

**Approaches to Community-Based  
Service Delivery**

**February 14, 2003**

# 1. Introduction

In March 2002, the Minister of Children and Family Development appointed the Child and Family Steering Committee on Community Governance to provide advice for the government to consider regarding the changes to be made over the next three years as the ministry services devolve to five regional authorities.<sup>1</sup> The committee is comprised of members with a broad range of community involvement, including parents and youth.

The committee has had the opportunity over the past year to engage in rich discussions about the implications of the transformation required by the shift to community governance. Although the committee was set up to provide advice on community governance, committee members are clear that community governance alone will not result in the changes that are required to implement the vision implied in the ministry's strategic shifts. The issue of service delivery at the community level kept coming up in discussions and appears to be inextricably entwined in the issues around governance.

The committee has also been concerned from the outset about the magnitude of the transformation required at a time when the ministry is facing a significant reduction in the funding available to achieve the ministry's mandate. One of the many challenges will be to ensure that the costs of infrastructure and administration are kept to a minimum and a clear focus is maintained on providing the bulk of the resources to provide services that make sense to families and communities. In essence, this means working toward more service and resources and fewer cases. The benefits to children, youth and families should outweigh the costs of making the changes.

Although the committee sees the reduction in funding as a constraint, reduced funding also provides an incentive to develop new partnerships, building on the good work already showing promise in communities. It gives us the opportunity to support and strengthen the many voluntary organisations and their networks of informal helpers that know and work closely with their communities. It also means increasing the use of strategies that have strengthened families and given them some control over their situation. These include mutual aid programs in which families educate and help other families in similar situations, family conferencing and mediation. For other services with evidence of beneficial outcomes, see *Working with Communities to Support Children, Youth and Families: A System of Care (2002)* and *Companion Document*.

As the Child and Family Steering Committee on Community Governance winds down its work, committee members recognise that the regional planning committees are currently discussing and developing their service plans and would like to offer as much help as possible, given the pressing time lines and amount of work required. Committee members have assisted in the development of a number of background papers and hope that they will offer some assistance to regional authorities as they chart a new course at the community level.

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<sup>1</sup> The Steering Committee's mandate does not include advice about the governance of services to Aboriginal children and families. A separate consultation process is underway with Aboriginal communities.

In particular, the committee has considered the difficulty in finding a balance between providing consistency of access and quality, availability and continuity of services for children, youth and families while, at the same time respecting the need for flexibility in service delivery approaches developed at the regional and community levels. As part of these deliberations, a sub-committee developed a service delivery model for consideration (*see Appendix A*). After further discussion the Steering Committee felt it might be more useful to the regional planning committees and interim authorities to have a framework that would guide the transformation in service delivery and against which local and regional participants could assess their service delivery plan as it is being developed.

The framework takes into account the ministry's explicit direction that a community governance structure should *not* create a service delivery system that simply re-establishes existing bureaucratic structures. Families have made it clear in many community consultations that they do not want to deal with bureaucratic systems and simply want to know where to go to get the help they need. Approaches need to build on existing community capacity and work towards involving more community members in the provision of support and services to children, youth and families.

The committee recognises that the timelines for making decisions about budget cuts does not always align with the development of the creative service delivery systems envisioned in the strategic shifts. As the regions begin to make cost-saving decisions in order to meet the timelines for implementing ministry funding reduction targets, it is crucial that they have an agreed-upon framework for the development of new service delivery approaches. It is in the spirit of helping the regional planning committees and interim authorities as they work towards developing a "coherent community-based service delivery system" that the following framework has been created.

This paper proposes an approach to developing a service delivery framework that:

- helps each authority define its coherent community-based service delivery system that reflects the intent of the changes desired;
- allows for incorporation of ideas obtained through community consultation;
- builds on existing community services, supports and approaches;
- encourages service delivery as close to the community as possible; and
- ensures a planned approach to accessing services and service delivery for children, youth and families throughout the province.

This framework assumes a developmental approach to service delivery. It recognises that each community is at a different stage of service development and will need to build and adapt its service delivery plan according to available resources. It may take several years before a truly comprehensive service delivery system is in place across the province.

## **2. Framework for a Community-Based Service Delivery System**

### **2.1 The principles**

The principles are taken from the paper *Core Service Requirements for Child and Family Authorities*, January 2003.

