

# **NORTH CAROLINA FAMILY-CENTERED MEETINGS PROJECT**

**ANNUAL REPORT TO THE NORTH CAROLINA  
DIVISION OF SOCIAL SERVICES  
FISCAL YEAR 2006 – 2007**

**SUMMARY AND PROJECTIONS**

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## **SUMMARY AND PROJECTIONS**

In its fifth year of operation, the North Carolina Family-Centered Meetings (NC-FCM) Project instituted innovations to enhance its training program for county Social Services' departments and their community partners. In addition, the Project completed an evaluation of an advanced curriculum focused on safety consideration at child and family teams (CFTs). This work was funded through a contract with the North Carolina Department of Health and Human Services' Division of Social Services.

### **Vision and Mission**

In its work with Social Services, the vision of the NC-FCM Project was to transform child welfare practice by supporting the leadership of families in service planning. A vehicle for transforming practice was child and family teams (CFTs) guided by family-centered principles. CFTs are a core strategy in the child welfare reform called "Multiple Response System" in North Carolina. This reform seeks to respond flexibly to the needs of families and, thus, enhance the safety, permanency, and well-being of children.

The NC-FCM Project's mission in child welfare was to provide training, program support, and evaluation on CFTs. To promote the delivery of CFTs by Social Services and their community partners, the project offered training to all 100 counties in North Carolina, delivered four formal curricula, provided on-going technical assistance and learning support, evaluated the training, and in response to training assessments and participant feedback, refined existing curricula, developed new curricula and training materials, and disseminated learning through presentations, publications, and on-line means.

<p><b>In its work with Social Services and their community partners, the mission of the NC-FCM Project was to provide training, program support, and evaluation on CFTs in child welfare.</b></p>
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### **State Developments**

Over the year, the commitment to using child and family teams (CFTs) in North Carolina continued to grow in Social Services and other public agencies. Underpinning this growth was state legislation and policy mandating CFTs, a well-developed training system in child welfare and increasingly in schools, and federal reviews and state-level evaluation urging further strengthening of the practice.

### **Expansion of CFTs in Social Services and Recurring Issues**

Originally, the Multiple Response System (MRS), which began implementation on August 1, 2002, was piloted in 10 counties. As one of the seven MRS strategies, CFTs were, thus, initially limited to the pilot sites. In September 29, 2003, the NC DSS announced that it had added 42 more counties to the MRS demonstration. In the summer of 2005, CFT training was opened to all 100 counties in North Carolina in preparation for the remaining 48 counties beginning CFT

delivery in January 2006. By fiscal year 2006-2007, the expectation was that all county Social Services would be implementing CFTs.

CFTs in the Multiple Response System were supported by carefully developed policy and training in North Carolina but its delivery was uneven. In its June 2006 report, Duke University's Center for Child and Family Policy stressed the importance of CFTs for the MRS system: "The formation and utilization of a Child and Family Team (CFT) after case decision is at the core of MRS redesign of case planning and management" (p. 35).

In their conclusions, though, they observed that "MRS pilot counties varied in the extent of implementation of this strategy as documented in the case files" (p. 6). The study identified some challenges to CFT implementation: the reluctance of parents or caregivers to involve others in their family affairs, the professionals outnumbering family as participants, and difficulties in convening meetings because of the different schedules of family, workers, and community service providers. To advance CFT practice, the Duke University report made a series of recommendations. These included that NC DSS needed to specify "clear and measurable indicators for the full spectrum of activities for Child and Family Teams," designate "best practice for the use of external facilitators for Child and Family Team meetings," "develop standardized forms to document and track progress for MRS strategies, including forms for Child and Family Team meetings," and "support the value of more training for both staff and supervisors on specific MRS strategies" (pp. 47-48).

The Duke University conclusions and recommendations were supported by the Children's Bureau's (US DHHS, 2007) Child and Family Services Reviews. Likewise, the Children's Bureau emphasized the importance of "integrally involving children and families in their own case planning" and urged Social Services to put into practice a system of care approach and effect "cultural changes to fully implement family-centered practice" (p. 21). They cited the Duke University evaluation that caregivers often felt that their input was excluded from the plans. They praised the NC DSS's "sophisticated training program" while also highlighting the need to examine when "local counties will be fully trained in MRS, CFT, and SDM [structured decision making]" (p. 34).

