

NORTH CAROLINA FAMILY-CENTERED MEETINGS PROJECT

**ANNUAL REPORT TO THE NORTH CAROLINA
DIVISION OF SOCIAL SERVICES
FISCAL YEAR 2008 - 2009**

SUMMARY

**Dr. Joan Pennell
Principal Investigator & Project Director**

with Amy Coppedge and Jenny King

North Carolina State University
Center for Family and Community Engagement

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Center for Family and Community Engagement
North Carolina State University
Campus Box 8622
Raleigh, North Carolina 27695-8622
United States of America

SUMMARY

Efforts within the state and elsewhere reinforced the importance and benefits of involving children and their families in service planning that cuts across systems. One strategy for doing so is child and family team (CFT) meetings that foster family leadership, cultural safety, community partnerships, and inclusive planning and widen the circle of supports around families. The Center for Family & Community Engagement has supported CFTs through its curricular development, training, technical assistance, and evaluation. This report documents its accomplishments in 2008-2009 and how these advanced even further family and youth partnerships and state, national, and international collaborations.

The work of the center has been ongoing since 1998 and provided a solid base for collaboratively studying issues emerging in practice and sharing what is learned to strengthen practice. Such a base has been especially crucial in a year of economic recession and budgetary cutbacks to government services. Despite these constraints, the state has been able to hold to its child welfare reform efforts and the center has supported these efforts through the North Carolina Family-Centered Meetings Project.

The work of the center was ongoing since 1998 and provided a solid base for collaboratively moving forward CFTs, even during a time of economic recession and budgetary cutbacks in government services.

National, State, and University Context

As the global economic recession deepened over the fiscal year, the state restricted travel for delivery of training. This meant sudden cancellations of onsite trainings and facilitator forums. More positively, it prompted increased development and utilization of online means for CFT learning and supportive connections. Being able to rapidly adjust to the changing environment would have been far more arduous at an earlier stage of the project. Having commenced in 2002, the project was in its seventh year, and moreover, the center could build upon the earlier four-year NC Family Group Conferencing Project (Pennell, 2002). Thus, the center had the benefit of ten years of work in promoting family-centered practice in the state.

The deepening economic recession led to travel restrictions reducing onsite training and increasing online means of delivery. In responding rapidly to the changing environment, the center drew upon ten years of promoting family-centered practice in North Carolina.

Because of the work over the years, the center had a team with strong training skills, familiarity with a series of introductory and more advanced curricula, established means of evaluating and refining these curricula, strong connections to practitioners in the field, and most of all a firm commitment to family-centered practice and system of care. Additionally, the team had developed very solid working relationships with family and youth partners, other training groups, and cross-system initiatives.

The center was able to respond rapidly because of the strength of its training team, curricula, and connections to practitioners, family and youth partners, other training groups, and cross-system initiatives.

In continuing to promote CFTs, the center was supported by a number of developments in the university, state, and nation. On September 18, 2008, the North Carolina State University's Board of Trustees formally approved the establishment of the Center for Family and Community Engagement. This showed a commitment on the part of the university to the center's work and provided a structure under which to administer its various initiatives, including the North Carolina Family-Centered Meetings Project.

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Crucial to maintaining the momentum for CFTs in North Carolina were the earlier efforts of the North Carolina Division of Social Services (NCDSS) to establish this approach as part of its regular delivery of child welfare services. In 2001, the NCDSS (2009) incorporated CFTs into its major child welfare reform called "multiple response system" (in other states, referred to as differential or alternative response) and in 2002, piloted MRS in 10 counties. In 2003, the initiative had expanded to 42 more counties, and by January of 2006, all 100 counties had joined.

In January 2007, this statewide initiative became a standardized part of child welfare service delivery in the state and was included in the child protection services manual. Further strengthening CFTs in the state, in 2008 the NCDSS added a chapter on this approach to the manual and delineated its principles of family-centered practice and system of care, its main elements, and its protocols for implementing each element. Additionally in 2008, the NCDSS mandated the introductory CFT training for all child welfare workers and their supervisors and the CFT facilitator training for facilitators of high and intensive risk cases.