#### **Outcomes oriented and evidence-based**

Services should be oriented toward outcomes to ensure that the focus is not simply on program design and delivery, but on what needs to be achieved and the results of services.

#### **Accessible**

Services are to be accessible to children, youth and families with demonstrated need.

#### **Community-based and flexible**

Services should address the vulnerabilities and needs as well as the strengths of children, youth, families, and communities. Services should be designed to build capacity in communities. Community involvement and ownership facilitates greater choice and innovation in designing and delivering services.

#### **Citizen involvement**

Community members, including children and youth, are to be given opportunities to have meaningful involvement in the policy and program planning, design, delivery, monitoring and evaluation of services.

#### **Staff professional development**

The greatest resource for services is the people who provide them. Service providers should demonstrate a commitment to the professional growth of their staff members, encourage their involvement in decisions that affect their work and hold them accountable for results.

#### **Culturally, gender and religion sensitive, and appropriate**

Families and communities need services that are relevant and sensitive to issues affecting their parenting, family, and community. Services must be sensitive and appropriate to the culture, gender, sexual orientation and religion of those receiving the services.

#### **Collaboration and Integration**

Wherever practical services are integrated with those provided by other ministries, agencies and with other informal supports that exist within communities.

#### **Preventative**

Services are geared to preventing problems rather than reacting to them. The focus is on wellness and prevention rather than targeting problems and deficits.

### **Holistic and comprehensive**

Services are to be child and family focused not one or the other. They address the needs of children and youth in the context of their families and communities.

### **Assessment driven**

Proper assessment and planning are key to an effective system of supports and services for children, youth and families.

## **2.2 The basic components**

There are some basic components or characteristics that should be present regardless of the structure selected in each community. These are the elements that will ensure continuity of help to children, youth and families. They are based on best practices and experience in jurisdictions that have achieved better outcomes for children, youth and families.

Additional characteristics can be expanded based on community involvement and the need to address services for particular groups, such as multicultural groups or street youth. The service delivery framework needs to be relevant and acceptable to the community it serves. This approach allows for the integration of services that make sense in each community and for developing local service arrangements and partnerships.

Those developing their service delivery plan should aim to include the following basic components as the community builds a fully comprehensive, integrated system:

### ***Information and Referral***

- a defined, welcoming point of entry for information and referral in each community to respond to *all* children, youth and families seeking help, and to refer more vulnerable children and youth for the appropriate in-depth assessment and services
- the access point is ideally a single location in each community; however, in communities where more than one location is necessary in order to meet community needs e.g. multicultural communities, information and referral are accessible through any of these locations
- the access point is conveniently located, is communicated to the public and is as readily identifiable as other community services (e.g., acute care facilities, community schools, libraries, recreation or friendship centres, municipal buildings)
- the information and referral team includes people with knowledge of informal community services as well as early child development, mental health, child welfare, addictions, youth justice and is linked with the service delivery system
- hours of operation are flexible in order to serve the needs of youth and families, rather than the organisation
- some form of outreach capacity or assistance for transportation is available for those who are not mobile, or have limited funds for transportation ( e.g. volunteer drivers, bus tickets)

### ***Service delivery***

- an assessment service or additional specialised referral process to provide a range of clinical assessments and interventions
- a wraparound process or case management system to ensure integrated case planning and management, to assist families weave informal and formal services together as required and to provide for continuity when children, youth and families move
- the integration or clustering of the majority of social support services in one location, ideally alongside the information and referral service, or where that is not possible, the development of identified referral processes or partnerships, linkages, or protocols for utilisation of services located separately

### ***Service quality***

- qualified people and a strong volunteer base through direct citizen involvement to undertake the preventive, early intervention services and informal community supports as well as the core services required by legislation and policy
- a mechanism for meaningful involvement of community members in the planning and evaluation of services, including children, youth and their families (e.g., youth and parent advisory committees, existing child and youth committees (CYC's), service planning committees
- commitment to quality services through the use of credible mechanisms, including accreditation, professional regulation or strategic partnerships with educational or other research institutions

## **2.3 The configuration**

The configuration of new service delivery approaches will vary across regions and communities and will be dependent upon current community resources and community input. Any new approach for community-based service delivery should be based on a commitment to quality, should provide for the development of measurable outcomes and be accessible to all community members. It should also be flexible enough to be adapted by each region and community to address its particular geographical, cultural and service needs.