**CFTs continued to expand in Social Services, but the growth was uneven. This points to the need for clear measures for assessing practice and more fully training all workers and supervisors in all counties.**

The issues identified by the federal reviews and the Duke University evaluation were also reflected in the NC-FCM Project training sessions. As participants exchanged experiences about conducting CFTs, they identified a number of challenges to instituting CFTs:

- Lack of time and resources to devote to implementing CFTs

This was of particular concern in smaller and rural counties which had limited staffing to allocate to CFTs. More general concerns related to how workers could schedule CFTs at times that worked for families, community partners, and Social Services staff. Workers wanted to carry out CFTs in family-centered ways but felt that their administrators and

supervisors were not providing adequate support for changing the organizational approach.

**Smaller and rural counties particularly were struggling with securing sufficient resources to implement MRS and its strategy of CFTs.**

- Need for designated CFT facilitators

Workers repeatedly reported role confusion when they were expected to serve as both a family's case manager and CFT facilitator. They thought that lack of designated facilitators blocked their agency's adoption of family-centered meetings.

**A recurring issue in trainings concerned dilemmas around social workers being responsible both for managing a family situation and facilitating the same family's CFT. This made for role conflict as workers attempted to carry out both functions.**

- Uncertainties about the translation of policy in practice, especially regarding domestic violence

Given that so many counties were just moving into Multiple Response System and its strategy of CFTs, workers were learning how to put the policies into practice. Worker confusion increased when they realized that other counties had adopted different approaches. This was particularly the case for domestic violence situations. Workers actively reached out for more training and information to help them in instituting effective and safe practices that complied with state policy.

**Another frequently raised issue related to conducting CFTs in family violence situations. Variances among county practices added to the confusion, and workers reached out for more training and information.**

- Engaging families and community as partners

Workers often reported that they had difficulty engaging family members and community partners, such as mental health and addictions, in their meetings. They attributed this, in part, to lack of time for and knowledge about preparing participants and actively sought out information on how to prepare CFT participants and prevent difficult dynamics at the meetings. Some of the more CFT-advanced counties shared that an effective strategy for engaging families was to provide time for families to meet without the workers in the room. They reported that this gave families the privacy to process difficult issues and figure out plans for resolving these issues. They saw this as supporting the families in taking charge and increasing a sense of partnership between the families and Social Services.

**Social Service workers often reported difficulties in engaging family and community partners at their meetings and learned that an empowerment approach helped to involve family in the planning. Strategies for engaging families included ensuring that families had some private or alone time to process the information shared at the meeting and do planning on their own.**

- Concerns about children and youth participating in the meetings

Workers feared that the meetings would be too stressful for the youngsters or would give them too much power. Questions also were raised about differences in family cultures about including the voices of children and adolescents in planning.

**Uncertainties were common on whether and how to involve children and youth in the meetings.**

- Confusion regarding where to apply family-involvement models

County Social Services departments over the years have adopted a number of family-involvement models, including Community Action Teams, Family Group Conferencing, Family Unity Meetings, and Team Decision making. Separating out when to use different practices is a question that recurs in trainings. More frequently this year, workers also asked at which points they could apply CFTs in child welfare. In particular, they asked if CFTs could be used in foster care and as a replacement for other decision-making meetings on permanency planning.

**A continuing issue is confusion among the different models for involving children and their families in decision making. Another issue gaining greater prominence is where should CFTs be used and particularly if they should be used in foster care.**

In summary, the Duke University evaluation and federal reviews emphasized the importance of CFTs for system change and documented unevenness in the delivery of CFTs. Corroborating these assessments, the training participants identified challenges handicapping their ability to

follow good practices. Agreement was particularly evident that designated facilitators were needed for fully instituting a CFT program, that clear policies were needed, and a fully trained child welfare staff. The expansion of CFTs in other systems may serve as a means of moving toward a system of care and reinforcing the “cultural change” urged by the Children’s Bureau.

### **Expansion of CFTs in Other Public Systems**

Utilization of CFTs in Social Services was reinforced by the interest of other public systems in this approach to practice. Interest was heightened by a number of developments, in particular, system of care CFTs and school-based CFTs.