Crucial to maintaining the momentum for CFTs in North Carolina were the earlier efforts of the North Carolina Division of Social Services to establish this approach as part of its regular delivery of child welfare services. This included incorporating CFTs into the state's major child welfare reform, expanding this reform to all 100 counties, detailing CFTs in the child protection manual, and mandating CFT training for workers and their supervisors and meeting facilitators.

NCDSS's emphasis on CFTs was clearly evident in its second Program Improvement Plan submitted in 2008 to the U.S. Department of Health and Human Services' (US DHHS) Children's Bureau. Through its Child and Family Services Reviews, the Bureau monitors the delivery of child welfare services in all states, including North Carolina. In its 2007 assessment of North Carolina, the Children's Bureau emphasized the need for more attention to "integrally involving children and their families in their own case planning" (US DHHS, 2007, p. 21).

In response, NCDSS highlighted the role of CFTs throughout its Program Improvement Plan and outlined measures to strengthen its delivery in the state (NC DHHS, 2008). North Carolina was the first state in the second round of Child and Family Services Reviews to have its Program Improvement Plan approved by the Children's Bureau.

NCDSS's emphasis on CFTs was clearly evident in its 2008 Program Improvement Plan submitted the Children's Bureau of the U.S. Department of Health and Human Services. The plan highlighted the role of CFTs and measures to strengthen its delivery in the state.

Project Logic Model

To support the state's efforts, the center formulated a logic model for advancing CFT practice in the state. A logic model is a way of specifying the underlying rationale for how the program should achieve its goals and depict the linkages among its components (Renger & Titcomb, 2002; W. K. Kellogg Foundation, 2005).

The main and long-term objective of the project's training, program support, and evaluation was enhancing the capacity of county Social Services staff and their community partners to participate in or facilitate CFTs in a manner that "widens the circle" of informal and formal supports for children, young persons, and their families (Pennell & Anderson, 2005). The underlying assumption was that achievement of this objective would mean that CFTs lead to the creation and implementation of service agreements that advance children and young persons' safety, permanence, and well-being and support their families. National and international research findings support this assumption (Crampton & Pennell, 2009; Edwards et al., 2007; Texas Department of Family and Protective Services, 2006; Titcomb & LeCroy, 2005).

The project's long-term objective was to enhance the capacity of county Social Services staff and their community partners to participate in and facilitate CFTS so as to widen the circle of supports around children and their families.

To realize this long-term objective, the project adopted the approach of supporting learning in the classroom and transfer of learning to the work setting. In particular, it was hypothesized that the following immediate and intermediate objectives are conducive to the realizing the long-term objective of enhancing the capacity of Social Services and their community partners to participate in or facilitate CFTs. The immediate objectives of CFT training were:

- Increasing the knowledge of the training participants regarding how to take part in or facilitate CFTs.
- Heightening the training participants' sense of efficacy in conducting CFTs and giving them a sense that the training has utility.

Research studies (Alliger, Tannenbaum, Bennett, Traver, & Shotland, 1997; Kraiger, Ford, & Salas, 1993; Petrovich, 2004) have found that knowledge acquisition, sense of efficacy, and utility judgments are all important for workers transferring what they learn to their work settings.

The intermediate objectives were:

- CFT training participants transferring skills from CFT training to carrying out CFTs in the county.
- Agency and community supporting application of CFT skills.

The first intermediate objectives concerned whether CFT training participant transferred skills to their work settings, and the second intermediate objective concerned whether their agency and community supported their applying CFT skills, that is the “transfer climate” (Kraiger, 2002, pp. 359-360). As research studies (Chaskin, Brown, Venkatesh, & Vidal, 2001) have found, such agency and community supports are strategies for building local capacity for carrying out initiatives.

To realize this long-term objective, the project adopted the approach of supporting learning in the classroom and transfer of learning to the work setting. It emphasized knowledge acquisition, increased sense of efficacy, and a positive organizational climate for applying skills.

