Introduction

The welfare of children is a priority in our society. Children deserve to live in a safe and permanent environment in which they are free from abuse, neglect, and other forms of maltreatment. Along with promoting the safety and well-being of children, preservation of the family has been recognized as important. Social programs must respond to the priority of child welfare in a way that will ensure the safety and welfare of children while providing services that will attempt to strengthen the family.

Interest in implementing managed care techniques in the child welfare system has been elevated as criticisms of the traditional, state run system of care surface. Some descriptions of the child welfare system characterize it as cumbersome, inefficient, and costly. (McCullough, 1997; Feild, 1996) The view of the child welfare system failing those who need it most has been supported by reports in the media and lawsuits that have required states to operate under consent decrees. (McCullough, 1997) An additional criticism refers to the traditional child welfare system as a categorical service delivery system. The categorical system has divided services into different categories, resulting in shortcomings when comprehensive treatment for behavioral and emotional problems is what is needed. (Bruns, et. al., 1995)

Community-based care has emerged as a model in efforts to privatize and manage foster care and related services in Florida and other states. Community-based care allows private providers, in concert with local community stakeholders, to develop and implement a system of care with greater flexibility and opportunities for efficiency in the provision of child protective services. This approach often promotes a “child-centered” orientation and the ability to offer a more complete selection of services tailored to the individual needs of each family called “wraparound services”. (Bruns, et.al., 1995)

However, challenges remain in the provision of care to this particular population using a managed care techniques and community-based care approach. Inadequate information about service utilization and costs, key tools in the physical health managed care arena, top the list of factors that compound the situation and add to the difficulty in determining the strengths and weaknesses of any system design. (McCullough, 1997) The demands in the child welfare system often set it apart from the service delivery arenas in which managed care has been considered most successful, such as, medical services. Securing a child’s welfare often involves actions that are not pursued or accepted voluntarily by affected parties. Entire families are involved as part of the problem and the solution. Assessing and meeting the needs of the entire family is complex and requires a network that extends beyond the confines of a single service category.

Regarding program cost issues, it is generally recognized that the financial health and structure of human services organizations are of secondary importance to the mission of the agency which is service to the community, families, and children. Because of this second tier status, the financial structure of an organization may not receive adequate attention to plan for, and meet, the growing needs of clients. This is done so at their peril.
Through these difficult lessons, agencies have found that sound financial practices are essential to survival and continued client service delivery. Analyzing the efficiency of financial expenditures against their intended and unintended consequences (i.e., benefits) is the basis for what British economist Alfred Marshall termed consumer surplus or the welfare enjoyed by a consumer in excess of the price paid. In part, it was the intent to have benefits exceed program costs that added support to the community-based care movement.

**Relevant Federal and State Law**

In Florida, the community-based care models for delivering foster care and related services must respond to and meet requirements in federal and state law. At the federal level, foster care and related services received attention in the 1980 Adoption Assistance and Child Welfare Act (P.L. 96-272) and the Adoption and Safe Families Act of 1997 (P.L. 105-89), known as ASFA. The 1980 Act required “reasonable efforts” on the part of the states to return children to their biological parents. Adoption or independent living for older children are considered desirable options when reunification with the biological parents is not possible. In the 1980 federal law, states were also required to establish permanency plans for children in the foster care system within an 18 month time period with federal funding tied to this requirement. The 1997 federal legislation clarified the “reasonable efforts” requirement, required the permanency plans for children in the foster care system to adhere to a 12 month time period, added incentives for states to expedite adoptions, and expanded authority for states to implement demonstrations in child welfare programs. The federal changes in 1997 supported the belief that an emphasis on child safety, timely decisions regarding the return of children to their home, and adoption incentives would reduce the length of time children are in foster care. (Courtney, 2000)

Florida statutory law addressing foster care and related services is extensive. The responsibility for these services is assigned to the Department of Children and Families, hereinafter referred to as the Department. Service goals for the care of children in statutory law include:

- prevention of separation of children from their families;
- reunification of families who have had children placed in foster homes or institutions;
- permanent placement of children who cannot be reunited with their families or when reunification would not be in the best interest of the child;
- the protection of dependent children or children alleged to be dependent, including provision of emergency and long-term alternate living arrangements (section 409.145, F.S.); and
- family preservation through a family-centered services constellation. (section 409.152, F.S.)