*System of Care.* Public systems in North Carolina were seeking to move more toward a system of care (SOC) approach in support of children, youth, and their families. SOC is compatible with Social Services’ Multiple Response System emphasis on responsive and collaborative approaches. The state received funding from federal sources to infuse SOC principles into child welfare, mental health, and juvenile justice services. The North Carolina State Collaborative for Children and Families System of Care, with broad representation from advocacy organizations and public systems serving children, has pushed for greater implementation of CFTs within a SOC. Affiliated with the State Collaborative is the SOC CFT Curriculum and Training Group, representative of family and youth advocates as well as a range of public agencies. This group has developed guiding principles for implementing CFTs within a SOC. The group provided advice on four cross-system CFT projects in which the NC-FCM Project was engaged in recent years. The first three were funded by Bladen County Department of Social Services from the previously mentioned federal Children’s Bureau grant.

The first was training provided by NC-FCM Project trainers to participants from advocacy organizations and public systems. The training oriented the SOC CFT Curriculum and Training Group and others to two of NC-FCM Project’s CFT curricula and served as a basis for further joint planning on CFTs. The second was the production of a cross-agency training video on CFTs. This video is now used for DSS, SOC, and school training. The third was the development of an orientation to CFTs from families’ perspectives. The NC-FCM Project developed the curriculum in collaboration with a family advocacy organization—North Carolina Families United—and the University of North Carolina at Greensboro’s Center for Youth, Family, and Community Partnerships. The pilots were carried out by trainers from all three groups. Pilots of this new curriculum were also conducted in three North Carolinian counties. The fourth concerns training and evaluation on school-based CFTs.

**System of care is consistent with Social Services’ Multiple Response System, and the involvement of wide range of organizations in child and family teams serves to reinforce Social Services’ use of this approach to service planning.**

*School-based CFTs.* Passed in the summer of 2005, Session Law 2005-275, this North Carolina Appropriations Act gave legislative authority and funding for the implementation of school-based child & family support teams (CFSTs) in 100 schools. The funding provides two staff positions—a school social worker and school nurse—to coordinate CFSTs. For schools without this infusion of funds and staffing, the NC-FCM Project supported the development of a CFT

program by offering training, program support, and evaluation. Funding was allocated by the North Carolina State Board of Education and North Carolina Department of Public Instruction. The training drew upon the previously mentioned collaboratively designed SOC CFT training. Training was provided jointly to community members and involved agencies including the schools, child mental health, child welfare, juvenile justice, and public health. The aim was to support “one family, one plan” across systems. The initial work focused on four pilot schools in an effort to provide intensive and tailored support to their development of child and family team programs. The preliminary evaluation examined community collaboration in establishing the CFT program, family involvement in school success, and feedback on training and initial implementation of child and family teams. Additional schools are being added in the next fiscal year and the evaluation is moving into a greater focus on CFT implementation and student and family outcomes.

**School-based CFTs further build partnerships with children, youth, and their families by a range of community organizations and public agencies, including Social Services.**

## **Training**

### **Curricula Overview**

The project provided training in five formal curricula as well as offering a more tailored curricular approach:

#### *“Step by Step: An Introduction to Child and Family Teams”*

This two-day, interactive training introduces CFTs and serves as the pre-requisite event for all other CFT trainings.

#### *“Anchors Away! How to Navigate Child and Family Teams: The Role of the Facilitator”*

This four-day learning event is an intensive skills-building opportunity for those facilitating CFTs.

#### *The “ABCs of Including Children in Child and Family Teams”*

This one-day advanced curriculum provides specialized training for facilitators and social workers on how to involve children in CFTs.

#### *“Widening the Circle: Child and Family Teams and Safety Considerations”*

This two-day advanced training develops skills for conducting CFTs when families have a history of family violence, substance addictions, and mental illness.

#### *“Technical Assistance and Learning Support”*

This training is provided in response to county Social Services’ requests. It includes delivery of additional formal trainings as well as more informal assistance in the form of CFT coaching, debriefing, facilitator forums, and presentations.

*“An Introduction to Child and Family Teams: A Cross-System training From the Family's Perspective”*

This two-day experiential workshop orients participants to CFTs from a family’s perspective. It is intended for cross-system training, and at the request of a county Department of Social Services is offered under the Project’s TALS.

