



# Concurrent Planning: What the Evidence Shows

## What's Inside:

- Child and Family Services Reviews findings
- Evaluation findings
- Examples from the field
- Guiding principles for implementation

## Promising Practices in Child Welfare

Issue briefs include a review and synthesis of recent published research and selected program examples that demonstrate evidence-based practices.

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Concurrent planning is an approach that seeks to eliminate delays in attaining permanent family placements for children in the foster care system. Concurrent planning involves considering all reasonable options for permanency at the earliest possible point following a child's entry into foster care and concurrently pursuing those that will best serve the child's needs. Typically the primary plan is reunification with the child's family of origin. In concurrent planning, an alternative permanency goal is pursued **at the same time** (Katz, 1999; Lutz, 2000).

Evaluations of some early concurrent planning efforts suggested that they led to earlier permanence for children. The practice did not gain general acceptance, however, due primarily to opposition in the courts and among parents' attorneys, who saw the early development of an alternative permanency plan as being in conflict with agencies' genuine pursuit of family reunification (Katz, 1999; Munroe, 1997).

The Federal Adoption and Safe Families Act of 1997 paved the way for the legal sanction of concurrent planning in States and the formalization of the practice in child welfare agencies (Schene, 2001). The approach is now encouraged as a logical alternative to the sequential case planning that had become common practice following the passage of the Adoption Assistance and Child Welfare Act of 1980. That practice, which required a preferred permanent plan to be ruled out before an alternative was developed, was believed to contribute to long lengths of stay in out-of-home care (Lutz, 2000).

This issue brief examines the following questions:

- What have the Child and Family Services Reviews identified regarding concurrent planning in States?
- What does the literature say about concurrent planning?
- What are successful examples from the field?
- What are some guiding principles for implementing concurrent planning?

## Child and Family Services Reviews Findings

Final Reports from the Federal Child and Family Services Reviews (CFSRs)<sup>1</sup> present results and discussion for each State regarding its substantial conformity with child safety, permanency, and well-being outcomes. In the first full round of 52 reviews, no State was found to be in substantial conformity with the first permanency outcome, "Children have permanency and stability in their living situations" (Children's Bureau, 2004).

While concurrent planning is not directly assessed in relation to the CFRS outcomes and indicators, it is mentioned in 51 of the 52 State Final Reports. These reports serve as a useful source of information about State policies regarding concurrent planning, implementation practices, comprehensive training, and staff acceptance of the practice.

Concurrent planning is linked to positive results in at least 11 States; these include reduced time to permanency and establishing

<sup>1</sup> The Child and Family Services Reviews are designed to enable the Children's Bureau to ensure that State child welfare agency practice is in conformity with Federal child welfare requirements, to determine what is actually happening to children and families as they are engaged in State child welfare services, and to assist States to enhance their capacity to help children and families achieve positive outcomes. For more information about the CFRS process, visit the Children's Bureau website at [www.acf.hhs.gov/programs/cb/cwmonitoring/index.htm#cfsr](http://www.acf.hhs.gov/programs/cb/cwmonitoring/index.htm#cfsr).

appropriate permanency goals (LA, NE, VT), enhanced reunification or adoption efforts by engaging parents (CO, ND), and reduced time to adoption finalization (CA, HI, ID, MA, ND, RI, UT, WA). In addition, the following offer positive examples of and support for concurrent planning across the United States:

- At least nine States have formal concurrent planning policies. These policies describe the circumstances under which concurrent planning must be practiced, such as mandating concurrent planning upon children's entry into foster care (AR), encouraging concurrent planning when it is in the child's best interest and mandating the practice when the court orders it (KS), and requiring concurrent planning in cases with poor prognosis indicators (ID).
- A number of other reports indicate that concurrent planning is being implemented to varying degrees.
- Concurrent planning training has been provided to staff in at least eight States; a few other States also mention training for others involved in the work, including court staff (ID, NM) and foster/adoptive families (KY).
- Mississippi and Oklahoma indicated the support of the courts for concurrent planning. In Mississippi, the courts require concurrent plans and review the agency's progress on them.

