SCHOOL-BASED CHILD AND FAMILY TEAMS PROJECT

SUMMARY REPORT TO THE NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION FISCAL YEARS 2006-2007 AND 2007-2008

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SCHOOL-BASED CHILD AND FAMILY TEAMS
Executive Summary

Child and family teams (CFTs) instituted in school settings are a recent innovation in North Carolina. Schools undertaking these meetings reach out beyond their campuses to work with families and community organizations to support students' academic performance and stabilize their home environments. Students, their families, school staff, and other involved community organizations collaborate on making and carrying out the plans.

The School-Based CFT Project was a two-year project sponsored by the North Carolina Department of Public Instruction from May 2006 through June 2008. Federal funding was provided through the McKinney-Vento Homeless Assistance Act. The Department invited schools to take part because of high levels of students who were homeless or at risk of homelessness. Seven schools accepted the Department's invitation to take part. They received training, program support, and evaluation from the Center for Family and Community Engagement at North Carolina State University and were supported by partnerships with other organizations moving forward CFTs. The schools carried out this work without additional staffing.

The main conclusions of the School-Based CFT Project are:

- Schools were motivated to adopt this innovative practice when they could identify its compatibility with their philosophy for addressing students' needs, its relative advantage over current practices, its reduced complexity when tailored to their local contexts, its trialability with a limited number of families before moving to wider implementation, and its observability at meetings convened by other agencies.
- The precipitating reason for referring students to the school-based CFTs concerned academic performance and student behaviors; however, underlying these were issues concerning the student's family and home and the need to develop the school and community's ability to reach out to and support struggling students and their families.
- Participants from the family, community, and schools overwhelmingly agreed that they like the CFT process and the resulting plan. Satisfaction was quite high in regards to the plan, the meeting facilitation, and the location (usually in a school).
- CFT participants, especially from the family and community, would have welcomed more preparation for the meetings. In addition, family members would have preferred more opportunity to express their views and be heard and to receive needed information. To make these happen, the length of the preparations and the meetings probably needed to be extended.
- Although the findings are preliminary and the sample is small, the results of the NCFAS-G and the school data show improvements for 16 students and their families for whom a CFT was convened. The meetings succeeded in alleviating family stress, assisting caregivers to improve their living situations and parent the children, and helping students adjust to school.

- To more comprehensively serve their students over the long term, schools require clear policies on when and how to hold CFTs, designated staff focused on its delivery, ongoing training and education for school personnel and their partners, participant feedback to improve the process, and outcome evaluation to inform school-system funding allocations.
- The School-Based CFT Project helped to lay a foundation for the continuation of CFTs by:
  (1) developing cross-system curricula from family perspectives,
  (2) demonstrating the benefits of both local teaming and cross-county exchanges,
  (3) implementing CFTs among families and communities with limited resources,
  (4) familiarizing schools with evaluation methods to improve practice, and
  (5) providing promising findings on the process and outcomes for students and their families.

In laying this foundation, the chief accomplishments of the School-Based CFT Project were:

- Offering a theory of "widening the circle" to guide practice and evaluation of school-based CFTs;
- Developing, testing, and evaluating three training curricula to prepare school staff and their partners for holding and evaluating CFTs;
- Incorporating family trainers to emphasize family perspectives;
- Training school teams and their community partners to encourage local planning and collaboration;
- Utilizing lead trainers to tailor training and technical assistance to specific schools;
- Holding quarterly facilitator forums in four regions of the state to foster mutual support by CFT facilitators from across child-serving systems;
- Providing online facilitator supports, including a discussion group and a CFT facilitator newsletter;
- Assisting schools with developing a CFT implementation plan and initiating the meetings;
- Providing tools for schools to evaluate CFT implementation and outcomes;
- Collecting and analyzing findings on school-based CFTs; and
- Disseminating findings through presentations and publications.

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1.   INTRODUCTION

Child and family teams (CFTs) instituted in school settings are a recent innovation in North Carolina. Schools undertaking these meetings reach out beyond their campuses to work with families and community organizations to support students' academic performance and stabilize their home environments. Students, their families, school staff, and other involved community organizations collaborate on making and carrying out the plans.

The School-Based CFT Project was a two-year project sponsored by the North Carolina Department of Public Instruction from May 2006 through June 2008. Federal funding was provided through the McKinney-Vento Homeless Assistance Act. The Department invited schools to take part because of high levels of students who were homeless or at risk of homelessness. Seven schools accepted the Department's invitation to take part. They received training, program support, and evaluation from the Center for Family and Community Engagement at North Carolina State University and were supported by partnerships with other organizations moving forward CFTs. The schools carried out this work without additional staffing.

1.1   Congruency with Other Initiatives in Public Education

School-based CFTs are congruent with other approaches in education to respond in a flexible and sensitive way to students' needs and put into practice the principles of response to intervention, key components of No Child Left Behind, and regulations in the Individuals with Disabilities Education Act. These are (a) preventing and intervening in academic problems, (b) utilizing evidence-based practices, (c) ensuring accountability through progress monitoring, and (d) reducing the disproportional placement of minority children into special education (Mellard & Johnson, 2008). Congruency is especially evident with response to intervention (RTI). RTI is a three-tiered model of service delivery that encompasses universal, instructional programs in the classroom and progress monitoring of all students at tier 1, early intervention for students not performing at the level of their peers at tier 2, and comprehensive assessment for students requiring specific interventions at tier 3 (Brown-Chidsey & Steege, 2005). CFTs can be focused on students at tier 2 and especially tier 3 by bringing together a range of family, community, and school supports to develop and implement a plan responsive to the specific needs of the student and to support positive behaviors. Drawing on external supports is critical for students whose academic performance is affected not only by school-related matters but also by conditions in the home and community.

> **CFTs are a means of creating and implementing flexible and specific plans to assist struggling students and, thus, advance a school's capacity to fulfill the aims of a response to intervention (RTI).**

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1.2   Development within a System of Care

The term "child and family teams" (CFTs) was developed in the context of system of care (SOC) for children with severe and persistent emotional issues. SOC was seen as "a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances and their families" (Stroul & Friedman, 1986, p. xxii). To put SOC into action, wraparound approaches using CFTs were adopted (Burns & Goldman, 1999). Research studies of wraparound reported that children with serious emotional and behavioral problems are more likely to stay in community, have more stable living arrangements, commit less delinquent acts, and adjust better to school (Burchard & Burchard, 2000).

> **CFTs were originally developed as part of wraparound. This approach helps children with serious emotional and behavioral problems stay in the community, stabilize their living arrangements, decrease delinquent acts, and adjust better to school.**

Increasingly in North Carolina, a number of public agencies and family-advocacy organizations sought to advance a family-centered, comprehensive, and integrated approach to serving children and youth by initiating CFTs. The term CFT in North Carolina has been employed by multiple organizations and agencies to serve as an umbrella term that encompasses a range of models for including families in service planning (c.f., NC DSS, 2005).

> **Increasingly in North Carolina, a number of public agencies and family-advocacy organizations sought to advance a family-centered, comprehensive, and integrated approach to serving children and youth by initiating CFTs.**

The North Carolina Collaborative for Children, Youth and Families, with broad representation from advocacy organizations and public systems serving children, pushed for greater implementation of CFTs within a SOC. Affiliated with the North Carolina Collaborative was the SOC/CFT Curriculum and Training Group, representative of family and youth advocates as well as a range of organizations, including the NC Department of Public Instruction and the Center for Family and Community Engagement. This group developed guiding principles for implementing CFTs within a SOC and supported the development of cross-system curricula that highlighted families' perspectives on the meetings.

> **Guiding principles for implementing CFTs within a SOC supported the development of cross-system curricula that highlighted families' perspectives on the meetings.**

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1.3   Complementary Initiatives in Public Schools

North Carolina had two main initiatives for advancing school-based CFTs, and both reinforced each other's efforts. Passed in the summer of 2005, Session Law 2005-275, the North Carolina Appropriations Act gave legislative authority to and funding for the implementation of school-based CFTs. The legislation states:

> The purpose of the Initiative is to identify and coordinate appropriate community services and supports for children at risk of school failure or out-of-home placement in order to address the physical, social, legal, emotional, and developmental factors that affect academic performance. (p. 34)

The legislation further specifies that the "School-Based Child and Family Team Initiative" is to be established at "designated schools" with the appointment of the "Child and Family Team Leaders who shall be a school nurse and a school social worker" (p. 35). The legislation authorizes the schools to "take the lead role for those children and their families whose primary unmet needs are related to academic achievement" (p. 35). Other public systems are expected to assume the lead role for primary unmet needs that fall within their jurisdiction. Session Law 2005-275 made it possible to fund child and family support teams in 101 public schools in 21 counties. This work was entitled "Governor Easley's School Based Child & Family Support Team (CFST) Initiative."

For schools without the legislatively mandated infusion of funds and staffing, the Center for Family and Community Engagement provided training, program support, and evaluation. Funding was allocated by the North Carolina State Board of Education and North Carolina Department of Public Instruction. In this manner, these schools differed from the schools taking part in the Governor's Initiative which provided for two new staff positions to coordinate the meetings. Given that the state had 2,452 public schools (NC Department of Public Instruction, 2008), determining means for implementing CFTs without additional staffing was seen as necessary. Both school-based initiatives have supported each other's efforts and reinforced cross-system efforts involving child welfare, mental health, juvenile justice, and public health to partner with children and their families.

> **North Carolina had two main initiatives for advancing school-based CFTs and both reinforced each other's efforts. The legislated Governor Easley's School Based Child & Family Support Team Initiative provided two new staff positions to 101 schools. The School-Based CFT Project funded by the Department of Public Instruction developed and provided training, program support, and evaluation on an intensive basis to seven schools.**

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2. GUIDING THEORY AND LOGIC MODEL

The School-Based CFT Project was guided by a theory of "widening the circle" and organized according to a logic model specifying the sequence of activities to reach its intended outcomes. This shared framework helped to alleviate uncertainties generated by adopting an innovative practice. Typical questions raised by adopters of an innovation, including in school contexts, are: "'What is the innovation?' 'How does it work?' 'Why does it work?' 'What are the innovation's consequences?' and 'What will its advantages and disadvantages be in my situation?'" (Rogers, 2003, p. 14).

> **The School-Based CFT Project was guided by a theory of "widening the circle" and organized according to a logic model specifying the sequence of activities to reach its intended outcomes. This shared framework helped to alleviate uncertainties generated by adopting an innovative practice.**

The theory of "widening the circle" posits that children and their families are safeguarded by expanding their circle of supports outward from the immediate family to extended family and other informal supports to community organizations and public agencies (Pennell & Anderson, 2005; Pennell & Burford, 1994). A participatory process encourages these informal and formal supports to formulate a course of action that they are each committed to carrying out. Based on research conducted in North Carolina (Pennell, 2004, 2006b), there are four pathways for "widening the circle." These are as follows:

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

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

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

Inclusive Planning – a decision-making process that involves different sides of the family in making a plan, incorporates means of sustaining the family group's participation, and is authorized and supported by schools and other involved public agencies.

