NORTH CAROLINA FAMILY-CENTERED MEETINGS PROJECT

ANNUAL REPORT TO THE NORTH CAROLINA

DIVISION OF SOCIAL SERVICES

FISCAL YEAR 2009 - 2010

SUMMARY

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NORTH CAROLINA FAMILY-CENTERED MEETINGS PROJECT, 2009-2010 SUMMARY REPORT

CULTURALLY ADAPTED INTERVENTION

At the heart of family-centered practice is affirming and responding to the home-grown cultures of families and their communities. Family-centered practice engages family members of all ages and their kinship network (together forming the "family group") in making and carrying out plans to better their lives and reinforces familial and cultural connections. System of care (SOC) refers to families and the involved public agencies and community organizations collaborating on mutually agreed goals.

In a system of care, families participate in all stages of the work at the family, community, state, and national levels. As articulated by the North Carolina Collaborative for Children, Youth and Families (n.d.), "For a SOC to be successful, family partnership must take place at every level of decision making. Collaboration and partnership between families and service providers is the thread that links successful programs, policies and practices."

> **At the heart of family-centered practice is affirming and responding to the home-grown cultures of families and their communities. System of care supports family-centered practice by encouraging partnerships among family, community, and agencies.**

For North Carolinian child-and-family-serving agencies, child and family team meetings (CFTs) are a pivotal means of achieving family-centered practice in a system of care. Integral to the success of CFTs is that this intervention is designed to adapt to family and community cultures. When culturally adapted, interventions are more successful at engaging families of diverse backgrounds (Kumpfer, Alvarado, Smith, & Bellamy, 2002). Adhering to guiding principles rather than following prescribed steps underlies successful application of an intervention model (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998). In general, as long as key components are retained, adaptation of innovations is an effective strategy (Mayer & Davidson, 2000).

> **In North Carolina, child and family team meetings are a pivotal means of achieving family-centered practice in a system of care. Integral to their success is that they are designed to adapt to family and community cultures and, thus, are effective at engaging families of diverse backgrounds.**

As endorsed by the North Carolina State Collaborative for Children, Youth and Families (2007) and published in the January 2008 NC Families United Newsletter:

> *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/student and family. The plan builds on the strengths of the child, youth and family and addresses their needs, desires and dreams.

Child and family team meetings (CFTs) involve the family and their informal and formal networks in a change process in which all parties can invest themselves. By engaging family and community members in making and carrying out plans, CFTs serve to expand the supports and protections around children and their families. As found in research in North Carolina, these widened supports are achieved through four pathways:

- Cultural safety — a context in which family members can speak in their own language, express their values, and use their experiences and traditions to resolve issues;
- Family leadership — a relationship in which the family group members are central and their efforts are supported by community organizations and public agencies;
- Community partnerships — a local collaboration in which each partner retains its distinctive role while striving to realize common goals (Pennell, 2004, p.126); and
- Inclusive planning — a decision-making process that involves different sides of the family in making a plan, incorporates means of sustaining the family group's participation, and is authorized and supported by the protective authority (Pennell, 2006b, p. 294).

> **Child and family teams are designed to affirm and respond to family and community cultures. They do so by advancing cultural safety, family leadership, community partnerships, and inclusive planning.**

Overwhelmingly CFT participants in North Carolina report satisfaction with the inclusive process and the resulting plans (Duke University, 2007; Poindexter, Reikowsky, Koss, & Pennell, 2010). This same positive response is repeatedly found by studies of family group engagement in child welfare across the United States (e.g., Brodie, 2008, Sheets et al., 2009) and around the globe (Burford, Connolly, Morris, & Pennell, 2010).