**The five formal curricula generally oriented workers to CFTs and prepared them for conducting the meetings. The technical assistance and learning support was a means of tailoring the training to specific county needs and responding flexibly to emerging issues.**

### **Training Program Enhancements**

The training program is being enhanced through a series of innovations related to training and trainer development. This year the Project began to fulfill one of its long-held aims of incorporating family trainers into the training team. In its cross-system work, family trainers were introduced in order to bring the perspective of families who have or are receiving services into the training room.

**The incorporation of family trainers is seen as a way to further the learning of DSS staff and community partners in implementing family-centered approaches to CFTs.**

Cross-system training has continued to be supported and expanded through a number of avenues. These include inviting community partners to Social Services’ training workshops, hosting cross-system facilitator forums, developing curricula specifically designed for encouraging cross-system collaborations, and ensuring linkages between the NC-FCM Project’s contracts with NC DSS and with the NC Department of Public Instruction. The facilitator forums proved to be an especially effective strategy for fostering an exchange of ideas among participants and across counties. The forums continued to grow in size and included participants from a range of agencies, including child welfare, Workfirst, schools, and other community partners.

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One development that also encouraged dialogue across systems occurred in the fall of 2006. To support the Governor’s Initiative School-Based Child & Family Support Teams, the Project opened up its CFT orientation and facilitator training to school staff. This offered an opportunity for workers in two different systems to share their experiences and strategies for involving children, young persons, and their families in decision making.

**The NC-FCM Project included in its DSS training workshops social workers and public health nurses involved with the Governor’s Initiative School-Based Child & Family Support Teams. This provided the opportunity for systems to share information about how they work and develop ways of collaborating with each other in support of children and their families.**

With the expansion in the training team and the introduction of new trainers, the Project sought to formalize its trainer development. The Project had already been orienting trainers to new curricula by having them participate in, observe, and co-train workshops. In addition, it introduced for new trainers a special orientation to the profession of training, and for all the trainers, the Project is developing learning plans and drafting a training manual.

**With the expansion in the training team and the introduction of new trainers, the Project sought to formalize its trainer development by providing an orientation to the profession of training, developing learning plans, and drafting a training manual.**

### **Training Participants and Training Events**

In this year, workshops were held for seven curricula. These included the current curricula as well as two earlier ones (“Setting the Stage” and “Caution”) that were integrated into the new two-day orientation “Step by Step.” The Project provided a total of 56 workshops to 614 participants. Because the trainings were usually over more than one day, the number of days that the trainers were delivering the workshops totaled 110.

As expected, the three orientation curricula had the greatest number of events at 29 (52% of the total) and the greatest number of participants at 361 (59% of the total). The two-day orientation (“Step by Step”) was a prerequisite for the other curricula and, thus, needed to be taken first by training participants and attracted trainees from 62 counties. Second in size was the one-day advanced workshop on the inclusion of children in the meetings (“ABCs”), with 12 events and 103 participants coming from 35 counties. Its popularity can be attributed to its topic and relatively short length; in addition, it was often scheduled right after the orientation so that workers could stay on for this training. Third in numbers was the facilitator training (“Anchors Away”): This had 9 four-day workshops with 79 participants from 27 counties. Directed to CFT facilitators, the audience for “Anchors Away” was more restricted. The four days were needed for skills training on preparing for and conducting CFTs. Two curricula were offered three times over the year. One of these was the two-day advanced curriculum on safety considerations (“Widening the Circle”) with 28 participants from 15 counties, and the other was the cross-system training (“CFTs from the Family’s Perspective”) with 43 attendees from 8 counties.

**Table 1**

*Number of Events, Participants, and Counties Represented for Each Training Curriculum in 2006-2007*

<b>Training Curricula</b>	<b>Number of Events</b>	<b>Number of Training Days</b>	<b>Number of Participants Who Completed Training</b>	<b>Number of Counties for Participants Who Completed Training</b>
Step by Step (orientation)	21	42	281	62
Setting the Stage (orientation)	4	4	38	11
Caution (referring worker training)	4	4	42	11
Anchors Away (facilitator training)	9	36	79	27
ABCs (inclusion of children)	12	12	103	35
Widening the Circle (safety considerations)	3	6	28	15
CFTs from the Family's Perspective (experiential)	3	6	43	8
<b>Total</b>	<b>56</b>	<b>110</b>	<b>614</b>	<b>67</b>

**During this past year, training events were held for seven different formal curricula. In all, 56 workshops were provided to a total of 614 participants.**

Nearly all of the training participants across all training workshops favorably viewed their learning experience, and the training events appealed to various learning styles with a balance of activities and exercises. Most felt that the trainings were relevant and helpful to their current position. As seen in Table 4-2, the large majority of training participants rated the training experience as *high* or *very high*.

