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Meezan and McCroskey: Improving Family Functioning Through Family Preservation Services

Improving Family Functioning Through Family Preservation Services: Results of the Los Angeles Experiment

William Meezan and Jacquelyn McCroskey

This article describes a study of the outcomes of home-based family preservation services for abusive and neglectful families in Los Angeles County. It focuses on changes in family functioning during the 3 month service period and one year after case closing. Families known to the public child welfare agency were referred to the project based on caseworker judgement of the need for services rather than on the criteria of imminent risk of placement. Two hundred forty families were randomly assigned to either the service group receiving family preservation services from two non-profit agencies or to the comparison group receiving regular public agency services. Both caseworkers and families reported small but significant improvements in family functioning for the service group families, but not for the comparison group families. Study findings also suggest the aspects of family functioning most changed by services, the characteristics of families most affected by services, and variables which predicted service success.

Los Angeles is the largest county in the nation, home to about 6.6 million adults and 2.6 million children. Population growth, 85% of which is due to births, is predicted to continue into the next decade. The county has an increasingly diverse population mix, especially among its children: in 1990, 50% of those under 18 were Latino, 27% were White, 12% were African American, and 10% were Asian American. About one in every three Angelenos were born outside the United States, and most have come here since 1980. Almost 14% of all residents,

The article is based on material which will appear in J. McCroskey & W. Meezan (in press). Family Preservation and Family Functioning. Washington, DC: Child Welfare League of America. Both authors have contributed equally to the conceptualization design, implementation, analysis and reporting of this study.

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and 32% of all school children, have limited ability to speak or understand English. A significant gap also exists between the average incomes of families with children in the lowest income group -- \$9,170 for the bottom quartile -- and families with children in higher income groups --\$81,430 for the top two quartiles (United Way, 1994).

As in most other urban areas, the education, health and social service delivery systems in Los Angeles have faced dramatic challenges over the last two decades. Public child welfare has been one of the systems most affected by the ongoing economic recession in the state, which has caused significant increases in family poverty and in demand for services. The Los Angeles County Department of Children and Family Service (DCFS) is one of the largest public child welfare agencies in the country. Referrals to the emergency response program have almost doubled over the last decade -- there were 74,992 referrals in 1984 and 134,248 referrals by 1992 (United Way, 1994). By November of 1993, DCFS was serving 72,486 open cases (Department of Children and Family Services, 1994).

Although California initiated a series of family preservation demonstration projects in 1984, it was not until 1992 that Los Angeles County implemented its Neighborhood Family Preservation Plan, and began funding community-based networks to provide a broad range of family preservation and family support services in communities throughout the county. No such networks existed in 1989 when this study began; only a few nonprofit agencies provided family preservation services funded primarily by special grants and charitable contributions. This study was thus designed to answer many of the questions about family preservation raised in Los Angeles at that time, and to provide direction for the potential expansion of these services in Los Angeles county and in other urban areas around the county.

The study was conducted between 1989 and 1994 under the auspices of a practice-research partnership among two non-profit voluntary agencies [Children's Bureau of Southern California (CBSC) and Hathaway Children's Services (HCS)], the Los Angeles County Department of Family and Children's Services (DCFS), The Stuart Foundations, and the University of Southern California School of Social Work. This article focuses on four of the major questions addressed by the study:¹

1. Is there a change in the functioning of abusive/neglectful families over time, and can such changes be attributed to the programs of the two agencies under study?

¹Other study questions were about: utilization of the Family Assessment Form (FAF) as both a practice and a research instrument, comparison of cases referred by community sources (e.g. schools, medical clinics) with those referred by the public agency, the impact of changes on individual children, and the relationship between parental personality characteristics and service success. Results of these analyses will appear in McCroskey, J. & Meezan, W., *Family Preservation and Family Functioning*, forthcoming from Child Welfare League of America.

2. What factors are associated with positive outcomes for families and children participating in the experimental programs?
3. Do ratings of family functioning differ when information is collected by practitioners in contrast to research interviewers?
4. To what extent is participation in the experimental programs associated with decreased need for other child welfare services, including out-of-home placement?

When this study began it was considered an anomaly by many in the field who thought that family preservation services should be shorter and more intensive (see, for example, Edna McConnell Clark Foundation, 1985; Haapala et al., 1990, 1991; Kinney et al., 1977), referral criteria should be limited to those at imminent risk of placement (Cole & Duva, 1990; Nelson, 1989, 1991; Tracy, 1991), and outcomes should be calculated exclusively in terms of placement prevention and cost avoidance (Nelson, 1991). The partners in this study all believed otherwise, and were willing to go against the then current tide by providing a less intensive service, for a broader range of families, with different standards for measuring program success. These were not new ideas (see, for example, Bryce & Lloyd, 1981; Hutchinson et al., 1983; Maybanks & Bryce, 1979), but they were out of favor nationally when this study took shape.

