

NORTH CAROLINA FAMILY-CENTERED MEETINGS PROJECT

ANNUAL REPORT TO THE NORTH CAROLINA
DIVISION OF SOCIAL SERVICES
FISCAL YEAR 2007 – 2008
SUMMARY AND PROJECTIONS

Dr. Joan Pennell
Principal Investigator & Project Director

With Amy Coppedge and Jenny King

North Carolina State University
Center for Family and Community Engagement

© Joan Pennell, 2008
Center for Family and Community Engagement
North Carolina State University
Box 8622
Raleigh, North Carolina 27695-8622
United States of America

SUMMARY AND PROJECTIONS

DIFFUSION OF AN INNOVATION

It is timely to reflect on the contributions of the North Carolina Family-Centered Meetings Project to diffusing child and family teams (CFTs) in North Carolina and its connection to national and international initiatives. The project was initiated in 2002 and is based on an earlier North Carolinian four-year trial demonstration family group conferencing in child welfare (Pennell, 2002). Thus, the work on family-centered meetings at North Carolina State University has been ongoing for ten years, and it is slated to continue into the next fiscal year.

Centralizing the role of children, youth, and their families in developing and carrying out child welfare plans makes good sense for ethical and practical reasons. People should have a say over their lives, and by having a say over their lives, people figure out plans that work for them and that they are willing and able to carry out. CFTs in child welfare are one strategy by which agencies can develop collaborative working relationships with the families they serve and with the other community partners needed for making and implementing the plans.

Children, youths, and their families should have a central role in making and carrying out service agreements in child welfare. With the support of child welfare and other health and human services, families can figure out plans that work for them and that they are willing and able to carry out.

North Carolina has been a leader nationally in moving forward CFTs in child welfare and promoting a system of care that encourages partnerships with and around families. It, thus, offers a rich context in which to examine how this innovative practice has been diffused and what are the facilitators and barriers to implementing and sustaining the approach. This report reviews state developments affecting the diffusion of CFTs and the work of the North Carolina Family-Centered Meetings Project in its sixth year of operation to support this innovative practice. The project is now placed within the newly established Center for Family and Community Engagement at North Carolina State University. Funding for the project is provided by the North Carolina Division of Social Services and helps to support a broader reform effort called “Multiple Response System.” CFTs are one of the major strategies in this legislated child welfare initiative.

North Carolina has been a leader nationally in moving forward CFTs in child welfare and promoting a system of care that encourages partnerships with and around families. It, thus, offers a rich context in which to examine how this innovative practice has been diffused and what are the facilitators and barriers to implementing and sustaining the approach.

Ethical and Empirical Basis

Child and family teams (CFTs) are one method for involving families in child welfare decision making. Studies of family-inclusion strategies in child welfare have found that to some extent, they increase the voice of adult and child family members (Holland, Scourfield, O'Neill, & Pithouse, 2005; Pennell, 2006). Families' exerting a say over their own affairs fits with the values of a participatory democratic society and social work principles of self-determination.

Studies of family-inclusion strategies in child welfare have found that to some extent, they increase the say of adult and child family members.

There are numerous models for family inclusion, particularly in the United States, and very limited comparative studies of the different models' advantages. The term child and family teams (CFTs) in North Carolina has been used to encompass a number of specific models applied in child welfare as long as they are implemented in conformance with state policy (North Carolina Division of Social Services, 2005). Moreover, implementing specific models with fidelity poses many challenges. Nevertheless, studies of various approaches—including CFTs, family group conferencing, family team conferencing, team decisionmaking, 'Ohana conferencing, wraparound, family case planning conferences, rapid response meetings, and circles — appear to be associated with major benefits in the United States and other countries:

- Enhancing the family's sense of pride and togetherness as they engage in making responsible decisions concerning their youngsters (Pennell & Burford, 2000; Walton, McKenzie, & Connolly, 2005);
- Reaching out to children, youths, and their families in culturally respectful ways (Crampton & Pennell, in press);
- Lessening tensions among family members and between them and child protection workers (Kemp, 2007);
- Improving relations between the home and school (Staples, 2007; US DHHS, 2007);
- Reducing use of formal proceedings (Morris, 2007; Walker, 2005) or the adversarial nature of court deliberations (Edwards & Tinworth, 2005);
- Mobilizing the family's informal network and enlarging the contributions of relatives in the resulting plans (Falck, 2008; Morris, 2007);
- Developing permanency plans for children and teenagers that include extensive supports from family and relatives (Morris 2007; University of Washington, 2007);
- Increasing kinship foster care and respite (Kiely & Bussey, 2001; Titcomb & LeCroy, 2005); and
- Decreasing the disproportionate placement of children of color or from ethnic minorities into state care (Crampton & Jackson, 2007; Texas Department of Family and Protective Services, 2006).

The above gains are achieved while increasing children's safety (Gunderson, Cahn, & Wirth, 2003; Pennell & Burford, 2000; Sawyer & Lohrbach, 2008) or without substantially affecting the safety of the children (Berzin, 2004; Edwards & Tinworth, 2006; Sundell & Vinnerljung, 2004). Costs to the state also remain stable (Pennell, 2005).

Research indicates that family-inclusion meetings enhance family and worker relationships, mobilize the family's network, increase kinship care, and decrease the disproportionate placement of children of color. Overall, these gains are realized without substantially harming children's safety or increasing state costs.

Implementing an Innovation

The findings on family-inclusion strategies are promising. Putting these innovations into practice, however, is challenging because of an ongoing tension between remaining faithful to the conceptualization of an innovation and reinventing the innovation to fit local settings (Rogers, 2003). Such reinvention can be helpful in making the innovation feasible in the field of practice but can also lead to major departures from the original intention. In order to determine if deviations are occurring, the innovation needs to be specified, and criteria are needed to assess 'good enough' adherence.

Putting innovations, such as CFTs, into practice is challenging because of an ongoing tension between remaining faithful to its conceptualization and reinventing it to fit local settings.

A practice innovation can be categorized according to its elements (what are its parts?), protocols (how should it be carried out?), or principles (why does it work?). Knowing what an intervention is and how it should be implemented are crucial to implementation. Over-specifying the elements and especially the protocols, however, can make for inflexibility, reducing the capacity of local groups to make the innovation work in their settings. Using principles rather than detailed procedures can provide guidance without losing responsiveness to family, community, and agency contexts (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998).