> **Four pathways for widening the circle are supported by research in North Carolina. The pathways are cultural safety, family leadership, community partnerships, and inclusive planning.**

Figure 1 below displays the circles of support involved in supporting students and their families. The jagged lines depict the four pathways, and the outer ring indicates the desired outcomes of safeguarding children, youth, and their families and building stronger communities.
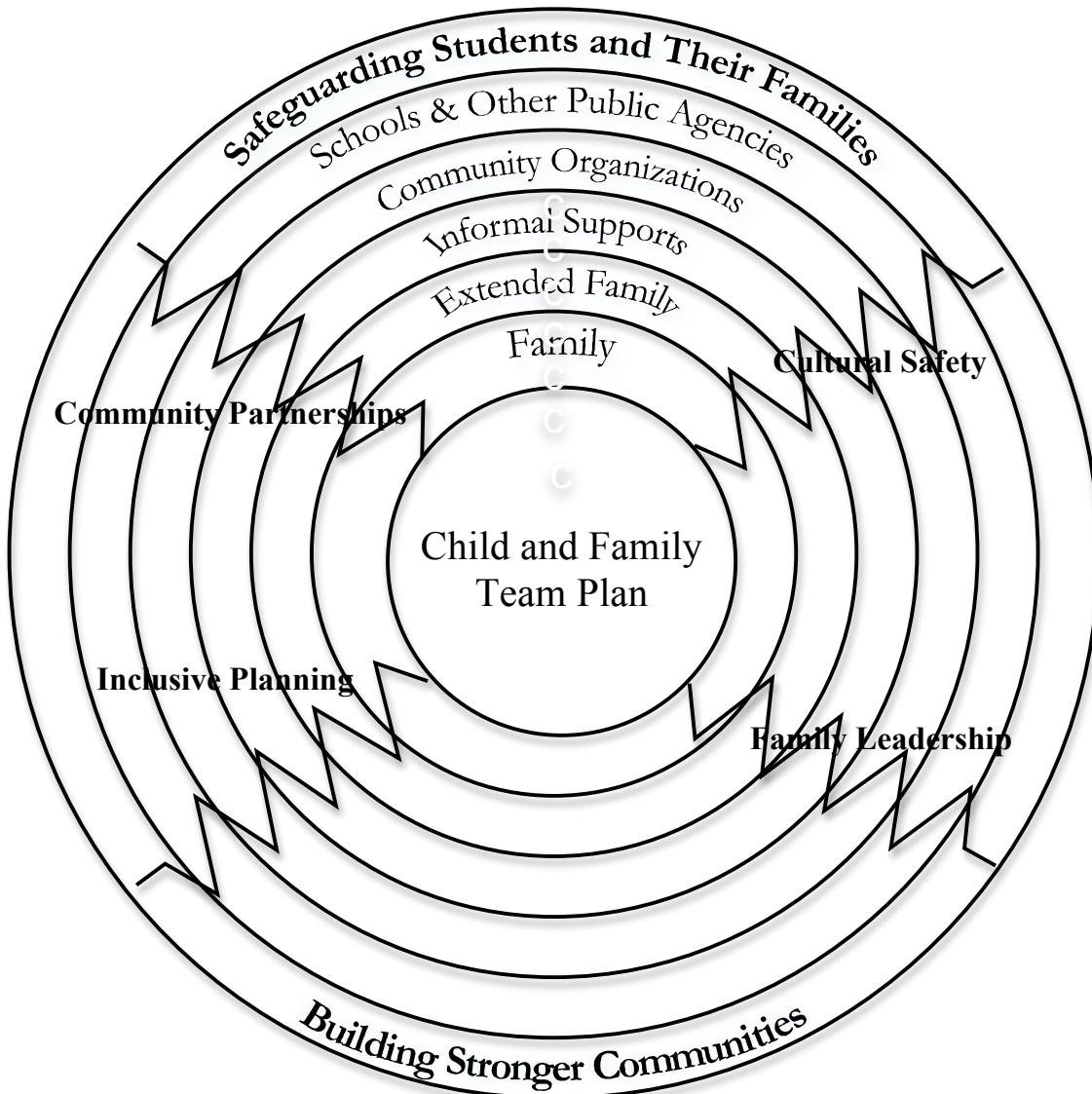
Figure 1. Theoretical framework of widening the circle.

This theory of "widening the circle" guided the development of each component of the program. As shown in Table 1-1 below, the logic model for the School-Based CFT Project has six columns, with the first being its guiding philosophy. "Widening the circle" served as the foundation for the sequence of four activities: CFT program planning, curricular design, training & technical assistance, and implementation.

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Table 1
Logic Model for School-Based CFTs

Guiding Philosophy	CFT Program Planning	CFT Curricular Design	CFT Training & Technical Assistance	CFT Implemen-tation	CFT Outcomes
"Widening the Circle" by advancing: Family Leadership Cultural Safety Community Partnerships Inclusive Planning	School-Community Groups Student Support Teams Data from: CFT Policy Interviews	Trainer Guides Training Materials	Introductory Training Evaluation Training Facilitator Training Facilitator Forums Program Support	Referral Preparation Meeting Follow Up	Promoting Academic Performance Keeping Students in Their Homes or Stabilizing Placements Building School and Community Capacity to Support Students and Their Families

CFT Program Planning. The program planning process was intended to develop the community partnerships necessary for schools having the support of families, community organizations, and other public agencies for their CFTs.

CFT Curricular Design. Two curricula—an introductory training and a facilitator training—were developed from the perspectives of family participants and within a system of care.

CFT Training & Technical Assistance. In addition to delivering the introductory and facilitator trainings, the project provided ongoing technical assistance and program support and evaluation training. The trainers assisted the schools with developing plans for CFT implementation and evaluation and provided support to CFT facilitators through coaching, facilitator forums, and online group discussions. All this helped with transfer of learning into the school setting.

CFT Implementation. Implementing CFTs encompasses the four stages of referral, preparation, meeting, and follow-up. The schools carried out these activities with support from the trainers.

CFT Outcomes. The three intended outcomes map onto the outer ring of the "widening the circle" figure. Two of these outcomes in the logic model concern safeguarding students and their families: These are promoting student's academic performance and keeping students in their homes or stabilizing their placements. The third outcome relates to building stronger communities: It is building school and community capacity to support students and their families.

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3. RESEARCH FINDINGS ON FAMILY MEETINGS

The three outcomes for the school-based CFTs are based on both the aspirations of the project participants and the research findings from the international literature on family meetings. The precipitating reason for referring students to the school-based CFTs concerned academic performance and student behaviors; however, underlying these were issues concerning the student's family and home and the need to develop the school and community's ability to reach out to and support students and their families in difficult times.

It should be noted that child and family teams (CFTs) is used as an umbrella term in North Carolina to encompass a range of models for including families in service planning. There are limited but growing national and international studies of the outcomes of family-inclusion meetings in school settings. Because school approaches have been influenced by approaches developed in juvenile justice and child welfare, terms such as "restorative justice interventions" and "family group conferencing" have been utilized and, only in part, fit campus cultures and dynamics. Nevertheless, the available research indicates potential benefits of CFTs, especially if they are part of a larger "whole school approach" that involve the school leadership, provide collegial support and needed training, and allocate sufficient time for organizing and conducting the meetings (Shaw & Wierenga, 2002, cited in, Morrison, 2007, p. 125; also Buckley & Maxwell, 2007; Drewery, 2007). Conversely, if meetings focused on educational issues do not include school personnel, their effectiveness is reduced (Holton & Marsh, 2007).

> **Benefits of CFTs are best realized within a "whole school approach" involving school leadership and providing support, training, and time for implementing the program. If school personnel are not present, the meetings' effectiveness in resolving educational issues is reduced.**

3.1 Promoting Academic Performance

Family meetings have been used to address a range of issues related to students' performance and behaviors. These include school bullying and violence, attendance, behavioral problems, reintegration into school, student attitudes toward school, and home-school relations (Buckley & Maxwell, 2007; Crow, Marsh, & Holton, 2004; Drewery, 2007; Morrison, 2005, 2007). A New Zealand study of 15 schools found that the main reason that schools undertook a number of strategies including conferencing was because of their concern about students' failing and being expelled from school (Buckley & Maxwell, 2007). Their findings were that these strategies lowered expulsions suspensions, and truancy and increased academic achievement. Two pilot studies from Queensland, Australia, studied a total of 89 school-based conferences that addressed such matters as bullying, truancy, and theft (Cameron & Thorsborne, 2001). The results were generally positive with most conference participants reporting satisfaction with the process and plans, offending students having a high compliance rate with the action steps and low re-offending rate; participating family members feeling more comfortable in relating to the school; and school staff seeing the

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process as reinforcing school values. A British study of family group conferences examined the results from 50 meetings at six months and one year after and reported that the students, families, and schools viewed the process and its outcomes positively (Crow, Marsh, & Holton, 2004). The main conclusion was that "the Family Group Conference had a significantly positive effect as the presenting problem had improved in more than half of the young people studied, even in particularly serious cases" (p. 52); the benefits were more pronounced for the students under than over 11 years of age. The impact on attendance was limited with those commencing as low attendees tending to remain so. Nevertheless, "The FGC led to a significant increase in the number of young people attending school for at least 50% of the school timetable" and preventing worsening of behavioral problems and, thus, averting permanent suspensions (p. 52). Over three-quarters of the children or young people said that their relationships with peers or with school personnel had changed for the better. Schools reported that the conferences made them more aware of the home situation and helped them to work more effectively with families and other agencies in support of the families. More recent British data showed that the more difficult cases concerning attendance are referred for conferencing and that these held steady on attendance levels (Holton & Marsh, 2007).

> **Child and family teams have the potential to address barriers to school achievement and to improve relations within the school and between the home and school.**

3.2 Keeping Students in Their Homes or Stabilizing Placements

Insecurity in regards to their homes places students at risk of mental, physical, and behavioral difficulties; and these problems tend to be aggravated among the rural people who are homelessness because they include more families with children and have fewer agency resources than in urban contexts (Vissing, 1999). The McKinney-Vento Homeless Assistance Act in Subtitle B, Section 725, of Title VII (Title X, Part C, of the No Child Left Behind Act) defines homeless children and youths as "individuals who lack a fixed, regular, and adequate nighttime residence."

CFTs are one vehicle for addressing the needs of homeless students. Family meetings engage children and young people's circle of supports in culturally respectful ways (Glode & Wien, 2006; Waites, Macgowan, Pennell, Carlton-LaNey, & Weil, 2004) and are more likely to involve fathers and their side of the family than many child welfare services (Pennell, 2006; Veneski & Kemp, 2000). Studies in child welfare have repeatedly found that family meetings preserve families or reunify families, and where placements outside the home are necessary, they keep siblings together, encourage kinship rather than non-relative foster care, and return children from kinship care to parents more rapidly (Edwards & Tinworth, 2006; Merkel-Holguin, Nixon, & Burford, 2003; Morris, 2007; Titcomb & LeCroy, 2005; Walker, 2005). This serves to reduce the overrepresentation of children of color and Hispanic/Latino children in foster and institutional care (Crampton & Jackson, 2007; Texas Department of Family and Protective Services, 2006). These results are realized while enhancing the safety of the children (Gunderson, Cahn, & Wirth, 2003) and their mothers (Pennell & Burford, 2000) or without substantially affecting children's safety (Berzin, 2004; Edwards & Tinworth, 2006; Sundell & Vinnerljung, 2004).

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These benefits are gained without increasing costs (Pennell, 2005a). More generally, the U.S. Children's Bureau has found a positive association of parental involvement with stabilizing children's placements and meeting their educational, physical, and mental health needs (U.S. Department of Health and Human Services, 2003).

> **CFTs are one means of addressing the needs of homeless students. Research in child welfare has found that parental involvement in service planning helps in keeping children with their families or relatives and stabilizing children's placements outside the home.**

3.3   Building School and Community Capacity to Support Students and Their Families

CFTs are a means of building the necessary school and community capacity to support students and their families. In particular, family meeting serve to manage peer relations, increase family involvement, generate partnerships with and around families, and strengthen a civic society by upholding the human rights of children and youth.