Principles Guiding the Evaluation

When this study began in 1989, the evaluation of family-based services was still a relatively new enterprise, and some were beginning to voice concern about the conceptualization, focus, rigor, and implementation of the studies which preceded it. This questioning, as well as the philosophical preferences of the partners, led to the design of a study that we hoped would move the field forward in terms of understanding the impacts of family preservation services. The study was thus guided by a number of principles.

First, the study was based on the conviction that a better understanding of the impact of family preservation services on the functioning of families and children is an essential precondition for determining whether family-based services are worthwhile. While recognizing the importance to policy makers of placement avoidance, all of the research partners agreed that this single focus contributed to a simplistic notion that the occurrence of placement was a "service failure," and this ran counter to considerable professional knowledge about the benefits of placement for some children at some points in their lives (see, for example, Barth & Berry, 1994). This study was therefore designed to focus primarily on the impact of services on the functioning of the family as a group and as individuals.

Prior to this study, most of the research on service outcomes in family preservation had focused on placement prevention, both because it seemed to be a clear and quantifiable indicator of success and because it had readily understandable policy and cost implications. Although

results of early studies without control groups seemed to indicate that significant placement avoidance occurred through the programs (see, for instance, Fraser et al., 1991; Haapala & Kinney, 1979, 1988; Kinney et al., 1977), the next generation of studies, using more rigorous experimental designs, left significant doubts about their efficacy in preventing placement (Feldman, 1990; McDonald & Associates, 1990; Rossi, 1992a, b; Schuerman et al, 1993). Yet many of these same studies that also included measures of family functioning demonstrated some modest positive change in this area as a result of services (Feldman, 1990; Fraser et al., 1991; McDonald & Associates, 1992; Nelson et al., 1988; Wells & Whittington, 1993.²

It was thus believed that the program outcomes used in this study should be defined broadly and not be limited to placement prevention. Beyond the research findings available at the time of the study, a number of important considerations influenced this position, including concern that the welfare of children not be narrowly equated with placement avoidance (Frankel, 1987; McGowan, 1988; Wald, 1988) and the need for a better understanding of potential program impacts on children (Wald, 1988) and families (McCroskey & Nelson, 1989).

Second, the research partners believed that in order for the field to successfully negotiate the shift from placement prevention to family functioning as a primary outcome variable for family preservation programs, the development, identification, and use of appropriate practice-relevant measurement instruments was essential. This study relied heavily (though not exclusively) on a practice-based instrument developed by practitioners at CBSC to assess family functioning (McCroskey & Nelson, 1989; McCroskey et al., 1991; McCroskey & Meezan, in press).

The Family Assessment Form (FAF) is based on an ecological approach to practice, is sensitive to both family strengths and weaknesses, including risks for child abuse and neglect, and was seen by practitioners in this study as useful in their daily practice. We believed that continuing efforts to build this and other such practice-relevant instruments was needed to enable the field to sensitively evaluate many different family preservation and family support program approaches, and that the current difficulties in measuring changes in family, parent and child functioning was not a sufficient reason for ignoring first-order questions about the impact of family preservation services on the primary service recipients -- families and their children.³

Third, acknowledging that reality may be a social construction (Guba & Lincoln, 1990), and that people view realities differently depending on their situations, the evaluators decided to collect study data from multiple perspectives. Psychotherapists have long held that "there is little reason to expect that outcome ratings from different vantage points should agree with one another. Instead, they represent distinctive perspectives that are not reducible to one another"

²For a thorough review of the research on family-based services, see Pecora et al., 1992.

³For a summary of assessment practices and instruments used to date in family-based services research, see Pecora et al., 1995.

(Gurman & Kniskern, 1978: 832). Indeed, there is good reason to question ratings from almost any single perspective. The patient's or family's perception may be subject to "distortion" from being too close to the situation; the counselor's views from outside the family system can be similarly subject to his or her own preconceptions or distortions (Lambert et al., 1986).

In 1987, Achenbach et al. conducted a meta-analysis of 119 studies using multiple informants to rate child behavior and emotional problems. Their analysis showed significant variation among the reports of different kinds of informants. The authors suggest that, rather than "casting doubt on one or both informants," such findings point to the existence of multiple truths: "Low correlations between informants may indicate that target variables differ from one situation to another, rather than that the informant's reports are invalid or unreliable" (Achenbach et al., 1987: 213). Their meta-analysis also documented considerably higher consistency among informants with similar roles than among informants with different roles. Thus, parents and other family members rated similarly, and professional mental health workers and teachers rated similarly. Overall ratings of professionals tended to be more similar to each other than to those of family members.