### **Service delivery approaches for consideration:**

Any of the following approaches could take the existing ministry and community-agency delivered services and consolidate them into a more planned, integrated community-based continuum of services. The configuration of services in these approaches makes it easier for children, youth and families to access and use the services.

There will be differences in approaches, depending upon whether the location is urban, rural or remote, however in all instances the people developing the service delivery system need to be cognisant of the networks naturally occurring in the community and build on their strengths with their involvement. In rural and remote areas, the issues of

access are often related to distance and lack of availability of services, so the approaches may focus on breaking down those barriers and developing outreach strategies, possibly using new technology. In some rural areas, people have developed cooperative local transportation schemes to get people to the help they need in other locations. The importance of a helping relationship at the community level in direct contact with families cannot be underestimated in the development of a service delivery approach.

### ***The community-based child, youth and family centre approach***

This is an approach that is consistent with the framework described in this paper. Where this type of organisation does not exist, it could be developed under the auspices of a non-profit multiservice community agency or a coalition of agencies and community organisations. The "child, youth and family centre":

- is conveniently located and is as readily identifiable as other community services
- has a single location in each community or could ensure intake and services are accessible through other locations
- provides a defined point of access which is easily identifiable
- could offer a comprehensive continuum of fully accredited, integrated, client-centred services—sensitive and attentive to, and easily accessible and understood by, recipients, community members, ministry staff, regional health authorities, school systems, municipal staff and other community organisations
- ensures fully integrated case-management, planning and service delivery for MCFD statutory and directed services.

This approach could take the existing fragmented and uncoordinated system of direct ministry-delivered and community agency delivered services and consolidate it into a fully integrated, seamless continuum of services (Service Delivery Subcommittee report, December 2002).

### ***The “hub” approach***

This approach clusters complementary services in and around an existing community-based organisation, such as a community or recreation centre, friendship centre, child and family service agency or resource centre, municipal offices or other community organisation. This is not a multiservice centre, but offers ease of access and coordination. It is particularly suited to urban settings. The components include:

- an enabling or “anchor” agency or organisation that provides the infrastructure for access, information and coordination functions
- an enabling agency which is usually a large agency or public organisation such as a health clinic
- access by public transit
- a diverse number of smaller agencies or services close to the enabling organisation that offer a range of services desired by the local community
- a users committee to guide planning and evaluation of services

This approach allows a range of relatively small-scale agencies to function as if they were an integrated organisation, and allows for smaller, specialised services to develop capacity and work with the larger, more generic public services.

### ***The community schools approach***

This is a variant on the hub approach and uses the community school as the primary location for information, support, service delivery and coordination. This approach typically focuses on improving the social and educational needs of all children while targeting the most vulnerable children and youth. Components include:

- outreach workers
- service coordination
- family strengthening activities
- range of community-based services offered from the school or in partnership with nearby service organisations
- enhanced partnerships with governments, human service agencies, local businesses
- information dissemination regarding community services

### ***The Patch approach***

Patch or neighbourhood-based social services and a community-oriented approach to practice-community social work—developed in the 1970s and gained broad support in the 1980s in the United Kingdom. They were a response to widespread dissatisfaction with the unresponsiveness and ineffectiveness of the social services and social work practice.

Teams of human service workers were deployed in small, neighbourhood-based offices and served populations of about 10,000 residents. By localising workers with different levels and types of skill in neighbourhood offices, patch teams are able to offer accessible, flexible, and holistic services based on their knowledge of the local cultural and physical environment and on the formal and informal partnerships they develop in their neighbourhood or patch.

Patch teams in Britain, usually employees of public social services departments and sometimes of housing or health authorities, support and build on the resources of informal networks of kin and neighbours, and join with voluntary and statutory agencies, churches, schools, and neighbourhood organisations to solve both individual and community problems.

An evaluation of a patch approach project in Britain identified the following:

- Integrated services were effectively delivered through a neighbourhood-based, co-located interagency team of human service workers, representing both public and private non-profit agencies, without a large input of new resources.

