

PRACTICE NOTES

For North Carolina's Child Welfare Workers

From the NC Division of Social Services and the Family and Children's Resource Program

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This publication for child welfare professionals is produced four times a year by the North Carolina Division of Social Services and the Family and Children's Resource Program, part of the Jordan Institute for Families and the School of Social Work at the University of North Carolina at Chapel Hill.

In summarizing research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace child welfare training, regular supervision, or peer consultation—only to enhance them.

Let us hear from you!

To comment about something that appears in this or any other issue of *Children's Services Practice Notes*, please send your comments to:

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ENHANCING CHILD AND FAMILY TEAM MEETINGS

"I am a big advocate for child and family team meetings. I was skeptical when they first came out, but now I think they are the greatest thing we've come up with since I've been in this business."

—Kirk Randleman

As one of three NC Assistant Attorneys General for Child Welfare, Kirk Randleman is responsible for supporting the NC Division of Social Services and the 30 western county departments of social services in connection with legal matters.

Needless to say, Randleman is fairly tough minded when it comes to child welfare practice. He does not use superlatives carelessly. So when he describes child and family team meetings as "the greatest thing" he's seen since he began work in the field of child welfare nearly 20 years ago, he's really saying something.

This high opinion of the value of child and family team meetings is also expressed in the US Department of Health and Human Services final report on North Carolina's 2007 Child and Family Services Review (CFSR). This report praises NC's child and family team meetings for the way they:

- Engage children and families
- Involve a variety of partners
- Help agencies provide families with individualized services, and
- Help families receive the services they need early on in their contact with DSS.

The report also states that child and family team meetings help promote permanency and send the message that child safety and permanency are community issues, not the concern of DSS alone.

Given this, it is not surprising that child and family team meetings will play an important

role in our state's response to concerns raised by the CFSR. As outlined



in preliminary drafts of its Program Improvement Plan, North Carolina plans to increase and enhance use of these meetings to help us do a better job involving children, youth, families, and the courts.

According to the Division, another lesson to be learned from the federal CFSR process is that when agencies fall short in following the child and family team model recommended by the state, outcomes for families and children are not as good. Therefore, the Division would like to see agencies improve fidelity to the child and family team model outlined in policy.

This issue of *Practice Notes* is a resource for agencies seeking to enhance and expand their use of child and family team meetings. We hope you find it helpful. ♦

From NC's 2007 CFSR Final Report

- "DSS has clearly adopted a family-centered approach to child welfare casework, which is particularly apparent in the implementation of the Child and Family Team Meetings."
- "The Child and Family Team model of intervention . . . and the MRS approach have resulted in connecting families with needed services early in the life of the case."
- "Stakeholders . . . expressed the opinion that parents and children are involved in case planning through the Child and Family Team meetings."
- Stakeholders also suggested that permanency, particularly via reunification, could be improved if parents were more involved in CFTs.

CHILD WELFARE CFT MEETINGS IN NORTH CAROLINA

Before taking steps to enhance or expand their use of child and family teams (CFTs), child welfare workers and agencies may wish to review the key elements of the CFT model set forth in NC Division of Social Services policy. Unless otherwise noted, this article is based on chapter eight of the *Family Support and Child Welfare Services Manual*.

DEFINITIONS

First, it is important to distinguish between child and family teams and child and family team meetings.

Child and family team **meetings** are events during which family members and their community supports come together to create a plan for the child that builds on the family's strengths, desires, and dreams and addresses the needs identified during the CPS assessment. Families often have more than one child and family team meeting.

CFT meetings are structured, guided discussions with the family and other team members about family strengths, needs, and problems and the impact they have on the safety, permanence, and well-being of the family's children. CFT meetings always have a clear but open-ended purpose. They always involve options or decisions for the family to make

and they always involve the family in developing specific safety plans and in lining up services and supports.

A child and family **team** is just that: a team that remains active throughout the life of the family's case and that focuses on developing partnerships and relationships that help families navigate systems and handle crisis (NCSOC 2007). Though membership is flexible, the team often consists of those who attend the initial CFT meeting.