Key provisions guiding community-based care for foster care and related services correspond with the goal of privatizing foster care and related services statewide over a
three year period beginning in January 2000. (section 409.1671, F.S.) In the relevant statutory section, the definition of “privatize” is “to contract with competent, community-based agencies.” Related services are specified in the statutes as “family preservation, independent living, emergency shelter, residential group care, foster care, therapeutic foster care, intensive residential treatment, foster care supervision, case management, post-placement supervision, permanent foster care, and family reunification.”

In section 409.1617, F.S., implementation of the system identified above requires the Department to contract with a single agency referred to as an “eligible lead community-based provider,” for the provision of child protective services in a community that is no smaller than a county. According to the statute, these agencies must:

- coordinate, integrate, and manage all child protective services in the community while cooperating with child protective investigations,
- ensure continuity of care from entry to exit for all children referred,
- provide directly or through contract with a network of providers all child protective services,
- accept accountability for achieving the federal and state outcome and performance standards for child protective services,
- have the capability to serve all children referred to it from protective investigations and court systems,
- be willing to ensure that staff providing child protective services receive the training required by the Department of Children and Families.

**The Vision of the Florida Department of Children and Families**

According to the Community-Based Care Implementation Plan prepared by the Florida Department of Children and Families and released in July 1999, the vision for implementation of the relevant federal and Florida law includes the following:

- The safety of children at all times will be a foremost concern, and rapid permanency resolution will be the system’s standard.
- Services will be provided by comprehensive, community-based networks of providers who are equipped to manage and deliver all needed services and supports to meet the needs of children and their families.
- Resources will be efficiently and effectively managed to achieve better outcomes for children.
- Services will be coordinated across systems to maximize limited resources and ensure a single, unified case plan, managed by a primary case manager.
- Financial support will be available from diverse federal, state, and local sources. Flexibly managed at the local level, to meet child and family needs.
- There will be a coherent allocation model that equitably distributes resources across all jurisdictions based on actual child and family needs, costs, and standardized performance expectations.
The system will be able to collect and use data to accurately forecast what services and supports are needed, gauge level of intensity and duration and at what cost, to achieve desired outcomes for each child and family in need.

Overall, the Department’s vision strives to provide a “comprehensive, full array of supportive services available to all children and families who reside in Florida provided through an integrated community-based delivery system.” Consistent with this vision, the Department is implementing a new service delivery design in which community-based organizations assume the child protection service provision role defined in section 409.1671, Florida Statutes. As envisioned by the Department, the community-based care model relies on a partnership between the dependency court judges, an effective lead agency, the department, a community alliance, as well as collaboration and communication between service agencies providing traditional and non-traditional services. Consistent with the federal Adoption and Safe Families Act and Florida law, Florida’s community-based care for foster care and related services will:

1. promote the safety of children first and foremost;
2. decrease the time it takes to achieve permanency for all children;
3. promote adoption for children when that is the best permanency option; and
4. enhance the state’s capacity and accountability for both safety and permanency.

Research Project to Evaluate Community-Based Care Programs

On November 22, 2000, the Florida Department of Children and Families, Office of Mission Support and Performance, entered into a contract with the Institute of Health and Human Services in the School of Social Work at Florida State University. One purpose of the contract was to meet the statutory requirement to conduct an annual evaluation of all community-based agencies providing foster care and related services in section 409.1671(4)(a), F.S. There were several research components included in the contract and covered in this report. The components are the following:

- an evaluation of the YMCA Children, Youth and Family Services, Inc. community-based care programs in Sarasota and Manatee counties using quantitative and qualitative methods;
- an evaluation tool and handbook for evaluating community-based models for foster care and related services throughout the state;
- a summary of the status of community-based care models in child welfare services across several states; and
- an evaluation of the procurement and contracting procedures in the community-based care program for foster care and related services in Pinellas and Pasco Counties.

All project deliverables were due to the Department of Children and Families on or before June 18, 2001.
This report documents the research conducted for this project. The remaining text in this Introduction includes a brief description of the CBC programs in each county, an overview of the research design and the key research questions. The subsequent sections of the report explain the methodologies implemented and the major observations and findings based on the research. When appropriate, recommendations are presented to guide future CBC program development and CBC research.