A Federal summary and analysis of State reviews found that "concurrent planning efforts are not being implemented on a consistent basis when appropriate" in a majority of States (Children's Bureau, 2004). The Final Reports discuss the concerns and difficulties related to concurrent planning in each State. One of the concerns was a disconnect

between policy and practice. In some States with formal concurrent planning policies, little or no evidence of concurrent planning practices was found in case reviews. Similar findings occurred in some States in which stakeholders reported the use of concurrent planning, but little evidence supporting their assertions was found. In a number of States, concurrent goals were written in the case files, but case reviews showed that efforts towards the goals were sequential rather than concurrent.

A number of reports indicated that staff's understanding of concurrent planning was unclear—concurrent planning was defined as having a "back-up" goal should the first goal prove unattainable. Some reports indicated that staff expressed concerns about concurrent planning. In some cases, the concerns focused on difficulties related to working towards two goals simultaneously. In other cases, the staff's concerns were with the concurrent planning concept; for example, believing that it can cause anxiety for birth and/or foster/adoptive parents and impede reunification efforts.

Other difficulties reported for some States include:

- Resistance from the courts—at least two reports indicated that the courts only approve one goal at a time.
- Specialized private agency contracts—at least two reports indicate that concurrent planning is difficult to implement when some services, such as adoption, are provided by specialized agencies; the adoption work does not begin until the case is transferred.
- Limits in data systems—at least three reports indicated that State data systems

hinder concurrent planning because they only allow for one goal to be on record at a time.

In general, many States are implementing some form of concurrent planning in at least some areas of the State. Many are in the process of enhancing their concurrent planning practices by considering new policies, implementing training enhancements, and implementing new service delivery systems based on concurrent planning principles. The largest issues seem to be clear understanding of concurrent planning and consistent implementation throughout each State.

## Evaluation Findings

The recent literature on concurrent planning yields little in the way of evidence-based programs and practices. Most available studies consist of tracking permanency outcomes or gleaning qualitative information from focus groups, surveys, or interviews with caseworkers, families, foster/adoptive parents, or other stakeholders. Despite the limitations, recent evaluations do appear to offer support for the approach, especially with younger children.

The primary benefit appears to be earlier attainment of a permanent family outside of the foster care system. Anecdotal evidence within the literature also suggests that openness and direct communication between birth parents and caregivers in concurrent planning may lead to more voluntary relinquishments and open adoptions—a seemingly logical outcome of this more open relationship. Finally, the existing evaluations identify critical factors in successful concurrent planning

efforts that can offer important guidance for child welfare practitioners.

## Effective Concurrent Planning Programs Share Common Elements

In 2000, a survey of concurrent planning programs in 12 sites was conducted for the National Resource Center for Foster Care and Permanency Planning (Lutz, 2000). Telephone interviews with staff familiar with concurrent planning showed that, despite some variation among models, the following significant characteristics were common among the sites:

- Individualized assessment and intensive, time-limited work with birth families targeting the problems that necessitated foster care placement.
- Full, documented disclosure with birth parents of problems, changes, possible consequences, and time frames.
- Early aggressive search for birth family resources for achieving permanency.
- Early identification and consideration of all permanency options.
- Frequent and constructive use of parent-child visitation as part of reunification efforts.
- Early use of foster/adoptive or kinship placements.
- Involvement of foster/adoptive and kinship caregivers in teaching and skill-building with birth parents.