WHO ATTENDS

Policy requires agencies to engage every family receiving involuntary child welfare services in the CFT process.

A CFT meeting usually includes parents, the child (if appropriate), other concerned family members, members of the community identified by the family as part of their support network, a facilitator, the social worker, any relevant service providers, and foster parents or other care providers (if the child is in care).

GENERAL CFT PROCESS

The CFT process has four stages:

1. Referral. In some agencies a request for a CFT is referred to a designated CFT coordinator, who then schedules the meeting and makes arrangements with a trained facilitator. The referral process may involve a meeting between the family's social

worker and the facilitator to ensure that they both understand the purpose of the meeting and any safety concerns or special considerations.

2. Preparation. It usually falls to the family's social worker to make sure that everyone who will attend the CFT understands the CFT process, why the meeting is being held, and how he or she is expected to contribute. Identifying and engaging team members early on is key to a meeting's success. The social worker and parents should work together and contact potential team members to explain the purpose of the team and invite them to the meeting.

3. The Meeting. CFTs typically begin with introductions followed by a review of the purpose of the meeting. Often the family is then given the opportunity to start the meeting off—for example, with a prayer, poem, or song that unites the family. This is followed by a review of the ground rules for the meeting and an information sharing phase, during which family members and others discuss the family's strengths, needs, and problems. The team then comes together to make the family's plan, creates plans for following up after the meeting, and adjourns (NCSOC 2007).

4. Follow-up. Following up allows for changes when a plan is not working. It is more important to acknowledge the need for a revision in a plan than to continue to support something that is not working for the family (NCSOC 2007).

CFT ROLES

Parents. Parents play a central role in CFT meetings. If they aren't present and participating, it's not a CFT. Generally speaking, their task in meetings is to honestly examine their strengths, needs, and problems and to come up with a plan that will enable them to provide safe care for their children.

WHAT ABOUT CFTS OUTSIDE OF CHILD WELFARE?

While they must know about and follow NCDSS policy, child welfare agencies should also keep in mind that other systems serving families and children in North Carolina have their own versions of CFTs. For example, CFTs are used in some school systems, mental health agencies, and other organizations.

This should not be a problem. Because most forms of child and family team meeting share a common ancestor—the family group conferences that emerged in New Zealand in the 1980s—they usually have the same fundamental assumptions and are structured in a similar way.

When your community partners have their own approach to CFTs, the thing to do is to communicate, find common ground, and work together to offer a joint CFT meeting that empowers families and addresses their needs.

Child Welfare Worker. It is the family’s social worker’s job to educate and empower the family about child and family team meetings and encourage them to participate fully. Workers must help families understand that it is *their* meeting and that, regardless of the meeting’s specific focus, the intent is to help them come up with *their* plan.

Discussions with families about the CFT process can happen as early as the assessment phase, if there are indications that the agency may require involuntary services. At the latest, the social worker **must** discuss CFTs with the family at the face-to-face meeting that occurs within 7 days following the case decision. Workers must obtain input from the parents as to who they want on their team.

During CFT meetings social workers and everyone else must communicate openly and directly (subject to the limits of confidentiality). Full disclosure is the goal.

The child welfare worker should incorporate discussion of the Family Risk Reassessment and Family Assessment of Strengths and Needs into every team meeting.

Facilitator. The facilitator’s job is to manage the meeting, making sure that all points of view are heard and that all participants understand what is being discussed. The facilitator encourages the team to generate creative ways to keep children safe and maintain family attachments, while building consensus among the group.

According to NC policy, CFTs that occur while the family has a “high” or “intensive” risk rating **must** use facilitators (unless they involve case closure).

TIMEFRAMES FOR CFT MEETINGS

Agencies are required to hold a CFT meeting no later than 30 days after an assessment case decision requires involuntary services. Subsequent team meetings must be held at the following points during the life of the case:

- Quarterly while the case remains open for CPS In-Home Services (or as often as needed to update the service agreement).
- At critical decision points in the case (e.g., removal of a child from the home or a change in placement).
- Any time a significant change in the In-Home Services Agreement is needed to ensure the safety of the child.
- Prior to any petition or court action.
- To address the unique characteristics, and possible resolutions, for “stuck cases.”
- At case closure (when requested by the family or a service provider).