> **Child and family team participants in North Carolina overwhelmingly report satisfaction with the process and resulting plans. This same positive response to child welfare engaging family groups is found across the United States and around the globe.**

Notably, approaches that engage the wider family group are often more successful than conventional child welfare practice in bringing fathers and extended family to the table (Pennell, 2006a; Veneski & Kemp, 2000). This is important given that child welfare services usually focus on mothers rather than fathers, only adding to the mistaken belief that fathers, especially African American men, fail to offer support and resources to their children. While it is the case in the United States that Black fathers are less likely to live with the mothers of their children than White or Hispanic fathers, non-cohabiting Black fathers, compared with these other two populations, have higher rates of visiting their children and over a longer period of time (Coles & Green, 2010). Having fathers present in the meetings helps to remove workers' preconceptions that they are not attached to their children and involved in their lives.

> **Engaging the wider family group means that fathers are more often at the table than in standard child welfare practice. This helps to remove workers' preconceptions, especially about African American fathers, that they are not attached to their children and involved in their lives.**

Involving the extended family is particularly helpful to young parents in providing support and in shaping expectations of how they are to care for their children. A young, low-income father of color may have few financial resources to offer, all the more so if he is on parole or probation; still his kin network usually provides encouragement to offer in-kind support to his children's mother (Roy & Vesely, 2010). The CFT is a structured setting in which to spell out these familial norms of caring (Morris, 2007) and strengthen the family in negotiating arrangements with child protective services.

> **The meeting offers a forum in which the family group can spell out familial norms to young fathers and encourage their support of the children's mother even if they are not living together.**

An often voiced concern is that involving fathers will increase risks to women and children. This is particularly the case in the context of family violence. Careful planning should be conducted to ensure the safety of participants before, during, and after the meeting. In North Carolina, facilitators along with families have developed effective strategies for involving the different sides of the family when there has been a history of domestic violence (Pennell, 2005; Pennell & Kim, 2010: Pennell & Koss, 2011).

Engaging family groups generates plans that reflect their cultural and faith backgrounds (Thomas, Berzin, & Cohen, 2005), mobilizes contributions from different sides of the family (Falck, 2008; Horwitz, 2008; Pennell, 2006a), and motivates the family to access needed resources more rapidly (Weigensberg, Barth, & Guo, 2009). This process also decreases the often adversarial nature of relationships between families and the child welfare and court systems (Burford, Pennell, & Edwards, in press).

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Studies in the United States report that family group engagement increases the safety of children (Gunderson, Cahn, & Wirth, 2003; Sawyer & Lohrbach, 2008; Titcomb & LeCroy, 2005) or does not adversely affect their safety (Berzin, 2006). The most persistent and notable finding is that family group engagement raises the likelihood that children will remain with or be reunified with their parents or reside with kin caregivers (Pennell et al., 2010; Sheets et al., 2009; Walker, 2005; Weisz et al., 2006). This serves to maintain their familial ties and preserve their cultural heritage. All this helps children of color identify with their cultural background, navigate a socially inequitable society, and strengthen their sense of racial pride (Smith, 2010). From the perspective of families involved with the child welfare system, two very important indicators of parenting success are helping their children to manage the surveillance of outside authority systems and to grow despite racism and poverty (Zlotnick, Wright, Sanchez, Kusnir, & Te'o-Bennett, 2010).

> **Family group engagement maintains children's familial and cultural ties. Even when their families are under the scrutiny of protective authorities, all this helps children of color identify with their heritage, navigate a socially inequitable society, and strengthen their sense of racial pride.**

CHILD AND FAMILY TEAM TRAINING ACCORDING TO GUIDING PRINCIPLES

In offering training in CFTs, the center was guided by the principles of cultural safety, family leadership, community partnerships, and inclusive planning. The center applied these four principles to structure its curricula, training delivery, technical assistance and learning support, and training evaluation.