Managing Peer Relations. The literature on school bullying and family group conferencing points to the impact on relationships among students. In particular, the conferences are viewed as a way of managing emotions related to school, acknowledging rather than displacing shame, building a sense of group cohesion, and, thus, helping to address the posttraumatic stress associated with bullying (Morrison, 2006).

> **The family-school meetings help students manage emotions and build a sense of belonging.**

Family Involvement in Schools. Studies of parental or family involvement in schools show positive effects for students (Griffith, 1996). Parental involvement is seen as enhancing student academic performance by giving parents strategically-relevant information about their child's school setting and involving parents in setting goals and standards consistent between the school and home (Hill & Taylor, 2004). In school-based family group conferences, the students, their families and relatives, school personnel, and other service providers are encouraged to attend, and this wider participation is viewed favorably by the participants (Crow, Marsh, & Holton, 2004). These connections promote better relationships between schools and their students' families (Buckley & Maxwell, 2007). CFTs are a means by which schools can reach out to families and welcome them to take part as partners in developing plans to benefit their children.

> **CFTs are a way that schools can welcome families as partners in developing plans to benefit their children.**

Generating Partnerships with and around Students and Their Families. The child mental health, child welfare, and school literature all support the positive effects of multiple services joining with children and their families to develop and carry out plans. In child mental health, greater emphasis is being given to building positive relationships, collaborating on tasks, and agreeing on goals rather than to delivering specific treatment models (Karver, Handelsman, Fields, & Bickman, 2005). In particular, the system of care approach for children with serious emotional disturbance points to the benefits of child-centered, family-focused, community-based, and culturally competent services in reducing externalizing and internalizing behaviors (Graves, 2005). Studies of coordinated services for school children emphasize that it is insufficient to focus only on strengthening the relationship between the school and the home because they lack the resources on their own to address the multiplicity of issues, especially in impoverished neighborhoods (Dupper & Poertner, 1997). For example, schools should not attempt to take on issues that are beyond their scope and are the mandate of social services (Center for Mental Health Schools, 1998). A stronger model is the school-linked approach that coordinates services around families (Crowson & Boyd, 1993).

> **Schools are better positioned to assist students and their families when multiple services join with them to coordinate services.**

Upholding Human Rights of Children and Youth. Family meetings provide a forum in which people have a say over their lives and build a sense of self-efficacy and mutual trust; all this undergrids a participatory civil society (Pennell, 2006a). Students' having a voice in their affairs is in line with Article 12 of the United Nations 1989 Convention on the Rights of the Child that children and young people should take part in administrative decisions affecting their lives (Office of the United Nations High Commissioner for Human Rights, 1989)

> **CFTs provide a forum in which students can have a say in school decisions affecting their own lives. This promotes children and youth's rights and strengthens a participatory civil society.**

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4. SCHOOL SITES

The seven participating schools were identified by the Homeless Liaison staff at their local education agency (LEA) as having student populations strongly affected by homelessness or at risk of homelessness. The NC Department of Public Education (DPI) determined to which of the identified schools to extend the invitation of participating in the School-Based CFT Project.

> **The seven participating schools were identified by the Homeless Liaison staff as having student populations strongly affected by homelessness or at risk of homelessness.**

The seven school sites spanned all grade levels and were located in different regions of the state—western, central, southern, and eastern—and had culturally diverse settings. The Cherokee County local education agency (LEA), in far western North Carolina, was comprised of almost exclusively White students and was also the smallest in overall size. The Alamance-Burlington LEA also had a majority of White students, while Duplin County had a more diverse population with Black and Hispanic students forming the majority. In the Scotland County LEA, Black and Indian students predominated, and in the Cumberland County LEA, Black students were in the majority.

> **The seven participating schools spanned all grade levels and were located in different regions of the state—western, central, southern, and eastern. They were in culturally diverse local education agencies (LEAs): In two, White students were in the majority while in the other three, combinations of Black, Hispanic, and Indian children exceeded White students in number.**

The five LEAs also diverged in terms of their student estimated retention rates, that is, the ratio of graduating students to the ninth grade final enrollments from four years earlier. According to retention data for 2005-2006 (NC DPI, 2007, Table 15, pp. 32-234), the Cumberland County LEA, at 66.4% had the highest retention rate, with Cherokee County following at a rate of 65.9%. The Alamance-Burlington LEA rate at 64.9% slightly exceeded the overall state rate at 64.3%. The rates for the other two LEAs, however, were lower at 61.2% for Duplin County and 53.6% for Scotland County. The retention rates among the LEAs paralleled the per capita personal income for their counties with the exclusion of Cherokee County. In 2005 among the 100 counties, Cumberland ranked 11, Alamance-Burlington 36, Duplin County 78, Scotland County 93, and Cherokee County 96 (NC DPI, 2007, Table 21, p. 50). The exception of Cherokee County may be partly attributable to the rural area and small size of the school system. It should be emphasized that the above reported figures are for the LEAs and not the seven individual schools.

> With the exception of the small Cherokee LEA, the student retention rates in the LEAs paralleled the per capita personal income levels. In 2005 among the 100 counties, Cumberland ranked 11, Alamance-Burlington 36, Duplin County 78, Scotland County 93, and Cherokee County 96.

5.   PLAN OF WORK AND ORGANIZATIONAL STRUCTURE

In first year, the emphasis of the School-Based CFT Project was on program planning, curricular development, and initial training and technical assistance. Building on the accomplishments of the prior year, the main components of the second year's work were developing and delivering CFT training, providing support to schools in implementing and evaluating CFTs, and evaluating the CFT implementation and outcomes.

The School-Based CFT Project's staffing and structure were organized over the two-year period so as to best carry out its plan of work. Placing this project within the newly formed Center for Family and Community Engagement at North Carolina State University further advanced its implementation. The Center's mission, philosophy, and structure supported achieving the project's aims. The overall mission of the Center is to build partnerships advancing the leadership and well-being of families and their communities. In fulfilling its mission, the Center is guided by a philosophy of "widening the circle" and emphasizes family leadership, cultural safety, inclusive planning, and community partnerships. The goals of the Center are highly relevant to and supported by the research, public service, and educational mission of North Carolina State University, a research-extensive and land-grant institution. The focus on university-community engagement is in keeping with the University's long-term service as change agents for innovation in rural and increasingly urban areas of North Carolina.

> Placing the School-Based CFT Project within the newly formed Center for Family and Community Engagement further advanced its implementation. The mission of the Center is to build partnerships promoting the leadership and well-being of families and their communities. Its focus on university-community engagement is in keeping with North Carolina State University's long-term service as a change agent for innovation in rural and increasingly urban areas of the state.

Over the two years, the Center carried out two mutually supportive projects: the School-Based CFT Project with the NC Department of Public Instruction and the North Carolina Family-Centered Meetings Project with the NC Division of Social Services. Both projects focused on supporting the implementation of CFTs in North Carolina, respectively based in public schools and in child welfare. In addition, the two projects encouraged the inclusion of family perspectives into the training and a system of care in which a range of community organizations and public agencies form partnerships with and around families.

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Lead trainers were designated for each of the participating school sites; this made it possible to provide training and technical assistance tailored to local contexts. In addition, each of these lead trainers organized a quarterly facilitator forum bringing together school personnel with others involved in facilitating CFTs. Family trainers offered perspectives of family members who had taken part in CFTs at the trainings and facilitator forums and in the curricular development.

> **Lead trainers were designated for each of the participating school sites; this made it possible to provide training and technical assistance tailored to local contexts.**

6.   CURRICULAR DEVELOPMENT, TRAINING, AND TECHNICAL ASSISTANCE[1]

The project developed CFT curricula and provided training and technical assistance to the schools. The curricula used the CFT definition adopted by the NC State Collaborative for Children, Youth and Families (n.d.) that reads:

> ***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. [emphasis in original]

6.1   Formal Training Curricula

CFFACE developed and delivered three formal training curricula: an introduction to CFTs, a training on applying an evaluation instrument to measure family functioning, and a training on facilitating CFTs.

> **Three formal training curricula were offered to schools on CFTs: an introductory, evaluation, and facilitator training.**

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[1] Input on this section was provided by the training coordinator, Kara Allen-Eckard, and the lead trainers: Susan Gasman, Marianne Latz, Billy Poindexter, and Anne Wakefield.

An Introduction to Child and Family Teams: A Cross-System Training from the Family's Perspective

In the first project year, Center staff worked in partnership with the North Carolina Collaborative for Children, Youth and Families' SOC/CFT Curriculum and Training Group to develop a unified introductory curriculum. Essential to the success of this two-day training event was the partnership with family trainers and other child-serving organizations in its development. Family trainer partners brought with them the personal experience of taking part in a CFT via one of the major child-serving systems. In the training room, this allowed them to share with participants the unique perspectives of the family. The training was built around experiencing the stages of CFTs and provided the foundational work in all of the pilot school sites supported by the project.

An Introduction to Child and Family Teams: A Cross-System Training from the Family's Perspective **was developed in partnership with family trainers and other child-serving organizations. The two-day training oriented schools and other community organizations to the CFT process from the perspective of families.**

North Carolina Family Assessment Scale for General Services (NCFAS-G) Training

The North Carolina Family Assessment Scale for General Services (NCFAS-G) is a reliable tool for undertaking a comprehensive examination of how a family in functioning. The scale serves as both a guide to working with families and an evaluation of their progress and was woven into the procedures for implementing CFTs.

An evaluation instrument—the North Carolina Family Assessment Scale for General Services (NCFAS-G)—was woven into the procedures for CFT implementation. This made it possible to use the assessment of the family to guide practice and measure outcomes.

The author of the NCFAS-G, Dr. Raymond Kirk, developed and delivered a training curriculum to prepare school staff for completing the instrument. The one-day training session included an overview of the purpose of the training; an explication of the history, content, and use of the NCFAS-G; an application of the NCFAS-G to a family vignette with a number of school-related concerns; and planning for next steps on using the NCFAS-G in the school. This training was followed up with a site visit by the lead trainer and the evaluation coordinator to ensure understanding of data collection needs and paperwork.

The author of the NCFAS-G provided training on the instrument. A family vignette was used to demonstrate how to apply the scale to school-related situations.

Child and Family Teams from the Family's Perspective, Part Two: A Cross-System Approach to Facilitating Family-Driven Meetings

In the second year of the project, curriculum development was completed in partnership with representatives from families and other child-serving organizations and with the support of the North Carolina Collaborative for Children, Youth and Families. This training was developed as a two-day follow-up to the introductory training and prepared participants to

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facilitate CFT meetings across systems. Through a combination of reflective activities and practice skills, it reinforced the facilitator as the guide of a participatory process. Participants were introduced to basic facilitation tools and given opportunities to practice. Participants continued to be offered the family perspective through curriculum materials and co-training by family trainers.

> **The facilitator training was developed in collaboration with family and other child-serving partners. This two-day training developed facilitation skills by combining reflective activities and skills practice and included family trainers.**

6.2 Participation in Formal Training Events

Each school site was offered an opportunity to participate in all three formal training events. The suggested order of events was (a) the introductory training, (b) the evaluation training, and then (c) the facilitator training. Because a neutral or independent facilitator is desirable for CFTs, the trainings were made available to both school staff and their community partners who would be involved in facilitating CFT meetings. All school sites received the CFT introductory and NCFAS-G evaluation trainings. Various approaches were used to ensure that every school site received training in CFT facilitation. Over the two-year period, a total of 170 participants completed the formal training curricula. Participants were primarily from the selected school sites and secondarily from mental health and social services. In addition represented were families, juvenile justice, and public health.