**Table 2*****Overall Perception of Training Feedback for All Formal Curricula, 2006-2007 (N=457)***

<b>Item</b>	<b><i>n</i></b>	<b>Very Low 1</b>	<b>Low 2</b>	<b>Moderate 3</b>	<b>High 4</b>	<b>Very High 5</b>	<b>Mean Median</b>
Overall rating of training experience	441	0.0%	.5%	6.6%	29.3%	63.7%	4.56 5.00

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In addition to delivering formal workshops, the project provided technical assistance and learning support (TALS). The aim was to foster the transfer of learning from formal workshops, respond to county requests for specific CFT training, provide coaching on CFT preparations and facilitation, and encourage learning connections among CFT facilitators and others. Table 4-3 shows that this year 55 TALS were delivered, entailing 65 days of trainer work.

**Table 3*****Number of TALS Events and Training Days, 2006- 2007***

<b>TYPE OF EVENT</b>	<b>NUMBER OF EVENTS</b>	<b>NUMBER OF DAYS</b>
Conference presentations	10	32 TRAINER DAYS
Workshops	4	2 TRAINER DAYS
Coaching by telephone or e-mail	7	ONGOING
Meeting observation and on-site coaching	3	3 TRAINER DAYS
Specialized topics and evaluative work	22	10 TRAINER DAYS
Facilitator forums	9	18 TRAINER DAYS
<b>TOTAL</b>	<b>55</b>	<b>65 TRAINER DAYS</b>

## **Evaluation of Widening the Circle Curriculum**

### **Rationale for Study**

Holding child and family teams (CFTs) in situations of family violence raises questions about the safety of participants before, during, and after the meetings. Will survivors be intimidated? Will offenders control the participants? Will workers approve unsafe plans? Because child welfare workers, women's advocates, and others in North Carolina frequently expressed these concerns (Pennell & Francis, 2005), the NC-FCM Project focused its evaluation in 2004-2006 on CFTs where there is a history of family violence. The Project defined family violence as a pattern of abuse against not only intimate partners but also children and possibly other family members.

**Given the concerns about holding CFTs when there is a history of family violence, the evaluation of the Widening the Circle curriculum focused on this safety consideration.**

Research on one form of child and family team, called family group conferencing, has found that in general, no violence occurs during the meeting (Marsh & Crow, 1998; Paterson & Harvey, 1991). The available outcome studies of family group conferencing show reductions in indicators of domestic violence (Pennell, 2005; Pennell & Burford, 2000; Social Services and Research Information Unit, 2003).

**Available research of one model of family-centered meetings, called family group conferencing, shows reductions in child maltreatment and domestic violence.**

Nevertheless, some jurisdictions have chosen to screen out referrals with family violence or child sexual abuse. It is unclear, however, if the exclusions are for reasons of family safety or if they reflect policies concerning agency mandates (Nixon, Burford, & Quinn, 2004). Moreover, screening out such cases has proven problematic because workers are often unaware of the extent of family violence on their caseloads (Pennell & Burford, 2000) or they refer cases about which they are uncertain how to proceed even though the situation clearly fits a criterion for exclusion (Crampton, 2006). A more fundamental problem with excluding family violence cases concerns institutional racism.

**If agencies choose to screen out family violence referrals, they face a number of obstacles. Workers are often unaware of the extent of the violence on their caseload, and workers are unclear about how to intervene and seek out wider input in the planning.**

Child maltreatment and domestic violence co-occur at high rates (Edleson, 1999). Screening out such cases would mean that many more families do not have the option of taking part in the planning meetings. When included, families become an effective voice in creating safe plans to maintain their young relatives' ties to their siblings, families, kin, and cultural group (Merkel, Nixon, & Burford, 2003). Foregoing the family meeting, thus, is likely to erode the gains made in reducing placements outside the home and increasing kinship care (see Edwards & Tinworth, 2006; Texas Department of Family and Protective Services, 2006). Moreover, given the disproportionate placement of children of color in state care (Roberts, 2002), this backward movement is likely to hit hardest non-mainstream populations.

