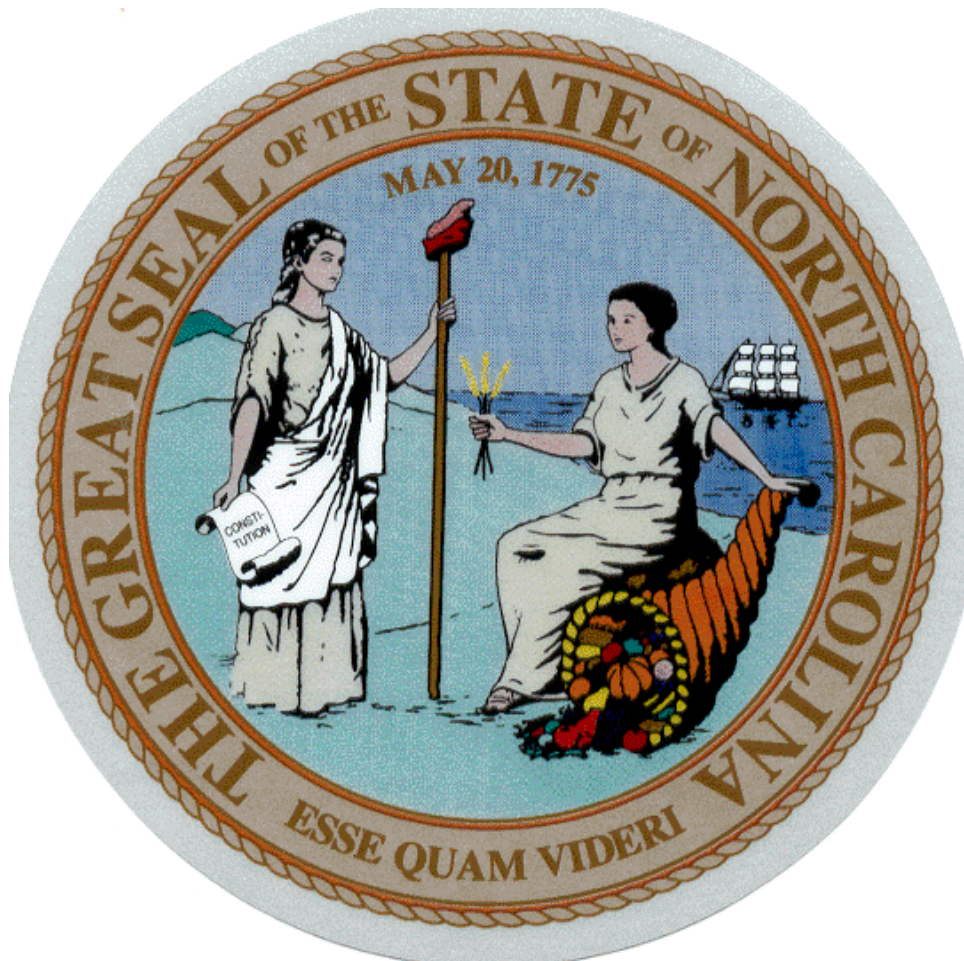**FAMILY RESOURCE CENTER AND RESPITE PROGRAMS**

2011 ANNUAL REPORT

Pursuant to Session G. S. 143B-152.15

November 2011

DIVISION OF SOCIAL SERVICES
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Executive Summary

This report presents data and findings from Family Support programs in North Carolina funded through the North Carolina Division of Social Services, Child Welfare Services Section. This report covers two models of Family Support service, Family Resource Centers (FRC) and Respite Programs. Funding for these programs comes from federal Title IV-B subpart 2 of the Social Security Act and federal Community Based Child Abuse Prevention (CBCAP) monies. The information in this report covers the period July 1, 2010 to June 30, 2011.

Thirty-four (34) Family Resource Centers and nine (9) Respite programs were fully or partially funded during this reporting year. They served 6,622 duplicated participants, meaning that some participants were counted more than once because they received multiple services. Five thousand three hundred eighty six (5,386) individuals from 3,235 families participated in targeted, ongoing activities for which outcome assessments were completed. One thousand two hundred and eighty (1,280) families had multiple family members participating in such activities.

The North Carolina Family Support Outcome Scale (NCFSOS) is used to measure participants' progress in meeting outcome goals related to service areas. NCFSOS assessments demonstrate that Family Resource Centers and Respite programs are meeting their goals to help both individual family members and families as a whole develop skills to strengthen their relationships, increase family functioning, promote child well-being, and prevent child abuse. Most families participating in FRCs and Respite programs already possess many strengths; however, they often

participated in these programs to increase strengths in some targeted areas for their families.

All NCFSOS domains showed a significant percentage of participants increased their strengths by at least one point. In the Overall Child Functioning Domain, over half of participants saw an increase in strengths for Child's Behavior (51.31%). Parenting skills, knowledge, and attitudes (Overall Parent Functioning), had the highest percentage of positive change, with over fifty percent (55.25%) of participants showing increases. Finally, approximately one half of participants showed increases in three of the Family's Relationship to the Community subscales; Knowledge of Available Human Services (49.0%), Linkages with Community Resources (51.89%), and Relationships with Human Services Staff (48.88%).

2011 ANNUAL REPORT

Introduction

  This report details the activities of Family Resource Centers and Respite programs funded by the North Carolina Division of Social Services (Division) during state fiscal year (SFY) 2010-2011. During this time a total of thirty-four (34) Family Resource Centers and nine (9) Respite programs contracts were funded, providing one or more services types in 37 counties (see Appendix A for listing of counties served). These programs were funded through federal IV-B subpart 2 of the Social Security Act and federal Community Based Child Abuse Prevention (CBCAP) dollars. The activities of all Family Resource Centers and Respite programs were reported in the North Carolina Family Support Database, an online database managed by the Performance Management Team of the Child Welfare Section of the Division with assistance from the Division of Information Resource Management (DIRM).

History of Family Support in North Carolina

  Family Support programs were initially funded in North Carolina in 1994 with federal funds designed to plan, develop, and implement services to strengthen and support families and children. In 1997, the Adoption and Safe Families (ASFA) Act was passed, which included changes in the way Family Preservation and Family Support programs are funded. Formerly known as the Family Preservation and Support Services Program, this funding was renamed the Promoting Safe and Stable Families Program. Language concerning child safety was added to the definitions of Family Support programs, funding was increased and two additional models of service were funded: Time-Limited Reunification Services and Adoption Promotion and Support. The idea that innovative approaches are necessary to achieve the goals of safety,

permanency and well-being for children is one of the key principles of the Safe and Stable Families Act. Programs operating under the Family Support model are appropriate for implementing this principle, as they are often able to respond to particular needs of families and children in a more flexible manner than are governmental child welfare agencies.

Coinciding with the passage of ASFA, North Carolina held a special legislative Session on crime. Because of the special Session, funding became available for a network of Family Resource Centers. The legislative intent was to "target the neighborhoods that have disproportionately high levels of: 1) children who would be less likely to attain education or social successes, 2) families with low incomes, and 3) crime and juvenile delinquency." In 1996, the federal Community Based Family Resource and Support Grants (CBFRS) became available "to provide states with additional incentives to create statewide networks for ensuring the safety of children in their families and neighborhood." This legislation recognizes that individual child abuse and neglect prevention programs cannot operate without the involvement of the entire Child Welfare community as a whole.

These programs are all within the Department of Health and Human Services, although originally oversight was shared between the Division of Child Development (DCD) and Division of Social Services (DSS). Beginning with SFY 1998-1999, programs previously managed by DCD were moved to DSS. It was determined that DSS would be the most appropriate agency to continue management and oversight of these programs due to the continuum of services offered by the Division.

Family Resource Centers and Respite Programs – Definitions and Philosophy

According to family support researchers Dunst, Trivette and Deal (*Enabling and Empowering Families: Principle and Guidelines for Practice*, 1998), empowering families to be able to meet their needs is not merely a matter of ensuring those needs are met, rather it is the manner in which the needs are met that is key. Family Support programs offer a strengths based, community centered, and family centered approach to meeting those needs. Family Support America, the national resource organization for the theory, policy, and practice of family support developed nine premises for Family Support.

Premises of Family Support

> - Primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they rear their children.
> - Assuring the well-being of all families is the cornerstone of a healthy society, and requires universal access to support programs and services.
> - Children and families exist as part of an ecological system.
> - Child-rearing patterns are influenced by parents' understanding of child development and of their children's unique characteristics, personal sense of competence, and cultural and community traditions and mores.
> - Enabling families to build on their own strengths and capacities promotes the healthy development of their children.
> - The developmental processes that make up parenthood and family life create needs that are unique at each stage in the life span.
> - Families are empowered when they have access to information and other resources and take action to improve the well-being of children, families, and communities.

Family Resource Centers

Family Resource Centers (FRCs) are community based Family Support programs that can provide a variety of service needs for families in one location. This "one-stop" approach allows families to address multiple needs in a family friendly

atmosphere, staffed by community members, often former clients themselves. By locating FRCs within neighborhoods, families can often avoid having to negotiate transportation and childcare issues when they visit the center. Many centers offer child care or programs designed for children and youth concurrently with programs for parents so that all family members can participate in programs that address their individual needs as well as those of the family as a whole.

Principles of Family Support Practice

> - Staff and families work together in relationships based on equality and respect.
> - Staff enhance families' capacity to support the growth and development of all family members – adults, youth, and children.
> - Families are resources to their own members, to other families, to programs, and to communities.
> - Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
> - Programs are embedded in their communities and contribute to the community building process.
> - Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
> - Practitioners work with families to mobilize formal and informal resources to support family development.
> - Programs are flexible and continually responsive to emerging family and community issues.
> - Principles of family support are modeled in all program activities, including planning, governance, and administration.

FRC's have flexible hours, structured to meet the needs of the communities they serve, which allow family members to access services without having to miss work or school. Finally, because they are not located within departments of social services or mental health facilities, families may feel less of a stigma in contacting and receiving assistance from an FRC. Services are offered from a strengths based perspective and incorporate the nine principles of Family Support practice.