To figure out if an innovation is more or less being carried out, its key features need to be specified. Over-specification, however, can make for inflexibility and reduce the capacity of local groups to make the innovation work in their settings. Using principles rather than detailed procedures can provide guidance without losing responsiveness to family, community, and agency contexts.

In conceptualizing how to effect change, the family-inclusion literature inside and outside the United States references various strategies. For instance, in the Netherlands citizen participation is emphasized, and they refer to the meetings as *Eigen-kracht* or “own capabilities or strengths” (Eigen Kracht Centrale, 2007, p. 1). A frequently cited overarching theory of change is empowerment (e.g., Connolly & McKenzie, 1999; Lupton & Nixon, 1999; Pennell & Anderson, 2005; Sandau-Beckler, Reza, & Terrazas, 2005). This overarching theory fits well with the CFT principles articulated for child welfare in North Carolina.

In its recent revision of the CFT policy, the North Carolina Division of Social Services (2008) addresses each of the three main components of this innovative practice—its principles, elements, and protocols. The document begins with the guiding principles of family-centered practice and system of care:

What makes a Child and Family Team (CFT) meeting different than a case-staffing or traditional approach to planning and decision making in family support and child welfare is that it applies the principles of family-centered practice and the System of Care (SOC) values to the group decision making process.

Next the CFT policy document defines CFTs by using the definition consensually adopted on December 14, 2007 by the North Carolina Collaborative for Children, Youth and Families. The Collaborative includes the NC Division of Social Services along with family advocates and other child-and-family-serving systems:

Child and Family Teams are family members and their community supports that come together to create, implement and update a plan *with* the child, youth and family. The plan builds on the strengths of the child, youth and family and addresses their needs, desires and dreams. (North Carolina Collaborative for Children, Youth and Families, n.d.)

The elements of CFTs are then listed, and under each element, protocols for implementation are detailed. For example, the section on how to hold the meetings begins by encouraging attention to the culture of families, a major tenet of family-centered practice.

In its 2008 revision of the CFT policy, the North Carolina Division of Social Services addressed each of the three main components of this innovative practice—its elements, protocols, and principles. Application of the CFT elements and their protocols are to be guided by the principles of family-centered practice and system of care.

In general, implementing educational and social action programs has long been identified as rarely straightforward in the midst of political and organizational pulls (Weiss, 1972). Moreover, the characteristics of organizations that foster innovation may be the very ones that hinder its implementation. Innovative organizations tend to have low centralization and limited rules; however, to routinize an innovation, these very organizational features are usually required (Rogers, 2003). In North Carolina where social services are state supervised and county administered, this decentralization could lead to less consistency in program delivery.

Putting innovations into practice is rarely straightforward in human services, in part, because the earlier and later stages of implementation require different organizational structures. To initiate an innovation, lower centralization and rules help; to routinize an innovation, the reverse is the case.

Inconsistency in delivery can be beneficial as long as there is adherence to the guiding principles. Such principled variation may reflect responsiveness to a family's culture or the community context. Studies of family-inclusion strategies are also reporting that the meetings' elements and protocols needed to be shaped according to the stage of the work. For instance, more rapid approaches are helpful options when operating on a tight timeline such as at intake (MCFD Vancouver Coastal Region, 2008) or before court proceedings for emergency placements (Edwards & Tinworth, 2006).

Variation in delivery can be beneficial as long as there is adherence to the guiding principles. Such principled reinvention of an innovation may reflect responsiveness to family culture or to the stage or context of the work.

Holding to an innovation in a manner faithful to its guiding principles can be sustained through a number of means. Any one of these means is unlikely to be effective on its own, and the assemble needs to be philosophically aligned and mutually supportive. These include enabling legislation and policy; financial resources; recruitment, training, and retention of qualified staff; linkages with associated public agencies and community groups; and feedback loops through community dialog and evaluation. In North Carolina, these supports for CFTs have been growing in child welfare as well as associated services.

CFTs in North Carolina Child Welfare

CFTs are a central component of child welfare programming in North Carolina. This has been articulated in legislation on the multiple response system of which CFTs are one key strategy (Session Law 2001-424) and in policy and practice guidance (North Carolina Division of Social Services, 2005, 2008). In general, obtaining sufficient financial and human resources to deliver child welfare services, including CFTs, remains problematic in North Carolina and other states. Evaluations of North Carolina's child welfare system have highlighted both the strengths and challenges of its CFT programming, and the North Carolina Division of Social Services has actively worked to build on these strengths and resolve the issues in its program improvement plans.

A 2006 study by Duke University's Center for Child and Family Policy concluded that CFTs were central to the state's redesign of case work and that North Carolina had strong policy and training on its implementation. Duke University's review of case files, however, found that counties piloting CFTs differed widely in their implementation of the strategy. The federal Children's Bureau's Child and Family Services Review of public welfare in North Carolina came to similar conclusions (US DHHS, 2007).

The Children's Bureau stressed greater attention to "integrally involving children and families in their own case planning" and enjoined "cultural changes to fully implement family-centered practice" (p. 21). The Children's Bureau commended the NC Division of Social Services' "sophisticated training program" and pointed to the need to make sure that county staff were "fully trained" in CFTs (p. 34).

In response, the NC Division of Social Services developed its second Program Improvement Plan (NC DHHS, 2008) that utilizes CFTs for involving children, youths, and families in planning, makes CFT training mandatory for child welfare workers, and views CFTs as a key strategy for putting in place the principles of system of care. North Carolina was the first state in the union to have its second Program Improvement Plan approved by the Children's Bureau.

Reviews of public child welfare in North Carolina commended its strong CFT policy and training and criticized its uneven delivery of the program. Building on these strengths, the North Carolina Division of Social Services refined its CFT policy and mandated CFT training for front-line workers and supervisors.

CFTs in Associated Services in North Carolina

Helping to sustain CFTs in child welfare has been their increased use in other services within North Carolina. Some county social services in the state are now using demonstration grant funding to apply CFTs in their economic support programs, called "Work First" (Pennell, Latz, Duncan, Weigensberg, Gibson, & Moore, 2008). Public schools are increasingly using CFTs to address underlying issues in the home that affecting school performance. An appropriations act (Session Law 2005-275) provided funding for two CFT positions to 101 schools; and a two-year project conducted by North Carolina State University supported training, program support, and evaluation in seven schools (Pennell, 2008). Through system of care grants and other funding, some counties are using CFTs more widely in mental health and juvenile justice.