**Given the extensive overlap of domestic violence and child maltreatment, screening out family violence cases would mean that many families would not have the opportunity to make plans. Excluding families is likely to reverse efforts to keep children connected to their families and decrease kinship placements. This is likely to have severe repercussions on reducing the disproportional placement of children of color into state care.**

## Theory of Change

The curriculum is based on a theory of “widening the circle” to safeguard children, young persons, and other family members (Pennell & Anderson, 2005) and utilizes research conducted in North Carolina on pathways for widening the circle (Pennell, 2004, 2006). The four pathways are as follows:

Cultural Safety – a context in which family members can speak in their own language, express their values, and use their experiences and traditions to resolve issues

Family Leadership – a relationship in which the family group members are central and their efforts are supported by community organizations and public agencies

Community Partnerships – a local collaboration in which each partner retains its distinctive role while striving to realize common goals

Inclusive Planning – a decision-making process that involves different sides of the family in making a plan, incorporates means of sustaining the family group’s participation, and is authorized and supported by the protective authority

The two-day workshop orients participants to the pathways and introduces them to an instrument for assessing the extent to which these pathways are realized during the CFT preparations and at the meeting. This instrument called the “Achievement of CFT Objectives” is a means of measuring fidelity to good practices in conducting CFTs. These practices are each associated with one of the four pathways.

**The curriculum is based upon a theory of widening the circle to safeguard children, young persons, and their families.**

## Logic Model

The research design for evaluating Widening the Circle is organized according to a logic model. A logic model is a way of specifying the linkages among the components of the training development effort. The long-term, desired outcome of the family violence focus of Widening the Circle is promoting safe and effective FCM participation when there is a history of family violence. In reaching this long-term outcome, a series of linked steps are assumed to precede it. They form the logic model. The main components are the program assumptions (based on the theory of widening the circle), inputs (resources for the training), activities (delivering, evaluating, and refining the curriculum), outputs (deliverables), and outcomes (measurable effects, immediate, intermediate, and long-term).

More specifically, the outputs are the revised Widening the Circle training guide, satisfaction expressed by training participants, and level of participant engagement in the training. The immediate outcomes are twofold: the participants’ demonstrating skill in applying an instrument to measure achievement of the CFT objectives and heightening the training participants’ sense of efficacy in conducting CFTs where there is a history of family violence. Greater competency and

sense of efficacy are both important for workers transferring afterwards what they learned in training to their work settings (Machin, 2002).

The intermediate outcomes are the transfer of learning by the training participants and support for such a transfer by their organizational setting. The work environment has a strong impact on whether or not training participants are motivated and encouraged to apply the learning on the job (Noe & Colquitt, 2002). To some extent, training participants can actively seek out opportunities to apply their learning on the job (Kraiger, 2002). In large measure, though, the agency and community determine the extent to which training participants will later have the opportunity to perform on their jobs what they learned in training.

**The research design was guided by a logic model setting forth the training components and their desired outputs and outcomes.**

### **Participant Satisfaction and Engagement**

According to both the training participant and trainer feedback, the intended output—a positive reaction to the Widening the Circle trainings—was achieved. On their Participant Satisfaction Forms, the trainees agreed or strongly agreed that attending the workshops was worthwhile. On the Trainer Feedback Forms, the trainers reported that the participants actively and productively engaged in the learning with each other. Satisfied and engaged learners make a good basis for learning to take place in the workshops.

**Satisfied and engaged learners make a good basis for learning to place in the workshops.**

### **Skill Demonstration and Sense of Self-Efficacy**

*Skill Demonstration.* Given that the curriculum is based on the theory of widening the circle, it made sense to see if the participants could assess the extent to which its four pathways were realized in skills exercises. Role-plays were used so that training participants could practice preparing family members for CFTs and taking part in a CFT. After these role-plays, the participants completed an instrument called the “Achievement of CFT Objectives” to rate the extent to which the four pathways were realized, and in group discussions, they reflected on their experience of applying the instrument. These activities gave the trainers the opportunity to assess the participants’ understanding of using the evaluation instrument.

According to the trainers’ reports, participants generally learned how to complete the form without difficulty. The participants’ rapid learning of the instrument is congruent with the experience of administering the Achievement of Objectives with 151 participants of family group conferences (Pennell & Anderson, 2005). Respondents, whether 12 year olds or senior family members, were able to rate the items on the Achievement of Objectives. The additional step for the training participants was transferring their scores to the four subscales.