Pelton (1982: 83) has suggested several reasons why perspectives of child welfare clients may differ from those of their workers including: "... the coercive context of this helping relationship, the suspicions that initiate the relationship, the implicit threat to the parents that their children may be removed from them, and the emotional nature of the issue."

Thus, the notion that the lens through which we see the world determines, in large measure, what we see does not come as a surprise to experienced practitioners. However, most child welfare research has not routinely incorporated the views of multiple informants, relying either on caseworkers to "objectively" observe and record client progress or on clients to report their own experiences. Thus, this study included ratings from five different perspectives -- parents, case-carrying voluntary agency workers, experienced non-case-carrying DCFS workers, teachers, and observers -- in an effort to give a voice to all of those participating the complexities of family change.

Fourth, a criticism often heard at the time this study was initiated was that there were too few controlled experiments with adequate sample sizes that incorporated a follow-up period. Many reports of program "success" were based on research using small samples, simple testimonials, or uncontrolled descriptive designs. The partners in this study therefore believed that the use of as rigorous a design as possible was essential. It was decided to use a randomized group design with a year-long follow-up period, and to choose a sample size large enough to convince policy makers and practitioners of the validity of the results. The study partners rejected "imminent risk" as a criterion for sample selection for both conceptual and practical reasons: conceptually, the services were seen as a way to enhance family functioning, not primarily as a way to reduce placement; and practically, it was not possible to operationalize imminent risk in the context of practice in Los Angeles. In addition, the partners were interested in discovering

which factors were associated with enhanced family functioning, allowing the agencies to refine their programs and to designate appropriate target populations. Limiting cases to those at imminent risk would have narrowed the range of cases available, and thus would have decreased the possibility of discovering which families were most likely to benefit as a result of services.

The complex research strategy employed in this study thus foresaw many of the concerns that have been expressed subsequent to its implementation (Rossi, 1991; Besharov & Baehler, 1992; Cole & Duva, 1990). The study strategy seems even more important now than it did when this work began, since experts continue to raise questions regarding the rigor of the methodologies used in the previous generation of studies (Rossi, 1992a, b) and the contradictory findings of many of the studies to date (Pecora et al., 1992).

Fifth, the partners believed that designs for family preservation services should vary depending on community and family needs, resources available, and program orientations and goals. The agencies evaluated did not provide a Homebuilders-type crisis intervention service. Rather, they had designed the time period, intensity, and caseload parameters of the services to reflect their experiences with community and family needs.

The agencies provided less intensive but longer term services than crisis-oriented programs, serving families for about three months with one to three visits per week. HCS used teams of clinical therapists and community workers, and CBSC used two-person teams made up of bachelor's- or master's-level workers. While the teams usually worked together for case assessment, they often worked individually with families after the assessment period. Caseloads averaged about ten to 12 cases at any point in time. Although staff members could be reached in emergencies on a 24-hour basis, round-the-clock availability was not stressed because the programs were not conceived as a crisis service, but rather as a family-stabilizing and support service. The services evaluated here could therefore be classified as "family centered services" rather than as "intensive family centered services" (Child Welfare League of America, 1989; Pecora et al., 1995).

The agencies believed that many different kinds of families could benefit from services, and that earlier rather than later intervention was preferable. Before the evaluation, they served about 50% public agency-referred cases and about 50% community-referred cases. For the purposes of the evaluation, they agreed to reserve about 70% of their services for DCFS referrals. Given their commitment to serving a wide variety of families, however, they requested that DCFS refer a full range of cases.

Finally, the partners agreed that another important aspect of the service was the belief that the relationship between families and workers is the key to the success of any service model. Thus, ratings of the satisfaction of both families and workers, proxy measures of the quality of the relationship, were included in the study. Unfortunately, because of the limited number of workers involved in the study, it was not possible to fully investigate all of the factors related

to worker satisfaction. Client satisfaction, however, may indicate not only the family's reaction to service, but also the extent to which client and worker were able to establish an effective working relationship.

Study Methods⁴

Design

The study used a modified experimental design with a one year follow-up, randomly assigning DCFS-referred families to the service group or to a comparison group receiving "regular" DCFS services. The drawbacks of this design, common to many social service experiments, are: (1) the absolute effectiveness of the service cannot be ascertained because they are not compared to a "no service" condition; (2) the impact of the treatment is underestimated, since comparisons are to a "regularly"-served rather than to an unserved group; and (3) the research questions are focused on comparative rather than absolute effectiveness (Seitz, 1987).