> **The combined CFT training events had a total of 170 participants. Schools were present in greatest number with substantial representation from child mental health and social services as well.**

6.3 Participant Feedback on the Formal Training Events

At the conclusion of the training workshops, evaluation forms were distributed to gather participants' feedback on the session. This feedback was utilized to improve subsequent trainings or to follow up with specific schools on areas needing further attention. The feedback on the three curricula was overwhelmingly positive.

The 75 participants at the introductory trainings concurred that the trainings met their objectives and that they were *helpful, informative, well-organized, fun, informative,* and *important.* The evaluation training on the NCFAS-G was well received by its 47 participants. Not surprisingly, all participants rated Dr. Raymond Kirk's knowledge of the NCFAS-G, a scale that he created, as *excellent.* In addition, the large majority agreed that the session was well presented, of value to them, and overall was *excellent.* The facilitator trainings were likewise viewed favorably by their 48 participants and met their learning objectives. The majority reported that the workshop was *informative*, *helpful, well-organized,* and *fun*.

> **The curricula were well received by the training participants.**

6.4   Training, Technical Assistance, and Program Support to Individual School Sites

Each school site was asked to complete a series of formal training events, participate in research data collection, and work with lead trainers to support additional training and technical assistance needs. The individual school sites were asked to identify participants for each formal training event based on their needs and who would be supportive of their CFT programming efforts. Each was encouraged to include other agencies and schools in the area currently developing CFT programming so that ideas could be shared and integrated. Lead trainers made regular contact with schools to assess progress in programming, research, and education needs. Through site visits, phone calls, and e-mails, the trainers worked with the school sites to develop materials and support CFT programming. They also actively involved school participants in quarterly facilitator forums, designed to provide a combination of formal training activities and networking for all child-serving systems involved in CFT facilitation.

> **The trainers worked closely with individual schools to map out a blueprint for training and technical assistance that fit with their local needs. To develop the partnerships necessary for conducting CFTs, they encouraged schools to include community partners in training events and to participate in the quarterly forums attended by a varied group of child-serving agencies.**

6.5   Facilitator Forums

Facilitator Forums were established to support the ongoing needs of CFT facilitators from different child-serving agencies. Forums were organized and offered regionally on a quarterly basis in different regions of the state. This regional model was intended to support both the realities of travel restrictions and the need for informal regional connections among CFT programs.

> **Facilitator forums were held on a quarterly basis in different regions of the state to support connections and mutual support among CFT facilitators from multiple child-serving agencies.**

Participants came from counties stretching across the state from Cherokee in the West to Pamlico in the East. Although the forums sought to establish ongoing connections regionally, they were open to all and staggered in their delivery to offer multiple opportunities to learn and network. Outreach was done with the seven school sites, community partners, and Governor's Initiative school sites to strengthen connections among these agencies. Represented systems included social services, schools, mental health, non-profit organizations, and social work education.

> **The regional forums had participation from multiple child-serving agencies including social services, schools, and mental health and included counties stretching across the state.**

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To directly support the work of the seven schools, the forums were conducted in areas that they could readily access. In the first project year, forums were held in the western, central, and eastern parts of the state. To increase accessibility in the second year of the project, a fourth forum in the southern region was added.

> **To directly support the work of the seven schools, the forums were conducted in areas that they could readily access. A fourth forum was instituted in the second year to accommodate facilitators in the southern region.**

In the first year, 9 facilitator forums were held in three regions, with a total of 191 participants. In the second year, the number of sessions and participants continued to grow. In 2007-2008, 14 facilitator forums were held with 4 sessions each for the three original regions and 2 for the newly established southern forum. At these forums were a total of 231 participants. Thus, over the two years, the 23 facilitator forums had 422 attendees.

> **Participation continued to grow in the second year. In the first year, 9 sessions with 191 participants were convened; in the second year, 14 facilitator forums with 231 participants were held. This made for a total of 23 forum sessions and 422 participants over the two years.**

The forums offered formal education and training mixed with networking and consultation opportunities for partners involved in CFT facilitation. The formal forum topics were responsive to the requests and the needs of the participants from the different regions and were meant as a way to support learning beyond the training room. Forum facilitators actively sought feedback regarding needs through evaluations completed at the end of each forum. Subsequent forums were developed by their Center facilitators based on requests in evaluations and developments in CFT programming identified in trainings and state-wide meetings.

Most respondents agreed that holding the forums on a quarterly basis was sufficient and their length was *just right*, and the majority expressed interest in e-learning opportunities and thought their agencies would be supportive of such opportunities. These responses encouraged the continuation of the forums on a quarterly basis, the creation of a fourth forum, and the introduction of electronic facilitator connections. The large majority of the participants concurred that the facilitator forums were enjoyable and provided useful information. All regional forums were received well by their participants.

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> **The facilitator forums were well received by the participants in the four regions of the state. For the most part, they appreciated the process and content and requested additional e-learning opportunities to continue the networking and sharing.**

Facilitator Forums addressed a wide range of topics, including domestic violence, facilitation dilemmas, and youth involvement. In the second year, family trainers were introduced into the forums. Feedback indicated that this was one of the most powerful and memorable learning experiences.

> **In the second project year, the forums incorporated family trainers who shared their personal CFT story. Feedback from forum participants indicated that this was one of the most powerful and memorable learning experiences.**

In addition to the facilitator forum events, trainers developed several online resources for facilitators. This included an online facilitator directory that could be accessed through the Center's webpage (http://www.cfface.org/Resources.htm). This directory allowed access to contact information for facilitators throughout North Carolina. Inclusion in the directory was voluntary and offered an opportunity to provide direct connections between facilitators outside of the forums. Additionally, a facilitator Google group was established and maintained by Center staff to offer more immediate sharing of experiences and strategies among facilitators. This was also voluntary and open to facilitators in any child-serving system.

> **CFFACE developed online resources to support facilitators, including a directory so that they could directly connect with each other and a discussion group to offer immediate sharing of experiences and strategies.**

6.6 Family Trainers

Partnership with family trainers was essential to the development and delivery of the introductory and facilitator trainings. Because these efforts sought not only to educate the community but also to unify CFT programming across child-serving systems, it was important that the family perspective come directly from family members. The active recruitment and support of family partners became a focus of the Center since 2006. These efforts sought to increase the number of family trainers and to lay the ground work in the state to support the professional development of a family trainer network. In 2007, Center initiated a partnership with North Carolina Families United to further solidify this work through the development of the Family Agency Collaborative Training Team (FACTT). This working group met bi-monthly around issues of family trainer recruitment and development across the state. Partnership with this group was open to all agencies interested in promoting the role of family trainers in North Carolina.

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The development and delivery of a CFT curriculum in partnership with families who had personally experienced CFTs increased the authenticity provided to training participants. Throughout the process, family partners were a valuable resource. Their participation was 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. Their self-disclosure and ability to identify subtle changes necessary in agency behavior was central to maintaining the focus on family. This allowed training participants to loosen the constraints of their agency mandates, policies, and paperwork and to think more creatively about how to support family inclusion. It was this focus that endeared these curricula to cross-system audiences.

> **The development and delivery of CFT curriculum in partnership with families who have personally experienced CFTs increased the authenticity provided to training 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.**

Due to the impact family trainer voices had in the training events, the Center proactively looked for opportunities to expose others to the unique perspective of families. The Center involved family trainers in several areas of policy, practice, and curriculum development through sponsorship in planning committees, professional development opportunities, presentations, and curriculum development. Center family trainers offered training at regional facilitator forums, state-wide conferences, national conferences, and schools of social work

6.7   Dissemination

The work of Center on child and family teams has been disseminated through a number of avenues. These have included co-hosting a symposium on the children and families of the North Carolina National Guard, providing online resources, presenting at state and national/international conferences, and publishing articles and reports. A number of the publications can be accessed on online. The variety of methods of dissemination made the findings more readily available to a range of audiences. (See http://www.cfface.org/publications.html).

> **CFFACE disseminated its work on CFTs through co-hosting a symposium, posting online resources, presenting at state and national/international conferences, and publishing articles and reports. The range of methods and use of online venues enhanced the accessibility of the findings.**

Symposium. The Center reached out to schools and their partners serving military families through co-hosting the Symposium on the Children and Families of the North Carolina National Guard. This topic was particularly timely because the number of NC National Guard members deployed is at an unprecedented level. Since 2001, over 11,000 NC National Guard have been deployed to areas of conflict. Topics covered were deployments from the

family and service person's perspectives, resources for military families, military health insurance, post traumatic stress disorder and traumatic brain injury, school and community supports (developed through child & family teams), higher education and veterans with disabilities, and family assistance centers. The plenary presentations and workshops were favorably rated by the 271 participants.

> **The symposium brought attention to the needs of the children and families of the North Carolina National guard and encouraged developing school and community supports through CFTs.**

Presentations. The Center made 30 presentations related to CFTs over the two years at conferences or seminars. Joining the Center staff were presenters from other universities, public agencies, and training groups. Topics covered included CFT practices, helping students succeed, addressing safety issues at meetings, and evaluating family-inclusion strategies. Fifteen presentations were within the state, and another 15 were out of state or country. One presentation was conducted via teleconference and reached audiences across the United States and in Canada.

> **Over the two years, 30 presentations related to CFTs were made at state or national/international forums. A teleconference format reached audiences across the United States and Canada.**

Publications. Over the two years, the Center had 18 publications. These included articles, reports, and a video. The publications concerned practice guidance and evaluation findings on family meetings. Their availability was enhanced by being posted online and in some cases on multiple sites.

> **Over the two years, 18 publications on practice guidance and evaluation findings were disseminated. Their availability was enhanced by being posted online and in some cases on multiple sites.**

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7.   PROGRAM EVALUATION

The logic model for the School-Based CFTs Project guided the program evaluation. Over the two years, a total of 690 evaluation forms were collected. These provided information on the each component of the logic model: program planning, curricular design, training and technical assistance, implementation, and outcomes. The evaluation gathered data from a number of sources: school personnel, other public agency staff, community participants, training participants, training observers, trainers, family trainers, CFT meeting participants (family and service providers), and school records. This allowed for attending to multiple perspectives on the meetings and, thus, enriched the depth and breadth of understanding of the program and increased the validity of the findings.

> **Data were collected from a range of sources—family, community, and schools—and, thus, enriched the depth and breadth of understanding the CFT program and strengthened the validity of the findings.**

CFT Program Planning. Evaluation was incorporated into the planning phase of the CFT program in order to ascertain the perspectives of key stakeholders and fit the program to local contexts. Interviewed were a total of 39 stakeholders: 18 child-serving-agency staff on CFT policy, 11 program planners at school sites on their collaboration, and 10 school personnel on parental involvement in students' education.

CFT Curricular Design. Data were collected on experiences of six staff and four family trainers and online learning preferences at two schools in order to strengthen the curricular design in these two new areas of development.

CFT Training & Technical Assistance. In order to continually improve delivery of the curricula, feedback was collected from participants and trainers on the introductory, evaluation, and facilitator trainings as well as on the facilitator forums. Over the two years, 8 instruments were administered, and a total of 529 forms collected.

CFT Implementation. To record how school-based CFTs were carried out, data were gathered concerning five areas: the referral, meeting attendance, plan, meeting feedback, and meeting assessment. Data for three of these areas (meeting attendance, feedback, and assessment) on the CFT meeting were collected using specific instruments, and these are described below. For the other two areas (CFT referral and CFT plan), data were gathered through mechanisms that the schools developed for recording referrals and plans and are described in the section on the outcome evaluation. A total of 78 forms were completed. These included:

> *CFT Fact Sheet.* After a CFT meeting, the facilitators recorded information on the "Child and Family Team Fact Sheet" about the meeting, its participant, and resources utilized. In all, 20 fact sheets were filled out for first-time meetings and 1 fact sheet was completed for a reconvened meeting.