These initiatives helped to support each other, especially since a child or youth is often served by more than one system. Having one system convene the meeting can reduce the workload for other involved agencies while also simultaneously encouraging their collaborative planning with the family. By attending trainings together, they are able to build further their partnerships in support of families.

Beyond reaching an agreed-upon definition of CFTs, the North Carolina Collaborative for Children, Youth and Families has provided leadership on system of care and family-centered practice in child-serving organizations. This body has broad representation from advocacy organizations, public systems, and universities and serves as the advisory group for the North Carolina Division of Social Services' multiple response system.

Associated with the Collaborative was the System of Care/CFT Curriculum and Training Group with representatives of family and youth advocates, child-serving agencies, and universities, including the NC Division of Social Services and the Center for Family and Community Engagement. This group (2006) formulated principles for carrying out CFTs within a system of care and encouraged the development of cross-system curricula that emphasized families' viewpoints on CFTs.

Helping to sustain CFTs in child welfare has been their increased used in other services such as economic sufficiency, schools, mental health, and juvenile justice. This encourages supporting each other's efforts by sharing CFT facilitation and training resources and building a sense of partnership with and around families.

Center for Family and Community Engagement

Over the year, the North Carolina Family-Centered Meetings Project moved under the newly established Center for Family and Community Engagement at North Carolina State University. Locating the project within the center further supported CFT implementation. Moving from a project to a center helped to establish and demonstrate a continuing commitment to providing quality training and technical support. Having a physical space for the center welcomed staff and their partners to work together.

The mission of the center is to build partnerships promoting the leadership and well-being of families and their communities. This focus is in line with North Carolina State University's historic service as a change agent for innovation in rural North Carolina and increasingly urban regions. Over the year, the center carried out two mutually supportive projects: one in child welfare and the other in schools. Both projects encouraged carrying out CFTs according to the principles of family-centered practice and system of care.

Locating the North Carolina Family-Centered Meetings Project within the newly formed Center for Family and Community Engagement further supported the implementation of CFTs. The mission of the Center is to build partnerships promoting the leadership and well-being of families and their communities. This focus is in line with North Carolina State University's historic service as a change agent for innovation in rural North Carolina and increasingly urban regions.

Project Objectives and Plan of Action

To promote the diffusion of CFTs in public child welfare, the center was guided by a set of objectives. Its long-term objective was to enhance the capacity of 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; Pennell & Burford, 1994). The underlying assumption is that achievement of this aim will 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. As summarized previously, research findings support this assumption.

It is further assumed that the following immediate and intermediate objectives are conducive to realizing the long-term aim of enhancing the capacity of social services and their community partners to participate in or facilitate CFTs. The immediate objectives of the CFT training and technical support are as follows:

1. Increasing the knowledge of the training participants regarding how to take part in or facilitate CFTs.
2. 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 are the following:

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

The first intermediate objective concerns whether CFT training participant transferred skills to their work settings, and the second intermediate objective concerns whether their agency and community supported their applying CFT skills. 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.

In order to support attainment of these objectives, six main areas of work were undertaken. They involved training, curricular development, training evaluation, project team development, collaboration with other groups, and dissemination of learning.

TRAINING DEVELOPMENT, IMPLEMENTATION, AND EVALUATION

The curricular development, training delivery, and technical assistance were guided by the principles of family-centered practice and system of care. They supported family-centered practice by emphasizing child and adult family voices, and the involvement of family trainers as partners in developing and presenting CFT training, forums, and workshops was seen as a fundamentally sound and powerful way to further this learning. Including other child-and-family-serving organizations at the trainings was a means of advancing a system-of-care philosophy and encouraging linkages across systems in carrying out the work.

The trainings supported family-centered practice by emphasizing child and adult family voices and advanced a system of care by including participants from multiple organizations.

Training Curricula

The formal curricula were intended to prepare workers for taking part in and conducting 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. The four main training curricula were as follows:

- *Step by Step: An Introduction to Child and Family Teams;*
- *Anchors Away! How to Navigate Family Meetings: The Role of the Facilitator;*
- *The ABCs of Involving Children in Child and Family Teams;* and
- *Widening the Circle: Child and Family Teams and Safety Consideration*

The center offered *technical assistance and learning support* (TALS) in response to social services' requests. Through TALS, the following were provided:

- One of the four main curricula;
- A curriculum collaboratively developed with other training groups entitled *An Introduction to Child and Family Teams: A Cross-System Training from the Family's Perspective;*
- Facilitator forums in four regions of the state;
- Online facilitator discussion groups and other resources;
- Workshops tailored to specific topics on CFTs; and
- Individualized information and coaching.

The formal curricula were intended to prepare workers for taking part in and conducting 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.

Training Participation and Feedback

This year, 41 formal training events were held with 506 participants. The participants came from 64 counties. Training events were held for five different curricula. For each curriculum, Table 1 below shows the number of training events, participants that attended, and counties from which attendees came. The curriculum with the greatest number of participants was the introductory curriculum, *Step by Step*, with 51 of 100 counties represented. This training was followed by the facilitator training *Anchors Away* with attendees from 41 counties. *Step by Step* was a prerequisite for the two advanced curricula, *ABCs* and *Widening the Circle*, which had lower rates of attendance. These rates of attendance are to be expected given that the need was greatest for the first two curricula. In addition in 2008, *Step by Step* became mandatory for child welfare workers and their supervisors, and *Anchors Away* was mandated for facilitators of high and intensive risk cases.

Once *Step by Step* became mandatory for child welfare workers and supervisors midway through the year, its enrollments nearly doubled in size. The center responded creatively to the increased training numbers and demands for training as social services began to implement changes regarding CFT policy and training requirements. As a way to support training efforts for a wider pool of counties, the center moved and rotated locations of trainings, offering them in counties and areas the trainings had not previously been.