> **The center applied the four principles underlying CFTs to structure its curricula, training delivery, technical assistance and learning support, and training evaluation.**

Curricula Delivery and Participation Rates

The center delivered five formal curricula:
1) *Step by Step: An Introduction to Child and Family Teams*
2) *Anchors Away! How to Navigate Family Meetings: The Role of the Facilitator*
3) *Widening the Circle: Child and Family Teams and Safety Considerations*
4) *The ABCs of Involving Children in Child and Family Teams.*
5) *Keeping it Real: Child and Family Teams with Youth in Transition.*

In addition, the center provided technical assistance and learning support (TALS) which included facilitator and policy forums and curricula tailored to emerging needs in the state. As part of the TALS, the center offered *An Introduction to Child and Family Teams: A Cross-System Training from the Family's Perspective.*

The introductory curriculum, *Step by Step,* is mandatory for workers and their supervisors in the first year of employment. The facilitator curriculum, *Anchors Away,* is mandatory for facilitators of high and intensive risk cases. Given that county social services in North Carolina experience turnover of approximately one-third of its workforce annually, there is a need for ongoing offerings of mandated CFT trainings for social workers and supervisors. Accordingly, the center focused its efforts on delivery of *Step by Step* and *Anchors Away.*

To accommodate training needs across the state, the CFT curricula were offered in equal numbers in the different regions. Overall, 81 out of 100 counties in North Carolina accessed the center's 57 formal CFT training, sending a total of 798 workers to these events from July 2009 through May 2010. Additionally, the center provided 20 forums to 183 participants and 34 technical assistance and learning support (see Table 1).

> **Overall, eighty-one counties across North Carolina accessed the center's 57 formal CFT training, sending a total of 798 workers to these events during the year. Additionally, the center provided 20 forums to 183 participants and 34 technical assistance and learning support.**

Table 1
Number of Events, Participants, and Counties Represented for Each Training Deliverable in 2009-2010

Curriculum	Number		
	Events	Participants	Counties
Step by Step	38	549	76
Anchors Away	9	130	34
ABCs	4	35	20
Widening the Circle	2	16	7
Keeping It Real	3	42	21
An Introduction to CFTs	1	26	10
Facilitator Forums	18	170	32
Policy Online (non facilitator events)	2	13	4
Total	**77**	**981**	

Online Forums

In order to promote connections among CFT facilitators within regions and across the state, the center offered 11 statewide forums and 7 regional forums. Additionally 2 online policy events were provided to audiences outside of the facilitator forums. For online facilitator forums, registration and participation rates were higher for statewide than regional events. This was in large part due to a greater pool of invitees and catchment of participants familiar with online learning opportunities.

Originally, facilitator forums were held in face-to-face sessions in different regions of the state. Travel restrictions imposed in the middle of the prior year prevented continuation of onsite forums. In response the center shifted to online forums, and this approach was used as well this year. The onsite forums from the summer of 2006 through December 2008 involved 544 participants. Since December 2008 through June 2009, 259 participants attended online facilitator forum events with 170 this year. Participation was somewhat lower for the online approach but remained solid.

To appeal to the broadest possible group of participants, a combination of online and onsite facilitator forums is preferable. Online events offer statewide connections as well as convenience, support, and a lower cost to counties who do not need to reimburse for travel. Onsite events offer more personal connections and regional partnerships.

A minimum of two facilitators were required for each online forum event. This insured that one facilitator was available for technical questions and monitoring while the other delivered content or moderated discussion. In addition, a staff member was required to handle participants' technology concerns in accessing the online program.

Facilitators used a number of means to engage online participants. These included both didactic and interactive activities, a PowerPoint presentation to convey necessary information and maintain visual interest, virtual breakout rooms to permit smaller discussion groups, and document sharing by trainers and participants.

Topics for online facilitator forums were selected, in part, on participant suggestions and feedback. Particularly well-enrolled forums concerned women abuse, foster care (a new areas at the time for CFTs), and engaging family members.

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By far, the largest number of participants came from social services. Nevertheless, there was representation from other groups including schools and community agencies (see Table 2).