- Shifting to a community-centred practice that is holistic, proactive, and preventive requires changes in both attitudes (of workers and managers) and organisational systems.
- This approach mitigates problems of fragmentation, deficit and crisis response orientation, bureaucratic rigidity, turfism, and the substitution of formal for informal systems. It promotes an interweaving of formal and informal supports, innovative resource mixes, consumer and citizen involvement, prevention and early intervention, accessibility, and collaboration. It does this, not as an adjunct to existing services, but as a process of changing relations among agencies and between them and the communities they serve.

### 3. Links to Additional Resources

Cohen, B. J. (2002). Alternative organizing principles for the design of service delivery systems. *Administration in Social Work*. V26(2), p17-38.

Community Collaborations: A Growing Promise in Child Welfare  
[www.cwresource.org/publications](http://www.cwresource.org/publications)

Farrow, F. with The Executive Session on Child Protection. (1997). *Child protection: Building community partnerships, Getting from here to there*. Cambridge, Massachusetts: Harvard University, John F. Kennedy School of Government.

Final Report on the Iowa Patch Project-Strengthening Families and Neighborhoods: A Community-Centered Approach <http://www.uiowa.edu/~nrcfcp/new/onpubs.shtml>

Melton, G.B., Thompson, R.A., & Small, M.A. (2002). *Toward a child-centred, neighbourhood-based child protection system: A report of the consortium on children, families, and the law*. Westport, Connecticut: Praeger

Mulroy, E.A., Sharon, S. (1997). *Non-profit organisations and innovation: A model of neighbourhood-based collaboration to prevent child maltreatment*. *Journal of Social Work*. V42(5), p515-525.

Summit Background paper#5 Partnership with communities, neighborhoods and families  
[www.cssp.org/center/resources/paper5.doc](http://www.cssp.org/center/resources/paper5.doc)

## **Appendix A**

# **CHILD, YOUTH AND FAMILY CENTRES: A Community-Based Model for Service Delivery**

**Service Delivery Subcommittee**

**December 19, 2002**

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## Acknowledgements

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- Dennis Dandeneau, Executive Director, Okanagan Families Society (Interior)
- Bruce Hardy, Executive Director, OPTIONS: Services For Communities Society (Fraser)
- Brian Harper, Executive Director, Deltassist Family and Community Services Society (Fraser)
- Martin Harris, Executive Director, Peace Arch Community Services Society (Fraser)
- Ralph Hembruff, Executive Director, Boys and Girls Club Services of Greater Victoria (Vancouver Island)
- Doug Sabourin, Executive Director, North Shore Family Services Society (Vancouver)
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The paper was presented on December 11, 2002 to the Service Delivery Subcommittee of the Child and Family Steering Committee on Governance, by three of the authors who are members of the subcommittee (Martin Harris, Dennis Dandeneau and Ralph Hembruff). The paper was then revised and endorsed by the other members of the subcommittee:

- D'Anne Epp, Program Head, Early Child and youth Care Department, University College of the Fraser Valley, Abbotsford Campus
- Carol Matusicky, Executive Director, B.C. Council for Families
- Victoria Wadsworth, Youth.

Other participants at the subcommittee meeting who contributed to the revisions were:

- John Greschner , Deputy Child and Youth Officer
- Sandra Scarth, Consultant.
- Ron Duffell, Manager, Strategic Planning and Policy Development, MCFD

# 1. Introduction

**Important note:** The Provincial Steering Committee's mandate does not include providing advice about the governance of services to Aboriginal children and families. A separate consultation process is underway with Aboriginal communities. Recommendations and other material developed by the committee are available for use in discussions with Aboriginal communities.

In the fall of 2001, the ministry of Children and Family Development introduced a vision and direction that prescribed dramatic shifts in ministry philosophy, the perception of its mandate and its relationships with clients and communities, and the existing service delivery system. Accompanying these changes is a dramatic reduction in the funding available to achieve the ministry's mandate.

A key focus of the "strategic shifts" is the movement of responsibility and decision-making authority from the existing "large standardised bureaucratic" approach to a "coherent, community-based service delivery system." This is based on the belief that "social programs that are delivered locally, wherever possible, in ways that best reflect the community's needs and strengths, are more likely to achieve positive, effective results."