Table 1

Number of Events, Participants, and Counties Represented for Each Curriculum in 2007-2008

Curriculum	Number		
	Events	Participants	Counties
Step by Step	19	312	51
Anchors Away	12	99	41
ABCs	5	38	20
Widening the Circle	4	37	16
Family's Perspective	1	20	2
Total	41	506	64

This year, 41 formal training events were held with 506 participants. The participants came from 64 of the 100 counties in North Carolina.

Nearly all training participants across all training courses favorably rated their learning experience, and the training events appealed to various learning styles with a balance of activities and information. Most felt that the trainings were relevant and helpful to their current position. The delivery of the CFT training in partnership with families who had personally experienced CFTs increased the authenticity provided to participants.

The family trainers were key to participants’ moving beyond a conceptual shift in practice toward a more personal shift to value family members as an essential part of solutions.

The delivery of the CFT training in partnership with families who had personally experienced CFTs increased the authenticity provided to participants. The family trainers were key to participants’ moving beyond a conceptual shift in practice toward a more personal shift to value family members as an essential part of solutions.

Although still small, there was a noticeable increase in the second half of the year of disagreement in regards to the relevance of the training to job performance. This feedback appeared to reflect *Step by Step* becoming a mandatory training. Virtually all attendees rated highly the advanced training *Widening the Circle* on CFTs with a history of family violence, addictions, and/or mental health issues. The only reservation concerned its length with a number wishing that it were longer; this feedback makes sense given the complex issues that the curriculum addressed.

Nevertheless, as seen in Table 2, the large majority of participants rated their overall training experiences in the *high* and *very high* categories, with only 1% expressing *very low* or *low* responses. This shows an overall high level of satisfaction with all facets of the trainings.

Table 2
Total of All Courses Overall Perception of Training Feedback, 2007-2008 (N=478)

Item	<i>n</i>	Very Low 1	Low 2	Moderate 3	High 4	Very High 5	Mean Median
Overall rating of training experience	469	.2%	.8%	13.2%	40.1%	45.6%	4.30 4.00

The large majority of participants rated their overall training experiences in the *high* and *very high* categories, with only 1% expressing *very low* or *low* responses.

Technical Assistance and Learning Support

The need for technical assistance and learning support continued to grow as counties shifted into different phases of their CFT practice and programming and identified areas for further learning and development. This past year, the technical assistance and learning support requested by counties saw an increase in informal requests such as one-to-one mentoring, observing, and providing feedback on CFTs to facilitators via email, phone, or face-to-face meetings. Clear protocols and processes helped to support the success of the TALS program in responding to the needs of counties. Often, trainers work with counties in preparation for a TALS event to develop unique workshops tailored to the processes and learning needs of the individual county. Having a resource library on technical assistance and learning support allowed trainers to draw from presentations and materials already created, share resources and information they had, and streamline creating specialized workshops for those requesting these services.

This past year, the technical assistance and learning support requested by counties continued to grow and saw an increase in informal requests such as one-to-one mentoring, observing, and providing feedback on CFTs to facilitators via email, phone, or face-to-face meetings.

Issues Raised by Training Participants

In the training room, participants repeatedly identified challenges to holding CFTs in their agency and community contexts. Many of these echoed issues that were voiced in previous years but also appeared to be more prominent with the advent of mandatory training. As more workers were learning about CFTs from counties with less prior involvement in CFT training, the participants contrasted good CFT practices with those in their work settings. Participants often expressed the view that their supervisors did not understand how CFTs were to be implemented and requested CFT training for supervisors and administrators. Workers continued to evince confusion around different meeting models and how to engage families, youth, and children in decision making.

As more workers were learning about CFTs from counties with less prior involvement in CFT training, the participants contrasted good CFT practices with those in their work settings. Workers continued to evince confusion around different meeting models and how to engage families, youth, and children in decision making.

Participants expressed a desire to focus on family-centered decision making, seeking ways to incorporate various agency-driven meetings into more of a CFT format. They wanted to develop a better understanding of their role and how they fit into the CFT process and family-centered practice within a system of care. Such learning was explored in formal events and forums. Additionally workers were encouraged to avail of the technical assistance and learning support (TALS) offered by the center as a way to integrate their learning into their daily practice.

Challenges around preparation, facilitation, culture, and the inclusion of children and youth as part of the CFT process reoccurred. These issues exemplified the many subtleties which exist in engaging families, children, youth, agencies, and other partners in successful CFTs and family-centered decision making. They also point to the benefits of family trainers orienting participants to family members' experiences of CFTs. Moving information from training into everyday practice is challenging. Trainers encouraged participants to access their child program representatives, supervisors, online policy, and monthly multiple response system (MRS) regional meetings as ways to increase their understanding of CFT policy and practice outside the training room.

Challenges around preparation, facilitation, culture, and the inclusion of children and youth as part of the CFT process reoccurred. They also point to the benefits of family trainers orienting participants to family members' experiences of CFTs.

Facilitator Forums

The facilitator forums were designed to offer a relaxed setting for CFT facilitators to network, reflect on experiences, identify resources, gain greater understanding of CFT practice, and share successful strategies. Participant involvement and feedback supported the use of a regional model. The forums were held on a quarterly basis in the eastern, central, and western regions of the state to connect CFT facilitators from social services and other child-and-family-serving agencies. Additionally in the spring of 2008, a fourth facilitator forum was initiated to support workers located in the southeastern part of the state. Over the year, 14 facilitator forums were held with a total of 231 participants. These participants came from 43 counties stretching across the state from Cherokee to Pamlico and included participants from social services, schools, mental health, and other organizations.

Facilitator forums were held in four regions of the state—eastern, central, western, and most recently, southern. The facilitator forums were designed to offer a relaxed setting for CFT facilitators to network, reflect on experiences, identify resources, gain greater understanding of CFT practice, and share successful strategies.

Each forum utilized programs developed for all four regions while shaping the information and process to fit the needs and requests of its group. Topics this year included power and balance dynamics in facilitation, youth involvement in CFTs, and sharing “what is working well” in facilitation through an appreciative inquiry exercise (see next section). Unique to the facilitator forums this year was the inclusion of family partners who shared their personal CFT story. Feedback from forum participants indicated that this was one of the most powerful and memorable learning experiences. In general, the facilitator forums were well received by the participants. They appreciated the process and content and requested additional e-learning opportunities to continue the networking and mutual support.