FRC's are designed as prevention programs and a family that is able to access help through a resource center may avoid involvement in child protective services. By targeting a wide range of needs within the family, FRC's are able to help individual family members, strengthen the family as a whole, and increase community involvement. This is expected to have a reciprocal effect, as stronger communities then foster strong families and protect children. The community connection is important in FRCs as the needs of communities across the state vary widely and can change much faster than governmental policy or law. By specifying that all centers should provide certain evidence-based/promising practices, and then supporting flexibility through other funding sources in the kinds of additional services offered, the Division allows each FRC to mold itself into a unique center, providing targeted services specifically for the community in which it is located. Centers in one area of the state may look quite different from those in another area because of the differing needs in the two communities (See Appendix A for the Statewide Distribution of Programs by model of service).

Respite Services

Although some FRC's provide respite services, the Division also funds programs specifically for the provision of Respite services. These services also fall under the Family Support model of service and are dictated by the needs of the community and the structure of the agencies providing the services. Some respite programs operate on a voucher system, where participants are given vouchers for respite providers; some operate facilities where children may stay for a predetermined amount of time; while others offer structured activities for children so that parents have a few hours on their own. These services provide a much-needed break for parents and caregivers,

particularly of special needs children. Knowing that they have hours or days where they can take time for themselves may act as a pressure release valve for many parents and decrease incidents of child abuse or neglect.

Evaluation

North Carolina Family Support Database

The North Carolina Family Support Database is an on-line database developed in order to monitor the performance of all Family Resource Centers and Respite programs relative to their stated programmatic goals and requirements. Initially developed in conjunction with the Human Service Smart Agency at the University of North Carolina's School of Social Work, the database was subsequently housed and maintained by Appalachian State University's Social Work Program, and is now located and maintained by the North Carolina Division of Information Resource Management (DIRM). Because the database is on-line, it can be updated and modified without costly redistributions, and its reporting capacity is beneficial to individual centers as well as to the Division. In addition to the Division's use of this data to assess achievement of programmatic goals, some organizations use their own data to evaluate their own progress with families and to report to their boards, the community, and apply for additional funding.

Data Collection and Reporting

The database records information regarding the type of services provided by the center, as well as the participants in each activity. These activities represent the Evidence Based/Promising Practice curricula designed to address a specific need and involve sufficient one-on-one interaction that an outcome assessment may be completed for each participant on the North Carolina Family Support Outcome Scales (NCFSOS). Examples of such activities include Parent Support Groups and Nurturing Parent Program. For these activities, a record is kept of each participant session that includes the specific type of service that was provided. Demographic information about

these participants is collected including age, race, educational background, and any special needs of the participant herself or any other family members. Since Evidence Based/Promising Practice programs are designed to meet a particular need, certain desired outcomes can be identified, and outcome assessments are completed for all participants.

Reporting capabilities are included in the database so that each program can track their own activities and participants. Staff can review activities by participant or by date, making it possible to see how often an activity occurred, or how frequently a particular participant attended. They can select the year for which they wish to run the report, allowing historical trends to be documented. Two different reporting formats are available to analyze the NCFSOS, allowing centers to use the one that best meets their reporting needs.

Participant Demographics and Services Summary

Family Resource Centers and Respite Programs served 6,622 participants in fiscal year 2010-2011. Five thousand three hundred eighty six (5,386) individuals from 3,235 families participated in targeted, ongoing activities (See Table 1). Of these 5,386 persons, 1,017 participated in two or more such activities. There were 6,622 participants in activities where specific outcomes were targeted and assessments completed. One thousand two hundred eighty (1,280) families had more than one family member participate in an activity where NCFSOS outcome assessments were completed.

Table 1 – Summary of Individual Statistics Activities Statewide

Number of Activities	397
Average Length (in days)	130
Average Duration of Sessions (in hours)	3
Participants (duplicated)	6,622
Participants (unduplicated)	5,386
Persons Participating in More Than One Activity	1,017
Number of Families	3,235
Families Having More than one Participant	1,280

Table 2 provides demographic information based on unduplicated counts regarding participant age, ethnicity, and gender. The largest group served was the European-American with 2,544 individuals. Over one-third (35.1%) of participants were children under the age of 13, while 39.7% were 18 or younger. Slightly more than half (53.2%) were between the ages of 19 and 49, many of whom may be parents who rely on the activities offered to strengthen parenting skills. Over half (61.6%) of the participants were female.

Table 2 – FRC/Respite Participant Demographics (Unduplicated Count)

	Individual Activities	
Age of Participants	**Number**	**Percent**
0 – 5	1028	19.1%
6 – 12	862	16.0%
13 – 18	247	4.6%
19 – 29	1160	21.5%
30 – 39	1211	22.5%
40 – 49	497	9.2%
50 – 59	246	4.6%
60+	135	2.5%
TOTAL	5,386	100.00%

	Individual Activities	
Race of Participants	**Number**	**Percent**
African American	1,931	35.9%
Asian American	22	0.4%
European American (Caucasian)	2,544	47.2%
Hispanic	515	9.6%
Native American	203	3.8%
Other	171	3.2%
TOTAL	5,386	100.00%

	Individual Activities	
Gender of Participants	**Number**	**Percent**
Female	3,316	61.6%
Male	2,070	38.4%
TOTAL	5,386	100.00%

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Table 3 breaks down the service types delivered through activities and the units of service provided for each type. By far, the most units of service were devoted to Parent/Child Participation (41.3%), Parent Education (21.3%) and Child Development (14.0%), which is consistent with the Division's requirement that FRCs provide evidence-based/promising practices to families within their communities.

For these activities, service type deliveries (activity session log entries) are counted, rather than participants, to get a more accurate portrayal of the total services provided through each activity. If an individual attended a Parenting Class eight times, for example, they were recorded as having received eight units of service. Using this methodology, activities that were more long term and required more resources appear with more units of service than shorter duration activities with similar numbers of attendees.

Table 3 – FRC/Respite
Service Types/Participant Percentages

Service Type	Individual Activities	
	Number	Percent
Adoption Promotion/ Support	2803	5.6%
Child Development	7,064	14.1%
Fatherhood	1,152	2.3%
Healthy Marriages	301	0.6%
Parent Education	10,622	21.3%
Parent Support Group	3,934	7.9%
Parent/Child Participation	20,619	41.3%
Respite Care	3,461	6.9%
TOTAL	49,956	100.00%

North Carolina Family Support Outcome Scale

The North Carolina Family Support Outcome Scale (NCFSOS) is a strength-based assessment tool developed specifically for measuring outcomes across the wide range of services offered by Family Support programs. It has been incorporated into the on-line database and is the assessment tool used by all FRC and Respite programs funded by the Division. A NCFSOS is completed for all participants to measure their progress relative to the target goal of the activity. All outcomes are tied to the goals and outcomes mandated for these programs, either through legislation or through Division policy. The NCFSOS is divided into four domains, each of which measures several broad areas through subscales:

- Overall Child Functioning
- Overall Parent Functioning
- Overall Family Functioning
- Family's Relationship to the Community

Because of the large array of potential services, each item in the scale addresses a very complex issue with a single global phrase. While this helps to keep the scale as brief and manageable as possible, it does result in less precision in the rating of each item. A good example of this is the subscale titled "Parenting Skills, Knowledge, and Attitudes" (item B-I), which addresses a range of possible outcome goals stated by parent education programs across the state: increasing positive child discipline techniques, increasing parents' knowledge of appropriate developmental behavior, improving parents' attitudes towards child-rearing and their children, and so on. In previous years, staff at centers had some difficulty with the degree of latitude given to them in choosing which scale items, and which domains to use to evaluate a particular client's participation in an activity. These concerns have been addressed to some

degree by enhancements to the NCFSOS made during the SFY 2003-2004. Changes to the service types in SFY in 2005-2006 and implemented in August, 2006 into the database also addressed these concerns to a degree. A NCFSOS scale is completed for each participant. It is important to note that, if an individual participates in a Nurturing Parenting class and a Fathering program, he or she will have separate assessments for each of those activities, as the targeted outcomes for each class are different. FRC staff complete the intake assessment as soon after the beginning of the activity as is practical and only those subscales that are directly related to the outcome goals of the activity being provided are rated.

Results

Tables 4 through 7 show the results for all domains covered by the NCFSOS. For each subscale, the tables indicate the total number of participants who were evaluated using that particular subscale, and the number and percentage of participants achieving each level of change. By assigning a value of "1" to the rating "weak strength" and a value of "5" to "clear strength", movement along this continuum is shown in the results of the NCFSOS.   Moving 'backward' (from a solid strength to a mild strength, for example) would result in an assessment score of "less than or equal to -1", while moving 'forward' would result score of +1, +2, or +3 or more, depending on the distance moved. A score of zero indicates that there was no change in the rating from intake to closure. It is important to note that a score of "0", or no movement, does not necessarily indicate any weaknesses in the family interactions. If a participant came to the center with strengths in certain areas, and the subscales addressing those areas were rated accordingly at intake, there may not be a change in those areas at closure. This may be due to the FRC and participant concentrating their efforts in other areas, where the

individual was not as strong. A score of "0" might also indicate a stabilization of the participant issues related to the subscale. This occurrence would generally be characterized as positive.

The results of the NCFSOS assessments clearly indicate that FRCs, Respite Programs, and Special Initiatives help both individual family members and families as a whole develop skills to strengthen their relationships and increase family functioning. All domains showed that participants generally enhanced their functioning or retained previously effective levels of functioning. Very few participants overall saw a decrease in functioning.

In the Overall Child Functioning Domain (Table 4), all domains but one showed an increase by at least one-third of participants. Over one-half reflected an increase in Child's Behavior (51.31%), and just under one half showed increases in School Performance (47.98%) and Child's Developmental Status (46.05%).