**Descriptions of CBC Programs in Sarasota, Manatee, Pasco, and Pinellas Counties**

The locations for the community-based program addressed in this report are early examples of community-based care for foster care and related services in Florida. Both programs in Sarasota and Manatee counties are operated under one contract between the department and the YMCA Children, Youth and Family Services, Inc. The program in Manatee County was established after the program in Sarasota County had been operational for 2 years. The programs in the Sarasota and Manatee Counties location are similar in a number of respects but they still have noteworthy differences. The CBC program in Pinellas and Pasco Counties is also described here. Family Continuity Program (FCP) is the lead agency for these programs in June 2000. This sub-section includes a brief overview of the program in each location.

**Sarasota County CBC Program Location**

The program in Sarasota County became operational in January 1997. More specifically, the Sarasota program location began to handle adoption cases for Sarasota County on January 1, 1997, foster care cases on March 1, 1997, and protective services cases on June 2, 1997. As a lead agency in the community-based care model, this program has partnered with several providers. The agencies listed as members are the Sarasota YMCA, Child Development Center, Family Counseling Center, First Step, Lifelink Child and Family Services, Child Protection Center, Foster Parent Association, Westcoast Access to Children’s Health, Sarasota Memorial Hospital, Coastal Recovery Center, Foster America, Florida Department of Children and Families, Sarasota School District, a law firm providing legal support, Big Brothers/Big Sisters, Sarasota County Government, and other stakeholders. The Sarasota program location is guided by a mission statement and nine principles. The mission states:

*The coalition of Community-based agencies provides comprehensive services to children and families needing services due to abuse and/or neglect through a collaborative effort that unites our resources, holds all parties accountable to specific standards of care, evaluates performance and distribution of resources based upon specific and measurable outcomes, holds permanency of the child’s living arrangement and the continuity of relationships for the child as the primary goals, and provides these services through an inclusive and informative relationship with the community and the state.*
The Sarasota County location program principles are listed in Appendix A for this Introduction.

The Sarasota program location describes its selection of services as a continuum with the following services included:

- Parent Training and Support Groups
- Outpatient Individual, Family, and Group Counseling
- Healthy Families Sarasota
- Developmental Day Treatment Services
- Case Management
- Children’s Psychiatric Services (Out-Patient)
- Family Preservation Services (In-Home Intervention)
- Comprehensive Assessment
- Appropriate Out-of-Home Placement
- Reunification/Postplacement Services
- Adoption Services

In addition to the delivery of the services listed above, the Sarasota program location implements several techniques to improve the quality and effectiveness of the services. One is a team approach to enhance communication and avoid duplication of services. Another technique promoted in ASFA, concurrent planning, allows more than one permanency goal and is intended to avoid prolonging the time period during which a child is not in a permanent or stable placement. Maintaining continuity for the child by ensuring that the child has regular contact with one individual or family member is another technique. The Sarasota program location also promotes the availability of “wraparound” services that are services not normally available to a child in a foster care and related services program. The examples of wraparound services identified by program staff in Sarasota County include several YMCA programs that are available to all family members, such as, health and fitness and character development.

As described in program materials addressing the Sarasota program location, referrals to the Sarasota program are from the Department of Children and Families’ protective investigations unit, by court order, or under several additional circumstances specified in the program’s contract with the Department. According to available descriptions of the program, emergency placement of eligible children is available 24 hours a day and early services intervention (ESI) staffings are scheduled with the participation of Sarasota Program location staff. Case files for clients are maintained at the Sarasota Program location with all legal records, medical records, and other case plan documentation included. All activities and procedures are to be in compliance with the relevant federal and state laws. In addition, the program is described as cooperating with the Department in efforts to maximize resources through Title IV-E and TANF eligibility determination.

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1 Temporary Assistance to Needy Families, federal Title IV-A.
Manatee County CBC Program Location

In 1998, the Florida Legislature mandated that community-based care for foster care and related services in Manatee County use the lead agency for the program in Sarasota County which is the YMCA Children, Youth, and Family Services, Inc. As a result, the two program locations share selected administrative functions and maintain a close working relationship. The start-up contract for the Manatee County program location was signed in May of 1999. The program location began operating in June of 1999. The Manatee program location began to serve Department of Children and Families’ cases in foster care/temporary placements on November 1, 1999 and protective supervision cases on February 1, 2000.