The solid attendance and positive feedback indicated that the forums were well received by the participants. Unique to the facilitator forums this year was the inclusion of family partners who shared their personal CFT story. Feedback from forum participants indicated that this was one of the most powerful and memorable learning experiences.

In response, the center developed online resources to support facilitators, including a directory so that they could directly connect with each other and a Google group to offer immediate sharing of experiences and strategies. To further reach out to facilitators across North Carolina, an electronic newsletter *Facilitation Focus* was created and distributed. This newsletter’s purpose was to link facilitators and workers across North Carolina by sharing important happenings in CFT practice, facilitation tips, success stories from workers, and articles supporting family-centered practice.

In response to participants' requests for connections between forum sessions, the center developed online resources to support facilitators, including a directory so that they could directly connect with each other and a Google group to offer immediate sharing of experiences and strategies. To further reach out to facilitators across North Carolina, an electronic newsletter *Facilitation Focus* was created and distributed.

To accommodate participants over a large region of the state, the eastern facilitator forum rotated among different locations, including the far northern and southern counties. A mix of attendees from a range of systems fostered sharing about their work with families and raised understanding of how their systems work together. A favorite exercise was "I survived that CFT" in which they exchanged stories from their own meetings.

The central facilitator forum was originally anchored in the Burlington because of the strong interest in CFTs in Alamance and Guilford Counties and because Alamance was a system-of-care federal grant site. With the CFT work commencing in Alamance-Burlington schools, the region assumed an even greater a leadership role in the greater inclusion of schools and other child-serving systems at the facilitator forums.

In the western region, moving the forums among four areas made them more accessible to a wider group of participants. At one session, participants reviewed several articles written about facilitation dilemmas at actual CFTs held in Catawba County. These were used to lead discussion around situations in meetings that complicate the facilitation process.

The forum in the southern region was based in Cumberland County, an active system-of-care county to support CFT programming and encourage further networking among social services and other child-and-family-serving systems engaged in these meetings. Its well-received inaugural session looked at formulating a clear and open-ended purpose, and the topic for its second session was chosen from feedback gathered at the first forum and provided attendees with much-needed information about why CFT meetings should be viewed as part of a process, not just as one-time events.

Trainer Development and Coordination

Individualized professional development plans were developed for each trainer and worked well in supporting their growth. The careful attention to trainer development promoted training skills and confidence, reflected in the very positive participant feedback to trainings, forums, and other technical assistance. This experience of developing trainer skills provided a solid foundation for partnering with family trainers.

The center coordinated the training effort with Appalachian Family Innovations, whose trainers delivered some of the CFT trainings. Trainers from both groups met during the year to discuss the best ways for coordinating their efforts. Communication between both groups helped greatly to support the increased demand for the now mandatory introductory training.

Dissemination

The center disseminated its work on CFTs through diverse means and outlets. During the year, 14 presentations related to CFTs were delivered at state or national/international forums. A teleconference format reached out to groups across the United States and Canada. Ten publications on practice guidance and evaluation findings were disseminated. Their availability was enhanced by being posted online and in some cases on multiple sites. In addition, the center co-hosted a symposium highlighting the needs of the children and families of the North Carolina National guard and encouraged using CFTs to build school and community supports to address the impact of combat deployments. (See <http://www.cfface.org/publications.html>)

Future Plans

Looking ahead, the plan is to further enhance the training curricula through blending in-classroom learning with online learning support and involving family trainers in the curricular development and training experiences. This past year work began on writing a new curriculum around CFT practice and youth in transition. Revisions to the CFT introductory curriculum commenced, and revisions to the facilitator training are anticipated. The *Step by Step* revisions are in response to the state mandating CFT training and the approval of the updated CFT policies. In conjunction with the University of North Carolina at Greensboro, this curriculum will also have a knowledge assessment added. Moreover, the increased attention to CFTs in the pre-service training for all child welfare workers will necessitate identifying ways to build on rather than unduly repeating content in the introductory CFT curriculum.

Future goals for the online learning component include continued collaboration with the North Carolina Division of Social Services in developing additional online tools for workers. In particular, a need has been identified for targeted online training around the practical application of CFT policy in child welfare.

TALS continues to be one of the most rapidly growing training approaches, and the center intends to explore innovative means to support the transfer of learning process, such as e-learning opportunities and involving family and youth trainers in TALS events and presentations. With a pool of family trainers identified, less attention can be devoted to recruitment and more to family trainer protocols and professional development.

APPRECIATIVE INQUIRY OF FACILITATOR FORUMS

To assess the contributions of the facilitator forums, the center is carrying out a two-year evaluation within a framework of appreciative inquiry. Preliminary findings from the first year of this project are now available. The purpose of the evaluation is formative in that it seeks to improve the learning at the facilitator forums and, thus, support CFT implementation and help it grow and last over the long-term.

To assess the contributions of the facilitator forums, the center is carrying out a two-year formative evaluation within a framework of appreciative inquiry.

Logic Model

A logic model was developed to specify how the facilitator forums are intended to contribute to achieving the long-term outcome of enhancing the participants' capacity to implement CFTs. Because of the participants' level of CFT knowledge and experience, 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). The main components of the logic model assumed to lead to this desired outcome are the guiding principles, inputs, activities, outputs, and immediate and intermediate outcomes.

The principles of family-centered practice and system of care are intended to shape all the work, and the inputs of CFT policy and training are viewed as supporting CFT facilitation. The activities for the facilitator forums are developing, delivering, and evaluating the forums, with the last including this two-year study. The outputs are the forum programs and feedback on them. In order to encourage a system-of-care approach, an immediate outcome anticipated is forum participation from multiple organizations; and to encourage transfer of learning, another immediate outcome is participants' self-assessment of their capacity to facilitate CFTs. These immediate outcomes, in turn, are viewed as facilitating learning transfer to the workplace and community. The intermediate outcome is participants' self-assessment of their capacity to implement CFTs in the workplace.

A logic model specified how the facilitator forums were intended to contribute to achieving the long-term outcome of enhancing the participants' capacity to implement CFTs.

Appreciative Inquiry Measures

Within an appreciative inquiry approach, two measures were developed to obtain participants' evaluations of the forums: an evaluation exercise embedded into a forum session and the insertion of two questions on the participant feedback survey. 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. Embedding the evaluation encouraged an organic process of group development rather than imposing a structure that might impede it. The format generates responses that are readily translated into recommendations for improvements.