Sample

DCFS workers were asked to consider referring any family that might benefit from family preservation service, that had at least one minor child living at home, and that lived in the geographic catchment areas served by the two agencies (South Central Los Angeles for CBSC and the Northern San Fernando Valley for HCS). Families were eliminated from consideration for the study only if they refused service or were totally incapable of understanding or participating in case planning (e.g., active psychosis, extreme substance abuse). The total sample was 240 families; the service group (n=111) was made up of 53 families served by CBSC and 58 families served by HCS, while the comparison group included 129 families from both geographic catchment areas.

Although a total of 374 cases were referred to the project by DCFS workers, the final sample included only 240 families, a loss of about one in every three referrals. There were several reasons for this: 73 of the families had could not be located during the two weeks allowed between DCFS referral and the beginning of service; 11 families refused service; 35 refused to participate in the research; 11 had no children at home (or were inappropriate for the service); and four did not participate for other reasons. In addition, as expected, there was attrition in the sample over time as families moved or dropped out of the study (Time 2 n=194 and Time 3 n=152). Such sample attrition is especially a problem when data is gathered from different sources using different methods, as was done in this study. Complete data elicited from one source, but missing from another, will eliminate the subject from an analysis, thus reducing

⁴For a discussion of the issues involved in implementing this study, see Pecora, et al., 1995, Chapter 11.

statistical power. Families received a \$25 voucher (they could choose whether it was for a local grocery or department store) for each of the three research interviews.

Instrumentation

The Family Assessment Form (FAF), originally developed by practitioners at CBSC, was used to collect a great deal of the study's information on family functioning. The FAF was completed by workers at the participating agencies at the beginning and at the termination of services (T1 and T2) using a nine-point scale with five anchor points ranging from "above average" to "situation endangers children's health, safety and well-being." For the purposes of the study, the researchers also converted the FAF into a research interview, lasting between two and three hours, which was designed to collect the parent's own perceptions of their family's functioning at all three points in time.

The two principle characteristics of the FAF that distinguish it from other instruments currently being used in the field are its ecological orientation and its practice base (McCroskey & Nelson, 1989; McCroskey et al., 1991; Pecora et al., 1995). The researchers also used study data to examine the psychometric properties of the FAF using factor analytic techniques, which suggested six primary areas that define family functioning for the purposes of this study: the family's financial conditions (e.g., financial management and financial stress); its living conditions (e.g. safety of the home); the supports available to caregivers (e.g. availability of friend support and child care); parent-child interactions (e.g. use of consistent discipline, maintaining appropriate authority roles); developmental stimulation for children (e.g. providing learning experiences); and interactions between adult caregivers (e.g. conflict between caregivers).⁵

Four standardized instruments, with known, adequate psychometric properties were used in the family interviews to collect data on individual children and caregivers. The primary caregiver (usually the mother), completed the Brief Symptom Inventory (BSI), a measure of parent mental health status, at the end of each of the three interviews. In order to collect data on individual children, researchers designated one child --elementary school age or younger, if possible -- as a "study"child. When the study child was over the age of six, caregivers were asked to respond to the Child Behavior Checklist (CBCL) (Achenbach & Edelbrock, 1984) at each of the three points in time. When the study child was younger than six, interviewers completed the Home Observation for Measurement of the Environment (HOME) (Caldwell & Bradley, 1984) at all three interviews. Caregivers were also asked to report on their satisfaction with service at T2 and T3; they responded to questions about help received in each area measured by the FAF,

⁵For a full description of the FAF, see McCroskey and Meezan (in press); Meezan and McCroskey (in preparation) or contact the researchers at USC School of Social Work, Montgomery Ross Fisher Bldg, Los Angeles, CA 90089-0411

their satisfaction with this aspect of service, and completed the Client Satisfaction Questionnaire (Larsen et al., 1979).

Other data collected by the study included: teacher reports on elementary schoolchildren at T1 and T3 (Achenbach & Edelbrock, 1986); data from the DCFS management information system for the entire 15-month project period; review of DCFS case files at the close of the project period (conducted by retired DCFS caseworkers); and interviews with case-carrying workers at the two agencies (Tracy et al., 1992).

Study Findings

The Families

On average, the adult caregivers in the families were about 33 years old, the oldest child was about 10 years old, and their households had 5.3 members (1.8 adults and 3.5 children). About 40% of the families had one adult and 60% had two adults (28% both parents, 20% one parent and a relative, 7% a parent and a step-parent, and 5% a parent and an unrelated adult). About 40% of those reporting had never been married, 30% were married, and 30% were separated, divorced or widowed.

In general, the demographic diversity of the study families reflected the diversity of the geographic communities served. The total sample (n=240) of families included about 48% Latinos, 27% African-American, 22% White, and 3% families from other ethnic backgrounds. About 20% of those reporting had greater than a high school education, 20% were high school graduates, 30% had not completed high school, 25% had only an elementary school education, and 5% had no schooling at all. About 33% of the families had incomes under \$750 per month; 52% had incomes between \$750 and \$1499 per month and 15% had incomes over \$1500 per month. About half of the families received some kind of financial support from the government, usually AFDC.