Table 2
Facilitator Forum Participants by Organizational Affiliation in 2009-2010 (*N* = 163)

Organization	Number of Participants
Social Services	129
Schools	18
Community Agencies	12
Mental Health	3
Social Work Students	1
Other	0

By far, the largest number of participants came from social services. Nevertheless, there was representation from other groups including schools and community agencies.

Two policy forums were held. A focus group format was used to explore how local social services agencies were implementing new CFT policies put into place in October 2008. Focus group participants reported that CFT policies were easiest to implement when the meetings were at key transition and decision-making points in the case such as changes in children's placements. Additionally, they noted that CFTs expedited regular review and updating of case plans and made the process more transparent for families. Challenges to implementation of CFT policy seemed to come from the lack of buy into the process from families, community members, and agency administration; the lack of time and resources to complete CFTs within all the required timeframes; and a sense that CFT were not useful in many situations where there were already review processes in place or there were no significant reasons to involve a team in discussion of the case progress. To help practice move away from agency-driven processes, the center offered more facilitator forum events that included family and youth training partners.

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Curricular Development

During the year, the center trainers developed and delivered 15 new curricula modules to support TALS, facilitator forum, and online policy events. Through the technical assistance and learning support program, the center worked closely with counties to deliver learning sessions tailored to their specific needs. In addition, the training team modified the existing formal curricula to adapt to new policy and practice needs in the counties.

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Major revisions were made to the introductory training, *Step by Step,* in partnership with family trainers, with an emphasis placed on the inclusion of the family members' perspectives into learning. The introductory curriculum included a knowledge assessment to be completed by participants at the end of each training event. The purpose of the knowledge assessment was to help trainers determine how well they were delivering the necessary information in the training event and as needed, alter the curriculum to better serve participants' needs.

In response to participant feedback, the facilitator curriculum, *Anchors Away,* was condensed from a four-day to three-day training event. Shortening the curriculum was possible because participants often entered the training room with greater familiarity with CFTs than when the program was first introduced in the state in 2002.

Training Evaluation

For all five formal CFT curricula, a total of 761 participants completed the participant satisfaction form. Nearly all favorably rated the content of the curricula, the trainer competence, and the utility of what they learned for their jobs. As seen in Table 3, the large majority of respondents at these five curricula rated their overall training experiences in the *high* and *very high* categories, with less than 3.0% expressing *very low* or *low* responses. This shows an overall high level of satisfaction with all facets of the trainings. This is noteworthy given the mandatory nature of the two trainings delivered the most frequently.

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Table 3
Total of All Courses, Overall Perception of Training Feedback, July 2009 to June 2010 (*N* = 761)

Item	*n*	Very Low 1	Low 2	Moderate 3	High 4	Very High 5	Mean Median
Overall rating of training experience	756	2 0.3%	19 2.5%	74 9.8%	273 36.1%	388 51.3%	4.36 5.00

The feedback on the introduction to CFTs, *Step by Step,* showed that participants overall agreed that the curriculum was well designed, useful, and the right length. This is notable given that the training was now mandatory for social workers and their supervisors in their first year of employment. Moreover, prior to attending, a full 20% of the participants stated that they had been reluctant to attend; after attending, this percentage had shrunk to 4%. The positive response supported the modifications to the curriculum, including the incorporation of the family voice, new materials, and reorganization of the modules.

The facilitator training, *Anchors Away,* was now mandatory for all facilitators involved with high and intensive risk cases. Overall, 96% of participants agreed that the training had a good mix of learning activities and that the content was appropriate to their job. Almost all participants perceived the training as increasing their understanding, competence, and confidence with CFT facilitation. Their increased sense of job performance standouts because many were returning right after the training to facilitating CFTs with very difficult family situations.

Participants agreed that the curriculum on inclusion of children at CFTs, *ABCs,* increased their competence in this area and that they would transfer the learning to their workplaces. Nearly all, however, thought the one-day workshop was too long. This may reflect increased familiarity in the state on how to involve children in CFTs.