Some agencies contract with individuals outside the agency (e.g., mediation centers) to provide facilitation for CFTs. Others rely on supervisors from other work units within the agency. Agencies should avoid asking individuals from within the agency who are directly connected with the family’s case (e.g., the family’s social worker’s supervisor) to facilitate CFTs.

Facilitators should receive special training in leading CFTs. To learn about NCDSS training for facilitators, go to <www.ncswlearn.org>.

Other Participants. The role of other CFT participants, whether they are extended family members, friends, or helping professionals, is to communicate openly, respectfully, and directly and to actively contribute to the family’s effort to create a plan that meets their needs and keeps their children safe. To succeed in this role, other participants rely on the social worker to help them understand their role and the CFT process. This underscores how important it is that social workers devote adequate time to preparation.

WHEN TO HOLD CFTS

When should child and family meetings occur? They should be convened by the child welfare worker to develop or update the In Home Family Services Agreement, any time a significant decision is to be made that impacts the child or family, or any time there is reason to believe that there is a need to discuss a child’s health, safety, or permanence. For more on timeframes, see box above.

WHEN SAFETY IS AN ISSUE

Although North Carolina policy urges child welfare agencies to consider the use of CFT meetings with all families, it also acknowledges in some cases—especially when there is domestic violence—the CFT process will need to be modified to ensure the safety of everyone involved. For more on this, consult the portion of the policy manual pertaining to domestic violence (Chapter VIII, Section 1409).

TO LEARN MORE

See Chapter VIII: Protective Services 1412, CPS In-Home Services <<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/CS1412.pdf>> ♦

Correction: The print edition of the most recent issue of *Practice Notes* (v. 12, n. 4) incorrectly stated that in North Carolina “A child who is 16 years of age or older is automatically waived to adult court and subject to the same penalties as adults, including the death penalty.” This is only partially true. Youth 16 and older in North Carolina are automatically waived to adult court, but they are not subject to the death penalty. In 2005 the U.S. Supreme Court outlawed executing those who commit murders below the age of 18. The executions, the court said, violate the Eighth Amendment ban on cruel and unusual punishment (2005, *Roper v. Simmons*).

NORTH CAROLINA'S CFTS: WHAT THE RESEARCH SAYS

Child and family team meetings represent a significant shift in the way the child welfare system approaches families. Traditionally, child protection agencies and the courts have taken a power and control approach, mandating compliance with agency-generated treatment plans and telling families what is required of them if they wish to continue parenting their children or have their children returned home. Although motivated by a desire to ensure child safety, this approach often seems to families like coercion and threats, which can have a negative impact on families' cooperation.

The CFT process allows families to develop their own plan for the children, empowering parents and extended family to make their own decisions and to tap into resources and community supports to assist the child. Instead of disempowering and disenfranchising families, the CFT process is designed to strengthen and sustain the family (Chandler & Giovannucci, 2004).

To many child welfare workers and administrators this seems like a change in the right direction, for the right reasons. But as professionals we cannot embrace new practices simply because they sound good. Given our goals and our system's increasing emphasis on outcomes, we owe it to ourselves and the families and children we serve to understand what the research says about the effectiveness of new practices and approaches. Whenever possible our practice must be based on evidence.

So what does the research say about child and family team meetings as the practice exists in North Carolina? On one hand, not much—there have been few studies of the particular model of child and family team meetings used in our child welfare agencies. At the same time, there



Including children and their families in case planning is related to better outcomes in keeping children safe in their homes and stabilizing their placements.

(USDHHS, 2005)

has been a fair amount of research conducted on the most well-known family-centered meeting model, family group decision making, which is also called family group conferencing.

FAMILY GROUP DECISION MAKING

Here's what the research says about family group decision making.