According to the experienced DCFS workers who read the case files, these were not "easy" families to work with. They had significant numbers of personal problems, including substance abuse (50% of case records noted significant substance abuse problems), health problems (20% of children and 14% of caregivers), and mental health problems (18% of children and 17% of caregivers). They also faced environmental and contextual problems, including problems in school (28%), domestic violence (24%), incarceration of a family member (25%), desertion by a parent (37%), and housing problems (23%). Many caregivers had experienced violence and abuse themselves; about one-third reported having been severely victimized and a significant number reported that they had acted violently themselves.

The families in this study represented the full range of cases that might be appropriate for in-home services. Some had just been referred, and were receiving emergency response services from DCFS. About one-third of the study families had been known to the department prior to this report, and about 17% had a child placed in out-of-home care prior to this report. The sample included children who had experienced many different kinds of maltreatment, including some who were referred with multiple allegations (43% physical abuse, 41% neglect, 18% sexual abuse, 4% emotional abuse).

Analyses using chi-square and t-test statistics showed that there were few differences between the service and comparison groups -- clearly random assignment procedures produced comparability between groups. Other than demographic variation which can be attributed to serving different geographic communities, the service groups at the two agencies were also basically equivalent. Analysis also showed that the demographic characteristics of the sample were not affected by sample attrition over the course of the study in any critical way.

The Services Provided and Families' Responses

Although statistical analysis revealed that there were differences between the service models used at the two agencies, the families reported receiving similar amounts of help and had similar perceptions about the outcomes of service. Parental reports of service receipt were remarkably similar to the reports of the workers. Generally, HCS provided a shorter and more intensive service than did CBSC. The average CBSC family was seen for 19 weeks while the average HCS family was seen for 10 weeks. CBSC workers saw the families less frequently and for shorter periods of time each week than did workers at HCS. On average, CBSC workers saw families less than once a week (0.7) for about 70 minutes, while HCS workers saw families more than once a week (1.1) for about two hours. CBSC workers also reported making more collateral contacts per cases than HCS workers, perhaps due to the difference in the availability of other resources in the catchment areas served.

Despite these differences in service models, however, there were no significant differences in agency reports of case closing or goal achievement for families. Families in both services reported receiving considerably more help than families in the comparison group, and they said that they were more likely to receive this help from workers than from others in their extended support systems. The help that families in both programs reported receiving was largely focused on the two areas targeted by the programs -- child-rearing skills and family interactions.

Overall, statistical tests confirmed that families in the service group were much more satisfied with services than comparison group families. Service group families expressed significantly greater overall satisfaction with services, thought they had received significantly more help, and were significantly more likely to rate the services they had received as helpful than were comparison group families. For service cases, family report of help received in a specific area of family functioning was significantly correlated with caseworker report of improvement in that

area. Family report of help received in a specific area of family functioning was also correlated with self-report of improvement in that area for service cases but not for comparison cases.

Not all families in the service group completed the full-course of service. About one-sixth of the service cases had fewer than 10 in-person visits, fewer than 9 weeks of service, unplanned closings, and failure to achieve case goals. Whether this represents inability of service workers to engage families, unwillingness of families to engage in service, inappropriate referrals to the service program, or something else, is not known.

Although some of these families received only "limited services," the researchers retained them in the sample, even though their inclusion would diminish the chance of finding significant differences between the service and comparison groups. The study took this conservative approach, reasoning that this would provide a fairer estimate of overall service effectiveness.

Such cases can also teach us a great deal about the meaning of "service failure." For example, although these families received some help from workers, family reports suggest that they received more help from other sources, especially in relation to concrete needs. Perhaps these families were activated by a smaller amount of service, or were more resourceful in finding the concrete help they needed. However, since even this "limited service" group fared better overall than the comparison group, it may be that some exposure to home-based services is better than none.

Changes in Family Functioning

Families in both the service and comparison groups reported to interviewers that they did not have significant problems with family functioning in any of the six overall areas of family functioning as measured by the FAF at case opening. During research interviews, caregivers in both groups tended to rate themselves and their families as being "generally adequate" or having only "minor problems" in functioning. Change scores, using paired comparison t-tests, showed that neither the service nor the comparison families reported any significant changes in their functioning between case opening and case closing ($n=194$).