The advanced training, *Widening the Circle,* examined safety considerations in CFTs where the family has a history of family violence, substance addictions, and mental health issues. The participants gave high ratings to the training and saw it as increasing their competence in these complex areas.

An advanced training *Keeping It Real* focused on amplifying youths' voices as they prepare for transitions out of care. The training included youths through a video of focus groups with youth in care and through the incorporation of youth on the training team. Although the majority of participants thought the event was the right length, over 20% thought it was too short, expressing their excitement about the topic and engagement in the training workshop.

Overall online facilitator forum participants were interested in additional learning events through this format and thought that their agencies would be supportive of their accessing these opportunities. The nature of child welfare work typically does not afford workers opportunities to network with their colleagues from other counties. When asked what they found helpful about online facilitator forums, participants welcomed the opportunity to connect with other workers

from across the state. Forum participants also appreciated hearing from others that they were doing good work.

Issues Raised by Social Services Staff

In addition to participant feedback, the center collected the trainers' perspectives on the workshops. This served to capture feedback about the relevance and success of curricular materials, challenges faced by participants and counties, and questions raised by participants. This feedback was used by the training team to identify barriers to CFT implementation in counties and to assess the need for curricular modifications.

Workers expressed frustrations with having very few providers for services and with trying to involve families in CFTs when their basic needs such as food and shelter were priorities. Some found it difficult to fully engage in the training session because of the intrusion of work issues. Nevertheless, they particularly welcomed the cross-county exchange that generated creative strategies.

Questions about CFT policy and procedures routinely emerged in the training room. In particular, workers were trying to figure out how to apply the state policy on CFTs and how to distinguish two types of meetings, the family-led CFTs and professionally-driven Permanency Action Team (PPAT). Trainers referred participants to their supervisors and the NCDSS children's program representatives. In addition, they encouraged workers to take advantage of the center's technical assistance and learning support to assist them with moving classroom ideas into the workplace.

Many workers attending CFT trainings struggled with how to incorporate CFTs into their foster care and adoption cases, when biological parents were not involved. Trainers encouraged participants to broaden the term "family" to include not only biological/extended family members but also foster and adoptive parents and social kin.

Some participants shared that they had attended CFT training in their counties and received information conflicting with state-level policy. Trainers worked closely with participants to reinforce CFT policy, practice guidelines, and training information.

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Many counties also reported difficulties engaging their community partners and service providers in CFTs. This was a great source of frustration for participants, as a lack of interest by community partners was detrimental to their engagement with families. The center encouraged counties to bring their community partners to trainings so they could begin to connect as partners while learning the process.

Workers expressed a desire to have dedicated facilitators in their agencies and struggled with how effective they could be either as a facilitator or social worker when they had to be both at one meeting. Especially in complex cases, workers might focus on the safety needs of the child within the family, but neglect the process, compromising the values of child and family teams.

Some workers perceived that their supervisors did not have a full understanding of CFTs, thus, contributing to the conflict over practices. They felt pressured into having to rush to set meetings up, calling agency-driven meetings child and family team meetings, feeling unable to spend necessary time preparing with families, and being asked to "cut out" parts of the meeting process for sake of expediency. The trainers worked to create a safe environment in which workers and supervisors present could discuss strategies for good implementation.

Project Capacity for Training

In a time of travel restrictions, the training team maintained solid lines of communication through teleconferences and e-mails, careful joint preparation for training events, and regular reporting of training issues experienced. The center engaged with groups within the state, nationally, and internationally to advance family-centered practice. These collaborations assisted the center in identifying current issues and strategies pertaining to CFT programming, training, and evaluation.

