work collaboration** - Consideration of due process and parental rights is given when a child is first placed in resource care. Determine paternity early: diligent search may require a court order to cover confidentiality issues. Consultation and support from legal staff assures legally sound casework and case planning. A good social work plan is a good legal plan. Encourage non-adversarial child welfare resolution strategies.
- **Behavior, not promises** - Birth parents, adoptive parents and/or legal guardians must make progress toward changing the behaviors and correcting the circumstances that caused the removal of their child. The Worker helps the family understand that simple compliance with the case plan is not enough; demonstrable change is required.

## CONCURRENT PLANNING PROCEDURES

10-15-2012

### RESPONSIBILITY

### ACTION REQUIRED

#### Worker and Supervisor

1. Decide that the child(ren) requires placement. Begin concurrent permanency planning.

#### Worker

2. Identify the father immediately.
3. Make an immediate determination whether the child falls under the jurisdiction of the Indian Child Welfare Act. See [CP&P-III-B-2-300](#), section entitled Native American Indian Children.
4. Seek a resource family following the first placement-best placement practice model.
5. Advise the resource parents that the long-term permanency plan is undecided, if placement is made under emergent circumstances.
6. Hold a family meeting within 72 hours of placement to engage family members in all aspects of decision-making related to their child(ren), gather comprehensive family history, and emphasize the importance of permanency to the child(ren) within 12 months of placement. Encourage maternal and paternal relatives to consider both short and long-term arrangements for the child's care.
7. Advise the parent(s) that all relatives, both maternal and paternal, must be named at this stage for placement consideration.
8. Make an assessment for the need of International Social Service if the child has any family connections outside the United States that can assist in providing permanency for the child. See [CP&P-IV-C-9-200](#), International Social Service.
9. Establish frequent parent-child visitation throughout placement.
10. Review all available information concerning the child's medical needs, emotional needs and developmental functioning; coordinate with CHEC exam or other comprehensive medical exam received within 60 days of placement. Consider using the CP&P Form [14-177](#), Family Medical History, as a tool for gathering medical information.
11. Arrange diagnostic assessment for any child whose needs are not already well known and share results with current resource family.
12. Engage the family to complete a full family assessment and individualized case plan within 30 days of placement, to help parent(s) identify what changes are needed to remedy risk to the child(ren).
13. Use CP&P Form [26-89](#), Concurrent Planning Guide,

within 30 days of placement to prepare for supervisory conference regarding prognosis for reunification and need for a concurrent planning placement. See #17 below.

14. Provide full disclosure to parent(s) that permanency within 12 months is the primary goal. All permanency options - including adoption - are discussed with the family of origin.
15. Educate parents to the fact that the choices they make now determine whether or not the child(ren) can return to their care.
16. Maintain tight coordination with the court to identify kin, establish the case plan, and ensure parental notification of the need to remedy the conditions that led to placement.
17. Begin a record of family background and medical history for the child's Life Book in accordance with N.J.S.A. 9:3-41.1, and to support adoption licensing regulations, if this becomes necessary. See CP&P Form [5-32](#), Helping a Child Make History, A Guide to the Preparation of Life Books.

**Worker and Supervisor**

18. Conference within 30 days of placement to determine whether family circumstances match the prognosis indicators for family reunification found on the CP&P Form [26-89](#), Concurrent Planning Guide.
19. Confirm with Casework Supervisor the decision to use a concurrent planning placement if indicators suggest a poor prognosis for family reunification. Choose a resource family who can both support the work toward reunification with the family of origin **and** offer a permanent commitment to the child(ren) if adoption becomes necessary. Note: The better the initial placement decision, the less disruptive for the child.
20. Use the internal placement review (AKA Regional Review), held at the 5th month of placement, as a concurrent planning checkpoint to gauge progress toward family reunification and reassess whether the child(ren) is in a potentially permanent home. Note: Such a review can be held earlier if appropriate.

**Worker**

- 21a. Finalize family selection within 60-90 days of

placement to ensure resource family is able to meet the child's short and long-term needs; **or**

- 21b. Maintain ongoing efforts to locate a resource family comfortable with concurrent planning, so that the child(ren) reaches a potentially permanent home as quickly as possible. If necessary, develop a child-specific recruitment plan. See CP&P Form [14-216](#), Child Specific Recruitment Plan.

## Court

- 22. Reach a permanency decision at the 12th month Permanency Hearing. If the goal is adoption, immediately transfer the case to an Adoption Worker and begin adoption planning. See Volume IV, Adoption Services Manual. Note: The Permanency Hearing can be held earlier than the 12th month, if appropriate.

**Questions and unresolved issues** - If you are uncertain how to proceed, consult with the Area Office Concurrent Planning Specialist; a Case Practice Specialist (CPS) in every Area Office who specializes in concurrent planning policy and procedures. In addition, refer to the CP&P Form [26-88](#), Concurrent Planning Flow Chart, for guidance in determining the appropriate sequence of events and time frames for concurrent permanency planning.