However, a year later, service group families reported improvement in two areas of family functioning -- living conditions ($p=.004$) and financial conditions ($p=.09$)⁶ -- while comparison group families reported no improvements in any area of family functioning. Thus, the caregivers' reports to the research interviewer indicate that changes occurred in the more

⁶These statistics are based on two-tailed probability tests. Since the hypotheses in this study was that the service group would fare significantly better than the comparison group, the probability levels reported in the paper are conservative and underestimate the degree of difference between the two groups.

concrete areas of their families' lives, and that they occurred only during the year *after* the service was completed.

CBSC and HCS caseworkers used the FAF as a practice instrument to assess family functioning at case opening and case closing, allowing them to judge change over the course of service. Overall, workers rated very few families as having severe problems in any of the six areas. The reasons for this are not clear. It may be that families with numerous severe problems had children removed immediately or that DCFS did not refer such families to these home-based programs. Or, it may be that workers were reluctant to rate the families they served as having severe problems, either because they did not want to label them negatively or they did not want to perceive the families as being beyond their ability to help or their agency's capacity to serve.

In contrast to the reports of the families themselves, however, workers at both agencies rated the families as having "moderate problems" in all six areas of family functioning at Time 1. By the close of service, analysis using paired-comparison t-tests revealed that the workers saw statistically significant improvements in four areas of family functioning -- interactions between caregiver and child ($p < .001$), supports available to caregiver ($p < .001$), developmental stimulation available to children ($p < .001$) and living conditions of the families ($p = .003$). In addition, the data indicate that improvements in three areas -- caregiver-child interactions, developmental stimulation, and support to caregivers -- were clinically significant, indicating substantial progress that improved the family's practical ability to care for their children. That is, at least 15% of the families in the service group moved from either the "severe" category to the "moderate" category, or from the "moderate" category to the "no problem/strength" category in these three areas during the course of service.

Findings using other standardized tests also showed that service families tended to improve in areas of related to individual children while comparison families did not. For example, parents of school aged children in the service group reported more improvements in their children's behavior between the opening and closing of service than did parents in the comparison group. Based on interviewer observation at case opening and case closing, parents of preschoolers in the service group improved their parenting skills more than parents of preschoolers in the comparison group in a number of areas measured by the HOME inventory.

Factors Related to Changes in Family Functioning

A series of stepwise regression analyses were also performed, using both family-reported and caseworker-reported data, to identify the variables that could best predict improvement in each of the six areas of family functioning in the service group. While it is beyond the scope of this paper to present these data fully, some general patterns gleaned from these analyses shed further light on family change due to the intervention.

Interestingly, factors associated with the service models of the two agencies were not primary predictors of change, from either the families' or workers' perspectives. Further, DCFS allegations against the family at the time of referral did not seem to predict change in any area of family functioning. However, in both the worker- and caregiver-reported data, help in concrete areas was predictive of change in interpersonal relations. Targeting problems also seemed to predict change -- the areas the *workers* were most likely to rate as improved were the ones in which the *caregivers* reported receiving help.

The data also indicate that there were differences between families who changed during the service and those who changed in the year after services were completed. Unfortunately, information about outcomes a year after service completion was available only from the families' perspective. According to the caregivers, those who most needed help in a given area of family functioning at Time 1 tended to improve in that area by the close of service. Based on their reports, however, it appears that improvements in interpersonal areas of functioning (as opposed to concrete areas) were not sustained at follow-up.

Analysis of change during the follow-up period also seems to indicate that those in the service group who changed after the completion of service, or sustained change after services were terminated, rated themselves or were rated by their workers as somewhat less troubled at case opening. The data indicate that these families had fewer environmental stressors, less troublesome histories, fewer psychological symptoms, and more positive personal characteristics. It should be noted, however, that those caregivers who improved by follow-up were not necessarily the caseworkers' favorite clients -- they were not the most cooperative or adaptable clients and they could also use their strengths to oppose the caseworker judgements.

Out-of-Home Placement

The study relied on official placements reported in the DCFS management information system, a source which has a number of limitations (Pecora et al. 1995). Like many other recent controlled studies of family preservation programs (Feldman, 1990; Scheurman et al., 1994; McDonald & Associates, 1990), this study found no significant difference in placement rates or types for children in the service and comparison groups.

Prior to the start of the project, over one-third of the service group families and about one-quarter of the comparison group families had at least one child placed outside of the home. Twenty-six percent of the service group children (88 of 335 children) and 14% of the comparison children (58 of 424 children) had been placed prior to the beginning of this project. Thus, the service group was disadvantaged in terms of their prior involvement with DCFS. They had more children in care before the project period and more children who were in care when the project began.

During the 15 month project period, there were no statistically significant differences between the groups in the number of new placements. Few families from either group had children who entered care; 12 service families had 19 children who entered care while 12 comparison families had 34 children who entered care. Of those who did enter care, most entered foster homes and entered, on average, in the fourth month of the project period.