Training Development, Implementation and Evaluation

The center offered training and technical assistance around family-centered meetings and a family-centered approach for engaging families in all aspects of decision making as they worked in collaboration with agencies and community organizations. The focus of the trainings and technical assistance supported families as being at the core of this process. The training was utilized primarily by county Departments of Social Services (DSS) in organizing and facilitating child and family teams (CFTs). In addition, the training were accessed by various community partners who supported CFTs by providing facilitation services to DSS county agencies, offering advocacy on behalf of families involved in the service system, and participating in larger community collaboration efforts.

Training Curricula

This year six curricula were delivered. The five formal curricula were designed to provide an orientation to workers on the philosophy and practice of CFTs and to prepare them for participating in or facilitating meetings. The technical assistance and learning support was a tailored program designed to respond flexibly to specific county needs for informal or formal training around emerging CFT issues.

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1). *Step by Step: An Introduction to Child and Family Teams*. It is a two-day orientation to CFTs and a pre-requisite for other trainings. It is included in NCDSS's Program Improvement Plan in child welfare and is a mandatory training for all social workers and supervisors in child welfare. This year, the curriculum was revised in partnership with family trainers to highlight family voices in each module. In addition, a knowledge assessment tool was developed to evaluate the effectiveness of the modules and information contained in the training, and the updated CFT policy and CFT documentation tool were incorporated into the training.

This year, revisions to the CFT introductory curriculum were completed in partnership with family trainers. These revisions highlighted family voices and incorporated a knowledge assessment, the updated CFT policy, and the new CFT documentation tool.

2). *Anchors Away! How to Navigate Family Meetings: The Role of the Facilitator*. This is a four-day training that focuses on the CFT facilitator's role and responsibilities. It is an intensive skill-based event and is mandatory for anyone in child welfare who facilitates CFTs in high and intensive risk cases.

3). *The ABCs of Involving Children in Child and Family Teams*. This one-day, advanced training emphasizes the importance of engaging children in the CFT process. It provides activities and information regarding how to include children in a CFT.

4). *Widening the Circle: Child and Family Teams and Safety Considerations*. This two-day, advanced curriculum focuses on how to promote safe participation when there is a history of family violence, substance addictions, and mental illness. In addition, participants are trained in completing a CFT model fidelity instrument called the "Achievement of CFT Objectives."

5). *Keeping it Real: Child and Family Teams with Youth in Transition*. This new, one-day advanced curriculum emphasizes skill development for engaging youth in all phases of the CFT process. It was developed after conducting focus groups with youth in care.

6). *Technical Assistance and Learning Support (TALS)*. This part of the training plan was initially developed with the intention to provide support and learning activities outside of the formal classroom setting. As this program grew, it continued to adapt to reflect the needs of counties and agency staff in implementing CFTs. The key component of this program's success was its ability to work with counties on an individual basis upon request.

Training Participants

During this year, training events were held for the five different formal curricula with a total of 1,179 participants from 87 of the 100 North Carolina counties. They reported that the content of all the curricula were well organized, relevant to their jobs, and having a good mix of learning activities. The large majority of participants rated their overall training experiences in the *high* and *very high* categories, with less than 2% expressing *very low* or *low* responses. This shows an overall high level of satisfaction with all facets of the CFT trainings.

This year 1,179 participants completed CFT classroom trainings and found the content of all the curricula to be well organized, relevant to their jobs, and having a good mix of learning activities.

During the year, the center tracked that 39 counties submitted requests for technical assistance and learning support (TALS) for support around the practice of child and family teams. Some of these counties made multiple requests throughout the year. The total number of these requests was 57. Many of these requests were for the mandatory introductory training *Step by Step*. Other formal training events requested included the facilitator training *Anchors Away* and the cross system training, *An Introduction to Child and Family Teams: A Cross System Training from the Family's Perspective* that encouraged partnership with families and around them by multiple child-and-family-serving agencies. In addition, the center continued to receive informal requests such as one-to-one mentoring; assistance in preparing for CFTs, including family voice and perspectives, engaging community partners and families in the CFT process; and other technical assistance via email, phone, or face-to-face meetings. The center received strong response to a TALS offering in the late spring, titled, "Getting Families to the CFT Table", which was developed and presented by family trainers for counties. Finally, one of the more structured methods of technical assistance the center provided was the quarterly facilitator forums.