Families Like It. Participating families report that they feel respected by the process and have greater involvement and influence in decisions (Merkel-Holguin et al. 2007; FCI 2002). In a number of evaluations, families reported that they received more support from

both extended family and professionals, and that they believed the children's safety and well-being was higher as a result of the family conferencing (Mandell et al. 2001; Rasmussen 2007; Sibison 2000). Parents in a Texas program also felt more confident in their ability to help their children grow and develop (TDFPS 2005).

Workers Like It. Social workers report similarly positive results from using family conferencing. Specifically, professionals repeatedly cite reduced conflict with families, better collaboration after meetings, and better plans for the children than with traditional practice (TDFPS 2005; FCI 2002; Merkel-Holguin et al. 2007).

Meetings Produce Acceptable, Workable Plans. On average, child welfare workers accept the plans suggested by families 95% of the time. Very few family conferences result in no plan being developed. Families appear to attend and participate in these conferences more than other forms of decision-making meetings (Merkel-Holguin et al. 2007).

Evidence about the Impact on Outcomes Is Not Yet Conclusive. Some research calls into question whether family conferencing creates lasting improvement for families. Some studies have been unable to show any clear impact on child welfare outcomes (Crampton 2007; TDFPS 2005).

In addition, at least two studies have shown that children involved in family group conferencing actually had an increase in re-referrals to child protection services compared to traditional child protection investigations (FCI 2002; Sundell & Vinnerljung 2004). There are caveats to this finding, however. Sundell & Vinnerljung found that, once they controlled for other variables, family group conferencing had a very small (0-7%) impact on this outcome.

The study of the other program, in Santa Clara, CA, suggested two possible explanations. First, the

MEETING PREPARATION IS KEY

- A number of studies show the success of the meeting and the level of family involvement are related to how well prepared and informed the *family* and their *community supports* are about the meeting. Before the meeting, time should be spent fully exploring family resources and strengths, and building the trust between the professionals, the family, and the community members.
- One study shows that how well the *other professionals* understand the purpose of the meeting predicts how successful it will be. While this can be done on a case-by-case basis, coalitions can also be built through training, community meetings, and consultations.
- Studies show that the success of the meeting is also predicted by how well prepared and skillful the *facilitator* is.

Sources: Crampton 2007; Merkel-Holguin et al. 2007

children involved in the project were more likely to have experienced neglect than other types of maltreatment, and “recurrence of maltreatment is known to occur more frequently in cases of neglect when compared to both physical abuse and sexual abuse” (p. 7). Second, the researchers surmised that there may have been a “surveillance effect” at work: as a result of the family conference process, scrutiny of these children may have been greater than for children involved in traditional child welfare.

Evidence about the Impact on Outcomes Is Promising.

Still other studies suggest that family conferencing meetings may support some of the most important outcomes for children. Reported results include:

- Reductions in re-abuse rates (Merkel-Holguin et al. 2007)
- Increases in kinship placements that are as stable or more stable than traditional samples (Merkel-Holguin et al. 2007)
- Success in maintaining children’s connections with their siblings, parents, and relatives (Merkel-Holguin 2003)
- Safety of children (Gunderson, Cahn, & Wirth 2003) and mothers (Pennell & Burford 2000) involved with family conferencing
- Family conferences do not significantly increase costs (Pennell & Anderson 2005)

Family conferencing shows promise for addressing some of the other recent goals set for the child welfare system by North Carolina and the federal government. For example, various studies of family group conferencing have shown a high level of involvement by fathers and paternal relatives (Merkel-Holguin et al. 2007). In addition, a program in Michigan linked its use of meetings over a three-year period to a 20% reduction in the number of minority children in foster care (AHA 2007). And a number of states have begun using collaborative family meetings in an effort to more quickly achieve permanency for children (CWIG 2005).

IMPLICATIONS

There is a strong resemblance between family group conferencing and the CFTs conducted in North Carolina. Both approaches share family-centered philosophical ideas, methods, and goals. In both, the meeting is about extended family and community supports coming together to help the family create a plan for the child that builds on their strengths and addresses their needs (NCSOC 2007).