Table 4 – NCFSOS Outcome Assessments
Level of Change per Participant – Overall Child Functioning

Overall Child Functioning	Less than or equal to -1	0	1	2	Greater than or equal to 3	Number of Participants evaluated
Child's Developmental Status	0.71% 19	53.23% 1424	37.16% 994	7.51% 201	1.38% 37	2675
Child's Physical Health	0.74% 19	65.49% 1676	27.00% 691	5.59% 143	1.17% 30	2559
Child's Mental Health	0.62% 15	58.13% 1405	32.02% 774	8.44% 204	0.79% 19	2417
Child's Behavior	0.89% 24	47.80% 1282	37.25% 999	12.08% 324	1.98% 53	2682
Child's School Performance	0.22% 3	51.80% 719	37.39% 519	8.72% 121	1.87% 26	1388
Teenager's Movement Towards self-sufficiency	0.26% 1	70.63% 267	23.54% 89	5.56% 21	0.0% 0	378

In the Overall Parent Functioning Domain (Table 5), over half of parents increased their Parenting Skills, Knowledge, and Attitudes (55.25%) and their Sense of Support in Parenting Role (53.10%). Increased knowledge and confidence, as well as support, can relieve the stress and anxiety of parenting, and lead to a decrease in child maltreatment. Nearly one-half of the participants increased their Participation in Community Groups and Activities (49.87%) which can provide the parent with a support base within their community.

Table 5 – NCFSOS Outcome Assessments
Level of Change per Participant – Overall Parent Functioning

Overall Parent Functioning	Less than or equal to -1	0	1	2	Greater than or equal to 3	Number of Participants evaluated
Parenting skills, knowledge, and attitudes	0.91%	43.84%	38.04%	13.39%	3.82%	
	33	1595	1384	487	139	3638
Parent's sense of support in parenting role	1.44%	45.45%	36.87%	11.61%	4.62%	
	48	1515	1229	387	154	3333
Parent's physical health	2.14%	66.57%	22.86%	7.17%	1.26%	
	66	2053	705	221	39	3084
Parent's mental health	1.76%	64.95%	23.16%	8.63%	1.50%	
	55	2033	725	270	47	3130
Parent's educational attainment	1.91%	71.32%	19.23%	5.26%	2.28%	
	63	2348	633	173	75	3292
Parent's leadership skills	1.86%	53.29%	30.22%	11.90%	2.74%	
	61	1751	993	391	90	3286
Parent's participation in community groups and activities	1.92%	48.22%	29.76%	15.40%	4.71%	
	57	1434	885	458	4.71	2974

In the Overall Family Functioning Domain (Table 6), programs are meeting the mandate to improve parent/child interactions. Nearly one-half (49.58%) of participants showed increases in Parent-child Interactions, Parent-child Relationships and Family Communication (47.06%). Approximately forty-five percent of participants increased

their Family Cohesiveness and Mutual Support (45.07%), their Informal Social Support (45.05%) and their Ability to Solve Family Disputes without Violence (44.63%).

Table 6 – NCFSOS Outcome Assessments
Level of Change per Participant – Overall Family Functioning

Overall Family Functioning	Less than or equal to -1	0	1	2	Greater than or equal to 3	Number of Participants evaluated
Parent-child interactions, parent-child relationship	0.74% 21	49.68% 1418	34.41% 982	12.05% 344	3.12% 89	2854
Family Communication	0.67% 16	52.27% 1246	33.05% 788	11.12% 265	2.89% 69	2384
Family cohesiveness, mutual support	0.60% 14	54.33% 1260	31.05% 720	10.44% 242	3.58% 83	2319
Physical, learning, emotional environments at home	0.29% 6	58.17% 1186	27.71% 565	11.43% 233	2.40% 49	2039
Informal social support	0.92% 22	54.03% 1287	28.80% 656	14.19% 338	2.06% 49	2382
Family economic self-sufficiency	1.38% 31	71.58% 1604	20.75% 465	5.44% 122	0.85% 19	2241
Ability to meet basic economic needs	1.56% 35	72.29% 1625	19.80% 445	5.38% 121	0.98% 22	2248
Ability to solve family disputes without violence	0.91% 20	54.46% 1202	27.82% 614	11.87% 262	4.94% 109	2207

Programs have also been successful in the domain of Families' Relationships to Their Community (Table 7). The greatest increase was in Linkages between Family and Community Services (51.89%). Knowledge of Available Human Services (49.0%), and Relations between Family and Human Services Staff (48.88%) also saw an increase of nearly one-half. In addition, over twenty-one percent of participants showed an increase of two or more points in Linkages between Family and Community Services (21.34%) and Relations between Family and Human Services Staff (21.75%). The more positive the relationship between family members and service providers, the more likely the family is to get the assistance they need. Having an existing relationship with community services may prevent the family's situation from deteriorating, or lead the

family to seek additional help prior to becoming part of a Child Protective Services

Report.

Table 7 – NCFSOS Outcome Assessments
Level of Change per Participant – Family's Relationship to the Community

Family's Relationship to the Community	Less than or equal to -1	0	1	2	Greater than or equal to 3	Number of Participants evaluated
Family's knowledge of available human services	0.95% 26	50.05% 1377	29.66% 816	13.09% 360	6.25% 172	2751
Linkages between family and community resources	1.17% 30	46.94% 1203	30.55% 783	12.60% 323	8.74% 224	2563
Relations between family and human services staff	1.21% 28	49.91% 1159	27.13% 630	17.57% 408	4.18% 97	2322
Family's participation in FS program governance	1.39% 22	57.68% 913	15.79% 250	18.95% 300	6.19% 98	1583

Fiscal Analysis

In SFY 2010-2011 the Division awarded contracts totaling $3,013,629.

This amount included $2,145,431 in federal IV-B2 and $868,198 in federal

Community Based Child Abuse Prevention (CBCAP) monies. Family Resource Centers

received funding from IV-B2 and CBCAP funds, however the majority of FRCs were

wholly funded through IV-B2. Respite programs were funded entirely with CBCAP

funds. For a more specific breakdown of how specific contracts were funded, please

see Appendix B.

Continuum of Services

Multiple Response and System of Care

North Carolina's Multiple Response System (MRS) is the state's on-going effort to reform the entire continuum of child welfare services, beginning with the first report of concerns about a child and his or her family and continuing all the way through the finding of a permanent home for those children who enter foster care. MRS, as a reform effort, is not one single program. Rather, it is comprised of seven separate strategies delivered to families through a practice model grounded in the use of Family-Centered practice and System of Care (SOC) principles.

The Six Family Centered Principles of Partnership	The Six System of Care Principles
- Everyone desires respect - Everyone needs to be heard - Everyone has strengths - Judgments can wait - Partners share power - Partnership is a process	- Interagency Collaboration - Individualized strengths based care - Cultural Competence - Accountability to results - Child and family involvement - Community Based services and supports

System of Care is a nationally recognized framework for organizing and coordinating services and resources into a comprehensive and interconnected network. Its goal is to work in partnership with individuals and families who need services or resources from multiple human service agencies to be safe and successful at home, in school, and in the community, and through this assistance, make the community a better place to live. In order to best serve the needs of children and families, all agencies that work with the family should work cooperatively in ways that maximize service delivery and resources. To the fullest extent possible, service providers should be within the family's community and convenient for the family and child. System of

Care builds on individual and community strengths, and makes the most of existing resources to help children and their families achieve better outcomes.

If properly utilized, Family Resource Centers can provide preventive services as a part of a community's System of Care. The principles of partnership and SOC principles are complementary to the Principles of Family Support and Family Support Practice to which FRCs are committed. Programs such as respite can provide a break for both parents and children, often acting as a release valve for parents who may feel overwhelmed. Having as little as a few hours a week to themselves may relieve a parent's stress and prevent incidents of child abuse and neglect. For families already involved with Child Protective Services, Resource Centers can assist with achieving goals in their DSS case plan, such as offering Parenting Classes that may be required. Center staff may also act as advocates for families and may be a part of the Child and Family Team meeting component of MRS, either as a family advocate, a facilitator, or by simply providing a community based meeting site. FRC's have hosted visitations between children in foster care and their parents, and may provide a neutral meeting site for Shared Parenting meetings.

In order to insure that Family Support Program staff members possess necessary basic skills to provide effective services to families, including those whose circumstances place them at risk, a training series is provided on a mandatory basis. Staff members who are funded through the Division must attend this training, and it is encouraged for any staff or volunteers who are involved with a funded program regardless of the source of their individual funding. This training, *Family Support in Practice: Connecting with Families*, is a specialized curriculum designed for Family Support workers. This six-day training offers skill-based instruction in working with

families in center-based programs, in support groups, and through home visits. Tailored to fit the needs of these programs by Appalachian Family Innovations, a study center of Appalachian State University, this training builds on and refines material from Family Support America, a national organization providing educational resources, consultation and training in the family support field.

In addition, North Carolina statute requires programs to collaborate with other public and private agencies involved in the provision of Family Support services as well as eliminate duplication of effort at the local level in order to maximize resources. The Division required a memorandum of agreement between funded resource centers and the county DSS. Programs interact and collaborate with a range of agencies and services providers including mental health, public health departments, schools, Medicaid, Medicare, pubic housing, and other non-profit community agencies.