Children who were in out-of-home care during the project period (either entering prior to or during the project period) were equally likely to return home. On average, children in the service group were likely to return home later in the project period than children from comparison group families; service group children who returned home from care did so, on average, during the sixth month of placement while comparison group children returned home during the third month of placement. Of children who did leave care during the project period, 90% of those in the service group remained at home for the duration of the project period, while fewer than half of the children in the comparison group remained at home for the rest of the project period. While the numbers are quite small, these data suggest the need for more research on the long-term placement trajectories of children whose families have received family preservation services, including placement length and re-entry patterns.

A stepwise logistic regression analysis, designed to identify the variables that could best predict placement, identified some different predictor variables for the service and comparison groups, suggesting that placement decisions may be made differently for families receiving home-based services than for those receiving traditional child protective services. These data should be viewed tentatively, given the limited number of cases and the assumptions of the statistical technique, but they suggest interesting directions for future study.

Overall, the data tentatively suggest that, for the service group, factors beyond the worker's control were more likely to account for a child being placed. When a family member was incarcerated (which was more likely for African-American families and clearly related to substance abuse), the family had been unsuccessful with DCFS in the past, and the caregiver was judged by the caseworker to be aggressive, the possibility of child placement was much higher. For comparison families, lack of services during the service period, coupled with previous involvement with DCFS, aggressive behavior, emotional instability of caregivers, and serious problems in family functioning seemed to account for child placements. These findings tend to affirm the feelings of most practitioners that, for some families -- those where placement is not immediately needed to assure the safety of children -- placement decisions are contingent on a complex interplay of familial characteristics, history and service availability.

Conclusions

Taken together, the data showed small but significant improvements in family functioning, according to both families and workers, for the service group but not for the comparison group.

From the families' perspectives, those in the service group improved only after the close of service, when they reported modest changes in concrete areas of family functioning. Comparison families reported no significant changes in any areas of family functioning during or after service.

The workers reported a very different picture. From their perspective, families started the programs with moderate problems in all areas of functioning, and they improved during the course of service in four areas, many of which had to do with interpersonal functioning. Even at Time 2, however, they still rated functioning in all areas as more problematic than the families did.

How should these differences be interpreted? On the one hand, it seems unlikely that these parents -- under the supervision of DCFS -- had no problems. But it does seem likely that parents would be reluctant or unable to admit having problems during the service period (especially to a research interviewer) when the stakes were so high and admission of problems might lead to the removal of their children. Further, if they perceived no problems at the beginning of service, how could significant improvement take place? Even a year after service, it was easier for parents to see concrete improvements in the environment, or changes in their children, than to see changes in family interactions and relationships. Workers, on the other hand, reported less environmental change and greater change in family interactions. In the workers' view, these families had parenting problems that they could help with. Such understandable differences in perspective help to elucidate differences between the ratings of families and their workers. Families under DCFS supervision "cannot" see improvement; caseworkers "must" see improvement when they have invested themselves in families.

Nonetheless, according to the data provided by the workers regarding family functioning and according to the parents regarding child behavior, considering these families as untreatable, as some have suggested (MacDonald, 1994), is not warranted. The families seen by these two agencies appear to have strengths as well as problems, and were not those for whom there was little hope of maintaining child safety or family bonds.

The fact that service characteristics did not predict outcome, despite the differences in the service model between the two agencies, adds to the knowledge base about family preservation services. Rather than the service model, it appears that the relationship between worker and caregiver, and the implementation of the philosophy behind family-based services, is what is critical to achieving success with families. And based on the regression models, it appears that family-based services can benefit families facing allegations of either abuse or neglect.

The research supports the idea that unless the immediate, concrete needs of families are met, positive changes in interpersonal relationships are unlikely to occur. Further, the data also support the targeting of services to specific area of family need. It thus points out the need for

thorough assessments, clarity of focus in intervention, and the necessity of joint planning between the worker and the family.

The findings of the study also lead to ideas about modifications in family preservation services which might be necessary to make them more effective. The fact that those with greater strengths did better over time with the provision of the service, and that improvements in areas of interpersonal relationships were not sustained over time, lead us to question the viability of one-shot services for many of the families entangled in the child welfare system. Perhaps some families need longer or more intensive services, or "booster shots" of service to sustain improvements.

Implications

The findings of this study reaffirm, in our view the importance of family preservation services as one part of the service continuum. Such services cannot take the place of out-of-home care or adoption for children whose safety and well-being are at risk. They cannot take the place of long-term counseling or substance abuse treatment for parents who need them in order to offer their children a safe and nurturing home. Nor will family support services offset all need for family preservation, although such services are much needed in almost every community. One kind of service will not fit all needs.