But there are important differences between the two models. For example, unlike family group conferencing, our CFT model does not insist on the use of neutral facil-

CATAWBA COUNTY CFT EVALUATION STATISTICS 2006	
Catawba County DSS received completed post-meeting evaluations from 188 family members who attended child and family team meetings between January 1 and December 31, 2006. Family members were asked to respond to the questions below.	
	Strongly Agreed or Agreed
1. I understood the purpose of this meeting.	96.3%
2. I liked the conference site and room set-up.	94.7%
3. The right people were at the conference.	89.4%
4. At the conference I got the information that I needed.	92.0%
5. Facilitator was prepared and neutral in discussing aspects and planning; kept the group focused.	95.7%
6. The group used effective decision-making techniques.	92.6%
7. I believe I had some influence on the group’s decision.	84.0%
8. I contributed important information during the group’s decision-making process.	92.0%
9. I got to participate whenever I wanted to.	93.6%
10. Other members of the group listened to what I had to say.	93.6%
11. Facilitator was open to the family’s ideas and options.	95.7%
12. Facilitator maintained control of the meeting process.	96.3%

itators for all family meetings, nor is “family alone time” required—though it is allowed and encouraged. Unlike family group conferencing, our model encourages the use of CFTs with virtually all families receiving involuntary child welfare services at many points throughout the life of a family’s case.

Because of the similarities of these two models, we believe that existing research on family group decision making does shed some light on the effectiveness of CFTs in North Carolina. For example, it is probably safe to say that in general NC’s CFT meetings, like family group conferences, help agencies engage families and build positive working relationships. This is supported by qualitative findings from the most recent evaluation of our state’s Multiple Response System (Duke 2006).

At the same time, research conclusions about one meeting model do not automatically apply to another. We must wait for further studies of the specific approach we are using here in North Carolina before we can know for sure which families can benefit from it most, what professionals can do to accomplish the most success, and which child outcomes it improves.

In the meantime, North Carolina’s child welfare practitioners and their agencies will continue to use this promising practice in an effort to ensure the safety, permanence, and well-being of children and their families. ♦

OVERCOMING COMMON BARRIERS TO CFTS

Since 2002, public child welfare agencies participating in North Carolina's Multiple Response System reform effort have been meeting regularly to talk about their work. Child and family team meetings (CFTs) have come up a lot during these get-togethers.

That's been a good thing. This discussion allowed North Carolina to refine its policy and practice with regard to CFTs. It also expanded our understanding of the problems agencies face implementing child and family team meetings and how to overcome them.

Drawing from what we have learned so far, we offer the following suggestions for overcoming five common barriers to successful child and family team meetings.

1. THE MEETING IS NOT REALLY A CFT

In North Carolina, a meeting is not a true child welfare CFT meeting if:

- The child welfare agency has already decided what the outcome of the meeting must be
- There is no opportunity for the family to help create and shape the case plan
- The meeting is being held to achieve the agency's goals, not the family's goals

This is clear in policy, yet we know some meetings are called CFTs even when one or more of the above is true.

This is not to say that agencies should never hold meetings with families where the family does not have a choice to make. In the world of child welfare there are times when such meetings are necessary. But they are not CFTs.

Mislabeled meetings can create problems for agencies and families. If they come prepared for one kind of meeting and get something else, family members and others may feel they are being subjected to a "bait and switch." This can leave them confused, resistant, or distrustful of DSS. These reactions are a far cry from the increased family engagement and positive working relationships with families and community partners that research tells us is possible with real CFTs (Duke, 2006).

Possible Solutions

Use a Simple Diagnostic Test. As you are preparing for a meeting, ask: does the family have options? Is the meeting being held to achieve the family's goals? If the answer to either of these questions is no, it's not a CFT.

Attend a True CFT. Supervisors and others who are skeptical should have the opportunity to be present at a meeting where North Carolina's CFT model is followed faithfully. This will give them an opportunity to see the process and how it benefits the child, family, and social worker.

Keys to Success

Someone in the agency really believes in the CFT model.