Appendices

Appendix A
Statewide Distribution of Programs by Model of Service and County

County	FRC	Respite
Alamance	X	
Alexander		
Alleghany	X	
Anson		
Ashe		
Avery		
Beaufort		
Bertie		
Bladen		
Brunswick	X	
Buncombe	X	X
Burke	X	
Cabarrus	X	
Caldwell		
Camden		
Carteret		
Caswell		
Catawba		
Chatham	X	
Cherokee	X	X
Chowan		
Clay	X	X
Cleveland		
Columbus	X	
Craven		
Cumberland		
Currituck		
Dare		
Davidson	X	
Davie		X
Duplin		
Durham	X	
Edgecombe	X	
Forsyth	X	X
Franklin		
Gaston		
Gates		
Graham	X	X
Granville		
Greene		
Guilford	X	X
Halifax		
Harnett		
Haywood	X	X
Henderson	X	
Hertford		
Hoke		
Hyde		
Iredell	X	
Jackson	X	X

County	FRC	Respite
Johnston		
Jones		
Lee		
Lenoir		
Lincoln		
Macon	X	X
Madison		
Martin	X	
McDowell	X	
Mecklenburg		
Mitchell		
Montgomery		
Moore		
Nash	X	
New Hanover		
Northampton		
Onslow		
Orange	X	X
Pamlico		
Pasquotank		
Pender		
Perquimans		
Person		
Pitt		
Polk		
Randolph		
Richmond	X	X
Robeson	X	
Rockingham	X	
Rowan		
Rutherford		
Sampson		
Scotland		
Stanly		
Stokes	X	X
Surry	X	X
Swain	X	
Transylvania	X	
Tyrrell		
Union		
Vance	X	
Wake	X	
Warren		
Washington		
Watauga		
Wayne	X	X
Wilkes		
Wilson		
Yadkin	X	X
Yancey		

Appendix B - Contract Award Amount and Funding Source

Contract Name	Funding Source and Amount	
	IVB-2	CBCAP
Family Resource Centers		
Alleghany Partnership for Children	$70,000	
Barium Springs Home for Children/ Appalachian Family Innovations	$80,000	
Burke County Public Schools	$55,390	
Chapel Hill Training Outreach Project, Inc.	$125,250	
Chapel Hill Training Outreach Project, Inc.	$101,182	
Children's Home Society	$43,316	
Columbus County DREAM Center, Inc.	$70,000	
Communities In Schools of Brunswick County, Inc	$112,850	
Communities In Schools of Durham, Inc.		$150,000
Down East Partnership For Children	$80,300	
Down East Partnership For Children	$80,300	
Durham County Government	$50,000	
Durham Exchange Clubs' Family Center	$71,836	
Exchange Foundation for the Prevention of Child Abuse		$120,000
Fairgrove Family Resource Center	$80,000	
Family Resources of Cherokee County, Inc	$80,250	
Family Service of the Piedmont, Inc.	$105,250	
Franklin-Vance-Warren Opportunity	$80,000	
Help, Incorporated: Center Against Violence	$35,633	$31,095
Martin-Tyrrell-Washington District Health Department	$70,000	
McDowell County Schools	$119,470	
Richmond County Community Support Center, Inc	$70,000	
Robeson County Committee on Domestic Violence, Inc.	$38,154	
Robeson County Dept of Public Health	$79,900	
SAFEchild, Inc.	$43,304	
SAFEchild, Inc.	$63,846	
Southwestern Child Development Commission, Inc.	$25,000	
Swain County Government		$114,048
The Children's Center of Surry, Inc	$157,000	
The Family Place of Transylvania County	$104,100	
University of North Carolina at Chapel Hill		$80,000
WAGES	$53,100	
WAGES		$80,000
WAGES		$23,228
Respite Programs		
Caring for Children, Inc		$30,000
Chapel Hill Training Outreach Project, Inc.		$30,000
Exchange Club Center for the Prevention of Child Abuse of NC, Inc.		$30,000
Richmond County Community Support Center, Inc		$30,000
The Children's Center of Surry, Inc		$30,000
Southwestern Child Development Commission, Inc.		$30,000
Southwestern Child Development Commission, Inc.		$30,000
Wayne Uplift Resource Association, Inc		$29,827
Youth Focus, Inc.		$30,000
TOTALS	**$2,145,431**	**$868,198**

Family Support – Outcome Scale

Type: ☐ Intake ☐ Closure **Client's Name**: _____

Date: ____/____/____ **Activity Name**: _____

Staff Member: _____

This questionnaire addresses issues that are important to families. It is to be completed at least twice—once before the intervention begins and once after it ends—**by the same staff member**. It is very important that the same staff member fill out this assessment for the same family so the success of the intervention or service can be measured. Consider each item below in terms of the family's current situation. Rate each item on the **5-point continuum** below. N/A means Not Applicable, and this may be the appropriate response for many items. To complete the Scale, please check the appropriate box for each item.

A. Overall Child Functioning	Weak Strength	Mild Strength	Moderate Strength	Solid Strength	Clear Strength	Not Applicable
1. Child's developmental status (social, cognitive, etc.)	☐	☐	☐	☐	☐	☐
2. Child's physical health	☐	☐	☐	☐	☐	☐
3. Child's mental health	☐	☐	☐	☐	☐	☐
4. Child's behavior	☐	☐	☐	☐	☐	☐
5. Child's school performance	☐	☐	☐	☐	☐	☐
6. Teenager's movement towards self-sufficiency	☐	☐	☐	☐	☐	☐

B. Overall Parent Functioning	Weak Strength	Mild Strength	Moderate Strength	Solid Strength	Clear Strength	Not Applicable
1. Parenting skills, knowledge, and attitudes	☐	☐	☐	☐	☐	☐
2. Parent's sense of support in parenting role	☐	☐	☐	☐	☐	☐
3. Parent's physical health	☐	☐	☐	☐	☐	☐
4. Parent's mental health	☐	☐	☐	☐	☐	☐
5. Parent's educational attainment	☐	☐	☐	☐	☐	☐
6. Parent's leadership skills	☐	☐	☐	☐	☐	☐
7. Participation in community groups and activities	☐	☐	☐	☐	☐	☐

C. Overall Family Functioning	Weak Strength	Mild Strength	Moderate Strength	Solid Strength	Clear Strength	Not Applicable
1. Parent-child interactions, parent-child relationship	☐	☐	☐	☐	☐	☐
2. Family communication	☐	☐	☐	☐	☐	☐
3. Family cohesiveness, mutual support	☐	☐	☐	☐	☐	☐
4. Physical, learning, emotional environments in home	☐	☐	☐	☐	☐	☐
5. Informal social support (from friends, extended family)	☐	☐	☐	☐	☐	☐
6. Family economic self-sufficiency	☐	☐	☐	☐	☐	☐
7. Ability to meet basic economic needs	☐	☐	☐	☐	☐	☐
8. Ability to solve family disputes without violence	☐	☐	☐	☐	☐	☐

D. Family's Relationship to Community	Weak Strength	Mild Strength	Moderate Strength	Solid Strength	Clear Strength	Not Applicable
1. Family's knowledge of available human services	☐	☐	☐	☐	☐	☐
2. Linkages between families and human services	☐	☐	☐	☐	☐	☐
3. Relations between families and human services staff	☐	☐	☐	☐	☐	☐
4. Family's participation in FS program governance	☐	☐	☐	☐	☐	☐

Appendix D

Definitions for Family Support Outcome Scales

Listed below are the definitions for individual items found under the various sub-scales that comprise North Carolina's Family Support Outcome Scale. Read the definitions carefully and select the definition that best represents the individual child, parent, adult, family, or community being observed. Even if not all of a definition applies, select the definition that best captures that person or group. The scales need to be completed for the child, parent, adult, family or community at intake and at case closure. Please do not hesitate to use the entire range of scores on each item, including the lower strength scores, such as "1". By selecting all scores as appropriate, the information collected is more accurate. Further, changes in scores from intake to closure can be more easily observed.

A. Overall Child Functioning

This sub-scale should be completed when a child is participating in an activity that affects the child's functioning. These activities may include preschool classes, playgroups, tutoring, etc.

1. Child's developmental status
** This item refers to the child's physical, emotional, and/or social development. Doctor's comments and recommendations may be used to help rate the child in this area.

(1) <u>Weak Strength</u>: Child is significantly developmentally behind (socially, cognitively, and physically). Child may not be walking at appropriate age, child may have a vocabulary well below their age level, and child's speech may be slow or hard to understand. Parent and/or child seek improvement in areas of social, cognitive, and physical development.

(2) <u>Mild Strength</u>: Child is behind developmentally. Child is "on-track" in terms of one or two developmental milestones (i. e. walking, tying shoes) but is behind in most other areas (i. e. speech, vocabulary, and reading). Parent and/or child seek improvement in areas of social, cognitive, and physical development.

(3) <u>Moderate Strength</u>: Child is, more or less, at the same developmental stage as other children his or her age.

(4) <u>Solid Strength</u>: Child is above average. Child is at or above the same developmental stage as most children his or her age and excels in one or more area such as reading, math, etc.

(5) <u>Clear Strength</u>: Child is clearly developmentally above average. Child excels socially, cognitively, and physically.

2. Child's physical health

** This item refers to the child's overall physical health.

(1) <u>Weak Strength</u>: Child has one or more physical diseases or disabilities, or experiences pain that considerably (but not totally) hinders the child's ability to function in daily activities (e.g. play, school, etc). Some activities or tasks are significantly affected while others remain unaffected. Alternatively, all activities could be affected but

child continues to attempt to participate in all (e.g. while causing pain, stress or discomfort). Those children with a serious communicable disease whose presence endangers family or public health even if it does not interfere with functioning in daily activities should be included in this category. In addition, those with life-threatening illnesses or conditions that may not be affecting functioning immediately, but could have a drastic effect (e.g. heart or kidney disease). Parent and/or child seek improvement in area of physical health.

(2) Mild Strength: Child has one or more physical diseases or disabilities which are not life threatening and which have no (or little) impact on his or her ability to perform daily activities. Those children with chronic or potentially debilitating illness (e.g. asthma, congenital heart disease, diabetes) which have not progressed to have a significant, prolonged impact on tasks and activities related to child's daily functioning (school, play) should be included in this category. Parent and/or child seek improvement in area of physical health.

(3) Moderate Strength: Child has no significant physical diseases or disabilities and adequate health habits. Those children who complain of physical symptoms (e.g., headaches, fatigue, frequent colds), but no specific illness has been diagnosed should be included in this category.

(4) Solid Strength: Child has no significant physical diseases or disabilities and has good health habits. Episodes of acute illness (e.g. flu) may occur but these are infrequent and brief.

(5) Clear Strength: Child has no significant physical diseases or disabilities and has excellent health habits. Episodes of acute illness are rare.