This past year, counties sought technical assistance and learning support, making informal requests for one-to-one mentoring, family voice and perspective on CFTs, and the center provided feedback to CFT facilitators via email, phone, online discussion, or in face-to-face meetings.

The facilitator forums were held on a quarterly basis in different regions of the state to support connections and learning among CFT facilitators from multiple child-serving agencies. They were typically held in the western, central, eastern, and southern regions of North Carolina, and in this relaxed setting CFT facilitators and other community partners came together to network, share ideas, and engage in discussions on chosen topics. This year, with the onset of state-imposed travel restrictions midway through the year, facilitator forums continued through the use of online technology. The forums engaged members from all four regions but were also able to reach out to workers and community partners who had not previously attended. A few of these online forums were hosted in partnership with the School Based Child & Family Support Team Initiative, and they encouraged cross-system conversations around Child and Family Teams.

A total of 144 participants took part, of whom 93 were from Social Services and 38 were from schools. Participants represented 44 of the 100 counties in North Carolina. It is likely that a combination of on-site and remote forums would best serve the state as a whole. This would allow connections between counties inclined to travel while still supporting counties where travel is challenging.

Facilitator forums were held on a quarterly basis in different regions of the state to support connections and learning among CFT facilitators from multiple child-serving agencies. In late 2008 with the imposition of travel restrictions, the center extended facilitator forums to include remote format.

Greater Incorporation of Family and Youth Voices in Trainings

The trainings and facilitator forums were enriched by incorporating family trainers who brought a keen understanding of the meaning of CFTs for families. Their perspectives were diffused across the reworked introductory training, presented at facilitator forums (e.g., on CFTs with Latino families), and served as a foundation for the development of the new curriculum on youth in transition.

Prior to writing the new curriculum, *Keeping it Real: Child and Family Teams with Youth in Transition*, outreach efforts were made towards the statewide association of youth, SAYSO (Strong Able Youth Speaking Out) for ages 14 to 24, and NC county LINKS coordinators to identify youth who wanted to share their ideas regarding transitional planning through the CFT process. Two focus groups were conducted and filmed with permission from the youth, along with their guardian, when needed. Both focus groups were profiled in a training video, sharing the youth's perspective around CFT topics, preparation needs, identifying whom the youth wants to invite, and normalizing that youth plans change.

Prior to writing the curriculum, *Keeping It Real: CFTs with Youth in Transition*, focus groups were held with youth transitioning out of care. With the permission of the youth, these focus groups were filmed and profiled in a video that was incorporated into the new training curriculum.

Emerging Issues

Travel Restrictions. The capacity of practitioners to participate in CFTs and CFT training was affected by the economic recession. Their agencies imposed sudden travel restrictions, and this was followed by statewide limits on travel. Participants shared that actual resources to assist and help families in developing their plans were often limited, and work-related resources (too few staff, caseload coverage issues, etc.) often made it difficult for participants to engage fully in the training. The center responded by bringing more trainings closer to individual counties and mounting online training.

The deepening economic recession led to restrictions on travel related to both CFT delivery and training. The center responded by bringing more trainings closer to individual counties and mounting online training.

Engaging Community Partners. Some DSS workers shared that while their own agencies were struggling with operating during this tough economic year, many of their community partners were facing similar struggles with the result that they were less willing to engage in cross-agency collaborations. Additionally, with resources limited, DSS participants shared perceptions of feeling burdened to help these families in isolation. Discussions around these difficulties gave trainers opportunities to help connect workers with ways in which, they could begin to transfer their learning and understanding of CFTs to community partners within their roles at their agency. Workers accessed technical assistance and learning support (TALS) to support their beginning conversations with their community partners.