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 two appreciative inquiry exercises were intended to encourage mutual support and transfer of learning. The first exercise asked forum participants to identify their CFT challenges and the strengths they brought as facilitators to overcoming these challenges. In the second exercise, participants completed a written self-assessment of the impact that the facilitator forums had on their knowledge and practice of CFTs. The latter provided demographic information on the respondents and the qualitative data for the appreciative inquiry analysis.

Within an appreciative inquiry approach, two measures were developed to obtain participants' evaluations of the forums: an evaluation exercise embedded into a forum session and the insertion of two questions on the participant feedback survey.

Data Collection and Sample

This year, the appreciative inquiry activities were carried out with the eastern and central facilitator forums. It was conducted both in person and online, with similar patterns of responses for both formats. The seven participants who completed the online survey filled out all questions and demonstrated their interest in the forums even when they could not attend because of travel restrictions.

A total of 29 people completed the appreciative inquiry worksheet, with participation distributed almost evenly between the central and eastern regions. The majority of respondents had taken part in between 3 to 8 forums with smaller numbers attending less than 3 sessions or over 11 times. Approximately two-thirds of the participants identified themselves as being from social services. Several identified themselves as based in child mental health or education and in one case, as a family representative. Thus, for the most part, the appreciative inquiry participants had multiple meetings and multiple years on which to base their appraisal of the forums. Their involvement over time enhanced the credibility of their assessments, and their diversity enriched the pool of perspectives. A second year of data collection in the southern and western forums will further enrich the regional diversity and possibly diversify their organizational auspices. The findings point to the forums welcoming new participants while retaining the interest of longer-term members, and the longevity of some participants points to the possibility that CFT facilitation helped in retaining workers.

For the most part, the appreciative inquiry participants had multiple meetings and multiple years on which to base their appraisal of the forums. They came primarily from social services but included participants from other settings. Their involvement over time enhanced the credibility of their assessments, and their diversity enriched the pool of perspectives. A second year of data collection will further enrich their regional diversity and possibly diversify their organizational auspices.

Results

Five open-ended questions on the worksheet followed the appreciative inquiry model of “*Inquire, Imagine, Innovate, and Implement*” (Preskill & Catsambas, 2006, p. 15). The first of these questions *inquired* about how the forums had provided useful ideas for carrying out CFTs; and the second, a related question on *implementation*, asked them to describe how they had acted or planned to act upon this useful idea. The third, fourth, and fifth questions respectively asked them to *imagine* their sharing a CFT success at a future forum and to explain why they were especially proud of this success and how this example would help other forum participants. The last can serve as a means of gently nudging others to *innovate* in their own practice. The responses were qualitatively analyzed for recurring themes.

Inquire: What ideas from other forum participants have you found particularly useful in implementing and conducting CFTs within your agency and local community?

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.

Implement: 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. Many respondents identified concrete ways in which they had already implemented ideas from the forums.

In their responses, they highlighted strategies for making the meetings welcoming for families and safe for all participants. Aware of the importance of extending the circle of support outward from the family and agency, a participant wrote, “I have been able to bring parties that may not have been thought of before.” Some spoke of their intentions to apply tips to keep them on track with their role as facilitator. For example, one participant arranged to “have a note on laptop to remind me, as a facilitator, not to inject my own ideas.”

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.

Imagine: 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? Why are you especially proud of this CFT success?

Imagining what a successful CFT would look like, some depicted a meeting at which family members were comfortable and respected and exerted leadership. These successes were ones of which they would be proud because “families are happier” and feel “empowered.” The imaginations of others focused on successful outcomes for the children and their families, with agency intervention no longer required. Such outcomes were seen as successes because they made for “positive permanent change in the family” and because “if the family succeeded the entire team succeeded.” Yet others visualized themselves as competent and confident facilitators. One participant simply hoped, “I will feel really comfortable with the process and won’t feel awkward or nervous.”

Using their imaginations of what a successful CFT would look like, some depicted 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.

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

Most participants agreed that sharing accomplishments helps to “give hope,” “encouragement,” and “inspiration” to other facilitators. They assumed that by hearing about successes others will be motivated to try new approaches: “Maybe it will offer others some insight into the different things that can be offered to our families to empower them.” They further assumed that these examples of success will give the hope necessary for staying with the process even when the work is slow and hard: “Letting them know that no matter how long it takes it can happen.” These responses further emphasized the supportive nature of the forums and the desire of the participants to both take away and provide the learning and encouragement necessary to advance others’ CFT skills and practice.

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.

Forum Participant Feedback

In addition to the one-time structured activity delivered at the facilitator forums, the forum participant feedback form was revised to include appreciative inquiry questions. This was seen as a means to gain further insights about participants’ experiences on a regular basis. In addition, the responses to the survey could be compared with those on the appreciative inquiry worksheet. The responses to the questions inserted into the regular forum feedback form supported the findings from the appreciative inquiry exercise. The forums were judged as very supportive of their learning how to advance family-centered practice and encouraged networking among facilitators.

SUSTAINING CFTS IN NORTH CAROLINA

The volume of CFTs convened by public child welfare as well as other child-and-family-serving agencies in North Carolina is anticipated to continue to rise and sharply. As a practice, CFTs are well past the initial phases of determining whether or not to adopt the innovation, and agencies slow to implement are under increasing pressure to do so. This is driven by multi-directional forces. Top-down forces include federal reviews, state legislation, and agency policy enforcing CFT delivery in child welfare and increasingly in other systems. Bottom-up forces are demands from family and youth advocacy groups for more of a voice in administrative decisions over their lives. In the middle is growing support for family-centered practice and system-of-care approaches by service providers, collaborative forums, professional groups and schools, and national and international associations.

Driven by multi-directional forces, the volume of CFTs convened by public child welfare as well as other child-and-family-serving agencies in North Carolina is anticipated to continue to rise and sharply.