3. Child's mental health

** This item refers to the child's overall mental health. Doctor's comments or recommendations may be used to help rate the child in this area.

(1) Weak Strength: Due to mental disturbance, child is unable to function in most daily activities (e.g. child may not be able to attend school, cannot interact with family or friends, or is unable to leave the house). However, child can carry out self-care tasks and is not a danger to self or others. Symptoms may include serious disturbance in judgment, thinking, mood or reality testing. Parent and/or child seek improvement in area of mental health.

(2) Mild Strength: Due to mental disturbance, some of the child's functioning and daily activities are impaired, where some activities could be substantially affected while others remain unaffected. Symptoms may include refusal to attend school, bed-wetting, excessive aggression, withdrawal, or avoidance of others. Child may have some mental health disorders that are being addressed in treatment. Parent and/or child seek improvement in area of mental health.

(3) Moderate Strength: Child does not have a diagnosable mental disorder. Due to recent stressful life events, (e.g. recent separation or divorce of parents, relocation, etc.), the child may be experiencing mild and transient symptoms of psychological distress. These issues may have a minimal impact on functioning in daily activities (e.g. school, socialization).

(4) <u>Solid Strength</u>: Child has overall good mental health, emotional stability, and self-concept. Child may have mental health issues, but participates in treatment and/ or is taking medication and is making excellent progress.

(5) <u>Clear Strength</u>: Child has overall excellent mental health, emotional stability, and self-concept. Child is able to handle stress effectively.

4. Child's behavior

** This item refers to the child's behavior at home, school, or in the community. Recommendations or comments from parents or teachers may be used to help rate the child for this item.

(1) <u>Weak Strength</u>: Behavior is dangerous to self. Child is uncooperative, refuses to follow rules or do chores. Child may use drugs or threatened suicide. Parent and/or child seek improvement in child's behavior.

(2) <u>Mild Strength</u>: Child engages in disobedience or misconduct at home or in school (e.g. small thefts, stays out late, running away, sexual "acting out," breaking or smashing things, threats, fighting with siblings, some drug use), but no injuries involved. Household or classroom is often disrupted by child's behavior. Parent and/or child seek improvement in child's behavior.

(3) <u>Moderate Strength</u>: Child's behavior is mostly manageable and fairly normal for his or her age. Some discipline problems are present (e.g. argumentative, rude, throws tantrums), but transient. Child is usually cooperative but has some difficulty in following rules or completing chores, but problems do not merit intervention.

(4) <u>Solid Strength</u>: Child is behaving normally for age. Minor disobedience is quickly resolved; episodes are isolated and do not escalate. Child is viewed as cooperative, follows rules, and does chores. Contributes to child's learning and increasing maturity.

(5) <u>Clear Strength</u>: Child has exemplary behavior. Episodes of noncompliance are extremely rare and child is polite and cooperative.

5. Child's school performance

** This item refers to the child's performance in all aspects of school.

(1) <u>Weak Strength</u>: Child has frequent periods of poor attendance, poor academic record, and/or many behavior problems in school. Child goes back and forth between tolerating and disliking school, and/or periodically avoids school with illness or truancy. Parent and/or child seek improvement in child's school performance.

(2) <u>Mild Strength</u>: Child has fair attendance, a fair academic record, and occasional to frequent behavior problems in school. Child seems to tolerate school, but takes advantages of opportunities to miss school. Parent and/or child seek improvement in child's school performance.

(3) <u>Moderate Strength</u>: Child has good attendance and an average academic record. Behavior problems at school are rare.

(4) <u>Solid Strength</u>: Child has good school attendance and an average to good academic record. Child tries hard. Child reports to like school and/or behaves appropriately in school.

(5) <u>Clear Strength</u>: Child has good school attendance and an excellent academic record. Child is an exemplary student.

6. Teenager's movement toward self-sufficiency

** This item refers to the teen's progress in functioning appropriately in everyday life.

(1) <u>Weak Strength</u>: Parent(s), caretakers, and/or professionals make all decisions for teen. Teen lacks the ability to ask questions when clarification is needed, make compromises, ask for help, control or explain feelings, and respect others. Parent and/or child seek improvement in this area.

(2) <u>Mild Strength</u>: Teen relies heavily on parents, caretakers, and/or professionals to make decisions affecting his/her daily life. Teen has some trouble in the areas of seeking clarification, recognizing and explaining feelings, controlling actions, delayed gratification, setting goals, making compromises, asking for help, and respecting others. Parent and/or child seek improvement in this area.

(3) <u>Moderate Strength</u>: Teen often goes to parent(s), caregiver, or professional to help make decisions affecting his or her life. Teen is able to ask questions when needed, recognize and explain feelings, control actions, delay gratification, set goals, make compromises, and respect others.

(4) <u>Solid Strength</u>: Teen goes to parent(s), caregiver, or professionals to help him or her make important decisions affecting his/her daily life but is also able to make sound decisions on own regarding the lesser problems and issues of daily living.

(5) <u>Clear Strength</u>: Teen possesses and has shown the ability to make rational decisions based on careful thought and/ or consultation with a parent, caregiver, professional, or other mentor. Teen can not only ask for help when needed, but can also ask clarifying questions, recognize and explain feelings, control actions, follow through with outlined plans, present ideals to others, accept both praise and criticism gracefully, respect others, and lead group activities (i.e. sports or school).

B. Overall Parent Functioning

This sub-scale should be used when a parent is participating in an activity or series of activities that pertain to parenting. These activities may include parent education activities, parenting workshops, parent enrichment activities, etc.

1. Parenting skills, knowledge, and attitudes

**This item refers to a parent's knowledge and understanding of child development; his or her comfort level in parenting; and his or her parenting skills.

(1) <u>Weak Strength</u>: Parent possesses limited knowledge of child's developmental stages; parent often does not feel comfortable assuming parental role; parent's discipline and limit-setting for child may vary from age-appropriate to too harsh or to too lenient. Parent seeks improvement in parenting skills, knowledge, and attitudes.

(2) <u>Mild Strength</u>: Parent possesses some knowledge of child's developmental stages; parent has some mixed feelings about authority/role as a parent; parent provides adequate supervision of child; parent's communication with child is brief, but mostly

positive and appropriate; parent's discipline and limit-setting for child is age-appropriate, but can be inconsistent. However, these inconsistencies do not create major difficulties. Parent seeks improvement in parenting skills, knowledge, and attitudes.

(3) Moderate Strength: Parent has adequate knowledge of child's developmental stages; parent feels generally positive about parental role; parent provides and seeks out age-appropriate supervision of child; parent has good rapport and positive communication with child; parent's discipline and limit-setting for child is age-appropriate and generally consistent.

(4) Solid Strength: Parent has an excellent knowledge of child's developmental stages and seeks out new information about these stages; parent feels positive and generally enjoys parental role; parent provides, seeks out, or creates age-appropriate supervision of child; parent has excellent rapport with child; parent's discipline and limit-setting for child is age-appropriate and consistent.

(5) Clear Strength: Parent has a superior knowledge of child's developmental stages and seeks out and analyzes new information about child's developmental stages; parent relishes parental role; parent provides, seeks out, or creates age-appropriate supervision that child feels content with; parent has an excellent rapport with child and child freely shares and initiates communication with parent; parent's discipline and limit-setting for child is age-appropriate, consistent, and creative, depending on the needs of the child.

2. Parent's sense of support in parenting role

** This item refers to the support a parent experiences from key others regarding his or her parenting.

(1) Weak Strength: Parent receives no support or occasionally feels supported by partner in parenting role but experiences inconsistencies in support; parent experiences no support or experiences limited support for parenting and some negative support from extended family; parent reports having no support or limited support network regarding parenting that he or she desires to expand (i.e. very few or no friends, neighbors, church and/or community friends).

(2) Mild Strength: Parent reports positive emotional and tangible support in parenting role from partner but would like more support; parent experiences generally positive support for parenting from extended family; parent reports an adequate support network regarding parenting that he or she may want to expand (i.e. limited number of close friends, neighbors, church, and/or community friends).

(3) Moderate Strength: Parent reports positive emotional and tangible support in parenting role from partner that is adequate; parent seeks out and receives positive support for parenting from extended family; parent reports having a strong support network regarding parenting (i.e. adequate number of close friends, neighbors, church, and/or community friends).

(4) Solid Strength: Parent reports strong and consistent emotional and tangible support in parenting role from partner; parent seeks out and receives positive support for parenting from varied extended family; parent reports a strong and varied support network regarding parenting (i.e. close and casual friends, neighbors, church, and/or community friends).

(5) Clear Strength: Parent reports strong, consistent and reciprocal emotional and tangible support in parenting role from partner; parent reports strong and reciprocal

support for parenting from varied extended family; parent reports a large, strong, and varied support network regarding parenting (i.e. many close and casual friends, neighbors, church, and/or community friends).

3. Parent's physical health

** This item refers to a parent's overall physical health.

(1) <u>Weak Strength</u>: Parent has at least one acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.) that impairs his/her parental functioning significantly. Parent reports few personal resources or tangible supports to deal effectively with this condition. Parent would like to increase his/her resources and supports.

(2) <u>Mild Strength</u>: Parent has at least one acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.) that may impair his/her parental functioning. Some everyday activities related to the child are negatively affected by this condition, while other activities are not. Parent has some personal resources and tangible supports to deal effectively with this condition. Parent would like to increase his/her resources and supports.

(3) <u>Moderate Strength</u>: Parent may or may not have an acute or chronic disease, disability, or condition (i.e. severe asthma, diabetes, obesity, heart problems, multiple sclerosis, cancer, etc.). If present, the condition rarely affects parental functioning. If not present, parent has good overall health and nutrition, although he or she participates sporadically in exercise. Parent has good personal resources and tangible supports to deal effectively if condition is present.

(4) <u>Solid Strength</u>: Parent has good overall health and nutrition. Parent participates regularly in exercise activities and in maintaining good nutritional habits. Parent has good resources and tangible supports that encourage these positive habits.

