

Solution Based Casework (SBC) is the framework through which Family-Centered Services (FCS) providers work with families. This evidence-informed intervention focuses on identifying the underlying issues in the home that contribute to a family becoming involved in the child welfare system, then empowering families to develop steps to address the safety concerns in their home through lasting behavioral change.

The discussion guide below is intended to be a resource for HHS and FCS workers to help guide case discussions and ensure that progress is noticed and celebrated, as well as informing next steps and creative solutions. These discussion questions are intended to guide conversation and are not exhaustive. Be curious and ask clarifying questions to ensure shared knowledge about the case. Not all questions will be applicable every time. The bold questions are the primary discussion point and the italicized questions are intended to deepen conversation and critical thinking about the family's strengths, barriers to progress, and observable behavioral change that increases child safety.

### **Questions for discussion:**

#### **Does the family have a defined consensus summary, FLO, and ILO in their Service Plan?**

- *Has the consensus summary addressed the primary safety concerns identified in the Child Abuse Assessment?*
- *Does the consensus summary summarize the safety concern for the child in terms of the family's Old Plan not working and needing a New Plan which will keep the children safe?*
- *Do the FLO and ILO focus on addressing the identified safety concerns?*

#### **Is the child at imminent risk of foster care placement due to significant safety concerns?**

- *Are there specific safety concerns creating imminent risk in the home?*
- *Is a Safety Plan necessary to keep the child safe and in the home?*
- *What has the family's response been to the identification of safety concerns in the initial assessment?*
- *If the child is at imminent risk, what behavioral change must be observed to reduce the risk?*

#### **Does the Family Interaction Planning Tool indicate fully supervised interactions (professional or natural supports) are needed?**

- *If interactions are professionally supervised, is this due to the family lacking natural supports or due to a safety concern?*
- *What efforts are being made to identify appropriate natural supports if none have been identified so far?*
- *What behavioral indicators must be observed to progress the family to a lower level of supervision?*

#### **Does the family know how to access or have access to community services directly tied to the dealbreakers? Will the family continue to have access to these community services after case closure?**

- *How has the family shown/not shown improvement/progress in their day-to-day patterns and routines?*
- *If families are involved in community services- what do therapy/treatment providers, etc., say about parent/child progress and the family's readiness for less oversight?*

- *Has the family demonstrated willingness to access court-ordered services independently and followed through with recommendations from those services?*
- *Does the family have unmet needs or need referrals to community services to address child safety?*

**Are there legal barriers preventing additional progress?**

- *What concerns have legal parties expressed and have they identified specific behavioral changes they want to see?*
- *Have parents addressed outstanding criminal charges that may impact reunification?*

**How is the family connected to natural supports in the community (ex. relatives, friends, support groups, church, extracurricular activities for the child, etc.)?**

- *What types of community activities does the family participate in?*
- *Who else is present at the community activities?*
- *What information has the family shared with their supports regarding HHS involvement?*
- *How are natural supports involved in celebrating the family's successes/progress?*
- *Where does the family find support if not directly in the community (long-distance relatives, phone calls, online support groups, etc.)?*

**Have parents demonstrated steps of behavioral change as outlined in their Action Plan(s)? Can they stay primarily at the prevention/interruption levels of their Action Plans?**

- *How have parents demonstrated prevention tasks in their day-to-day routines that have been noticed and celebrated by HHS, FCS, and/or their support system?*
- *How do parents demonstrate a solid understanding of their high risk/difficult situations and demonstrated use of prevention/interruption skills?*
- *How do parents' interruption tasks effectively manage the high risk/difficult situation so that the situation does not escalate?*
- *Do parents frequently use their escape tasks because interruption tasks are not effective?*

**Are there new/additional safety concerns/risk factors that need to be addressed now to help prevent the family from coming back into the child welfare system?**

- *Has the HHS case manager identified specific behavioral changes outside of dealbreakers identified at the outset of the case and noted progress/success in achieving behavioral change?*
- *What else has the family asked for help in addressing which will support long-term health and well-being for the children?*
- *If nearing the end of the case- does the family have increased knowledge of community resources and reasonable access to community resources? Will that access be impacted by case closure?*