A number of structures are now in place to guide the delivery of CFTs in North Carolina. Within social services, state policy specifies the requirements on holding CFTs and the guiding principles, elements, and protocols for their delivery; regional meetings with county departments are regularly held to discuss emerging issues related to implementing a multiple response system, including its strategy of CFTs; and CFT training is available and mandatory for child welfare workers and supervisors. Cross-system forums have led to a consensus on the definition of CFTs among family-and-child-serving agencies; and cross-system curricula from the perspectives of families have been developed.

Sustaining CFT practice are child welfare policies, regional meetings, and training and cross-system collaborations.

Implementing the approach, however, is not straightforward especially in complex and large health and human services. The practice is shaped by multiple intersecting factors—changes in the economy and demography, agency levels of funding and staffing, local organizational and community cultures and histories, and access to training and other supports. Sudden changes such as the departure of a champion or a child fatality can provoke rapid reversals in CFT implementation.

Implementing CFTs is not straightforward and influenced by wider societal changes, state resources, organizational and community cultures, and localized events.

Reinvention of an innovation at the local level is to be expected. Agencies and communities need to make CFTs their own in order to carry them out in ways that fit families' cultures and the stages and conditions of the work. Deviations from the guiding principles of family-centered practice and system of care, however, undermine the fundamental nature of the intended innovation. Such erosion is likely with county agencies striving to meet CFT timelines with limited resources. As national and international research has documented, these quandaries are in no way unique to North Carolina.

Reinvention of an innovation at the local level is to be expected. Deviations from the guiding principles of family-centered practice and system of care, however, undermine the fundamental nature of the intended innovation.

To keep on track with the delivery of CFTs in a manner faithful to its guiding principles, the facilitator forums put into action a number of strategies:

- Highlight the perspectives of children, youth, and families from diverse backgrounds as a compelling reminder of the purpose and impact of the work;
- Build regional networks attuned to local issues while increasing knowledge of state, national, and international developments;
- Maintain ongoing connections and supports through in-person, phone, and internet contacts;
- Link multiple systems to enlarge resources, respond to cross-over cases, and reinforce the approach;
- Share CFT experiences, good and bad, to normalize the ups and downs of practice;
- Offer information, materials, tips, and encouragement to strengthen practice;
- Focus on successes to keep hope alive over the long term;
- Assess the work and imagine how to do it even better; and
- Try out further innovations in support of principled engagement with families and communities.

The facilitator forums exemplify a number of strategies for keeping CFTs on track with their original intentions.

REFERENCES

- Berzin, S. C. (2004, June). *California's waiver demonstration project: Results from an experimental project*. Paper presented at 2004 Conference on Family Group Decision Making, Harrisburg, PA.
- Chaskin, R. J., Brown, P., Venkatesh, S., & Vidal, A. (2001). *Building community capacity*. New York: Aldine de Gruyter.
- Connolly, M., & McKenzie, M. (1999). *Effective participatory practice: Family group conferencing in child protection*. New York: Aldine de Gruyter.
- Crampton, D., & Pennell, J. (in press). Family-involvement meetings with older children in foster care: Intuitive appeal, promising practices and the challenge of child welfare reform. In B. Kerman, A. N. Maluccio, & M. Freundlich (Eds.), *Achieving permanence for older children and youth in foster care*. Columbia University Press.
- Crampton, D., & Jackson, W. (2007). Family group decision making and the over-representation of children of color in foster care: A case study." *Child Welfare*, 86(3), 51-70.
- Edwards, M., & Tinworth, K. (with Burford, G., Fluke, J., & Pennell, J.). (2005). *Family team meeting (FTM) process, outcome, and impact evaluation*. Englewood, CO: American Humane Association. Retrieved December 15, 2005 at http://www.americanhumane.org/site/DocServer/FTM_Report_111605.pdf?docID=3401
- Edwards, M., & Tinworth, K. (with Burford, G., & Pennell, J.). (2006). *Family team meeting (FTM) process, outcome, and impact evaluation: Phase II report*. Englewood, CO: American Humane Association.
- Eigen Kracht Centrale. (2007, June). *Eigen Kracht: Information about the implementation of FGC in the Netherlands*. Retrieved from <http://www.eigenkracht.nl/>
- Falck, S. (2008). *Do family group conferences lead to a better situation for the children involved?* Oslo, Norway: NOVA (Norwegian Social Research). Ministry of Education and Research.
- Gunderson, K., Cahn, K., & Wirth, J. (2003). The Washington State long-term outcome study. *Protecting Children*, 18 (1-2), 42-47.
- Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents*. New York: Guilford.
- Holland, S., Scourfield, J., O'Neill, S., & Pithouse, A. (2005). Democratising the family and the state? The case of family group conferences in child welfare. *Journal of Social Policy*, 34(1), 59-77.
- Kemp, T. (2007). *Family welfare conferences – The Wexford experience: An evaluation of Barnardos family welfare conference project*. Ballincollig, County Cork, Republic of Ireland: Nucleus.
- Kiely, P., & Bussey, K. (2001). *Family group conferencing: A longitudinal evaluation*. Sydney, Australia: Macquarie University.

- 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.
- Lupton, C., & Nixon, P. (1999). *Empowering practice? A critical appraisal of the family group conference approach*. Bristol, United Kingdom: Policy Press.
- MCFD Vancouver Coastal Region, Collaborative Practice Team. (2008, April). *Family case planning conferencing: Pilot project evaluation*. Victoria, British Columbia, Canada: Ministry of Children and Family Development.
- Morris, K. (2007). *Camden FGC service: an evaluation of service use and outcomes*. Edgbaston, Birmingham, United Kingdom: University of Birmingham, Institute of Applied Social Studies.
- North Carolina Department of Health and Human Services [NC DHHS]. (2008, February 14). *Child welfare program improvement plan*. Retrieved April 27, 2008, from <http://www.ncdhhs.gov/dss/stats/docs/Approved%202008%20NC%20PIP.pdf>
- North Carolina Division of Social Services. (2005, January 6). *Practice guidelines for family-centered meetings*. Raleigh, NC: Author. Available at: <http://www.dhhs.state.nc.us/dss/mrs/docs/Practice%20Guidelines%20for%20Family%20Centered%20Meetings.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. (2006). Restorative practices and child welfare: Toward an inclusive civil society. In B. Morrison & E. Ahmed (Eds.), *Restorative justice and civil society*, special issue of *Journal of Social Issues*, 62(2), 257-277.
- 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.
- Pennell, J., & Burford, G. (2000). Family group decision making: Protecting children and women. *Child Welfare*, 79(2), 131-158.
- Pennell, J., Latz, M., Duncan, D., Weigensberg, E., Gibson, C., & Moore, S. (2008, April). *Family team meetings and Work First*. Workshop to 2008 Work First Skill-Building Learning Institute, Greensboro, NC.
- Preskill, H., & Catsambas, T. T. (2006). *Reframing evaluation through appreciative inquiry*. Thousand Oaks, CA: Sage.
- Rogers, E. M. (2003). *Diffusion of innovations* (5th ed.). New York: Free Press.
- Sandau-Beckler, P., Reza, S., & Terrazas, A. (2005). *Familias primero: Family group decision making in El Paso County, Texas*. *Protecting Children*, 19(4), 54-62.
- Sawyer, R. Q., & Lohrbach, S. (2008, January). *Olmsted County Child and Family Services: Family involvement strategies*. Rochester, Minnesota, United States of America: Olmsted Country Child & Family Services.
- Sandau-Beckler, Reza, & Terrazas, 2005