**Trainers found that with little assistance the participants completed the Achievement of CFT Objectives with ease, thus, demonstrating their quick application of an evaluation instrument to provide feedback on practice.**

*Sense of Self-Efficacy.* At the start and again at the conclusion of the workshop, the participants were asked to assess their abilities in regards to the curriculum's learning objectives. This provided a means of comparing the participants' sense of self-efficacy during the pre - and post - periods. As assumed in the logic model, the Widening the Circle training appears to have enhanced the participants' sense of efficacy in handling CFT referrals with a history of family violence. This conclusion is supported by the medium to large effect sizes for changes in their self-ratings on the learning objectives. The least change was found for the learning objective on identifying agency and community supports. It is likely that this objective yielded the smallest change, because it started higher than most objectives and because a training session away from the work setting may have only a limited capacity to affect this objective.

The greatest gains were made on the learning objective specifying four strategies for safe and effective CFT participation and evaluating the extent to which they are achieved. In addition to its substantial growth, this objective particularly warrants further examination. This is because it is central to the widening-the-circle theory of change. The four strategies refer to the four pathways for safeguarding children, youth, and their families. Over the workshop, the participants became familiar with the pathways of cultural safety, family leadership, community partnerships, and inclusive planning. They learned how to put these pathways into action and how to evaluate achievement of these pathways.

**The positive self-assessments at the end of the workshop hold out the promise that participants will transfer learning to their work settings. Their new competency in applying and evaluating the four pathways for widening the circle may assist them in conducting safe and effective CFTs in situations of family violence.**

### **Transfer of Learning and Transfer Climate**

*Transfer of Learning.* Transfer of learning was viewed in terms of the extent to which the interviewees sought out or had opportunities to be involved in CFTs and were able to evaluate their achievement of CFT objectives in family violence situations. These were measured in terms of the interviewees' personal involvement in CFTs, their sharing an example of a CFT concerning family violence, and their ability to apply the Achievement of CFT Objectives to this CFT meeting. Application of the Achievement of CFT Objectives can serve as a measure of transfer of learning because there are less confounding factors in terms of where the training participants learned how to apply it. Some participants arrived at the trainings with fairly extensive experience with CFTs in family violence situations and thus, already had developed practices and self-awareness in this area. Conversely, none of the training participants were familiar with using this instrument prior to the training workshop.

**Transfer of learning could be evaluated by examining the training participants' capacity later to apply the Achievement of CFT Objectives to family violence situations. Although a number of the participants arrived at the training with fairly extensive experience with conducting CFTs in the context of family violence, none were previously familiar with using the Achievement of CFT Objectives.**

In follow-up interviews held several months after the trainings, nearly half of the interviewees were not currently involved in CFTs. Thus, they did not have the opportunity to transfer what they learned at the workshop to their jobs. The remainder had this opportunity and were engaged fairly extensively in CFTs in such capacities as facilitators, referring workers, and supervisors of referring workers. They had CFT examples concerning family violence against which to apply the Achievement of CFT Objectives. Without difficulty, they applied the Achievement of CFT Objectives to examples, and their responses were comprehensive, congruent with the assessment of the overall success of the meeting, and justified by commentary on reasons for the scores.

**Just over half the interviewed training respondents had the opportunity to engage in CFTs in their work settings, and these readily applied the evaluation instrument, the Achievement of CFT Objectives, to examples of family violence. A sizable minority was not currently involved in CFTs because they had job changes or their agencies had not yet undertaken the Multiple Response System or were not conducting CFTs at the time.**

*Transfer Climate.* In order for the training participants to transfer their learning to their jobs, they required supportive agency and community environments. This environment establishes the transfer climate. This was examined in terms of the extent to which CFTs were taking place in their agency, the extent to which CFTs were used in situations of family violence, and their agency and community's supports for and challenges to holding CFTs in safe and effective ways. Views on the transfer climate were ascertained through follow-up interviews after the Widening the Circle workshops and a focus group with Social Services staff involved in CFTs.

The involvement of interview and focus group participants in CFTs in family violence situations reflected the level of CFT activity in their counties. Those from counties with extensive CFT programming were personally involved in the meeting, including family violence referrals; the reverse was the case for counties with little to no CFT activity. Those counties which were utilizing CFTs with family violence advanced this work through three main strategies: encouraging internal supports, community partnerships, and creative strategies to enhance the safety and effectiveness of the meetings. In addition, a track record of successful meetings motivated workers to engage in the meetings. The lack of these same supports posed challenges to implementing CFTs.