CFT Evaluation. At the end of the meetings, the facilitators distributed an evaluation form called the "Child and Family Team Evaluation" to the participants. On this form, they were asked to indicate on a four-point Likert scale the extent of their agreement concerning 10 statements. These statements pertained to the CFT process and resulting plan. In all, 51 forms were completed.

CFT Assessment. After the meetings, participants were asked a series of questions about the "Child and Family Team Meeting Example" and described the CFT process, assessed its achievement of CFT objectives, and rated the extent to which it was a success. This questionnaire serves as a means of assessing fidelity to the key practices of family-centered meetings within a framework of "Widening the Circle" (Pennell, 2004, 2005c, 2006). In all, six questionnaires were completed by a school nurse and social worker on the same three CFTs.

CFT Outcomes. Two instruments were used to collect information on CFT outcomes concerning students and their families. These were the NCFAS-G and school data form.

NCFAS-G. The North Carolina Family Assessment Scale for General Services (NCFAS-G) examines family functioning in eight domains before the CFT was held (intake) and again at the end of the school year or when the case is closed (closure). In 2007-2008, the scale was completed for 16 families during intake. Because of the lateness in the year in which some meetings were held, it would have been premature to assess the families at closure. Thus, among the 16 families with intake assessments, 11 also had closure assessments.

Student Data. The schools completed a form on which they provided information on the evaluation data elements abstracted from their records. These data elements included demographic information on the students and their families, pre-service assessment information, CFT service information, and post-service assessment information. In all, 16 forms were returned.

8. CFT IMPLEMENTATION EVALUATION

After receiving the training and with support from their lead trainers, all seven participating schools moved ahead with identifying students to refer to CFTs, and six of the seven schools successfully held CFTs. In addition, two schools took part in a substantial number of CFTs convened by other public agencies.

> **Six of the seven participating schools successfully held CFTs. In addition, two schools took part in a substantial number of CFTs convened by other public agencies.**

8.1 CFT Sample

The time period in which the seven schools joined the project and received their training affected when they commenced referring students to CFTs and holding CFTs. The experiences of two schools point to the challenges of convening the meetings with transient

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student populations and losing an important champion for the meetings within the school setting. In all, 26 meetings were convened, of which 24 were first-time meetings and 2 were reconvened meetings. Reconvened meetings are a way to monitor completion of the plan and revise the plan as needed. The experience of the seven schools in initiating meetings is common. During the beginning phase of implementation, agencies tend to start with a small number of meetings in order to figure out how best to institute this innovative practice within their systems and communities (Pennell, 2005b).

> **The participating schools held a total of 26 meetings of which 24 were first-time meetings and 2 were reconvened meetings. Typically agencies start with a small number of meetings in order to figure out how best to institute this innovative practice within their local settings.**

8.2 CFT Meetings

Present at 22 meetings was a total of 137 participants in addition to the CFT facilitators. The meetings had between 2 to 10 participants with an average of 6. Family members were present at all meetings; their number ranged from 1 to 5 with a mean of 2. Students were among these family members at 12 of the meetings. Reflecting the tendency in the United States to include only older children at family meetings (Meckel-Holguin, 2003), all these students were in middle or high school. In attendance were mothers at 13 meetings, fathers at 4, and other family or family friends at 15. In some cases, these other family members were the student's guardian, the mother's boyfriend, and relatives such as grandparents, aunts, uncles, and cousins.

> **Family members were present at all CFTs, and older students for whom the meeting was held were present at over half. In addition to mothers and fathers, extended family and family friends attended.**

The number of staff from schools and other agencies (omitting the CFT facilitators) was twice as many as family. Staff ranged from 0 to 7, with an average of 4 in attendance. In addition to the CFT facilitator, school personnel were present at 19 out of 20 conferences in which their role was identified. School staff included principals, assistant principals, regular and special education teachers, counselors, social workers, nurses, resource officers, and reading coaches. From outside the school, attendees came from mental health, juvenile justice, group home, and child advocacy.

> **Besides the CFT facilitators, other school staff participated in nearly all meetings. Represented as well were other organizations, including mental health and juvenile justice. School and other agency staff were present on average at twice the number of family.**

The meetings were primarily held during a weekday in the morning or afternoon (in two cases, late afternoon) at the school. In one instance, the meeting was held at the family's home, and in another, it was at the father's workplace. The meetings ranged in length from 30 to 120 minutes, with an average of a little over one hour. The facilitators recorded that their preparation for the meeting ranged from 1 to 5 hours, with an average of 2 and ½ hours.

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8.3   CFT Evaluation

At the end of the meetings, the participants were asked to complete the CFT Evaluation. A total of 51 forms were collected on 13 meetings held in four schools spanning elementary through high school. Per meeting, forms were completed by 1 to 11 participants, with an average of 4. In all, 51 forms were completed by 12 students or other family, 26 school or other agency staff, and 12 CFT facilitators (one role missing).

The participants overwhelmingly reported that they liked the CFT process and the resulting plan. Table 2 below shows that the majority *strongly agreed* with all 10 statements. It is likely that the one service provider who circled *strongly disagree* across the form did not understand the rating scheme because of the individual's contributions at the meeting. One parent had a mix of positive and negative responses, with the negative responses relating to being able to speak freely during the meeting and being listened to during the meeting.

The level of agreement was high on statements related to the plan: who made the plan (# 10), their commitment to making the plan work (#9), and the decision itself (#8). In addition they liked where the meeting was held (#2), indicating that a school setting worked well for the most part. In general, they thought the meeting was well run (#5), a vote a confidence in these relatively new CFT facilitators.

> **Participants overwhelmingly agreed that they like the CFT process and the resulting plan. Satisfaction was notably high in regards to the plan, the meeting facilitation, and the location (usually in a school).**

Although participants were satisfied overall with the CFT process, some statements had lower levels of agreement and point to areas for improvement. The lowest level of agreement concerned the preparations for the meeting (#1). As noted previously, the CFT facilitator recorded that their preparation for the meetings averaged 2 and ½ hours.
It is likely the participants, especially family and community, would have welcomed further help in getting ready for the meetings. The school personnel felt the most prepared for the meetings. In addition, the level of agreement was somewhat lower regarding the information provided at the meeting (#4) and the participants' being to share what they viewed as important (#6). These were most pronounced among family, who also wanted to be really listened to (#7). The meetings were on average a little over one hour in length. To enhance the process for the family members, the meetings and preparations probably needed to be extended in length.

> **The lowest level of agreement concerned the preparations for the meeting. CFT participants, especially from the family and community, would have welcomed more preparation for the meetings. In addition, family members would have preferred more opportunity to express their views and be heard and to receive needed information. To make these happen, the length of the preparations and the meetings probably needed to be extended.**

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Table 2
Percentage of Agreement on CFT Evaluation (*N=51)*

Statement	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	*Mean SD*
1. I got the help I needed to be ready for this meeting.	2.0	0.0	41.2	56.9	3.53 .61
2. I liked where the meeting was held.	2.0	0.0	27.5	70.6	3.67 .59
3. The right people were at the meeting.	2.0	2.0	29.4	66.7	3.61 .63
4. At the meeting, I got the information that I needed.	2.0	2.0	34.0	62.0	3.56 .64
5. I was satisfied with the way the meeting was run.	2.0	0.0	28.0	70.0	3.66 .59
6. During the meeting, I got to say what I felt was important.	4.0	0.0	32.0	64.0	3.56 .70
7. Other people at the meeting really listened to what I had to say.	4.0	0.0	28.0	68.0	3.60 .70
8. The group made the right decision.	2.0	2.0	26.0	70.0	3.64 .63
9. I will try my best to make the group's plan work.	2.0	0.0	26.0	72.0	3.68 .59
10. I think that the right people helped make the plan.	2.0	0.0	24.0	74.0	3.70 .58

Note. For one respondent, responses were missing for seven statements.

8.4   CFT Assessment

At one school, the nurse and social worker separately filled out a questionnaire on the same three CFTs. They completed the questionnaire between a half month to one-and-half months after the CFTs occurred. This questionnaire, entitled "Child and Family team Meeting Example," asked for a description of the meeting, its achievement of 15 CFT objectives (to measure fidelity), and the extent to which the CFT was a success. For the most part, the school nurse and social worker concurred on their assessments of the three CFT meetings.

On the questionnaire, they were asked, "Would you say that this child and family team meeting was a success?" For two meetings, they both circled *a lot*; for a third meeting, they both circled *somewhat*. Their responses on the 15 CFT objectives indicated that the instrument could be applied thoughtfully to school settings.

In regards to the two meetings for which the social worker and nurse each responded *a lot*, they explained the reasons for the success. At the first meeting were the student, a relative who was the student's guardian, another relative, a therapist, school nurse, and the CFT facilitator (who was the school social worker), and the group developed a plan to help the student over the summer and into the next academic year. These plans included continued therapy and arrangements to foster student success in attendance and academic performance. On a 10-point Likert scale with 1 as *strongly disagree* and 10 as *strongly agree*, they indicated that the 15 CFT objectives had largely been met: These scores were all between 8 and 10.

In reference to the second meeting, the nurse and social worker both agreed that it succeeded in reconnecting the family to mental health services and in developing strategies to help the student focus in school. Having the local management entity (LME) care coordinator present at the meeting was viewed as especially helpful. On their rating of the achievement of the 15 CFT objectives, they rated most but not all objectives as achieved. On the 10-point Likert scale, they each gave ratings 4 or below to two items: "More family than service providers were invited to the meeting" and "Different sides of the family were invited to the meeting (ex., father and mother's sides of the family)." These scores were in keeping with the information on the CFT Fact Sheet that three staff (including the two facilitators) and two family members (the mother and student) were at the meeting.

Concerning the third meeting, both the school social worker and nurse agreed that the CFT was *somewhat* of a success. The student was pregnant and had been absent from school and falling behind in her academic work. At the meeting, the staff learned that the family was without a home after the father lost his employment, and they had been forced to double-up at a relative's home. The meeting was viewed as *somewhat* of a success because it helped the school understand better the issues but the plan was not implemented. On the Achievement of CFT Objectives, the nurse and social worker both rated the same three items at 4 or below: These were "More family than service providers were invited to the meeting," "Different sides of the family were invited to the meeting," and "The plan included steps to evaluate if the plan is working and to get the family back together again if needed." These scores fit with the meeting attendance which included four school staff and the mother and her daughter. In addition, the lack of follow through on the plan concerned the two respondents, who identified that the plan should to have included steps for reconvening as needed.

> **In reflecting back on three meetings, school staff identified clear reasons for their success in two cases regarding school issues as well as mental health issues for one of these students and partial success in a third concerning a homeless family with a pregnant teen. In last case, the plan would have been stronger if it had included steps to reconvene as needed.**

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9. CFT OUTCOME EVALUATION[2]

9.1 Overview of Instrument and Appropriateness for Use

The North Carolina Family Assessment Scale for General Services (NCFAS-G) is designed for child and family-serving agencies employing an integrated services model. Integrated service programs seek to partner with families before stressors overwhelm the family to the point that children are at risk of harm or homelessness. The scale measures the functioning of families who may be at low to moderate risk of homelessness, child maltreatment, or other disabling family problems but not at a sufficiently high risk to warrant a child protection response. School-based CFTs are in keeping with alternative practice models that integrate services and in which families voluntarily participate. These approaches are increasingly recognized as being cost effective.