In 1997 and 1998, Potter and Klein-Rothschild (2002) conducted the only published study identifying predictors of permanency attainment in the context of concurrent planning. Their research used case reviews of 366 chil-

dren served by the Colorado Department of Human Services Expedited Permanency Planning Process to determine which factors were associated with achieving permanency within 1 year. Factors predicting timely permanency included:

- **Caseworker consistency.** A single change of caseworker during the year reduced the likelihood of permanency by 52 percent.
- **Fewer placements.** Each additional placement a child experienced reduced the odds of attaining permanency within the year by 32 percent.
- **Ineligibility for Title IV-E assistance.** Children from families that were extremely poor (as indicated by Title IV-E eligibility) were 90 percent less likely to achieve permanence in 12 months.
- **Substance abuse.** When substance abuse was identified in the family, the likelihood of permanence increased by 23 percent.
- **More days of parental visitation per week.** Each day of visitation tripled the odds of permanent placement within the 1-year time period.

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

## Younger Children May Be More Likely to Benefit From Concurrent Planning

Although many agencies use concurrent planning for children of all ages, the practice was originally developed for younger children considered at risk for delayed permanency (Katz, 1999). Some evaluation research has found that younger children are more likely than older children to benefit from concurrent planning:

- The Potter and Klein-Rothschild study mentioned above (2002) showed concurrent planning was most successful for children placed before age 3.
- Another study, examining well-being outcomes of 83 young adults adopted through the Lutheran Community Services concurrent planning program between 1981 and 1998, found that those who had been adopted at younger ages fared best (Cahn, 2003).

Neither of these studies examined or analyzed practice-related variables such as the available pool of resource families for younger children.

On the other hand, an Iowa study (Landsman, Malone, Tyler, Black, & Groza, 1999) examined the use of concurrent planning to attain permanency for teens. The Permanency for Teens Project (PTP), implemented through a public-private agency partnership, targeted youth ages 11 to 18. An initial assessment conducted with each participating youth identified persons with whom the teen had a significant connection. The program then used Family Unity Meetings, a variation of Family Group Decision Making, to bring these people together regularly with the youth to identify and concurrently explore multiple options for

permanency. Findings of the program evaluation were mixed, but some youth did attain permanency, and others moved to less restrictive placements.

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

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

- Parent has previously killed or seriously harmed another child.
- Parent has repeatedly and with premeditation harmed a child.<sup>2</sup>
- Parent's only visible support system is a drug culture, with no significant effort to change over time.
- Parent has significant, protracted, and untreated mental health issues.
- Parent's rights to another child have been involuntarily terminated.

At least one study has found no relationship between poor prognosis indicators and the likelihood of family reunification (D'Andrade, Choice, Martin, & Berrick, 2001). Therefore, agencies should use poor prognosis indicators

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<sup>2</sup> It should be noted that, with the 1997 passage of the Adoption and Safe Families Act and corresponding legislation in the States, attempts to reunite families are not typically required when a parent has killed or seriously or repeatedly harmed a child as described in the first two bulleted items.

as only one part of a comprehensive family assessment, along with other assessment tools such as strengths, risk, and safety indicators. A differential diagnosis that includes all these tools may be more effective in helping case-workers gather and assess all relevant information to determine services and concurrent planning needs (National Resource Center on Foster Care and Permanency Planning, n.d.).

### **Courts Play an Important Role in Concurrent Planning**

The importance of judicial involvement in concurrent planning is highlighted by a study of the Kentucky Adoption Opportunities Project (KAOP) (Martin, Barbee, Antle, & Sar, 2002). In this model, the use of concurrent planning was combined with other permanency planning activities for achieving timely permanence: risk assessment, representation by a single attorney from initial filing to permanency, and early placement in foster/adoptive and kinship homes. These activities included changes in court procedures and roles of court personnel, as well as efforts to improve communication between the child welfare agency and the courts. The goal was to achieve permanency within 1 year of entering care for children ages 8 or younger from families with multiple risk factors.

Pilot sites included one urban and one rural court. A highly specific risk assessment tool completed by an attorney at the court was used to determine eligibility for inclusion in the project. Under the jurisdiction of the urban court, 84 children enrolled in the program; the rural court had jurisdiction over 30. While it is difficult to isolate the effect of concurrent planning on the outcomes, the KAOP children did experience stability of placement and shorter lengths of stay relative to the foster care popu-

lation in their counties. In the urban county, the length of stay was 11.6 months (compared to 31.8 months for children in the State's general foster care population), and 33 percent of the KAOP urban children achieved permanency within 12 months. In the rural counties, children in the KAOP had a length of stay of 16.9 months (compared to 24.7 months for the general foster care population). Twenty-seven percent of these children were in the process of adoption by foster/adoptive homes within 1 year, although no adoptions had been completed at the time of the evaluation.