The ministry recognised from the outset that a truly community-based service delivery system would require a community-based governance authority. It also made it clear that this should *not* result in the creation of several "mini-ministries" that simply re-establish existing bureaucratic structures.

The ministry has invested significant time and resources over the last year in attempting to determine the best way to accomplish this shift successfully. However, implementation of funding reductions is now imminent, and while considerable progress has been made towards the creation of a regional governance model, there has been no evidence of a service delivery model that will meet the stated requirements.

As the regions begin to make cost-saving decisions in order to meet the timelines for implementing ministry funding reduction targets, it is crucial that they have an agreed-upon definition of a "coherent community-based service delivery system." Without it, they risk cutting the core elements of that system before they have begun to create it.

This paper proposes a service delivery model that will help define for each region a coherent community-based service delivery system. The model builds not only on substantial work done in British Columbia by the Provincial Steering Committee, but also on what is already being done in various forms in different parts of the province. The primary outcome is the integration of the majority of social support programs in one area. The model provides for measurable outcomes, is based on accreditation standards, and is accessible by all community members. Principle-based, and not prescriptive, it can be

adapted by each region to address its particular geographical, cultural and service needs.

## 2. The Community-Based Child, Youth and Family Centre

“...solutions to social problems are best found in the communities where the problems occur.”

—MCFD Core Services Document

### 2.1 Service delivery

How do we achieve the goal of creating a “coherent community-based service delivery system” with governance regions that cover hundreds of square miles, encompassing numerous large urban cities and/or a multitude of towns and villages, and extensive rural areas?

The model we are proposing to achieve this goal is a community-based child, youth and family centre under the auspices of an accredited or soon-to-be-accredited, non-profit multi-service community agency or coalition of agencies. The child, youth and family centre:

- is conveniently located and is as readily identifiable as other community services (e.g., acute care facilities, libraries, recreation centres, and municipal buildings)
- is ideally a single location in each community; however, in communities where more than one location is necessary, in order to meet community needs, intake and services are accessible through any of the locations
- provides a defined point of entry, or “intake”, which is easily identifiable and communicated to all community members
- offers a comprehensive continuum of fully accredited, integrated, client-centred services—sensitive and attentive to, and easily accessible and understood by, recipients, community members, ministry staff, regional health authorities, school systems, municipal staff and other community organisations
- ensures fully integrated case-management, planning and service delivery for MCFD statutory and directed services.

The proposed model takes the existing fragmented and inefficient maze of direct ministry-delivered and community agency-delivered services and consolidates it into a fully integrated, seamless continuum of services. The continuum includes:

services required by legislation according to specific enabling acts—including but not limited to the:

- Child, Family and Community Service Act
- Adoption Act
- Mental Health Act

- Youth Criminal Justice Act
- Young Offenders Act
- Family Relations Act

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 ministry-directed services—including but not limited to:

- prevention services
- outreach services
- intake services
- information and referral services
- early intervention services
- infant development programs
- individual and family counselling services
- volunteer services
- family reunification services
- family support services
- support to foster families
- residential services
- youth programs

non-MCFD services—including but not limited to:

- addiction services
- employment services
- treatment-specific support groups
- housing programs
- emergency food, clothing and housing support
- emergency financial support
- food bank services
- adult mental health services
- transition house services
- alternatives to violence services
- transportation services
- volunteer programs.

(Some centres might need to subcontract some specific services, such as youth justice, and Child Development Centre services.)

The continuum of services provides “wrap-around” support for children, youth and families. It supplements and/or complements, as necessary, the continuum of responsibility and support/service for children and youth that begins with the family and includes extended family, friends, neighbours and the community. Inherent in this

concept is the inclusion of protection services within the continuum of available services. Protection is both a “responsibility” and a “support/service.”

All services offered by the centres are accredited, ensuring:

- the highest standards
- establishment of outcome and consumer satisfaction measures, and
- community and consumer involvement in service planning and evaluation.

## **2.2 Governance**

In the proposed model, regional authorities could contract with accredited or soon-to-be-accredited non-profit multiservice community agencies or coalitions of agencies to operate the child, youth and family centres in each community. These agencies or coalitions, which might already exist, or might be created for the purpose (through partnerships, collaboration or other joint arrangements), offer a wide range of services that complement and extend MCFD-mandated services, in response to identified community needs.