The NCFAS-G was developed to assist these types of programs to achieve their goals. In 2006, the scale was field tested in a large county child welfare system as part of its multiple response initiative. The scale was used as the assessment vehicle in 137 family cases involving more than 250 children. Results of the field test are very encouraging. The psychometric properties of the scale indicate a high degree of reliability. In addition, the ratings on the scale that were obtained by workers in the field test were very consistent with the low-to-moderate risk families that the county was striving to engage, and the treatment outcomes suggest good concurrent validity.

> **A field test of the NCFAS-G indicated that scale has a high degree of reliability and good concurrent validity.**

The NCFAS-G assists workers to assess families in eight domains of family functioning: Environment, Parental Capabilities, Family Interactions, Family Safety, Child Well-Being, Social and Community Life, Family Health, and Self-Sufficiency. The scale provides assessment ratings of problems and strengths across a 6-point scale ranging from *clear strength* to *serious problem*. Assessments are typically recorded both at intake and at case closure. (See also Kirk, in press; Kirk, Kim, & Griffith, 2005, Reed-Ashcraft, Kirk, & Fraser, 2001.)

9.2 Evaluation Activities Relating to the NCFAS-G

The NCFAS-G stands alone in the case record as the document presenting the CFT staff member's assessment of family functioning at the times that the ratings are assigned; typically at "intake" and again at "closure." The instrument provides an organizing framework for CFT staff (or whoever is responsible for the family assessment) to rate each family's level of functioning on the eight domains comprising the scale. The overarching domain rating for each domain is based on a set of four to seven subscales associated with each domain (e.g., subscales like Financial Management, Income, and Transportation are associated with the domain of Self-Sufficiency).

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[2] This section is based on reports prepared by Dr. Raymond Kirk.

In the context of this project the Environment domain is particularly applicable due to its relevance to homelessness. Under Environment are six subscales, including Housing Stability, Safety in the Community, Environmental Risks, and Habitability of Housing.

The NCFAS-G provides an organizing framework for rating each family's level of functioning on the eight domains comprising the scale. The Environment domain has particular relevance to homelessness because it assesses housing and community risks.

It is the responsibility of the staff person conducting the assessment to obtain the information necessary to confidently and competently assign ratings. This information may come from direct interviews with the family caregiver(s) and/or children conducted at the family's home, or elsewhere; collateral sources such as school personnel, medical personnel, social workers or mental health counselors; or from other documents and records, such as school incident reports, disciplinary reports, and scholastic records. Thus, the ratings from the NCFAS-G comprise, first and foremost, the CFT workers' best judgment of the level of functioning of families at the beginning of the service plan, and again at the conclusion of services. These data are important for two reasons. First, they provide guidance to CFT members when constructing a service plan. Specific areas of family functioning in which the child or family is struggling become the focus of the service plan. Second, these data are extremely valuable to program evaluators because the pre/post service ratings can be used to indicate the amount of progress made by all families served by the program.

The ratings from the NCFAS-G comprise the staff's best judgment of the family's functioning at the beginning of the service plan and again at the conclusion of services. These data guide CFT members when constructing a service plan. In addition, program evaluators can use the pre/post ratings to assess progress made by families served by the program.

Data from the NCFAS-G can also be related to other information obtained from a variety of sources, including school records, the statewide DPI database, and individual CFT records. Relating the NCFAS-G ratings to these other data provide indicators of validation of the service model. That is, if services directed at various areas of family struggle are subsequently associated with improved school outcomes (less violence, less in-class disruption, improved attendance, improved grades, etc.) then the underlying theory of the school-based CFTs becomes increasingly valid.

The NCFAS-G data can be related to school records. This is a means of checking whether the services directed at areas of family struggle are subsequently associated with improved school outcomes. If they are associated, then the underlying theory that school-based CFTs help students becomes increasingly valid.

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The data listed below were requested from the site liaisons at each CFT location. Virtually all data from sections 1 (Demographics) and 2 (Pre-service assessment) were provided. Most of the data for section 3 (CFT service information) were provided. The last three items (3. h, i, and j) were not always provided, but not all families' service plans had closed by the end of the school year, so some of the information was not available. The same is true for item 4 (Post-service assessment information), in that the post-service period was not obtained during the measurement period.

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For the families assessed with the NCFAS-G, schools were asked to provide information on the students and their families. Most of the requested data was provided on student demographics, pre-service assessment, and CFT service. Because not all families' service plans were closed by the end of the school year, some information on the CFT plan and the post-service assessment was not available.

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9.3   Information for a Comprehensive Evaluation of the School-Based CFT project

1. **Family Demographic Information**
   a. ID# - Linking variable, name may not be needed (confidentiality)
   b. School
   c. Child DOB
   d. Ethnicity
   e. Gender
   f. Grade
   g. Days since Child Enrolled
   h. Retained
   i. # siblings (birth order, siblings' gender and ages if available)
   j. Primary caregiver age/DOB
   k. Relationship to child
   l. Highest education level attained
   m. Employment status
   n. Is family intact (also, single-parent or dual-parent household)
   o. Living Situation

2. **Pre-Service Assessment Information**
   a. Referring problem/question
   b. School disciplinary records
      i. disciplinary referrals
      ii. absences
      iii. suspensions
      iv. as listed on CFST Cover: #Days absent, # disc referrals, # in-school suspensions, # o-o-school suspensions, total days suspended
   c. EC status
   d. Other school-based services that may have been provided (Homeless Programs, Migrant, Nutrition
   e. NCFAS-G Intake ratings (Domain and Subscales)

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3. **CFT Service Information**
    a. Is family responsive/receptive?
    b. Size of meeting (# of family members attending)
    c. # school/profess ional/others attending
    d. Does lead worker consider CFT meeting to have been successful
    e. Was a plan developed, containing assigned responsibility for services
    f. Service plan major components (e.g., Basic Needs, Emotional Needs, Educational/Developmental/Vocational Needs; Physical Health Needs, Family/Social Support Needs)
    g. Were services delivered according to plan (number: list services; dose: duration/intensity, etc.)
    h. Family materially participated in service plan
    i. Goal statements from IFD form (up to 4)
    j. ABSS Child & Family Team Evaluation Form

4. **Post-Service Assessment Information**
    a. Goal attainment ratings
    b. Family-based outcomes (e, g, living arrangements, employment, health status change, etc.)
    c. School/Child-based outcomes (e.g., behavioral change, attendance change, school performance change, etc.)
    d. NCFAS-G Closure ratings (Domain and Subscales)

Site visits were made in May and June of 2008 to retrieve data from student records in order to complete the evaluation tasks and analyses that follow. In some cases, data were provided by the school liaisons without requiring a site visit. In accordance with Institutional Review Board (IRB) protocols, all data were cleansed of identifying information and entered into an SPSS database. All analyses were conducted using SPSS Version 10. Graphs were generated using Excel graphics.

9.4   Demographic Description of Families and Children Served

A total of 16 families were assessed with the NCFAS-G and were involved in at least one child and family team meeting convened by schools participating in the School-Based CFT Project. All of these families came from five schools. The 16 focus children from these families ranged in ages from 4 to 17. A small majority of students (56%) were 12 years of age or older. These children were in grades K through 12, thus representing the full range of school levels. The majority of children were White (75%), 19% were Black, and 6% were American Indian. Slightly more males (56%) than females (44%) were served. The large majority (86%) of these children was enrolled at the beginning of the school year, and 93% were enrolled at the end of the year.

> **The NCFAS-G evaluation was completed for 16 families for whom a school-based CFT was held. The focus students represented the full range of K through 12 levels and were White, Black, or American Indian.**

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The majority of families (64%) were multi-child families, although most families were single-parent families (81%). In many instances, these families experienced periods of homelessness. The living situation for many of these families was "fluid," in that from week to week or month to month the children and caregivers moved in and out of various relatives' homes or the homes of friends.

> **The majority of the 16 families had more than one child and most were single-parent families. In many instances, these families experienced period of homelessness, often moving in and out of the homes of relatives or friends.**

The issues that brought these children to the attention of the CFT program usually included behavioral and attendance problems. Sometimes the behavior was very disruptive to others in the school. Often academic difficulties accompanied the other problems. A few children had unattended medical needs, such as dental work or hearing assistance. Regarding behavior, the large majority (62%) had disciplinary referrals, and nearly one third (32%) had 4 or more disciplinary referrals. As a whole, these children were tardy or absent (i.e., missing whole days of school) to an alarming degree. As one might expect, sometime absences were single days, and sometimes they were multiple days, likely associated with child illness. One-third (32%) missed 10 and 15 days of school during the measurement period, and fully one half (50%) missed 16 or more days of school. Nearly one-fifth (19%) missed 40 or more days of school. Similarly, one-half (50%) of these children were tardy nine or more times, with one-fifth (20%) being tardy 40 times or more.

The schools had attempted disciplinary sanctions against some of these children, including in-school and out-of-school suspensions. Slightly more than one-fifth (21%) had experienced in-school suspension, and more than one third (36%) had experienced at least one out-of-school suspension.

> **The issues that brought these children to the attention of the CFT program usually included behavioral and attendance problems. The large majority of the focus students had disciplinary referrals with one-third having four or more disciplinary referrals. These children were frequently tardy or absent from school to an alarming degree. One fifth of the focus students had in-school suspension and more than one third had at least one out-of-school suspension.**