The mission of the program in Manatee County is “A partnership of community resources assisting Manatee County’s abused and neglected children and their families in reaching their full potential in a safe and stable environment.” The service delivery principles developed by the program in Manatee County are in Appendix A for this Introduction. The approach used in the delivery of services is described as a cluster in which the team of professionals works with the family to identify additional community services and supports to “wrap around the family”. The cluster was identified as including the following functions:

- Clinical Assessment
- Clinical/therapy services
- Crisis Intervention
- Assessment of child welfare needs and risk levels, coordinating assessments, developing psychosocial history and integrative summary.
- Development of service plan
- Completing documentation required for court, attending court hearings.
- Coordinating service and insuring that the family and child are receiving community linked services.
- Providing targeted case management activities and direct support services to children and families.
- Providing concrete case management functions and support (i.e., arranging for day care, housing, employment, teaching basic parenting skills, cooking/nutrition skills, personal hygiene skills)
- Working with the family to identify issues and support needs and recommending services to team members.

Several techniques and emphases in service delivery adopted in the Manatee program location mirror those in the Sarasota program location. These include the emphasis on the continuity of care through stability in the professional staff working with a child and reducing the number of foster care placements. Concurrent planning is also practiced at the Manatee program in an attempt to reduce the time the child is not in a stable or permanent situation. Within the community-based model, the program in Manatee County subcontracts with several agencies for the delivery of services. Those listed in information available on the program include Manatee Glens, Lifelink Child and
Family Services, Manatee Children Services, Hope Family Services, Family Resources, Inc., Florida Sheriff’s Youth Ranch, The Children’s Home Society, Camelot, YMCA, Project Child Care, and Professional Development Center. Referrals to the Manatee program location are from the Office of the Manatee Sheriff, either by protective investigation or court order.

**Comparison of the Sarasota and Manatee CBC Program Locations**

As indicated earlier in this section of the report, the program in the Sarasota and Manatee county locations have similarities and differences. In this subsection, a comparison of selected structural and functional components is provided. In addition, one comparison of the capacity and actual number served across the county locations is presented. Comparisons of outcome measures are presented later in this report. The following chart (Chart 1) presents a preliminary comparison of structural and functional components of the two program locations.

**Chart 1**

**YMCA Children, Youth, and Family Services, Inc.**

**Comparison of Selected Structural and Functional Components at the Sarasota and Manatee Program Locations**

<table>
<thead>
<tr>
<th>Program Structure or Function</th>
<th>Comparison of Program Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative (Financial)</td>
<td>Both locations rely on same administrative staff for accounting and other financial functions. Audit and other financial reports are combined.</td>
</tr>
<tr>
<td>Advisory Council (Stakeholder Group)</td>
<td>Councils are separate.</td>
</tr>
<tr>
<td>Case Management</td>
<td>Case managers serve children and parents at one county program location. Case files for children served at one county location are maintained at that county program location.</td>
</tr>
<tr>
<td>Services</td>
<td>Similar across county program locations; emphases on being child-centered, ensuring continuity in staff, and the availability of wraparound services</td>
</tr>
<tr>
<td>Service Providers</td>
<td>Each location has a selection of service providers that work with clients at one county location. (Service networks and partners are separate.)</td>
</tr>
<tr>
<td>Planning and Outcomes</td>
<td>Similar outcome measures computed for each program location. Several measures correspond with safety and permanency ASFA requirements.</td>
</tr>
<tr>
<td>Protective Investigation</td>
<td>Performed by DCF in the Sarasota County location and by the Office of the Manatee Sheriff in the Manatee County location.</td>
</tr>
<tr>
<td>Child Welfare Legal Services</td>
<td>Performed by DCF in the Sarasota County location and the Attorney General in the Manatee County location.</td>
</tr>
</tbody>
</table>
On March 1, 1997, the Sarasota program began serving all foster cases that were transferred from DCF on March 1, 1997; seventy-four (74) cases were staffed at the time of this transfer. On June 1, 1997, the remaining cases which were receiving all service types were transferred from DCF to Sarasota YMCA. At this time, a total of 31 cases were staffed and Sarasota began full implementation of the CBC model and was responsible for all foster care and related services from that point forward.

On November 1, 1999, the Manatee program began serving all foster care cases that were transferred from DCF; this was a total of 327 cases that were staffed for the initial transfer. On February 1, 2000, all of the remaining cases that were receiving services from DCF were transferred to the control of the Manatee program; this included a total of 357 cases. Following the transition sequence used for the Sarasota program, after the February 1, 2000 transfer all additional cases became a part of the Manatee program.