> **With a family advocacy organization (NC Families United), the center co-chaired FACTT (Family Agency Collaborative Training Team). This group was established to provide leadership in the recruitment of family trainers and to support partnership efforts between systems and family partner trainers. This year, FACTT increased its partnerships with youth groups, and this supported the center in working with youth trainers.**

The center invested in building partnerships with other groups whose work related to CFT implementation, training, and evaluation. These partnerships focused on efforts in children's services, disabilities, and child and maternal health. With a family advocacy organization (NC Families United), the center co-chaired FACTT (Family Agency Collaborative Training Team). This group was established to provide leadership in the recruitment of family trainers and to support partnership efforts between systems and family partner trainers. This year, FACTT increased its partnerships with youth groups, and this supported the center in working with youth trainers. The center participated in the Family-Professional Partnership workgroup, sponsored by the NC Public Health Department, to develop and deliver a curriculum encouraging families as collaborative leaders.

PERFORMANCE-BASED-CONTRACTING EVALUATION OF FAMILY TRAINER COMPONENT

Family and youth partner trainers provided the perspectives of service recipients in the training room. They were training partners who had personally used services, could identify the impact of child and family teams (CFTs) on their lives, and could articulate what they wanted and needed in order to move forward their goals. In collaboration with agency trainers who had prior experience working in service settings, they could help practitioners translate family perspectives into their approach.

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Using an appreciative inquiry approach, the center evaluated the contributions of its family partner trainers. An appreciative inquiry approach was selected because of its focus on strengths and ways to improve a program by drawing on its positive aspects.

Inclusion of Family Trainers

The training team sought to incorporate the family voice as early as possible in the training program. Accordingly, within staffing limitations, the revised introductory CFT curriculum, *Step by Step,* was to have a training team consisting of an agency trainer and a family partner trainer.

The initial introductory training events with the family trainer partners found a mixed reception from participants. Some participants welcomed the addition of the family voice while others felt that they were offered more personal information than required for CFT practice. The training team addressed this response with two primary strategies. One strategy included trainer-to-trainer support in identifying how best to weave family stories into the content of child and family team training materials. An additional strategy involved full disclosure in marketing events that included the family partner voice.

Additionally the team developed curriculum in consultation with a youth organization, Strong Able Youth Speaking Out (SAYSO). This curriculum focused on the use of child and family teams for youths transitioning out of care. In the spirit of partnership, this curriculum was trained by a combination of youth and agency trainers. Youth advocates also participated in a youth panel and in developing a CFT brochure.

During the year, family partners co-trained 28 events, including 21 face-to-face introductory CFT trainings and 7 online facilitator forums. In addition, youth partners trained one formal event and one online forum.

Methodology

The family partner training program was assessed through evaluation of formal training events and facilitator forums. The data were collected from training participants and training team members. The training participants consisted of social services staff and community partners from such areas as schools.

Online surveys were sent to participants 1-2 weeks after each event co-trained with a family partner and again six months later. These surveys were intended to obtain participant impressions of the family trainers' contributions and assess their transfer of learning and the transfer climate provided by their agencies. The response rate of the 302 requests for the first survey was 47% (*N*=142). The response rate for the 130 requests for the second survey was 32% (*N*=37). There were fewer of these surveys sent out due to the six-month lag time after the event crossing into the new fiscal year.

On the survey one week after the training event, 95% respondents reported that the information shared by the family partner trainer was valuable and likewise most planned to use what they learned on the job.

Results from the first survey show that the vast majority appreciated the contributions of the family partner trainer (see Table 4). Among the 142 respondents, 95% of responding participants found the information shared by the family trainer to be valuable; 92.9% planned to share what they learned from the family trainer with colleagues; 92.9% stated that they gained new insights into partnering better with families; 92.3% believed their agencies would support using what they learned from the family trainer; and 94.4% planned to use what they learned from the family trainer on the job.