The counties with well developed CFT programs evinced the following internal supports:

- administrative support for CFTs at all levels of the organization;
- designated facilitators who did not carry the cases for which they were convening the meetings; and
- workers trained in and committed to CFT.

The interviewees highlighted the importance of community partnerships for a successful CFT program and the need for the following supports:

- community service providers at CFTs and actively involved;
- domestic violence advocates in attendance; and
- police and sheriffs to provide security.

The focus group and interview participants identified a number of strategies for safe and productive meetings in situations of family violence. These included the following:

- Discussing “with the family ways to make them feel safe at the meeting”;
- Assessing “the safety with the victim, regarding having the perpetrator in the meeting, or having a separate meeting”;
- “Choos[ing] a secure location to have the meetings; mostly at facilities within the community but not in the home”;
- Having “the family decide . . . who will be there (relatives and professionals).”
- Encouraging family members to have “support persons”;
- Inviting other service providers, including domestic violence advocates;
- Having Spanish-speaking facilitators so that Anglo facilitator does not “hold up the process” by needing interpretation;
- Discussing “the issues with the social worker prior to the meeting. This acts as the brainstorming session for what questions to ask the family about safety before the meeting is even scheduled”;
- “Having ground rules and constantly re-directing to the ground rules when necessary” and “always ask[ing] family members if they want to add to the ground rules”;
- Holding “strategic breaks” to “check-in with family members if tensions become high during the meetings”;
- Providing all participants with a copy of the CFT plan while ensuring that specific safety measures for survivors are kept in confidence; and
- Arranging for follow-up meetings.

Although interviewees with extensive CFT experience appeared to coalesce around strategies, opinion diverged on one major issue—whether to include the alleged offender at the meeting with the non-abusing parent. In cases where protective orders were in place, workers agreed that they should schedule separate meetings. If a protective order was not in place and the couple was living together, facilitators and workers followed various routes. These included holding separate meetings, having a partner on conference call, holding staggered meetings with the group remaining constant except that each partner was present at different times, holding a joint meeting with the non-abusing parent’s agreement, and holding a joint meeting with the couple signing a paper for liability reasons.

CFT facilitators were particularly cognizant of how a track record of successful CFTs helped in overcoming the reluctance of workers to make referrals. A positive meeting also encouraged families to proactively request meetings as needed.

**The level of CFT implementation reflected the amount of support for the program in the agency and community. Particularly facilitative were internal supports, community partnerships, and strategic approaches for arranging and conducting safe and effective meetings. In addition, a track record of successful meetings in family violence situations increased referrals. A continued area of debate was how to hold meetings when the couple continued to live together and requested joint meetings.**

## **Projections**

The Multiple Response System (MRS) is no longer a pilot program being tested by some county Departments of Social Services. MRS, including its strategy of CFTs, is now an expectation for all county departments that is set in state legislation and policy and monitored by the federal Child and Family Services Reviews (CFSR). The federal reviews, the Duke University evaluation, and the findings reported by NC State University all concur that CFT delivery is uneven across the state and faces major implementation challenges.

Nevertheless, there are a number of promising developments. First, North Carolina has developed policy and training programs that foster family-centered practice and involving children, youth, and their families in planning. Second, counties experienced in CFTs are able to share their know-how with counties new to the approach. This happens through the MRS regional meetings and conferences convened by NC DSS and the facilitator forums and other workshops organized by NC State University. Third, the inclusion of family trainers will foster greater attention to family perspectives. Fourth, the development of blended classroom and on-line training will make the training system more accessible and increase networking and sharing across the state. Fifth, establishing CFTs as part of practice as usual will be fortified by other public systems also utilizing this approach within a system of care. Sixth, North Carolina has been selected to participate in a model integration discussion sponsored by the American Humane Association's National Center on Family Group Decision Making. This should assist the state charting its own course through dialogue with other states. And seventh, the Achievement of CFT Objectives provides a means for assessing fidelity to key practices for conducting the meetings. It can serve as a guide for practice and as a feedback mechanism as to whether meetings are on track with their proponents' aspirations.



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