(5) <u>Clear Strength</u>: Parent has excellent overall health and nutrition. Parent actively encourages regular physical activities and healthy eating habits of child and partner. Parent participates individually and with child and partner in regular exercise activities and in good eating habits. Parent has good personal resources and supports that encourage these positive habits.

4. Parent's mental health

**This item refers to a parent's overall mental health.

(1) <u>Weak Strength</u>: Parent has at least one type of mental disability (i.e. depression, bipolar disorder, substance abuse, psychosis, etc.) that impairs his/her parental functioning significantly. Parent has few personal resources or tangible supports to deal effectively with this issue. Parent would like to increase his/her resources and supports.

(2) <u>Mild Strength</u>: Parent has at least one type of mental disability (i.e. depression, bipolar disorder, substance abuse, psychosis, etc.) that may impair his/her parental functioning occasionally. The issue may affect some everyday activities related to the child, while other activities are not. Parent has some personal resources or tangible supports to deal effectively with this issue. Parent would like to increase his/her resources and supports.

(3) <u>Moderate Strength</u>: Parent may or may not have a type of mental disability (i.e. depression, bipolar disorder, substance abuse, psychosis, etc. . . If present, the issue rarely affects parental functioning. If not present, parent has good overall mental health, although he or she may be experiencing some type of psychological stress (i.e. job difficulties, a difficult family relationship, etc.).
Parent has good resources or tangible supports to deal effectively with the issue or stress if present.

(4) <u>Solid Strength</u>: Parent has good overall mental health and self-esteem. Parent does not experience any type of mental disability and he or she is not experiencing any significant psychological stress. Parent has good personal resources or tangible supports that encourage positive mental health and self-esteem.

(5) <u>Clear Strength</u>: Parent has excellent overall mental health and self-esteem. Parent actively encourages building positive self-esteem and maintaining positive mental health with child and partner. Parent does not experience any type of mental disability and he or she is not experiencing any significant psychological stress. Parent has excellent personal resources or tangible supports that encourage these positive traits.

5. Parent's educational attainment

** This item refers to a parent's level of education and training.

(1) <u>Weak Strength</u>: Parent has not completed high school or GED. Parent is "self-taught" and skilled, but he or she has not actively pursued further education or training opportunities in the past. Parent is interested in increasing his or her education or training.

(2) <u>Mild Strength</u>: Parent has completed high school or GED. Parent is "self-taught" and skilled. In the past, parent has actively pursued further education or training opportunities. Parent is interested in increasing his or her education or training.

(3) <u>Moderate Strength</u>: Parent has completed high school or GED. In the past, parent has actively pursued further education or training opportunities. Parent is interested in increasing his or her education or training. Parent may have pursued some college (i.e. an Associate degree).

(4) <u>Solid Strength</u>: Parent has completed high school or GED. In the past, parent has actively pursued further education or training opportunities. Parent is interested in increasing his or her education or training, and he or she is currently pursuing opportunities. Parent also may have a four-year college degree.

(5) <u>Clear Strength</u>: Parent has completed high school or GED. In the past, parent has actively pursued further education or training opportunities. Parent is interested in increasing his or her education or training. He or she also may encourage others to pursue continued education and he or she may help facilitate continuing education opportunities. Parent also may have completed a graduate degree (i.e. Masters degree, Ph. D., J. D., etc.)

6. Parent's leadership skills

** This item refers to a parent's leadership skills at home, work, and within the community.

(1) <u>Weak Strength</u>: Parent sees self as a participant rather than as a leader at home, work, and/or community settings. Parent doesn't like to assume authority in different areas and prefers others to assume leadership roles. Parent likes role as a participant.

(2) <u>Mild Strength</u>: Parent sees self as a participant rather than as a leader at home, work, and/or community settings. Parent has not felt comfortable assuming authority but is willing to assume leadership roles. Parent likes role as a participant but may be interested in limited leadership roles.

(3) <u>Moderate Strength</u>: Parent has assumed roles as both a leader and as a participant at home, work, and/or in the community. Parent expresses some interest in assuming a broader range of leadership roles. Parent seeks increased leadership roles.

(4) <u>Solid Strength</u>: Parent has assumed a number of leadership roles at home, work, and/or community. Parent enjoys assuming an authority position. Parent seeks broader and deeper leadership roles.

(5) <u>Clear Strength</u>: Parent has assumed a number of leadership roles at home, work, and/or community and is widely recognized by others for leadership. Parent enjoys assuming an authority position. Parent is recognized for excellent leadership skills and abilities.

7. Parent participation in community groups and activities

** This item refers to a parent's level of involvement within the community.

(1) <u>Weak Strength</u>: Parent rarely participates in community groups and activities. If he or she participates, he/she views self as an outsider in community settings.

(2) <u>Mild Strength</u>: Parent participates in some community groups and activities.   Parent prefers role as a participant in community groups and activities over role as a leader. Parent expresses some interest in participating in more community activities and/or groups.

(3) <u>Moderate Strength</u>: Parent participates in community groups and activities on a regular basis. Parent may have assumed some leadership roles in addition to his/her role as a participant in community groups and activities. Parent expresses interest in participating in more community groups and activities and/ or assuming leadership roles within community groups and activities.

(4) <u>Solid Strength</u>: Parent participates in community groups and activities on a regular basis. Parent has assumed some leadership roles within community groups and activities. Parent may express some interest in assuming a broader range of leadership roles. Parent is a link between community groups and/or activities and members of their community.

(5) <u>Clear Strength</u>: Parent participates in community groups and activities very regularly. Parent has assumed a number of leadership roles within community groups and activities. Parent enjoys assuming an authority position in community settings. Parent is recognized for excellent leadership skills and activities within the community, and he/she is widely viewed as a community leader.

C. Overall Family Functioning

This sub-scale should be completed when a family is participating in an activity that affects the family's overall functioning. These activities may include parent education classes, parenting workshops, family enrichment activities, family-based activities, budgeting workshops, etc.

1. Parent-child interactions, parent-child relationship

** This item refers to the nature of the relationship between the parent and child as well as their interactions.

(1) <u>Weak Strength</u>: Parent and/or child show little emotional investment. Parent is often irritable and misinterprets cues most of the time. Parent frequently does not respond or responds inappropriately. Parent and/or child seek improvement in this area. Parent and/or child report arguing with one another on an almost daily basis. Interactions are characterized by raised voices, criticism, and no resolution of conflicts. There may currently be violent/destructive behavior between parent and child. Interaction between parent and child is primarily for purposes of discipline (parent) or for request for resources (child). Child receives little emotional nurturing from parent. Cooperative decision making rarely
occurs.

(2) <u>Mild Strength</u>: Parent is sometimes frustrated or intrusive. Some ambivalence and/or passiveness are detected. Parent responds to physical and/or social needs inconsistently. Parent has some difficulty in reading child's cues. Parent and/or child seek improvement in this area. Interactions between parent and child are often marked by conflict and argument, but parent and/or child report that they are able to engage is some activities without conflict. Conflict may occur when parent attempts to modify child's behavior. When conflict occurs, parent and child are often unable to resolve the conflict without escalation into an argument or destructive behavior. Parent occasionally seeks feedback for child prior to making decisions that directly impact child. Child seldom goes to parent for emotional support.

(3) <u>Moderate Strength</u>: Parent exhibits adequate emotional involvement and support. Parent has occasional difficulty allowing independence or differences. Parent reads child's cues correctly most of the time. Despite occasional arguments and escalation of behavior, parent-child interactions occur regularly and consistently. Parent and child are able to discuss problems and/or recent conflict but have some difficulty finding resolution to these issues. Parent occasionally seeks feedback for child prior to making decisions that directly impact child. Child seeks out support from parent for some issues.

(4) <u>Solid Strength</u>: Parent-child relationship is balanced. Parent encourages appropriate independence, is warm and attentive, and responds appropriately to needs. Parent reads child's cues correctly. Parent and child regularly spend time together and this interaction is marked by engagement in mutually enjoyable activities. Disagreements or problems are handled without escalation of conflict. Parent and child both actively involved (when appropriate) in decisions that impact child. Child regularly seeks support from parent.

(5) <u>Clear Strength</u>: Parent-child relationship is very balanced. Parent is encouraging, promotes independence, is warm and attentive, reads cues correctly, and responds appropriately to needs of child. A strong sense of connectedness is exhibited. Parent and child regularly spend time together and the interaction is marked by engagement in mutually enjoyable activities. Parent and child both compromise in order to resolve conflicts. Parent and child communicate regarding areas of conflict or disagreement and

are able to find solutions to these conflicts. Child solicits parent's advice and emotional support.

2. Family communication

** This item refers to the communication among family members.

(1) Weak Strength: Family has very poor communication, lots of misunderstandings and misreading of other's cues is present. Family seeks improvement in this area.

(2) Mild Strength: Conversations are usually of daily life or are business oriented. There is little "quality conversation" within the family. Communication is isolated. Family seeks improvement in this area.

(3) Moderate Strength: Family generally has good communication, although has difficulty communicating about important or "heavy" issues.

(4) Solid Strength: Family has open communication where there is frequent sharing of ideas, feelings, and experiences.

(5) Clear Strength: Family has excellent communication within the family. There is a frequent sharing of ideas feelings, and experiences. Everyone's voice is "heard" and considered within the family. Time may set aside to promote this open communication.

3. Family cohesiveness, mutual support

** This item refers to how "connected" and supported family members feel with one another.

(1) Weak Strength: Refers to poor emotional and/or physical support among family members. Family rarely provides transportation, day care, or financial assistance when needed. Frequent undermining and jealousy of success between family members is present. Family seeks improvement in this area.

(2) Mild Strength: Refers to fair emotional and/or physical support among family members. Family may provide one or more of the following: transportation, day care, or financial assistance when requested, but often family cannot offer support in these areas. Family seeks improvement in this area.

(3) Moderate Strength: Refers to good support within the family. Some physical support is provided when requested by a family member. Most requests for help from family members are met by other family members

(4) Solid Strength: Refers to good emotional and/or physical support within the family. Physical support is given when needed, such as providing day care, transport, or financial help. Family members appear to help each other willingly.