Table 2 below displays the actual number of children and families being served as provided by program staff for the month of September 2000.

* These numbers were taken from the YMCA program database for both program locations which was copied on 12/21/00. The dates for inclusion in the database were 3/1/1997 to 12/18/2000 for Sarasota; and 11/1/1999 to 12/18/2000 for Manatee.

* See previous footnote regarding dates included in analysis.
CBC Program in Pinellas and Pasco Counties

Family Continuity Program (FCP) was selected as the CBC lead agency for Pinellas and Pasco Counties on June 13, 1999. The DCF transition contract with the CBC lead agency was signed on November 11, 1999 and the service contract was effective beginning June 30, 2000. The administrative office for the CBC lead agency is in St. Petersburg. There are five service center locations: two in St. Petersburg, and 1 in Largo, Dade City, and New Port Richey.

According to the Provider Network Guide prepared by FCP, the mission of the program is to “strengthen families, build communities and empower people to meet the challenges of living and working together.” Within the network, the program intends to provide a full continuum of services that “quickly and efficiently responds to consumer needs, assures the safety and stability of children with their families and communities and breaks down the barriers to communication, service delivery and accountability in keeping our children safe and healthy” (FCP, 2000). The system of care developed in this CBC adopted the following goals:

- **Ensure the Safety of Children**
  *The care and safety of our clients comes First. Now and always.*

- **Achieve Timely Permanency**
  *Working as a team, we can reduce and eliminate redundancy in the system and facilitate quality services for our children in a timely manner.*

- **Shorten length of stays**
  *Effective communication and planning can result in improved outcomes and more efficient use of community resources.*

- **Maintain Safety Long Term**
  *If this outcome isn’t there, nothing matters. Our QA process works to measure and monitor the results of the intervention by our network of providers.*

- **Immediate Access to Appropriate Service**
  *Referral and Case Management in community based settings, allow for faster access to care, intervention and assistance.*

- **Services are Intense and Effective**
  *Working as a team, FCP can facilitate the delivery of the appropriate service in a system that is designed to meet the needs of the child and family using all available means.*

Credentialing of the network providers was adopted as an important requirement in this CBC. Before providing services in the CBC network, provider agencies must be credentialed. The agencies that are currently part of the CBC provider network in Pinellas and Pasco Counties include Camelot Care Centers, Directions for Mental Health, Family Resources, Inc., Foundation Village Neighborhood Family Center, Gift of Life, Great Ridgecrest Area Neighborhood Family Center, PEMHS, Pinellas Cares, Suncoast Center for Community Mental Health, Salvation Army, Youth and Famiky Alternatives, Alpha “A” Beginning, Brookwood, CASA, The Harbor, The Harbor or RCS, Shady hills Neighborhood Family Center, First Call for Help of Pasco County, Inc., Project Life-
Hicks Road Initiative, Pasco County Housing Authority, Sunrise of Pasco County, Inc., and Shady Hills United Methodist Church. The delivery of services relies on a child and family support team which supports several core components in the care of the child and family. These core components include assessment, case planning, case management, preservation services, out-of-home services, adoption services, and independent living services.

**Overview of Theoretical Framework and Research Design**

The logic model was used as the theoretical framework for conducting the evaluation. More specifically, the logic model provides a framework for determining what components of the evaluation to include and what are the important components of a program. The logic model has been widely used in other evaluations (Alter and Egan, 1997; Berry, Bussey, & Cash, in press; Pecora, et al., 1997). The logic model proposes that there is alignment between the needs of the client, the processes of a program or service and the outcomes. It ensures that there is congruence between each of these domains, thus maximizing the program’s capabilities and the evaluation’s ability to measure each of these components. The model includes the following components:

- **Problems/Needs** *(The current situation and what needs to be changed.)*
- **Goal** *(The desired state to be achieved.)*
- **Objectives** *(Milestones or minigoals that lead to goal achievement.)*
- **Inputs** *(Concrete and intangible resources needed to achieve the objectives.)*
- **Methods** *(Services and activities that put resources into operation.)*
- **Results** *(Short-term impacts of applying inputs and methods.)*
- **Outcomes** *(Long-term impacts of applying inputs and methods.)*

The research design incorporates techniques for collecting information that correspond with the components in the logic model. In this project, data collection techniques included case file reviews and secondary sources of information in electronic data files and management reports maintained by the program and the Florida Department of Children and Families. Some of these data files include information on clients served by each program location. The information is used to describe the experience of the clients and compare program performance across program locations and with the state as a whole. In addition, several research questions developed by the research team and Department officials are proposed. When information was sufficient, the questions are answered.