Using non-profit multiservice community agencies or coalitions of agencies in the formation of child, youth and family centres offers a number of advantages:

- Non-profit multiservice community agencies already provide integrated “sub-sets” of MCFD services.
- They are key components of the existing network of community services.
- They have an established history with and procedures for engaging community involvement with the services they provide.
- Cost-reductions can be achieved through shared resources and economies of scale.
- They bring additional, existing resources in support of services (e.g., volunteers, donations, the corporate and business communities, service clubs, community groups, etc.) and provide access to the “social capital” associated with their high visibility and positive reputations.

The regional authority is responsible for contract management, monitoring and evaluation of services provided by the centres. The regional authority works collaboratively with the agencies in assessing changing community needs and adapting or establishing services to meet those needs within the system. (See Appendix A and Appendix B.)

Ideally, a formal relationship would be established between the regional authority board and the community agency board to facilitate the responsibilities of each. This could be accomplished in a variety of ways, including community board representation on the regional authority board, and regularly scheduled joint board consultation.

## **2.3 Cost efficiency**

The proposed model is fiscally responsible. Increased cost-efficiency will result from:

- the elimination of duplication and redundancy, in both services and support structures, inherent in the existing system

- significant reductions in the number of community-based agencies receiving ministry funding
- meeting ministry target numbers for the elimination of specific staff positions.

Increased cost-efficiency will enable regional authorities to meet and exceed budget targets, which could in turn result in the development or enhancement of new community and/or regionally based programs.

**A hypothetical example: South Fraser**

The current “South Fraser” sub-region could be served effectively by establishing child, youth and family centres in:

- Delta
- White Rock/South Surrey/ Cloverdale
- Surrey-Newton
- Surrey-North
- Langley/Aldergrove.

Regional authorities would contract with these centres on the basis of a continuous service agreement model. Regional authorities and the centres would:

- establish desirable activities and outcomes
- negotiate multiyear operational budgets
- plan and ensure provision of core services
- ensure the implementation and monitoring of statutory services, government-directed services and additional “pilot” and/or “regionally specific” services.

### 3. Moving Forward

The proposed model is not a new idea.

In 1996, Judge Thomas Gove recommended the creation of “children’s centres.” Recommendation 97, under “Designing a New Child Welfare System,” recommends that core child welfare service providers be commonly employed and commonly funded, working together out of multidisciplinary, community-based children’s centres, which should deliver a wide and comprehensive range of services.

Also in 1996, with respect to the CPR process, ministry representatives and service providers (certainly in South Fraser) agreed on the need for “focal service sites” in all communities, where intake, assessment, information and referral services and many existing services would be delivered directly to community members, rather than delivery from multiple locations.

Versions of this model are already in place or are in development in various parts of the province, including:

- Westside Integrated Services—(located in Westbank, just outside of Kelowna) MCFD, School District #23, and non-profit community agency staff have been successfully co-located since the mid 1990s
- South Fraser—MCFD and Peace Arch Community Services have successfully co-located since June 2002
- the Western Communities (in the Capital Regional District/Victoria)—MCFD, the Vancouver Island Health Authority and numerous community agencies are partnering and co-locating in three sites to provide a continuum of child, youth and family services.

While it isn’t brand new, and it reflects a groundswell in the field, the proposed model will have a major impact on service delivery in British Columbia. Change isn’t easy. However, the subcommittee believes that the proposed model represents a significantly positive change, and one that will ultimately move the system forward to benefit all children and youth and their families in B.C.

## Glossary

**client-centred services:**

- are family- and child-centred
- identify and maximise child and family strengths
- recognise the needs of others
- identify barriers to be overcome
- are communication-based
- make the rights of the family and child priorities
- are culturally sensitive and appropriate
- accommodate the family lifestyle/situation
- utilise extended family and informal community helpers as key proponents of family survival.

**comprehensive continuum:** Each family and child has access to an integrated system of services that includes primary, acute and chronic care as described in the System of Care document produced through the Advisory Committee on Residential Care and UM (2001).

**integrated:** Each family and child receives services from an integrated, cohesive system of providers who maintain communication with each other, the child/family, and community. Central to this service structure is case management responsibility, in collaboration with the family, to identify strengths, needs and supports that can assist families to identify and utilise family and community supports sufficient to meet their needs.