Social Services workers found that the worsening economy reduced the capacity of their community partners to engage in cross-agency collaborations. This added to their sense of feeling burdened to help families in isolation. To assist counties, the trainers provided coaching on ways to reach out to community partners.

Extension into Foster and Adoptive Services. At the same time, the new NCDSS policies extended CFTs beyond in-home services to foster and adoptive services. This added to strains as participants grappled with how to apply CFTs in these other areas of service. Trainers worked closely with participants to encourage them to explore and broaden the term “family” to include not only biological/extended family members and to explore foster parents as family members and to look at the “who” in any child/youth’s life that they consider to be family and important to them.

New Social Services policies extended CFTs beyond in-home services to foster and adoptive services. Initially workers were unclear about how to apply CFTs in these areas. The trainers helped them broaden the term “family” to foster parents and others whom children or youths viewed as important to them.

Responding to Diverse Family Cultures. Many participants raised specific questions based on the various “cultures” they were encountering and working with in their agencies and counties. Examples of some of these cultures were military families, transient families, and different socioeconomic and ethnic cultures. Trainers focused participants on thinking about avenues for partnering with family around their culture from the standpoint of good preparation.

Participants raised questions about how to respond to different family cultures, including military and transient families. Trainers emphasized the necessity of good preparation with families.

Appreciative Inquiry of Facilitator Forums

To assess the contributions of the facilitator forums, the center carried out a two-year evaluation from July 2007 through June 2009. The evaluation examined the extent to which the facilitator forums enhanced the participants' capacity to implement CFTs. The evaluation was formative in that it sought to improve the learning at the facilitator forums and, thus, support CFT implementation and help it grow and last over the long-term.

Given that the participants in the facilitator forums tended to be at a more advanced stage in their understanding of CFTs than participants in the formal training workshops, the evaluation could go beyond looking at participant satisfaction and knowledge, to examining what Kraiger (2002) refers to as the "transfer of training," including the organizational and community context in which this transfer takes place, the "transfer climate" (pp. 359-360).

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Evaluation Framework and Methodology

Appreciative Inquiry Framework. The evaluation was carried out within a framework of appreciative inquiry. Appreciative inquiry asks about what is going well and how to produce even more of these successes. This approach to evaluation is in keeping with the aims of the facilitator forums to create a supportive setting for its participants. The format encourages responses that are readily translated into recommendations for improvements.

Measure. In keeping with evaluation framework, four appreciative inquiry questions were asked of forum participants:

- What ideas from other forum participants have you found particularly useful in implementing and conducting CFTs within your agency and local community?
- Describe how you have been able to act on or plan to act on one of these ideas?
- Jump ahead in time by one year, and imagine that you are sharing at a facilitator forum a CFT success of which you are proud. What does this success look like?
- How will sharing this success help other forum participants in their CFT work?

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Sample and Data Collection. A total of 41 forum participants completed the appreciative inquiry questions. In the 2007-2008 contract year, the appreciative inquiry activities were carried out at two facilitator forums, the central and eastern ones. Due to travel restrictions, a number of facilitators who had planned on attending the eastern form were not able to attend. In order to include them in the appreciative inquiry, the evaluation coordinator created an online survey that replicated all the questions on the appreciative inquiry worksheet. Demonstrating their interest in the forum, a total of seven people from the eastern region of the state individually filled out the online survey. In 2008-2009, the forums had switched to an online format and the appreciative exercise was discontinued; nevertheless, follow-up telephone interviews were conducted with participants from the western and southern forums.

In response to travel restrictions and the move from face-to-face to distance delivery of forums, the appreciative inquiry was conducted onsite, online, and via telephone. All three formats elicited extensive feedback from the participants.

The majority of participants identified themselves as being from social services and secondarily from educational settings. A few identified themselves as based in child mental health and in one case, as a family representative. The forums welcomed new participants while retaining the interest of longer-term members. The majority of respondents had taken part in between 3 to 8 forums with smaller numbers attending less than 3 or over 11 times.