**Research Questions**

The questions addressed in this research refer to the assessment of client needs, the services provided, the performance of the program as addressed in the Adoption and Safe Families Act, the community factors that are important in determining the success or
failure of the programs, and service costs. The major or global questions are listed below:

- Are children and families receiving timely and adequate assessments of their service needs?
- Are children and families receiving services based on their needs in a timely manner?
- Was the program performance consistent with the Adoption and Safe Families Act?
- What is the cost/financial structure of the Sarasota Family Young Men’s Christian Association, Inc. and its subsidiary, the YMCA Children, Youth & Family Services, Inc. (including the Sarasota and Manatee locations)?
- How has the financial mix changed over the project’s life-cycle?
- What is the level of financial support demonstrated by the community?
- What system elements contribute to the successes or failures of the community-based care model?
- What community factors contribute to the successes or failure of the community-based care model?
- Are the consumers, stakeholders, and caseworkers satisfied with the services provided?

In some of the subsequent sections of this report, there is an attempt to address these questions in the research findings. Recommendations are offered to guide future development of the CBC programs. Because insufficient information was available in the application of some techniques in the methodology, not all questions are answered definitively. Suggestions are also offered to improve the quality and comprehensiveness of the program and client information in order to meet higher standards for rigorous research in the future.
References


Family Continuity Program. (2000). Provider network guide


Appendix A-Introduction

Program Principles for the
Sarasota and Manatee Program Locations.

Sarasota program location principles are the following:

- Services will be provided with the safety and best interest of the child as our first consideration.
- Foster care adoption and protective services is a community effort and issue. We shall involve the community through a Stakeholders Advisory Committee, the involvement of volunteers, the solicitation of donations, and annual participation in the evaluation of services.
- This system of care will be held accountable for the provision of high quality care in the most efficient manner. We shall establish internal standards of care for each service being provided. There will be a continuous quality improvement system throughout the continuum of care. Measurable outcomes will be established. There will be an annual independent audit of the entire system. There will be competency based training for foster parents and staff.
- All resources will be used in the most efficient method to reach the stated outcomes with families receiving services expected to contribute, whenever feasible.
- We believe the State of Florida, the school system, the courts, law enforcement, foster parents, local governments, churches, the child and family, local businesses and foundations as well as other community organizations are critical partners in attaining successful outcomes.
- Services will be delivered through a rapid response and attentive approach. No family or child receiving services will go more than a week without a direct contact (phone or face to face visit) unless a decision to reduce services is made by a formal staffing process or court order.
- The system of services will develop concurrent planning that assures strategies for service and permanency regardless of the turns a particular family may take over the course of their involvement with this Coalition.
- There will be a “single point of entry” approach that assures the children and families consistency of treatment, reduction of duplication of services and efforts, a match of children and their alternative care provider to allow for a successful
placement, and establishment of a plan of service based upon a comprehensive assessment.

- There will be an individualized case plan developed for each child and family receiving services, including input from the child and family, which will direct the course of intervention throughout the time of service.

The principles for the program in Manatee County are the following:

- Services are provided according to upfront and ongoing needs-based assessments of the child and family’s progress towards benchmarks and goals.
- A family focused intervention; the unit of intervention is the family, but there is recognition of the urgency of achieving permanency for the child in placement.
- Community-based services; supportive persons and associations are organized on behalf of the family.
- Parent/child involvement; families are the co-designers of their own services and are invested in achieving the permanency goal.
- Strength based work; intervention emphasizes strengths of the family, not the pathology; weaknesses and deficits.
- Families often have solutions to their own problems; efforts are made to enable families to look to their own strengths.
- Flexibility; willingness to change approach as needs of the family change.
- Team work; a team of people who know and care about the child and family is organized to ensure that the child is protected and nurtured.
- Team commits to “unconditional care” services are modified based upon families’ needs.
- Cultural competence; ability to understand different cultures and values; family advocates are usually recruited from the families’ community.
- Outcome measures are identified and measured often.
- Flexibility delivered in terms of time, quantity and approach.
- The service plan is financially supported by the flexible use of dollars that are easily accessible to the team members.