The evaluation of the KAOP's results and interviews with participants revealed several challenges of multiple systems working toward a common goal. Barriers included poor communication, lack of collaboration, lack of role clarity across systems, and lack of early and accurate assessment of child and birth parent needs, as well as the lack of involvement of service providers for mental health, substance abuse, and domestic violence issues—all essential in meeting the complex needs of high risk families.

The integral role of the court in concurrent planning is further demonstrated by the success of the Expedited Permanency Planning model in Colorado (see Examples From the Field, below). A notable component of the Colorado initiative was that State legislation mandated the courts to work with the child welfare agency to achieve more timely permanence for children who were 6 years old or younger when they entered foster care. As a result, courts developed ways to accelerate the judicial process in child dependency cases.

### **Staff Acceptance Is Critical**

A report based on interviews with staff at three public child welfare agencies found that most

caseworkers believed concurrent planning is fair, necessary, and helps move children more quickly to permanency (Westat & Chapin Hall Center for Children, 2001). At the same time, staff in this study and in a 2001 study by the Urban Institute emphasized that concurrent planning is stressful and requires more information to determine various permanency options early in the case. The literature, as well as anecdotal reports, indicates that caseworkers often experience difficulty grappling with the tension inherent in attempting to reunite a child with his or her family while also working on an alternative permanent plan. For this reason, agency staffing is an important consideration in the implementation of concurrent planning, at both the caseworker and supervisor levels and in terms of agency policy.

Caseworkers must have an understanding of the dynamics underlying child maltreatment and be skilled in conducting differential assessments. They also must be competent in working with parents and other professionals to plan and deliver targeted services and assess progress toward goals (Lutz, 2000; Westat & Chapin Hall Center for Children, 2001). Both caseworkers and their supervisors must accept the philosophy of concurrent planning and believe that it is possible to work in good faith with parents while at the same time planning for an alternative permanency goal. Supervisors play a key role in promoting collaboration among service recipients, providers, and others involved in each case. Concurrent planning requires that supervisors have the time and skill necessary to involve themselves closely in timely case planning and decision-making.

Finally, the implementation of concurrent planning calls for close scrutiny of agency policies to assess their consistency with the philosophy

and intent of this approach. Procedures for staff assignment, case review, documentation, and interaction with the courts and other service providers all have the potential to affect the success of efforts to achieve safe and timely placement in a permanent family. A noteworthy example, drawn from the work of Katz and her colleagues, is the elimination of caseworker reassignment when children move from foster to adoptive status (Lutz, 2000).

### **Foster/Adoptive Families Must Be Well Prepared**

Not all concurrent planning models use foster/adoptive families. When taking this approach, however, these families must be well-prepared and supported. The approach demands much of these families. They must be willing to make a permanent commitment to a child placed in their home, while at the same time working cooperatively with the agency and family of origin to effect reunification. Their work often includes teaching and modeling skills for birth parents and other family members as well as mentoring new foster/adoptive families. Not surprisingly, the literature commonly points to the recruitment, preparation, and support of foster/adoptive families as one of the most challenging aspects of concurrent planning.

### **Examples From the Field**

The following examples illustrate key elements found to be associated with the successful planning and implementation of concurrent planning in public agencies.

### **Concurrent Planning in Colorado: Increasing Timely Permanency**

Helping foster/adoptive parents clarify and distinguish their multiple roles (providing a permanent commitment to a child while at the same time mentoring the birth family toward reunification) is a critical part of supporting them effectively.