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Results

The responses to the four appreciative inquiry questions were qualitatively analyzed for recurring themes, and the findings are organized according to these questions.

The forum participants identified that the forums had provided useful ideas for carrying out CFTs in their agencies and local communities. Particularly welcomed was sharing both successes and failures, learning new strategies, exchanging resources, and networking opportunities. Overall, they saw the forums as enhancing their practice and benefiting the families with whom they worked.

Describe how you have been able to act on or plan to act on one of these ideas?

The transfer of learning among participants was evident in the responses emphasizing what they had learned from other facilitators. Many of the ideas were ones already covered in training curricula; however, in the forums, these approaches came alive and came across as something that could be carried out on the job. The participants identified useful steps shared at the forums. These steps they planned to apply or already had done so. They highlighted strategies for making the meetings welcoming for families and safe for all participants. They also noted how they were utilizing the technical assistance and learning support provided by the project to help supervisors understand and support CFTs.

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Jump ahead in time by one year, and imagine that you are sharing at a facilitator forum a CFT success of which you are proud. What does this success look like?

Using their imaginations of what a successful CFT would look like, some respondents drew a picture of a meeting at which family members were comfortable and respected and exerted leadership. Others projected ahead to successful outcomes for the children, their families, and their workers; and yet others visualized themselves as competent and confident facilitators. A number of participants contrasted an initial negative meeting with a successful follow-up meeting in which tensions could be worked through, issues resolved, and agency support clearly evident.

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How will sharing this success help other forum participants in their CFT work?

Forum participants agreed that sharing successes helps to give the hope, encouragement, and inspiration necessary for motivating others to try new approaches and keep with them over the long term. They stressed the crucial nature of this encouragement “when you go back on your own turf” and “you can try things and see if they are successful.”

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Additional Comments

During the telephone interviews in the second year, participants repeatedly noted that they missed the onsite forums and meeting people face to face. As one explained, “You need a lot of support for these meetings and I need a lot of support; I am a lone soldier with CFTs.” Another respondent stated, “I am glad that we have found a way to keep having forums even with the travel restriction. A mix of both online forums and face-to-face would be great.”

Discussion

Overall, participants commended the facilitator forums for giving their strategies, support, and motivation. They repeatedly confirmed that the forums helped them to stay on track with their goals for families and their own practice and provided them with ideas on how to create a more supportive climate within their own agencies for CFTs. In addition, they stressed how they appreciated the facilitator forums and recommended a blend of onsite and remote forums.

The participants recommended a blend of onsite and remote forums and saw the forums as keeping them on track with their goals for families and their own practice.

Conclusions

Although the economic recession affected delivery of CFTs and CFT training, the commitment in North Carolina to this approach remained evident. The state and counties Social Services moved forward with expanding CFTs beyond in-home services to foster and adoptive services. The greater incorporation of family and youth perspectives enriched the trainings and in the coming year, will be an area for even further expansion. The center will continue to develop strategies for integrating the contributions of trainers with experience working in agencies and trainers with experience receiving agency services. All this will advance family-centered practice in which families lead with the support of their service providers.