Table 4
Family Partner Trainer Feedback 1-Week Post-Training Survey Results (*N* = 142)

Item	*n*	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
I found the information shared by the family trainer to be valuable.	142	0	2 1.4%	5 3.5%	59 41.5%	76 53.5%
I plan to share what I learned from the family trainer with my colleagues.	142	0	3 2.1%	7 4.9%	75 52.8%	57 40.1%
The presentation from the family trainer offered new insight into how to better partner with the	142	0	3 2.1%	7 4.9%	58 52.8%	74 40.1%

families at our agency.						
My agency will support my using what I learned from the family trainer.	142	0	1 0.7%	10 7.0%	64 45.1%	67 47.2%
I plan to use what I learned from the family trainer in my job.	142	1 0.7%	1 0.7%	6 4.2%	65 45.8%	69 48.6%

A participant explained, "The fact that [the family trainer] was on the 'other side of the desk' made me more aware of how families perceive social workers and if the process is done with respect and good social work practice, it can be successful." The agency trainers reported that the family partners brought the family voice into the room, raised understanding, and lent credibility to the training.

> **"The fact that [the family trainer] was on the 'other side of the desk' made me more aware of how families perceive social workers and if the process is done with respect and good social work practice, it can be successful." – Forum Participant**

Results from second survey, administered six months after the training, showed that most had applied what they had learned in their work settings. As seen in Table 5, 81% shared what they learned from the family trainer with their colleagues, 86% found that their agency supported the use of what they learned from the family trainer, and 84% used what they learned from the family trainer on the job.

Regarding longer term impacts on job performance, however, the respondents were less assured or said that the items were *not applicable*. When asked about the impact on their relationships with families, 22% stated that it was not applicable and when asked if the impact made their CFTs more successful, even more at 27% replied "not applicable." Some respondents noted that they had not facilitated CFTs. Among those who saw these items as applying, the majority agreed that the impact of the family trainer was favorable. Here 19 out of 29 (66%) agreed that their relationships with families were more positive as a result of changes they made after hearing from the family trainer, and 19 out of 27 (70%) reported that their CFTs were more successful as a result.

> **Results from second survey, administered six months after the training, showed that over 85% of respondents had applied what they had learned from the family trainer in their work settings and agreed that their agency supported their doing so. Regarding longer term impacts on job performance, however, respondents were less assured.**

Table 3-5
Family Trainer Feedback 6-Months Post-Training Survey Results (N = 37)

Item	n	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
I shared what I learned from the family trainer with my colleagues.	37	2 5.4%	0 0.0%	5 13.5%	21 56.8%	9 24.3%
My agency supported my using what I learned from the family trainer.	36	1 2.8%	0 0.0%	4 11.1%	16 44.4%	15 41.7%
I have used what I learned from the family trainer in my job.	37	3 8.1%	1 2.7%	2 5.4%	20 54.1%	11 29.7%
My relationships with families have been more positive as a result of changes I made after hearing from the family trainer.	37	8 21.6%	1 2.7%	9 24.3%	14 37.8%	5 13.5%
My CFTs have been more successful as a result of changes I made after hearing from the family trainer.	37	10 27%	1 2.7%	7 18.9%	16 43.2%	3 8.1%

CULTURALLY-ADAPTED TRAINING

In conclusion, to sustain culturally-adapted practice, training also needs to be culturally responsive (Kumpfer et al., 2002). The four pathways—cultural safety, family leadership, community partnerships, and inclusive planning—guide how the center adapted its curricula, training delivery, technical assistance, and evaluation to respect family, community, and organizational cultures.

> **To sustain culturally-adapted practice, training also needs to be culturally responsive. The center adapted its curricula, training delivery, technical assistance, and evaluation to respect family, community, and organizational cultures.**

In the training room, cultural safety was promoted through working with participants to establish guidelines that fostered safety in sharing experiences and dialoging about commonalities and differences in perspectives and to recognize how these training room norms supported good CFT practice. The leadership of families was emphasized through co-training by family/youth and agency trainers. Family and youth trainers were individuals who bring direct experience of receiving services, and agency trainers brought direct experience of working in agencies. Together they modeled collaboration between family and agency, challenged training

participants to rethink their approaches, and encouraged attitudinal and behavioral change. Community partnerships were advanced by enrolling training participants from social services along with those from other community groups and public agencies. And inclusive planning was promoted by facilitating discussions on how to transfer learning to their workplaces so as to extend the CFT participants beyond the immediate family and agency and to look with the family group for solutions based on their cultural practices.