9.5   Changes in Family Functioning
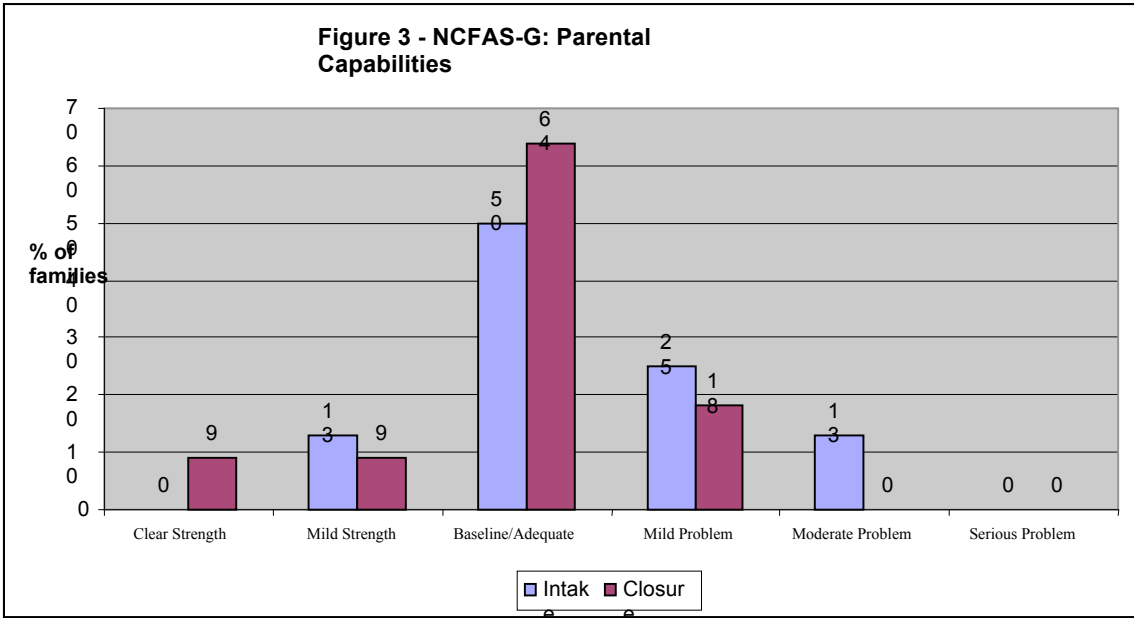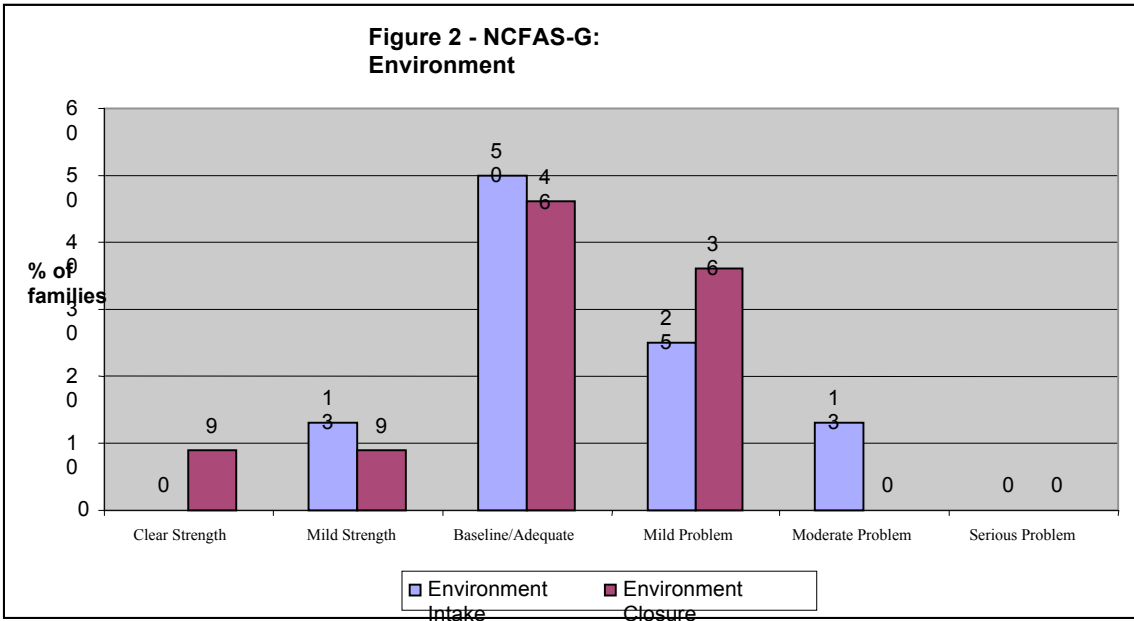
Family functioning was assessed using the NCFAS-G as the organizing framework for inquiry. The lead CFT member at each site completed the ratings using the NCFAS-G rating sheet. Families were assessed at the beginning of the service period, prior to the family team meeting, and again at the end of the service period, or the end of the school year, if the service plan was still active.
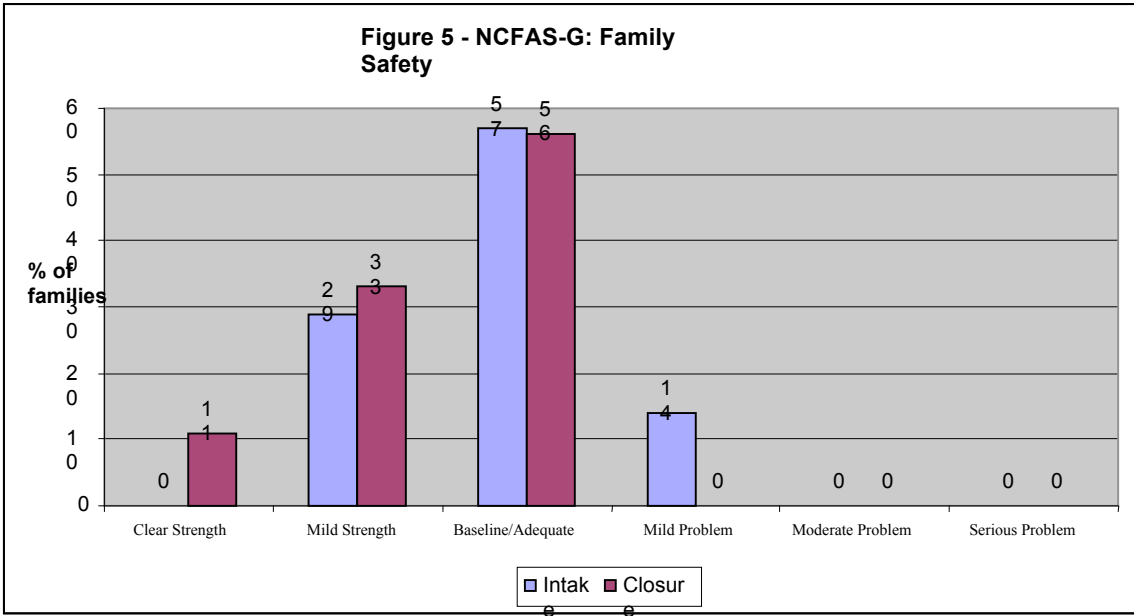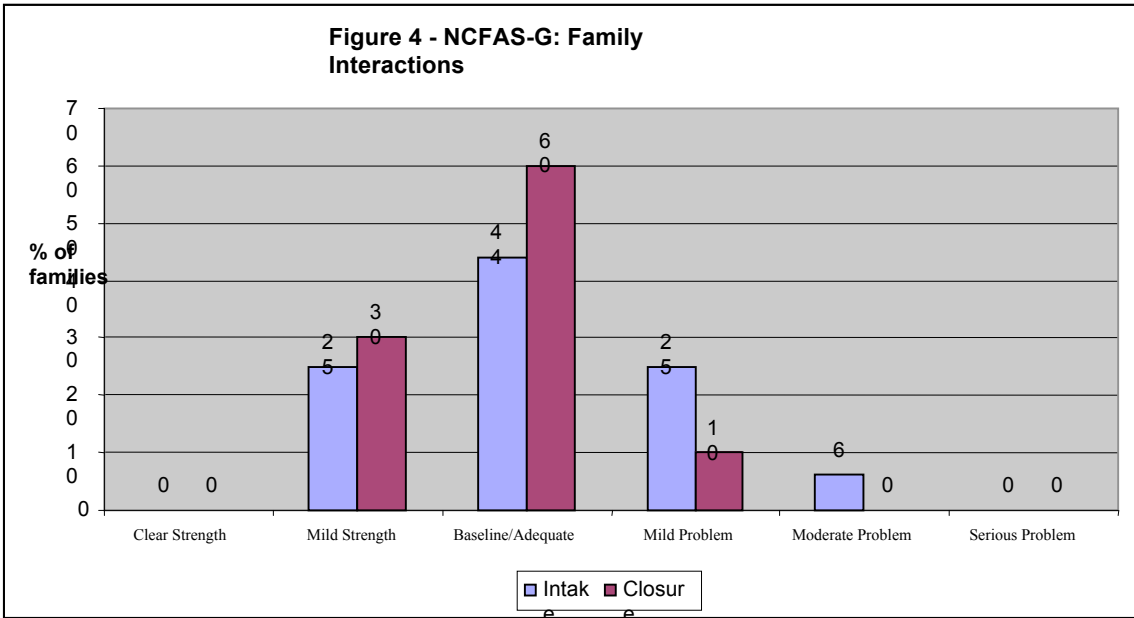
Recall that the NCFAS-G provides rating options ranging from *Clear Strength* to *Serious Problem*. The families that are the target families for the school-based program are not expected to have serious problems. If they were to be so assessed, it is likely that they would be referred to county-based services through DSS or Child Protection Services. However, representatives from DSS, mental health, and child protection are sometimes members of the CFT. These families also are not expected to have high strength ratings in domains comprising resources (especially environmental resources) as they are often staving off homelessness, living in transition housing or with relatives, largely due to conditions of poverty or financial stress. However, it is the child-centered problems that bring these families to the attention of the CFTs in each school, so it is likely that the family functioning ratings relating to child well-being and family interactions (as well as parenting skills) are the areas where these families are considered to be struggling.

> **School-based CFTs were intended to focus on families without the level of problems that would require child protection interventions but who were lacking in resources to stave off homelessness, living in transitional housing or with relatives, largely due to conditions of poverty. Student-centered problems were anticipated to bring the families to the attention of the schools because of their struggles in regards to child wellbeing and family interactions.**

Figures 2 through 8 display the aggregate Intake and Closure ratings of the families comprising the service population. The arrays of ratings suggest that the families served fit the target population, and that there were "population shifts" in the positive direction (i.e., towards strengths) in each domain. In each figure, the lighter bars represent the percentage of families at each level of functioning at the time of intake, and the darker bars represent the same families' level of functioning at closure. When reviewing the figures, note that no families (0%) were functioning at the serious or moderate problem levels at the time of case closure.

> **The NCFAS-G ratings suggest that the families served fit the target population, and that there were "population shifts" in the positive direction (i.e., towards strengths) in each domain. No family was functioning at the serious or moderate problem levels at the time of case closure.**

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Figure 2 - NCFAS-G: Environment

	Clear Strength	Mild Strength	Baseline/Adequate	Mild Problem	Moderate Problem	Serious Problem
Environment Intake	0	13	50	25	13	0
Environment Closure	9	9	46	36	0	0

% of families

Legend: Environment Intake, Environment Closure

Figure 3 - NCFAS-G: Parental Capabilities

	Clear Strength	Mild Strength	Baseline/Adequate	Mild Problem	Moderate Problem	Serious Problem
Intake	0	13	50	25	13	0
Closure	9	9	64	18	0	0

% of families

Legend: Intake, Closure

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Figure 4 - NCFAS-G: Family Interactions

Category	Intake	Closure
Clear Strength	0	0
Mild Strength	25	30
Baseline/Adequate	44	60
Mild Problem	25	10
Moderate Problem	6	0
Serious Problem	0	0

% of families

□ Intake ■ Closure

Figure 5 - NCFAS-G: Family Safety

Category	Intake	Closure
Clear Strength	0	11
Mild Strength	29	33
Baseline/Adequate	57	56
Mild Problem	14	0
Moderate Problem	0	0
Serious Problem	0	0

% of families

□ Intake ■ Closure

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Figure 6 - NCFAS-G: Child Well-Being

% of families	Clear Strength	Mild Strength	Baseline/Adequate	Mild Problem	Moderate Problem	Serious Problem
Intake	0	6	31	25	31	6
Closure	9	18	27	46	0	0

Intake   Closure

Figure 7 - NCFAS-G: Social/Community Life

% of families	Clear Strength	Mild Strength	Baseline/Adequate	Mild Problem	Moderate Problem	Serious Problem
Intake	0	0	53	33	13	0
Closure	0	10	70	20	0	0

Intake   Closure

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Figure 8 - NCFAS-G: Self-Sufficiency

	Clear Strength	Mild Strength	Baseline/Adequate	Mild Problem	Moderate Problem	Serious Problem
Intake	13	19	38	19	13	0
Closure	18	27	36	18	0	0

Figure 9 - NCFAS-G: Family Health

	Clear Strength	Mild Strength	Baseline/Adequate	Mild Problem	Moderate Problem	Serious Problem
Intake	0	13	44	25	19	0
Closure	0	18	64	18	0	0

These data suggest that the CFT services were successful at alleviating family stress to some degree, assisting caregivers to improve their living situations and their abilities to effectively parent their children (or care for the children for whom they are responsible), and helping children adjust to become more successful and less disruptive in school. The small sample size of families serviced during this program implementation period precludes statistical testing of difference scores for statistical significance.

These data suggest that the CFT services were successful at alleviating family stress to some degree, assisting caregivers to improve their living situations and their abilities to effectively parent their children (or care for the children for whom they are responsible), and helping children adjust to become more successful and less disruptive in school.