(5) Clear Strength: Refers to excellent emotional and/or physical support within the family. Physical support such as day care, transportation, or financial help is readily available to family. Family members help each other willingly.

4. Physical, learning, emotional environments in the home

**This item refers to the physical, learning, and emotional climate present within the family's home.

(1) <u>Weak Strength</u>: Little interest in child learning and development is seen.   Parent(s) avoid school contact or parent(s) put excessive pressure on the child to exceed. Family may receive low ratings in the areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition. Family seeks improvement in this area.

(2) <u>Mild Strength</u>: Parent(s) allow child(ren) to develop without interfering.   Parent(s) allow child(ren) to watch any program on T.V. (although parent(s) might verbally disapprove). Parent(s) interact with the school only at schools request.   Some pushing to unrealistic achievement (i. e. child must read before starting school) may be seen. Refers to fair ratings in the areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition. Family seeks improvement in this area.

(3) <u>Moderate Strength</u>: Parent(s) read to child(ren) frequently, as time allows. Television programs are generally monitored. Parent(s) occasionally plan learning activities. Parent(s) may check homework but do not actively seek out constant involvement with child's school, however does make time available
if requested. Refers to adequate ratings in the areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition.

(4) <u>Solid Strength</u>: Parent(s) plan reading time, carefully selects activities and experiences, and plans outings. Parent(s) is actively involved with school and helps child(ren) to attain appropriate developmental tasks. Age appropriate games and toys are provided. Refers to good ratings in most of the areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition.

(5) <u>Clear Strength</u>: Parent(s) are actively involved in child's learning. Parent(s) sets aside time for reading and plans regular educational outings. Parent is actively involved in school and may serve a leadership role within a parent committee. Age appropriate games and toys are provided. Refers to
excellent ratings in areas of housing stability, safety in the home and /or community, transportation, hygiene, and food and nutrition.

5. Informal social support (from friends, extended family)

** This item refers to the support that the family experiences from friends and/or extended family.

(1) <u>Weak Strength</u>: Family is isolated. Parents more or less have no relations with people outside the family other than on a polite "hello-goodbye" level.   There is no one person that can be called on a regular basis for significant help or assistance, or no one who takes a substantial interest in the parent.
There is never anyone to talk to. Neighbors and others might tend to avoid the parents and help might be rejected if requested by the parents. Parents generally do not know how to carry out relations with others, or have characteristics that cause others to avoid closer interaction. Family seeks to improve the level of support.

(2) <u>Mild Strength</u>: Parents have few friends or relatives they can regularly turn to. Parents have acquaintances (work, neighbors) but cannot go to them with important personal problems. Can request and receive help at times with the lesser problems of everyday life. Parents do not want to "impose" on people although people are generally friendly. Close relatives may live too distant to offer regular support, though parents may be in touch through correspondence.   Family seeks to improve the level of support.

(3) <u>Moderate Strength</u>: Parents may have a few friends to talk and/or one or two relatives that live near by to offer emotional support and some concrete help (i. e., babysitting, transportation, assistance with household, shopping). Parent(s) generally go to community resources for help.

(4) <u>Solid Strength</u>: Parents have frequent contact with a few close friends or relatives outside of the household that they can count on for emotional support and concrete help. Parents have support available in a crisis, and a few people available for everyday activities or regular socializing. Social contact may include some church and/or community involvement.

(5) <u>Clear Strength</u>: Parents are well supported and have frequent and regular contact with several relatives and/or close friends outside of the household that they can count on for emotional and concrete help when needed (i.e. babysitting, transportation). Relatives or friends don't "drift away" when there are problems, and do not give off the feeling of being imposed upon. Parents have support available in crisis as well as for lesser problems in everyday life.

6. Family economic self-sufficiency

** This item refers to financial well-being of the family.

(1) <u>Weak Strength</u>: Family is in debt over their heads. Parents practice irresponsible spending habits; luxuries are often bought before necessities. Family has chaotic budget. Family seeks improvement regarding financial well-being.

(2) <u>Mild Strength</u>: Family has no plan for use of money. Parents occasionally buy things on impulse. Children are not deprived of necessities but there would be a problem if there were an emergency. Family seeks improvement regarding financial well-being.

(3) <u>Moderate Strength</u>: Refers to family having debts, but debts are under control. Family has some problems with budgeting but there is a planned use of money. Problems do not prevent the family from meeting their basic needs.

(4) <u>Solid Strength</u>: Refers to family using money in a way that provides benefits financially and family has clear spending plans or priorities. Debts are small and manageable. There is a planned use of money and no back bills. Family is good at bargain hunting.

(5) <u>Clear Strength</u>: Family uses money in an appropriate way. Family has clear spending plans and priorities. Bills are always paid on time. Money is regularly put into savings or other investments.

7. Ability to meet basic economic needs

** This item refers to the family's ability to address financial needs satisfactorily.

(1) <u>Weak Strength</u>: Family is deprived of some necessities and/or cannot repay debts. Income cannot be stretched far enough, even by borrowing (have difficulty obtaining loans).There is usually not enough food; rent or utility payments are far behind. This may be the result of a sudden reduction in income or unexpected large expenses. Family is getting further into debt. Family seeks improvement in addressing economic needs.

(2) Mild Strength: Family has constant financial problems, but is "scraping by". Basic necessities can usually be paid for, but delays occur. Family borrows money frequently and bills are not paid on time Often one essential purchase has to be delayed so that another may be paid for (e.g. doctor's visit needed so school clothes cannot be bought). Income may fluctuate but family is not suffering and debts are eventually repaid. Family seeks improvement in addressing economic needs.

(3) Moderate Strength: Family has occasional financial problems. Basic necessities are almost always paid for. Bills are usually paid on time. Money is available for small emergencies. Income is fairly stable.

(4) Solid Strength: Family has no continuing financial problems. Family is able to afford all necessities of daily living (rent, clothing, food, transportation, medical expenses, utilities), with some money available for recreation and amenities. Modest savings may be possible.

(5) Clear Strength: Family has no financial problems. Necessities and recreation are easily paid for. Family has some money in savings or other investments.

8. Ability to solve family disputes without violence

** This item refers to the family's ability to resolve conflicts.

(1) Weak Strength: Physical violence resulting in injury to an adult or child in the home has occurred and there may be threats of continuing violence. Violence between caregivers negatively affects ability to parent and/or has resulted in physical or emotional harm to children. Family seeks improvement regarding conflict resolution.

(2) Mild Strength: There are more periods of arguments than of peace and quiet.   Since contacts often end in conflict; parents may withdraw from each other.   There is little tolerance and "grudges" are held for long periods of time. Children are often the focus of arguments and may be blamed for adult conflicts. Family seeks improvement regarding conflict resolution.

(3) Moderate Strength: Physical abuse toward children has not occurred, or complaints/substantiations of abuse have occurred but satisfactory progress is being made through counseling or provision of other services. Family members solve problems without violence.

(4) Solid Strength: There are attempts at problem solving, but these are not always successful and channels of communication may temporarily close.   Children are sometimes drawn into arguments between parents. There seems to be a strong emotional tie between adults and they usually support each other in important matters.

(5) Clear Strength: Refers to families in which violence has never occurred between caregivers, and all family members are encouraged to solve problems nonviolently. Also refers to families in which domestic violence has occurred but no longer occurs due to family's success in counseling and family actively discourages violence.

D. Family's Relationship with Community

This sub-scale should be used when a family is participating in an activity or series of activities that either relate to the community or relate to involvement with the community.

1. Family's knowledge of available human services

**This item refers to a family's level of knowledge regarding human services that are available within the community. (The individual child, parent, or family is referred to as "family" in the definitions).

(1) Weak Strength: The family is not familiar with the community and does not know about available human services located within the community. This FRC may be the first agency the family has come to for services. The family is interested in learning more about the available human services.

(2) Mild Strength: The family has some knowledge of the community and some knowledge regarding available human services located within the community. Family may have some knowledge of services because they have been mandated to participate in them (i.e. AA group, IFPS, health department for
vaccines, etc). The family is interested in learning more about the available human services.

(3) Moderate Strength: The family has adequate knowledge about the community and adequate knowledge regarding available human services within the community. The family accesses human services as needed. The family is interested in increasing their knowledge about the available human services.

(4) Solid Strength: The family has good knowledge about the community and good knowledge regarding available human services within the community. The family accesses human services as needed, and the family knows where to get information regarding services they may need but have not
yet accessed.

(5) Clear Strength: The family has excellent knowledge about the community and excellent knowledge regarding available human services within the community. The family accesses human services as needed, and has a network available to get additional information or resources if needed. The family is a source of information for other families within the community regarding available human services.

2. Linkages between family and human services

**This item refers to knowledge and the contacts between the family and the community

(1) Weak Strength: The family lacks information about the community and community resources. The family has not yet had contact with community and human services. The family would like to establish contact with desired community and human services agencies.

(2) Mild Strength: The family has some information about the community and community resources. The family has had limited contact with community and human services. The family would like to establish contact with desired community and human services agencies.

(3) Moderate Strength: The family has adequate information about the community and community resources. The family is involved in community activities and accesses human services as needed. The family would like to expand their involvement with desired community and human services agencies.

(4) <u>Solid Strength</u>: The family has good information about the community and community resources. All family members are actively involved with the community and they access human services as needed. The family possesses information or knows where to get information on additional agencies that they may need to contact in the future.

(5) <u>Clear Strength</u>: The family has excellent knowledge about the community and community resources. All family members are actively involved with the community and all family members access community resources or human services as needed. The family possesses information or knows where to get information on additional agencies that they may need to contact in the future. The family serves as a resource and link between other families and community resources.

3. Relations between family and human services staff

**This item refers to the nature of the relationship between a family and human services staff within the community, including the family support/resource program.