Someone in leadership who supports that person.

Attend Training. In partnership with the Division of Social Services, the NC Family-Centered Meetings Project at NC State University offers a variety of training courses to help agencies develop successful CFT programs. To learn more, visit <www.ncswlearn.org>.

2. INSUFFICIENT USE OF FACILITATORS

Some child welfare agencies in North Carolina report they have difficulty following the policy that requires the use of CFT meeting facilitators whenever a family's level of risk is considered "high" or "intensive."

This can be a problem. In meetings without a facilitator the CFT process can easily become unproductive, hostile, or otherwise break down, which is not helpful to families or the agency. This is especially true when the family's child welfare worker ends up having to facilitate his or her own meeting. Though workers try to be as neutral as possible, it is hard to do. Families can have a hard time believing the process is not biased.

Lack of funding to hire facilitators is the reason most agencies give for not following this part of CFT policy.

Possible Solutions

Creative Funding. Some agencies have overcome this barrier by convincing county commissioners to provide additional funding for the hiring of facilitators. Others, like Catawba County DSS, have been able to hire facilitators by converting existing staff positions into facilitator positions.

Develop Resources Inside the Agency. Some agencies train a number of supervisors and workers from a variety of program areas in facilitation. These people then make themselves available to facilitate CFT meetings, with the understanding that they will not facilitate a meeting for which they or one of their subordinates is responsible. Billy Poindexter, a facilitator with Catawba County DSS, says this strategy has worked well for his agency: "If you train the process well and emphasize the value of the process, not the person, someone from any area of the agency can follow the model and be neutral."

3. INSUFFICIENT PREP TIME

As the box on page 4 indicates, time spent in preparation for CFT meetings is a sound investment: research shows a strong connection between preparation and the success of CFT meetings. Unfortunately, time is often a scarce commodity in the world of child welfare.

cont. p. 7

Symptoms of Insufficient Preparation

- Low attendance and poor participation from those who do come to meetings
- People are unclear on the purpose of the meeting
- People are surprised to see someone at the meeting—they had no idea that person was invited
- Meetings are consistently chaotic—indicates someone (i.e., the social worker) has not been talking to someone else enough or clearly enough about the meeting

Causes

Insufficient preparation sometimes occurs because there's not enough time to do the job right—it's that simple. But supervisors and agency administrators may also play a role. Supervisors, in particular, have tremendous influence on the quality of CFT preparation: unless they set clear expectations with regard to the quality of CFTs and send the message that preparation is a valuable use of workers' time, it is likely to take a back seat to other things.

Possible Solutions

Supervisor Interventions. Supervisors can help by consistently asking about and emphasizing CFT meeting prep.

Referral Form. Developing a consistent referral process can help an agency be more consistent about preparation. A referral form helps you get an idea of who's coming, risk of volatility, etc. For a sample referral form, go to <www.practicenotes.org/cftrefer.pdf>.

Use TALS. The NC Family-Centered Meetings Project also offers something called the TALS program (Technical Assistance and Learning Support). Through TALS, DSS employees involved in CFTs and people identified by DSS agencies as facilitators can request or participate in a variety of activities designed to support CFTs, including specialized training at or near your agency. TALS is free to NC county DSS agencies. To learn more, contact Jenny King, TALS Coordinator (919/326-7463, jiking4@ncsu.edu).

4. PROBLEMS WITH COMMUNITY PARTNERS

Two of the most common complaints about CFT meetings from DSS agencies is that (a) they can't get community partners to come to CFT meetings and (b) they can't get community partners to participate fully once they are there. Since the purpose of a CFT is to get the best thinking of families and service providers to develop service plans that work, this can be a serious barrier to success.

Possible Solutions

Education and Outreach. In part, community partners fail to participate in CFTs to the extent that we'd like because they do not understand the purpose of these meetings and what is expected of them. Agencies *cont. p. 8*

WHAT FAMILIES WANT FROM CFTS

In focus groups North Carolina family members have said they want the following in connection with child and family team meetings.