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9.6 Reliability of the NCFAS-G

It is desirable to examine the properties of an instrument with the population being served, even if the instrument has demonstrated good psychometric properties with other populations or when used in other practice settings. To accomplish this examination, Cronbach's Alpha statistics were generated for each of the domain ratings, in relation to their subscales. These analyses are summarized in Table 3 below.

The small "ns" contributing to the analyses requires that these results be interpreted very guardedly (Alphas could not be derived in three cases due to too-small "ns"). By convention, Alphas above .4 are acceptable to scale development purposes, Alphas above .7 are considered to be acceptable for clinical application, Alphas above .8 are considered to be high, and Alphas above .9 are considered to be very high. The Alphas derived with this population by the CFT workers who conducted the assessments suggest that the scale is reliable (where Alpha's were generated). Larger sample sizes are necessary to interpret the analyses with confidence, but these results are promising.

The Cronbach's Alphas derived with this population by the CFT workers suggest that the scale is reliable. Larger sample sizes are necessary to interpret the analyses with confidence, but these results are promising.

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Table 3
Cronbach's Alphas for NCFAS-G Domains at Intake or Closure

Domain	Intake or Closure	Number of Items	"N" contributing	Cronbach's Alpha
Environment	Intake	7	13	.58
Environment	Closure	7	7	.91
Parental Capabilities	Intake	8	9	.65
Parental Capabilities	Closure	8	6	.89
Family Interactions	Intake	8	6	.93
Family Interactions	Closure	8	Insufficient	---
Family Safety	Intake	8	5	.81
Family Safety	Closure	8	5	.98
Child Well-Being	Intake	7	12	.81
Child Well-Being	Closure	7	8	.91
Social/Community Life	Intake	6	Insufficient	---
Social/Community Life	Closure	6	Insufficient	---
Self-Sufficiency	Intake	6	9	.91
Self Sufficiency	Closure	6	6	.93
Family Health	Intake	8	9	.83
Family Health	Closure	8	Insufficient	---

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9.7   Summary and Conclusions

The results observed after serving these first few families suggest that school-based child and family teams hold promise to help struggling students and their caregivers to resolve problems and improve family functioning, such that families are better able to care for themselves and their children. Family functioning improved on all domains, and all but one child was still enrolled in the "sending" school at the end of the school year. About half of the families did not have Closure data on the NCFAS-G, indicating that the family plans were still "active" and that the focus children are expected to return to the sending school or school systems in the fall of 2008.

Now that the child and family teams have been trained in the project service model and on the use of the NCFAS-G, and have some experience convening child and family team meetings, additional model testing can occur and additional data amassed for future program evaluation.

> **The results observed after serving these first few families suggest that school-based child and family teams hold promise to help struggling students and their caregivers to resolve problems and improve family functioning, such that families are better able to care for themselves and their children.**

10.   DIFFUSION OF AN INNOVATION

Implementing CFTs was optional for the seven participating schools. As early adopters of school-based CFTs in North Carolina, they needed to assess how it would work in their diverse settings. Providing a rich testing ground for CFTs, the seven schools spanned kindergarten to grade 12, state regions, cultural groups, and income levels. According to the literature on diffusion of innovations (Rogers, 2003): their perceptions of this innovation would influence their initial decision to adopt and later their reconfirmation of this decision: How compatible would CFTs be in their communities and schools? What were its relative advantages versus practice as usual? Would it be complicated to adopt? Could they try it out before undertaking it on a larger scale? And would they be able to observe the efforts of others implementing CFTs?

Compatibility. Each of the participating schools had a sizable group of students facing serious issues in their homes—transience, poverty, mental illness, domestic violence, substance abuse—affecting their academic performance and school behaviors. The schools needed to reach out beyond the campus to the families of their struggling students. Using CFTs to achieve this aim had additional support if the schools were in LEAs already connected to larger efforts to involve students and their families in decision making and wrap services around the families. For the seven schools, these efforts in their LEAs included the System of Care projects (Alamance, Cumberland, and Scotland), Safe Schools Healthy Schools grant (Cherokee), and the Governor Easley's School Based Child & Family Support Team Initiative (Alamance, Duplin, Scotland). More broadly, the schools benefited if the CFT programs of their local social services, mental health, and juvenile justice agencies were well established and actively reached out to include their neighboring schools.

Relative Advantage. Hearing about the experiences of others within the state and elsewhere helped to confirm the relative advantages for their students and staff of adopting CFTs over continuing work as usual. This was achieved in the training sessions, the facilitator forums and online exchanges, conference presentations, newsletters, and other publications. Collecting evaluative data on the process and outcomes of CFTs and sharing these findings back to the schools through this project report further assists them in examining the relative advantages of CFTs.

Complexity. Having lead trainers work closely with each school lessened the complexity of instituting CFTs and tailored the program to the local context. Organizing the training and program support in consultation with each school kept the project work attuned to the time and effort that the personnel could put into it at different times of the academic year. Training whole teams of school and community participants in each locale made it possible for them to develop a plan on how to implement CFTs in their setting and one to which they were committed. These groups identified pre-existing structures such as student support teams to make referrals and, thus, reduced the costs and complications of establishing the new program. They also knew how to shape CFT delivery to the requirements of the academic year. For instance, CFTs were organized to figure out how to serve students over the summer and into the next school year. The implementation plan ensured that the schools would take a lead role in convening and following up on the meetings. As found by a British study (Holton & Marsh, 2007), the participation of school personnel is crucial if the meetings are to successfully address school concerns.

Trialability. Because CFTs were optional for these seven schools, they could try out the approach on a small scale before moving to wider implementation. This limited trial of CFTs made it possible for them to figure out how to institute CFTs in their settings without overwhelming their available resources. This was particularly important given that these schools, unlike those in the Governor Easley's School Based Child & Family Support Team Initiative, did not receive any additional resources beyond the training, program support, and evaluation provided by the Center for Family and Community Engagement.

Observability. In addition to carrying out their own CFTs, the schools had varying access to CFTs implemented by other public agencies. For instance, the Alamance and Cherokee schools participated frequently in CFTs convened by other local agencies. This gave them the opportunity to observe the approach in action and to assess its benefits for their students and staff.

The schools were encouraged to adopt this innovation when they could identify its compatibility with their philosophy for addressing students' needs, its relative advantage over current practices, its reduced complexity when tailored to their local contexts, its trialability with a limited number of families before moving to wider implementation, and its observability at meetings convened by other agencies.

For school-based CFTs to move to scale and serve their students more comprehensively, the research in other systems and countries (Buckley & Maxwell, 2007; Burford & Hudson, 2000; Pennell & Anderson, 2005) indicates that schools will require more extensive CFT policy, staffing, training, education, and evaluation. Schools need clear policies and procedures on when and how to hold CFTs and designated staff who can focus on organizing the meetings and following through on the plans. These staff need ongoing CFT training that orients them to families' perspectives and includes community partners. More broadly they require educational programs that prepare them for handling issues through joining with the students and their families in figuring out solutions rather than through using suspensions and expulsions (Drewery, 2007). So that they can continue to improve the process, schools need evaluative feedback from CFT participants and key community partners. Evaluation of the outcomes for students and their families helps the school system appraise the approach and determine future funding allocations.

> **To more comprehensively serve their students, schools require clear policies on when and how to hold CFTs, designated staff focused on its delivery, ongoing training and education for school personnel and their partners, participant feedback to improve the process, and outcome evaluation to inform school-system funding allocations.**

The School-Based CFT Project made a number of major strides in promoting CFTs in schools. Although the funding for this two-year project has ended, these accomplishments can continue to support the implementation of the meetings in North Carolinian schools and elsewhere. The Center for Family and Community Engagement is committed to maintaining these efforts and encouraged to do so by its institutional context. The Center is based in a research-extensive university in the land-grant tradition with the expectation that it serve as a change agent advancing innovative practices for the betterment of North Carolinian families and communities.

> **The School-Based CFT Project made a number of major strides in promoting CFTs in schools. Although funding for the two-year project had ended, the Center for Family and Community Engagement is committed to maintaining these efforts and encouraged to do so by its institutional context. North Carolina State University is a research-extensive university in the land-grant tradition with the expectation of serving as a change agent advancing innovative practice for the betterment of North Carolinian families and communities.**

First, the Project developed well-received curricula with extensive trainer guides and incorporated family trainers as full partners in the training effort. The overwhelmingly favorable feedback from participants showed that its introductory and facilitator trainings engaged them in understanding how the meetings are viewed from family perspectives and developed their skills in carrying out meetings in a respectful and effective manner.

Second, the project demonstrated the importance of both local teaming and cross-county grouping. By including whole teams in the planning and training, schools and their partners learned together and formulated program plans that fit their contexts. Cross-county exchanges, such as the facilitator forums and Google group discussions, provided mutual support and encouragement by identifying emerging issues and strategies for addressing them. The Center for Family and Community Engagement will continue to support the inclusion of schools in its introductory training, facilitator forums, and online facilitator exchanges funded through the North Carolina Division of Social Services. The inclusion of schools serves to promote a system of care around children, adolescents, and their families and strengthens each agency's delivery of CFTs.

Third, the seven participating schools all sought to implement CFTs and with one exception, succeeded in doing so. This was accomplished without the infusion of additional staffing and in a relatively short period of time. Early successes, in general, encourage an organization to persevere with an innovation (Rogers, 2003). Moreover, the seven schools will continue to be motivated by the needs of their students and local initiatives promoting CFTs. Too often, innovative practices are more readily undertaken by those with greater wealth, education, and connections and, thus, widen the disparity between socioeconomic groups (Rogers, 2003). The seven schools, however, were selected precisely because so many of their students were homeless or at risk of homelessness. That these schools initiated CFTs is, thus, notable in itself.

Fourth, the schools became familiarized with a number of CFT evaluative instruments. These included the CFT Evaluation to gather data on meeting participants' views of the meeting and its resulting plan and the North Carolina Family Assessment Scale for General to assess family functioning in eight domains. These instruments serve as practice guides and can assist the schools in continuing to improve their delivery of CFTs.

Fifth, although the findings are preliminary and the sample is small, the results of the NCFAS-G and the school data show improvements for 16 students and their families for whom a CFT was convened. The meetings succeeded in alleviating family stress, assisting caregivers to improve their living situations and parent the children, and helping students adjust to school.

The School-Based CFT Project has helped to lay a foundation for the continuation of CFTs by:
(1) developing cross-system curricula from family perspectives,
(2) demonstrating the benefits of both local teaming and cross-county exchanges,
(3) implementing CFTs among families and communities with limited resources,
(4) familiarizing schools with evaluation methods to improve practice, and
(5) providing promising findings on the outcomes for students and their families.

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The vision of the North Carolina Department of Public Instruction was the driving force behind the School-Based Child and Family Team Project. They identified that child and family teams was an important strategy for schools reaching out beyond the campus to their students' families and communities. Through this means, they sought to address the underlying issues negatively affecting students' academic performance, school attendance and retention, and their participation in the class and with their teachers and peers.

Through the Homeless Liaisons, the Department of Public Instruction invited schools where a large segment of the student body was facing homelessness, transience, poverty, health, and other matters. The Homeless Liaisons selected well—the schools who stepped up to the plate were willing to take on an innovative practice and to make it work for their students' families, community groups, and school staff. Throughout, the Project was propelled forward by very committed and savvy school administration, social workers, nurses, counselors, and teachers.

The schools ensured that their community partners joined them in planning and carrying out the child and family teams. These partners—whether advocacy organizations, social services, mental health, juvenile justice, or public health—brought their knowledge, resources, and most of all enthusiasm to support the initiative.

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