(1) <u>Weak Strength</u>: The family has no relationship or a poor relationship with community and human service staff members and the family has little or no prior relationship with the family support/family resource program staff. The family would like to improve or develop relationships with community and/or human services staff, including the family support/family resource program staff members.

(2) <u>Mild Strength</u>: The family has some relationship with community and human services staff members and some relationship with the family support/family resource program staff. The family would like to further develop relationships with community and/or human services staff, including family support/family resource program staff members.

(3) <u>Moderate Strength</u>: The family has adequate and consistent relationships with community and human services staff, and adequate and consistent relationships with the family support/family resource program staff. The family would like to further develop relationships with community and/or human services staff, including family support/family resource program staff members.

(4) <u>Solid Strength</u>: The family has good and consistent relationships with community and human services staff, and good and consistent relationships with the family support/family resource program staff. The family is pleased with their level of involvement with community and/or human services staff and with their relationships with these staff members, including family support/family resource program staff.

(5) <u>Clear Strength</u>: The family has excellent and consistent relationships with community and human services staff and excellent and consistent relationships with the family support/family resource program staff. The family is pleased with their level of involvement with community and/or human services staff and with their relationships with these staff members, including family support/family resource program staff. The family acts as a resource to facilitate relationships between other families and community and/or human services staff.

4. Family's participation in FS program governance

**This item refers to a family's involvement in the governance and administration of the family support/family resource program (i.e. board of directors etc.).

(1) <u>Weak Strength</u>: The family is not involved in the governance and administration of the family support/family resource program. The family desires involvement in the governance and administration of the program.

(2) <u>Mild Strength</u>: The family has had limited involvement in the governance and administration of the family support/family resource program. The family desires greater involvement in the governance and administration of the program.

(3) <u>Moderate Strength</u>: The family has adequate involvement in the governance and administration of the family support/family resource program. The family desires greater involvement in the governance and administration of the program.

(4) <u>Solid Strength</u>: The family has had good involvement in the governance and administration of the family support/family resource program. Family support/family resource program staff and others have recognized the family for their involvement in the governance and administration of the program.

(5) <u>Clear Strength</u>: The family has had outstanding involvement in the governance and administration of the family support/family resource program. Family support/family resource program staff and others have recognized the family for their involvement in the governance and administration of the program. The family has actively encouraged other families to participate in the governance and administration of the program.

Appendix E
North Carolina's FRC & Respite Outcomes' Model
Final Version March 2006

GOALS (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	OBJECTIVES (NCFSOS subscale items)	SERVICE TYPES & DESCRIPTIONS (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	OUTCOMES (NCFSOS subscales—see objectives' column for actual items under each subscale)
To develop/enhance parenting skills; to provide opportunities for parents to share experiences and concerns with peers in structured support groups; to increase parent support networks; and/or to foster active participation of parents in their children's education.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Parent Education** This category includes formal instruction programs in child development, parenting skills, *and rights of parents and children.* Examples include: Parent Education Programs such as Parents As Teachers and Master Parents. It also includes Parent Involvement programs intended to foster active participation of parents in their children's education.	North Carolina Family Support Outcome Scale (NCFSOS) Subscales: • *A, Overall Child Functioning (optional-only possible if child is also participating in the activity)* • *B, Overall Parent Functioning* • *C, Overall Family Functioning* • *D, Family's Relationship to Community (optional)*

GOALS (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	OBJECTIVES (NCFSOS subscale items)	SERVICE TYPES & DESCRIPTIONS (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	OUTCOMES (NCFSOS subscales—see objectives' column for actual items under each subscale)
	A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Parent Support Groups:** It includes opportunities for parents to share experiences and concerns with peers in structured support groups. Parent Support groups for specific groups including teen parents, parents of children with special needs, fathers only, grandparents who are raising grandchildren, and non-English speaking parents, *etc*.	North Carolina Family Support Outcome Scale (NCFSOS) Subscales: *A, Overall Child Functioning (optional-only possible if child is also participating in the activity)* *B, Overall Parent Functioning* *C, Overall Family Functioning* *D, Family's Relationship to Community (optional)*
To offer temporary, substitute living arrangements for dependent adults and children in order to provide a brief period of relief for their regular caregivers; and to offer services of substitute caregivers that provide respite care services in the individual's home.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Respite Care:** This category includes programs that offer temporary *care* arrangements children in order to provide a brief period of relief or rest (usually more than twenty-four hours) for the family members, guardians or other people who are their regular caregivers.	NCFSOS Subscales: *A, Child Functioning* *B, Parent Functioning (optional-if parent is concurrently participating in another activity)* *C, Overall Family Functioning* *D, Family's Relationship to the Community (optional)*

GOALS (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	OBJECTIVES (NCFSOS subscale items)	SERVICE TYPES & DESCRIPTIONS (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	OUTCOMES (NCFSOS subscales—see objectives' column for actual items under each subscale)
To enrich the educational and psychological development of children and youth; and to foster a healthy self-identity and responsible choices in children/youth.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Child _and Youth_ Development:** This category includes programs emphasizing the social and psychological development of children and youth, in addition to educational enrichment. It includes: guided play programs for infants and toddlers; programs focusing on social/psychological development of pre-school children; mentoring programs; summer and after-school enrichment and recreational programs/camps such as Scouts and 4-H groups; and youth programs intended to build a healthy self-identity and foster responsible choices in areas such as careers and alcohol and drug abuse.	NCFSOS Subscales: • _A, Overall Child Functioning_ • _C, Overall Family Functioning (optional)_ • _D, Family's Relationship to the Community (optional)_

GOALS (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	OBJECTIVES (NCFSOS subscale items)	SERVICE TYPES & DESCRIPTIONS (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	OUTCOMES (NCFSOS subscales—see objectives' column for actual items under each subscale)
To arrange permanent homes for children whose birth parents are unable or unwilling to provide for their care. To support positive outcomes for people who want to relinquish their children for adoption or arrange for an independent adoption; To develop and foster stable living arrangements for children through guardianship and supportive legal services, and to help adoptive parents feel supported.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve/enhance family's knowledge of available human services, linkages to those services, and participation with those services.	**Adoption Promotion & Support**: This category includes programs that participate in arranging permanent homes under new legal parentage for children whose birth parents are unable or unwilling to provide for their care. Included are programs that provide counseling and assistance for people who want to relinquish their children for adoption or arrange for an independent adoption; which recruit, select, counsel and match suitable adoptive parents with children who have been relinquished; which assist in the adoption of foreign-born children or stepchildren; and which provide foster care for children who have been relinquished for adoption but not yet placed. This category also may include guardianship services, legal services, and support groups around the issues of adoption or guardianship. Further, programs that coordinate the activities of multiple agencies involved with adoption services also are included.	NCFSOS Subscales: ● *A, Overall Child Functioning* ● *B, Overall Parent Functioning* ● *C, Overall Family Functioning* ● *D, Family's Relationship to Community (optional)*

GOALS (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	OBJECTIVES (NCFSOS subscale items)	SERVICE TYPES & DESCRIPTIONS (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	OUTCOMES (NCFSOS subscales—see objectives' column for actual items under each subscale)
To develop and/or enhance skills that strengthen the inter-relational understanding and participation between parent and child(ren)	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Parent/Child Participation Programs:** This category includes educational, developmental, and interactive programs having components specifically designated for parents and children in the same family. Examples such as literacy programs, parent/child developmental programs, and playgroups are included.	NCFSOS Subscales: • *A, Overall Child Functioning* • *B, Overall Parent Functioning* • *C, Overall Family Functioning* • *D, Family's Relationship to the Community (optional)*
To enhance the parenting and relationship-building skills of fathers in non-traditional familial situations with their children.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Fatherhood**: This category includes support groups and activities for males who share a common characteristic or circumstance such a being prospective caregivers; single parents; and non-custodial parents who come together for educational and developmental purposes.	NCFSOS Subscales: • *A, Overall Child Functioning (optional)* • *B, Overall Parent Functioning* • *C, Overall Family Functioning* • *D, Family's Relationship to the Community (optional)*

GOALS (**these are possible examples of goals related to NCFSOS Objectives & Outcomes—goals will be determined by NC DSS)	OBJECTIVES (NCFSOS subscale items)	SERVICE TYPES & DESCRIPTIONS (definitions were derived from Micklem Report, 2004 FRC & Respite Annual Report, and the AIRS/INFO LINE Taxonomy of Human Services)	OUTCOMES (NCFSOS subscales—see objectives' column for actual items under each subscale)
To enhance the health and well-being of married or cohabitating persons, individually and as a couple in order to improve child and family outcomes.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Healthy Marriages**: This category includes programs that support the development of effective communication and conflict management skills among married or cohabitating persons. These programs foster mutually enriching relationships based on respect among the married or cohabiting partners that lead to enhanced child and family outcomes.	NCFSOS Subscales: • *A, Overall Child Functioning (optional)* • *B, Overall Parent Functioning (optional)* • *C, Overall Family Functioning* • *D, Family's Relationship to the Community (optional)*
To develop and/or strengthen child and family well-being through strengthened religious organizations and communities.	(A) Improve/enhance child development, physical/mental health, behavior, school performance, and/or self-sufficiency. (B) Improve/enhance parent's skills, sense of support, physical/mental health, education, leadership skills, and community participation. (C) Improve/enhance family interactions, communication, cohesiveness, social support, economic self-sufficiency, problem solving, and home environments. (D) Improve families' knowledge of available human services, linkages between families & human services, relations between families & human services, families' participation in FS program governance.	**Faith-Based Programs**: This category includes programs that strengthen religious organizations and their communities, as they in turn strengthen and enhance families' well-being.	NCFSOS Subscales: • A, Overall Child Functioning (optional) • B, Overall Parent Functioning (optional) • C, Overall Family Functioning • D, Family's Relationship to the Community

Not included in the Service Types & Descriptions are **Transportation/Child Care Support Services** & **Community Building** from Micklem's Report.

Alter, C. & Egan, M. (1997). Logic modeling: A tool for teaching critical thinking in social work practice. *Journal of Social Work Education, 33* (1), 85-102.