REFERENCES

- Alliger, G.M., Tannenbaum, S.I., Bennett, Jr., W., Traver, H., & Shotland, A. (1997). A metaanalysis of the relations among training criteria. *Personnel Psychology*, 50, 341-358.
- Chaskin, R. J., Brown, P., Venkatesh, S., & Vidal, A. (2001). *Building community capacity*. New York: Aldine de Gruyter.
- Crampton, D. S., & Pennell, J. (2009). Family-involvement meetings with older children in foster care: Intuitive appeal, promising practices and the challenge of child welfare reform. In B. Kerman, M. Freundlich, & A. N. Maluccio (Eds.), *Achieving permanence for older children and youth in foster care* (pp. 266-290). New York: Columbia University Press.
- Edwards, M., Tinworth, K., Burford, G., & Pennell, J. (2007, March). *Family team meeting (FTM) process, outcome, and impact evaluation: Phase II report*. Englewood, Colorado, USA: American Humane Association.
- Kraiger, K. (2002). Decision-based evaluation. In K. Kraiger (Ed.), *Creating, implementing, and managing effective training and development: State-of-the-art lessons for practice* (pp. 331-375). San Francisco: Jossey-Bass.
- Kraiger, K., Ford, J. K., & Salas, E. (1993). Application of cognitive, skill-based, and affective theories of learning outcomes to new methods of training evaluation. *Journal of applied Psychology*, 78(2), 311-328.
- North Carolina Division of Social Services [NCDSS]. (2009, August 17, last modified). *What is multiple response system?* Retrieved from <http://www.dhhs.state.nc.us/dss/mrs/index.htm>
- North Carolina Department of Health and Human Services [NC DHHS]. (2008, February 14). *Child welfare program improvement plan*. Retrieved from <http://www.ncdhhs.gov/dss/stats/docs/Approved%202008%20NC%20PIP.pdf>
- Pennell, J. (with Turner, T., & Hardison, J.). (2002). *North Carolina Family Group Conferencing Project: Building partnerships with and around families: Final Report to the North Carolina Division of Social Services, Fiscal year 2001-2002*. Raleigh: North Carolina State University, Social Work Program, North Carolina Family Group Conferencing Project.
- Pennell, J., & Anderson, G. (Eds.). (2005). *Widening the circle: The practice and evaluation of family group conferencing with children, youths, and their families*. Washington, DC: NASW Press.
- Petrovich, A. (2004). Using self-efficacy theory in social work teaching. *Journal of Social Work Education*. 40:3. Fall, 2004. p. 429-443.
- Renger, R., & Titcomb, A. (2002). A three-step approach to teaching logic models. *American Journal of Evaluation*, 23(4), 493-503.
- Texas Department of Family and Protective Services. (2006, October). *Family Group Decision-Making: Final Evaluation*. Author. Retrieved December 27, 2006, from http://www.dfps.state.tx.us/Documents/about/pdf/2006-10-09_FGDM_Evaluation.pdf
- Titcomb, A., & LeCroy, C. (2005). Outcomes of Arizona's family group decision making program. *Protecting Children*, 19(4), 47-53.
- United States Department of Health and Human Services [US DHHS], Administration for Children and Families. (2007, June 25). *Final report: North Carolina child and family services review*. Retrieved from : <http://www.ncdhhs.gov/dss/stats/docs/NC%20CFPSR%202007%20Final%20Report.pdf>
- W. K. Kellogg Foundation. (2005). *Evaluation handbook/Logic model development guide CD*. Battle Creek, MI.

ACKNOWLEDGMENTS

Child and family teams (CFTs) are founded on the principles of family leadership, cultural safety, inclusive planning, and community collaboration. The many contributors to the work of the North Carolina Family-Centered Meetings Project are testimony to the wide ranging support for this approach and to the necessity of their guidance to keep us all true to these principles. In responding to issues emerging from the field, the Center for Family & Community Engagement has repeatedly turned to these principles to guide its work.

We commend the North Carolina Division of Social Services for its persistence in pushing forward principled CFT approaches. This is particularly noteworthy in a year of economic recession and government cutbacks. The Division's annual renewal of our funding has made it possible for us to move beyond time-limited efforts to developing a program that supports good CFT practice, policy, training, evaluation, and research.

Further strengthening our programmatic approach is NC State University's formal authorization last fall of our Center for Family & Community Engagement. This solidifies the university base for our outreach work across the state, supports the university's mission as a research-extensive institution in the land-grant tradition, and fosters our community-engaged scholarship.

Collaborations in the university, state, nation, and world have enriched our work and helped us to promote practice-informed research and research-informed practice. We are especially proud of forging stronger partnerships with families and youth from diverse backgrounds. This has helped our team to continue to learn and stay on course with our aims.

The list of acknowledgments below honors our excellent partners. I apologize in advance for the unintentional omissions.