The results of this study come at a critical juncture: on one hand, critics have raised serious questions about whether family preservation services expose some children to additional harm and, on the other hand, many professionals believe that preserving families may be the best long-term hope for some children. We believe that both are right. Not every family can or should be preserved, and children should be removed when families cannot assure their safety. It is possible, however, to preserve families and to maintain children safely at home more often than current practice allows. Despite many efforts, today's child welfare system remains skewed -- both fiscally and operationally -- toward removing children. Family preservation programs offer an additional option that can help bring the system into better balance, but they can only grow if current policy intentions on the part of government are reversed (Meezan & Giovannoni, 1995) and better family assessment strategies are developed. We must remember that risk assessment is not the same as assessing family functioning -- it tells us only whether the child is likely to be safe, not whether the family has the potential to protect the child or to determine what supports and services might help families realize their potential.

The results of this evaluation also suggest guidelines which could enhance further development of both practice and research on family-based services. First, *desired program outcomes should be defined to include both effectiveness for clients as well as cost efficiency for the service system.* Both kinds of questions -- "does it work?" and "at what cost?" are important. While this study is a first step, we need to know more about how these services help, who they

help, and how much they help. The public policy debate about whether such improvements are worth the expenditure will be much more informed when we more fully understand what the benefits of these services really are for children, families and communities.

Second, *meaningful practice-relevant instruments should be used to assess family functioning*. It is only through the use of such instruments that their reliability can be assured and validity established. Since there are very few such instruments in existence now, development, testing and refinement of new instruments will be needed to ensure that program effects can be detected. This is not just a research enterprise or just a practice enterprise -- partnerships between practitioners and researchers will be essential to combine the expertise of both.

Further, we need to measure the outcomes of these services for the functioning of communities. Measures of community functioning are almost non-existent. We need much more work in this area if we are to understand how these services can work best in different kinds of communities. And just as we need practice-relevant instruments, we must have community-relevant measures and community members must be involved in their development and application.

Third, *the field should incorporate multiple perspectives on the progress and outcomes of service into both research and practice*. This study demonstrates for family-based services what other therapeutic fields have documented for years -- clients and workers have different and equally valid views of the helping process. One is not right and the other wrong; each contributes information essential for improving services and outcomes.

Fourth, *we need to pay greater research attention to the relationship between the worker and the family*. If the relationship between the worker and the family is as important as practice wisdom tells us, and as this study seems to imply, the field of family-based services must invest in understanding the characteristics and dynamics of these relationships and how they impact the outcomes of services.

Fifth, *the multiple systems serving families and children must work much more closely to meet the needs of families and children*. Given the variation of backgrounds, allegations, and needs of the families in this study, it seems clear that the child welfare system cannot address all of the issues facing these families and their children. Without school, child care, health, drug, employment, housing community development and a multitude of other services, even the best family preservation services will be insufficient to help families help themselves.

Sixth, *programs must incorporate information on outcomes, not just on process, into their regular data collection*. Building systems to measure outcomes is not only in the best interest of agency administrators who need to assure funders that dollars are being well spent, but it is in the best interest of practitioners who need to know what works in order to improve service,

and in the best interests of families and communities who deserve the best possible services from expenditure of their tax and charitable contributions dollars.

Lastly, *researchers, administrators, practitioners, service recipients and funders must be partners in the challenging search for accurate and meaningful cost effective outcomes.* Without such partnerships, each of the stakeholders in the evaluation process will have only a partial and skewed view of the evaluation enterprise, and the enterprise will have only a limited chance of success. There must be a commitment on the part of all of the stakeholders to *experimenting* in order to improve services and change policy. Undertaking a program evaluation should mean that we want to learn about what works and what doesn't and for whom. It should also mean that we are willing to change, modify, or discontinue programs based on the results of the evaluation. Without this commitment it is senseless to undertake an evaluation, for program maintenance goals can conflict with the results of an evaluation (Pecora et al., 1995).

This evaluation was successful, to the degree it was, only because the funders and the agencies wanted to know what worked and the researchers were willing to listen to the needs of the agencies. The two agencies also shared some characteristics that were essential to the success of this practice-research partnership, including committed, skilled and experienced executive directors; accomplished program directors and staff members; coherent and flexible programs; belief in the capacities of the families and communities they served; and relatively secure financial bases.

The next few years promise to be a challenging period for family-based services. Family preservation has made it to the national agenda, but with that visibility comes heated debate and competition for limited resources. The outlines of the debate have been established, but its resolution is not clear. The results of this study offer directions for further exploration both in terms of program development and research. We are convinced that future efforts will help the field better understand and improve family-based services, and, through such efforts, that the entire continuum of child welfare services will be enhanced.

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