Evaluations of most public sector concurrent planning initiatives to date have lacked rigorous research design. Most consist of tracking changes in major data indicators (such as time in foster care or type of permanent placement). One exception is Colorado, which conducted a comparison group study of its Expedited Permanency Planning (EPP) process in two pilot counties.

Colorado caseworkers trained intensively on concurrent planning from 1993 forward, particularly in counties and local jurisdictions implementing the State's 1994 EPP legislation, which required all children ages 6 and younger and their siblings to be in a permanent placement within 12 months of entering foster care. This legislation specifically directed the courts to work with public child welfare agencies at both the State and local levels to achieve this goal. EPP combined a concurrent planning approach with an accelerated judicial process for families with young children.

The State developed procedures and resources that allowed for "front loading" of services to families. Counties were allocated up to \$5,000 per family to make specific services available to families immediately following the child's entry into foster care. Jurisdictions used the additional funding to implement Family Group Conferencing or family team meetings, or to purchase additional substance abuse or mental health

evaluation and treatment services. These enhancements supported expedited permanency through earlier identification of needs and resources and reduction of waiting time to obtain clinical appointments. Some counties also adopted the practice of assigning two caseworkers to a family—one serving and advocating for the parents and the other working primarily with the child in care.

An evaluation of this approach was conducted in two pilot counties between 1995 and 1998, using a sample treatment group of 130 children and a comparison group of 105. These children were followed for 18 months following the filing of the initial dependency petition. Rates of permanency attainment within 1 year for the treatment groups in the two counties were 85 percent and 84 percent. This compared with rates of 22 percent and 32 percent in the comparison groups, a statistically significant difference.

By 2001, Colorado had expanded EPP to all counties. Outcomes of EPP continue to appear favorable despite difficulties many families have faced due to the struggling economy and budget shortfalls that have forced some changes in the model's implementation (e.g., most jurisdictions can no longer allocate two caseworkers per family). A December 2003 report to the legislature notes that, of the 1,149 children served by the program during 2003, 939 (82 percent) attained permanency within 1 year. Many of the remaining 211 children were able to leave foster care after a stay of only a few months longer than the 12-month threshold. Of the 522 children for whom post-discharge placement data were available, 77 percent attained permanence within their family system. More than 41 percent returned to the parent from whom they had been removed, 9 percent were placed with another parent, and 26

percent were placed permanently with relatives (Colorado Department of Human Services, 2003).

Requests for additional information about EPP in Colorado may be addressed to:

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Child Welfare Division of the State  
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### **Concurrent Planning in San Mateo County, California: Decreasing Length of Stay**

Concurrent planning practice in San Mateo County, California, dates to 1980, having grown out of an early family preservation model implemented in the county's Department of Human Services. Although the family preservation program was largely successful, agency staff began to notice a growing population of very young children in care who appeared to have little likelihood of reunification with their families. Parents of these children presented a constellation of challenges that could not be sufficiently improved, even with the program's abundant resources and skilled staff. The agency recognized the need to place these children in homes where they could be adopted should efforts to return them to their parents fail (Brinsont-Brown, 1995).

Since establishing its foster/adoption program nearly 25 years ago, San Mateo County has developed a concurrent planning model emphasizing early identification of permanency resources, full involvement of the birth family,

and a commitment to strong reunification efforts. Consensus-based indicators (such as a history of the children being placed out of the home, lack of parental visitation or involvement, and a history of parental drug use) are used to assess a family's prognosis for reunification. At one point, San Mateo tried having the same caseworkers perform both reunification and adoption functions. This practice was discontinued, however, as it was determined to be too exhausting and not sufficiently beneficial in terms of achieving greater caseworker objectivity. Currently, the county has separate reunification and adoption units, but they are housed in close proximity to encourage communication and coordination of responsibilities.

An evaluation conducted between 1990 and 1996 showed the median length of stay for children entering foster care in the county was 5 months, compared with 17 months statewide. Rates of re-entry into foster care were also lower than in the State as a whole—12 percent in San Mateo, compared with 19 percent statewide—suggesting that children attained stability in their post-discharge placements (Schene, 2001).