Dr. Joan Pennell
Director, Center for Family and Community Engagement
Raleigh, North Carolina
September 2009

***State of North Carolina
Department of Health and
Human Services***

Division of Social Services

Sherry Bradsher
Charisse Johnson
Bob Hensley
Rebecca Huffman
Patrick Betancourt
Hank Bowers
Candice Britt
Ginger Caldwell
Dawn Cambridge
Clarence Lamb
Gail McClain
Holly McNeill
Sharon Moore
Korri Mosley
Kristen O'Connor
Joanne Scaturro
Rick Zechman

Allen and Pinnix, P.A.

M. Jackson (Jack) Nichols

American Humane Association

Lisa Merkel-Holguin
Anita Horner
Michelle Howard
Dr. Marie McCabe
Jessalyn Nash
Leslie Wilmot

Appalachian State University,

Appalachian Family Innovations

Lindley Myers
Courtney Smith
Donna Walters
Patrice White
Ashton Williams
Catherine Williamson-Hardy

Caring Dads Program

Katreena Scott

North Carolina State University

Vice Chancellor James Zuiches
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Dr. Joan Pennell
Kara Allen-Eckard
Erin Bergstrom
John Chaffee
Amy Coppedge
Ashley Duncan
Diane Dunning
Susan Gasman
Jennifer Halweil
Sylester "Tee" Henderson
Joyce Jones
Libby Jones
Claudia Kearney
Jenny King
Martina Krzywicki
Marianne Latz
Elizabeth Meadows
Lisa Pierson
Billy Poindexter
Amy Ryder-Burge
Missy Seate
Maria Soto
Christopher Stowe
Mary Tschirhart
Anne Wakefield
Claretta Witherspoon

Center for Child and Family Health

Robert Murphy
Leslie Starsonck

***Duke University Center for Child and
Family Policy***

Joel Rosch

Emerge

David Adams

Evolve

Fernando Mederos

Family Services, Inc.

Sylvester Reed
Joetta Shepherd
Mike Turner

Family Violence Prevention Fund

Juan Carlos
Lonna Davis

***Keeping It Real Video Presentation
and Production (last names of youth
participants/contributors in video omitted
to protect identity)***

Chaney
Curtina
Davita
Erica
Johnny
Michael
Nikki
Phatema
Sam
Nancy Carter
Rhiannon Galen
Joan McAllister
Holly Yaeger

***New Zealand Ministry of
Social Development***

Dr. Marie Connolly

***Norfolk VA Department of
Human Services***

Garry Cofield

North Carolina A&T State University

Fasih Ahmed

***North Carolina Collaborative for Children,
Families, and Communities***

Kelly Crowley
Pat Solomon

***North Carolina Commission on
Indian Affairs***

Greg Richardson
Mickey Locklear
Kerry Bird
Rebekah Lowrey
Consuela Richardson
Mallory Richardson

***North Carolina Department of
Public Instruction***

Carolyn Foxx

***North Carolina Division of
Public Health***

Tony Troop
Marlyn Wells

North Carolina Families United

Gail Cormier
Damie Jackson-Diop
Libby Jones
Matthew Jones
Pat Solomon

***North Carolina Foster and
Adoptive Parent Association***

Stacey Darbee
Tony Douglas
Wanda Douglas
Paul Roodhuyzen
Stephanie Roodhuyzen

One Plus One

Dr. Sara Jarvis

Resources for Change

John Alderson

Rex Healthcare

Susan O'Dell

State Board of Education

Marvin Pittman

University of Arizona

Mary Koss

University of Birmingham

Kate Morris

***University of North Carolina at
Chapel Hill, School of Social Work***

Kaye Balke

Lane Cooke

Dr. Dean Duncan

Vilma Gimenez

Johna Hughes

John McMahon

Laurie Selz-Campbell

Evelyn Williams

Elizabeth Weigensberg

***University of North Carolina at
Greensboro***

Bibba Dobyms

Dr. Elizabeth Lindsey

Dr. Basil Qaqish

Dr. Terri Shelton

Claretta Witherspoon

University of Vermont

Dr. Gale Burford