Before the Meeting

- Give me a chance to share my story
- Help me find my informal supports so they can come to the meeting
- Educate yourself about my child's illnesses or my situation, don't just say you don't know
- No surprises—make sure I know beforehand what we will be talking about at my meeting
- If it is about me, don't have the meeting unless I can come
- Work with me to set up a time that I can be present at the meeting; be sensitive to my needs
- Recognize my feelings (e.g., angry, scared, tired of the mess)
- Help me understand my options and how the meeting works
- Listen to what I am saying and explore why I am saying it

At the Meeting

- Allow me to introduce myself to the team
- Talk to me, not about me
- Monitor your tone of voice
- Call me by my name, not "mom," "dad," or "the youth"
- Make sure I have someone at the table I feel will support me
- Use words I can understand
- Use humor to make me feel safe
- Give me a chance to share my story
- Help me to meet my immediate needs first (e.g., housing, transportation, child care, food, lights)
- Remind me of my family's strengths and build on them
- Ask me how my situation looks in my child and family's life
- Provide services where needed, not just mandated services—don't waste my time on services that will not help my family
- Know what the family has to do in all of the agency plans so we can come up with one plan
- Listen to my needs and my family's needs
- Use visual prompts so I can follow better
- Tell the truth
- Let me explain why I behave the way I do
- Let us speak more
- Be open to our questions and opinions
- Make the meeting more active and fun
- Everyone who says they'll attend must be at the meeting
- Speak to the me and my child like we are a part of the solution, not like we are the problem
- Ask for information—don't assume you know the answers
- Respect me and know that I am doing what I know to do

After the Meeting

- Respect my confidentiality—don't talk about me to others
- Allow me the opportunity to call meetings when I feel I need to
- All team members need to be held accountable, not just the parents

Source: NCSOC, 2007

OVERCOMING COMMON BARRIERS TO CFTS from p. 7

can address this by explaining why we are using this strategy and how it benefits families, children, and the agencies involved with them. Be sure to dispel misconceptions, such as the unfounded concern that meetings require participants to divulge confidential information.

Be Clear about Benefits. Explain to community partners how attending and participating in CFTs will benefit *them*. For example, explain to school personnel how the meeting and the plan that comes out of it will result in kids coming to school ready to learn.

5. CAN'T FIND OR INVOLVE FAMILY SUPPORTERS

The CFT process is founded in part on the idea that a broad, comprehensive circle of support is more likely to keep the child and family safe. In light of this, failure to find or involve family supporters (extended family, friends, people from church, etc.) is a significant barrier to CFT success.

Possible Solutions

Adequate Prep Time. If you only give families one chance to name who they'd like to invite to a meeting they think will be embarrassing and scary, they won't name many. To overcome this barrier, workers need to make sure families understand the CFT process and have time to consider who to invite as a supporter.

Encourage Realistic Expectations.

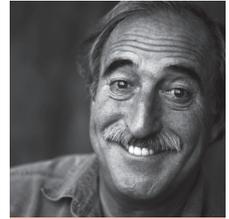
Families often say, "I don't have anybody." Some don't—isolation of families is a common problem among families served by child welfare. If a family truly doesn't have anyone, we must help them create that network.

But often families can't name a supporter because they have exalted ideas of what a support person is. If a family is having trouble, ask: who do you call when you get angry or upset? That's their support person.

Calm Fears. Sometimes families are reluctant to name someone because they fear this will invite DSS scrutiny of their friends and supporters. Reassurance and direct experience are the best way to allay these fears.

CONCLUSION

Although we are ahead of many states in terms of our use of child and family team meetings, North Carolina is still learning to apply this strategy. If we continue to work to overcome these and other barriers and follow NC's child welfare CFT model, word of our successes will spread. In time, more and more people—inside and outside our agencies—will begin to see just how much family-centered meetings have to offer. ♦



CFTs are nothing to be afraid of.

IN THIS ISSUE: ENHANCING CHILD AND FAMILY TEAM MEETINGS

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Children's Services Practice Notes
Family & Children's Resource Program
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