> **In the training room, the trainers encouraged cultural safety by establishing norms for dialog, family leadership through co-training by family/youth and agency trainers, community partnerships by co-training social services and other agencies and groups, and inclusive planning by examining means for transferring learning to the workplace.**

Cultural adaptation was further supported through the center's technical assistance and learning support (TALS). In addition to scheduled trainings, the center offered TALS in response to emerging issues from the field such as on how to conduct CFTs safely when there is a history of domestic violence. TALS took many forms to better meet the needs of participants. For example, county departments of social services invited center staff to conduct trainings in their communities to meet mandatory training requirements or to promote greater involvement of community partners such as schools and mental health in their CFTs. A social work class hosted a session on how to evaluate fidelity to CFTs principles. And CFT facilitators reached out for strategies such as on how to include children and youths in their meetings' deliberations.

> **In addition to scheduled trainings, the center offered technical assistance and learning support in response to emerging issues from the field.**

This cultural adaptation was guided by evaluation that sought out the views of families, youths, and workers on how to conduct CFTs and how to provide CFT training. This was through participant feedback, online surveys, or focus groups. Their input was incorporated into the training curricula and TALS and shared via web-based means. The center did not carry out this work in isolation. Instead the center worked with family-agency collaboratives that encouraged family-centered practice within a system of care.

> **Cultural adaptation of training was guided by evaluation seeking out the views of family members, youths, and workers and by participation in family-agency collaboratives.**

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ACKNOWLEDGMENTS

Child and family teams (CFTs) are about team building with and around families. Likewise efforts to support CFTs require team building. The North Carolina Family-Centered Meetings Project has been exceptionally fortunate in having such a strong team in our center, the university, the community, and the state.

The North Carolina Division of Social Services has been a leader in the state and nationally in its steadfast commitment to CFTs. Even in a time of major government cutbacks and restructuring, the Division has maintained our funding for statewide training, technical assistance, and evaluation on CFTs.

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

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
Emily Jackson
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
Vice Chancellor Terri Lomax
Dean Jeff Braden
Associate Vice Chancellor Matt Ronning
Associate Vice Chancellor Pat Sobrero
Interim Associate Dean Mary Wyer
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
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
Tim Rosenberg
Dr. Jodi Hall
Dr. Michael Fire
Dr. Nancy Fire

Campbell University, Norman Adrian
Wiggins School of Law
Jon Powell

Center for Child and Family Health
Robert Murphy
Leslie Starsoneck

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

InterAct
Stephanie Francis

National Center for Children and Families
Marcene Holdsclaw

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 Administrative Office of the Courts
Lana Dial

North Carolina Collaborative for Children, Families, and Communities
Rebecca Wells

Pat Solomon

North Carolina Commission on Indian Affairs
Greg Richardson
Mickey Locklear
Kerry Bird
Rebekah Lowrey
Consuela Richardson
Mallory Richardson
Tammi Jacobs

North Carolina Department of Juvenile Justice and Delinquency Prevention
Teresa Price

North Carolina Department of Public Instruction
Paula Collins

North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Susan Robinson
Mark O'Donnell

North Carolina Division of Public Health
Tony Troop
Marlyn Wells

North Carolina Families United
Gail Cormier
Damie Jackson-Diop
Libby Jones

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

SaySo, Inc.
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Laurie Selz-Campbell
Evelyn Williams
Teresa Turner

University of North Carolina at Greensboro
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Dr. Elizabeth Lindsey
Dr. Basil Qaqish
Dr. Terri Shelton
Claretta Witherspoon

University of Vermont
Dr. Gale Burford

Cree Board of Health
Caroline Oblin
Leslie Tomatuk

Alamance County Collaborative
Gary Ander
Jacinta Wright