Current data continue to show that children in San Mateo County attain permanency more quickly than in the State as a whole. During the period July 2003 to June 2004, 76 percent of San Mateo children were reunited within 12 months, compared with 65 percent statewide. Of adopted children, 47 percent attained permanency within 12 months in San Mateo County, compared with 27 percent for the entire State. Recent data on re-entries into care have increased slightly, however, a trend that the county is currently assessing via a citizen's review panel (C. Brinsont-Brown, personal communication, April 12, 2005).

San Mateo County stresses the importance of buy-in from administration, the courts, board members, staff, and the community. Program managers suggest that full involvement of court and agency staff in the program's design and implementation has been critical.

Direct, honest communication and clarity of roles and responsibilities also is essential. The county attributes the court's continuing support primarily to two factors: complete honesty in disclosing alternative plans and referrals for foster/adoptive placement, and training and support of casework staff in making every reasonable effort to engage and provide services to the parent.

San Mateo County is part of a six-county study of concurrent planning being conducted by the Child Welfare Research Center at the University of California at Berkeley. Preliminary findings from that research have identified a number of promising practices in concurrent planning, including preparation and support of resource families and intervention with birth parents. Details are available at <http://cssr.berkeley.edu/childwelfare/researchdetails.asp?name=promising>.

Requests for additional information about concurrent planning in San Mateo County may be directed to:

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## Concurrent Planning in North Dakota: Increasing Relative Placement, Reunification

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

Comparisons of current State permanency indicators with those prior to implementation show clear differences. Average time in care decreased from 17 months in 1999 to 9.7 months in 2003. In 2003, 50 percent more children were placed with relatives than in 1999, while 92 percent of children with a goal of reunification were returned to their families (K. M. Kenna, personal communication, March 1, 2004).

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

Requests for additional information about concurrent planning in North Dakota may be addressed to:

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## Guiding Principles for Implementation

The limited evaluations of concurrent planning conducted thus far appear to offer support for the approach in strengthening permanency outcomes for children. The evidence base in concurrent planning suggests the following guiding principles:

- To succeed, concurrent planning must be supported philosophically and with adequate resources both within the child welfare agency and among service providers and related professionals. Lack of acceptance on the part of any group can jeopardize the effectiveness of the approach; agency partners serving families should be part of the planning, training, and implementation process.
- Cooperation and preparation of the judicial system, as seen in the three initiatives featured above, is especially critical. More timely planning and casework services cannot be effective without the development and enforcement of judicial procedures that ensure smooth progress of cases through court. As these changes often have workload implications for attorneys and judges, their early involvement in planning and support of concurrent planning efforts is imperative.
- Early and aggressive efforts should be made to identify all reasonable permanency options for children entering foster care. Concurrent planning is fundamentally about focusing permanency efforts squarely on the best interests of the child.

- Families should be engaged in collaborative planning and decision-making in the permanent plan for their child. An example of a complementary approach that encourages such collaborative engagement is Family Group Decision Making, a planning and permanency strategy being adopted by many agencies.
- Interactions with families should be based on respect, honesty, and openness. Such an approach is not only essential for family engagement, but also to clarify ethical considerations for caseworkers and legal issues for the courts.

guide the field in their efforts to provide children with safe and loving families in a timely and supportive manner.

### Questions for Future Research

As concurrent planning becomes more prevalent, further questions will need to be explored. Some of these include:

- In what percentage of public agencies is concurrent planning currently being implemented?
- Is there a common definition of concurrent planning among those agencies, or do concurrent planning programs vary considerably?
- What effect do training and other factors, such as family involvement, have on the short- and long-term success of concurrent planning programs?
- What is the proportion of family reunifications to alternative placements among concurrent planning programs? How does the type of permanent placement affect child outcomes?

As more States finalize their Program Improvement Plans and more evaluations of concurrent planning programs are conducted, answers to these and other questions will

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