- Staples, J. (2007). *Knowle West Family Group Conference Project: Evaluation report summary*. England, United Kingdom: Barnardo's / Knowle West Neighbourhood Renewal.
- Sundell, K., & Vinnerljung, B. (2004). Outcomes of family group conferencing in Sweden: A 3-year follow-up. *Child Abuse & Neglect, 28*, 267-287.
- 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.
- University of Washington, School of Social Work, Northwest Institute for Children and Families and Catalyst for Kids. (2007, May). *Finding our roots: Family group conferencing in Washington*. Seattle, Washington, United States of America: Author.
- 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 April 27, 2008, from <http://www.ncdhhs.gov/dss/stats/docs/NC%20CFSR%202007%20Final%20Report.pdf>
- Walker, L. (2005). A cohort study of 'Ohana conferencing in child abuse and neglect cases. *Protecting Children, 19*(4), 36-46.
- Walton, E., McKenzie, M., & Connolly, M. (2005). Private family time: The heart of family group conferencing. *Protecting Children, 19*(4), 17-24.
- Weiss, C. (1972). *Evaluating action programs: Readings in social action and education*. Boston: Allyn and Bacon.

ACKNOWLEDGMENTS

Child and family teams (CFTs) by their nature build partnerships, and likewise our work in promoting CFTs has engaged us in collaborative efforts with public agencies, community organizations, universities, and national/international associations. The North Carolina Division of Social Services is to be commended for supporting the innovative practice of child and family teams in child welfare and advancing family-centered practice and system of care. Leadership for our work came especially from its staff development and policy units, and they encouraged us to expand outward our collaborations. Its Training Evaluation Advisory Committee served as an important mechanism for fostering coordination among the training partners.

The North Carolina Collaborative for Children, Youth and Families provided a central forum for bringing many child-and-family-serving partners together. New collaborative groups were also initiated. These included the Family Agency Collaborative Training Team to unify and support family trainers across multiple systems. Another collaborative effort of government, community, and university was prompted by organizing a symposium on the children and families of the North Carolina National Guard. State, national, and international forums stimulated the exchange of ideas on family-involvement strategies. These and other partnerships have been crucial with the surge in demand for CFTs in North Carolina and concomitantly CFT training, technical assistance, and evaluation.

This surge has provided rich opportunities to reach out to workers across the state and support good CFT practices. The team at the Center for Family and Community Engagement has responded inside and outside the training room to the numerous implementation issues emerging in counties. As requests for training exceeded available spaces, we consulted with county social services on adding workshops and organizing technical assistance and learning supports. With the shift in training needs, the team identified and mounted sensitive approaches for assisting workers new to CFTs and connected CFT facilitators via different mediums including regional forums, a virtual group, and an e-newsletter. We closely monitored our work and sought to build on our accomplishments through ongoing evaluation. The inclusion this year of family trainers broadened and further energized our team; and we worked closely with our school project's team to integrate these endeavors and forge closer alliances with other family trainer initiatives.

Our excellent partners are recognized in the list of acknowledgments. I apologize in advance for the inevitable oversights.

Dr. Joan Pennell
Director, Center for Family and Community Engagement
Raleigh, September 2008

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

Division of Social Services

Sherry Bradsher
JoAnn Lamm
Charisse Johnson
Teresa Turner
Patrick Betancourt
Candice Britt
Ginger Caldwell
Rebecca Huffman
Clarence Lamb
Gail McClain
Holly McNeill
Sara Anderson Mims
Sharon Moore
Korri Mosley
Allison Oberbroeckling

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

Dr. Joel Rosch
Pat Solomon

North Carolina Families United

Kerri Eaker
Gail Cormier

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

Stacey Darbee
Wanda Douglas
Stephanie Roodhuyzen
Paul Roodhuyzen

NC State University

Vice Chancellor James Zuiches
Associate Vice Chancellor Pat Sobrero
Dean Toby Parcel
Interim Dean Jeff Braden
Dr. Joan Pennell
Kara Allen-Eckard
Erin Bergstrom
Amy Coppedge
Ashley Duncan
Susan Gasman
Sylester “Tee” Henderson
Tammi Jacobs-Brown
Libby Jones
Caitlin Kline
Marianne Latz
Elizabeth Meadows
Chenelle Moore
Lisa Pierson
Billy Poindexter
Joanne Schlueter
Cheri Spehar
Paulette Stephens
Maria Soto
Amanda Tueting
Anne Wakefield
Claretta Witherspoon

American Humane Association

Lisa Merkel-Holguin
Anita Horner
Jessalyn Nash
Leslie Wilmot

***Appalachian State University,
Appalachian Family Innovations***

Lindley Myers

Donna Pearson

Patrice White

Ashton Williams

Catherine Williamson-Hardy

North Carolina National Guard

Lil Ingram

Diane Coffill

One Plus One

Dr. Sara Jarvis

Resources for Change

John Alderson

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

Lane Cooke

Vilma Gimenez

Dr. John Painter

John McMahan

Dr. Dean Duncan

Beth Weigensberg

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

Bibba Dobyns

Maureen Hydaker

Dr. Elizabeth Lindsey

Dr. Basil Qaqish

Dr. Terri Shelton