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The current study evaluates the effectiveness of family preservation programs funded by the Mississippi Department of Human Services. This venture encompassed scrutiny and assessment of improvements in child functioning, positive changes in parental functioning and family functioning and the decrease in foster care placement. Further, this evaluation assessed client and staff satisfaction. It also included an assessment of the perceived impact this program had on the community. Results indicate that the family preservation programs were effective in improving the self-esteem of participants, family cohesion, and adaptability. There were no significant changes in child placement, teen births, or abuse rates. Client and staff satisfaction were high on all quality dimensions. The majority of the sample of community members felt that the family preservation programs were effective in the community.

Community-Based Family Preservation/Family Support Services emerged as an innovative strategy for strengthening families, preventing out-of-home placement of children, and for reuniting children with their families. The genesis of family- and home-based services and family preservation services can be traced to the concern that traditional child welfare services were failing to meet the needs of children and their families in the United States. During the 1960s and 1970s, the field of child welfare was castigated because it was believed that children were being placed in substitute care who could have remained at home. Of paramount concern was the inordinate number of placements for ethnic minority families.

During the 1960s and mid-1970s, new program models preventing foster care placement began to emerge, many of which used the cognitive-behavioral and/or family therapy treatment techniques that were being developed during the time (Pecora, 1991). During the early 1970s, a number of child welfare agencies were also successful in preventing child placement through family-focused counseling (Hirsch, Gailey, & Schmerl, 1976) or through the use of a variety of emergency services, such as crisis counselors, homemakers, emergency shelters or foster homes, and emergency caretakers (Burt & Balyeat, 1974; National Center for Comprehensive Emergency Services to Children, 1978). These

programs recognized the importance of crisis intervention in the prevention of long-term foster care placement.

The Federal Adoption Assistance and Child Welfare Act of 1980 mandated that states strengthen and preserve family life by making "reasonable efforts" to prevent out-of-home placement of children and to allow the return of placed children to their families. As time progressed, there was an increase in the number of family-based services, home-based services, and family preservation service programs (FP/FSS) on a statewide basis in a number of states, such as Florida, Illinois, Maryland, Michigan, Minnesota, and Tennessee (Grohoski, 1990; Holliday & Cronin, 1990). Such programs were a manifestation of the commitment made by the state and local governments to preserve families. In 1988, the National Resource Center on Family-Based Services published an annotated bibliography of 333 "family-based" programs in over 25 states. These programs provided services that were alternatives to out-of-home placement by ameliorating family functioning as well as by linking families to sustaining services and sources of support.

As a result of the Family Preservation and Support Services Act of 1993, each state is responsible for developing a Child and Family Service Plan (CFS) by which local communities will plan, implement, and evaluate effective family support/family preservation programs and services. Pecora (1991) notes that attendant to the increase in family preservation programs and the claims of effectiveness are a variety of questions that agency administrators and policy makers have begun to pose: (1) What specific services are we funding? (2) How effective are these services in relation to improving child/family functioning and preventing foster care placement? (3) Can the use of family-based services, home-based services, and family preservation programs services save child welfare program funds?

Responding to these questions has been difficult. Much of this difficulty is due to the tremendous variation of the service characteristics of the programs under the nomenclature of family preservation service programs. Several studies over the years have attempted to address these questions. Below is a review of some of the research endeavors undertaken to assess the impact of FP/FSS.

In an evaluation of a sample of 74 families after 10 months, Nelson (1984) found substantive difference although no statistically significant difference in placement preventive rates between treatment (77%) and control groups (55%) existed. Yuan, McDonald, Wheeler, Struckman, Johnson, & Rivest, (1990) studied home-based and family preservation programs in California. A sample of families was followed for eight months after case referral. Results indicated that 80% avoided placement. However, when a

comparison was made later in this study between the home-based service group and a comparison group, there was no significant difference. The disparity in findings was due to the fact that the treatment group families delayed their placement episodes longer, used a higher proportion of shelter care placements, and used 1500 fewer days of placement than the comparison group cases (Yuan, et al., 1990). Other studies using experimental or quasi-experimental designs demonstrate similar results (Rosenberg, et. al., 1982; Willems & DeRubeis, 1981; Szykula & Fleischman, 1985).

One of the first rigorous studies of early FP/FSS was conducted in Hennepin County, Minnesota. In this study, 8.6 % of the comparison group remained with their families, compared to 43.6% of the children in the treatment group. (Personal communication with P. AuClaire as noted in Pecora, 1991). Feldman (1990) evaluated a MFP/FSS in New Jersey and found the placement prevention rate for the treatment group to be significantly lower than that of the control group after 30 days, 60 days, 90 days, 3 months, and 9 months post-termination, although there was no significant difference in the placement prevention rate at termination (92.7% for the treatment group as compared to the control group 85.1%). This study also investigated changes in child/family functioning. Both groups made similar gains on measures of family functioning, but the treatment group scored significantly higher on the Child Well-Being Scales.

Even though family preservation programs have been effective in reducing placement rates, as note earlier, social conditions have generally declined. Meezan & McCroskey (1996) and Pecora (1991) state that one of the concerns of many family-based practitioners and researchers has been overemphasis of the field upon placement prevention, rather than considering additional types of outcomes, such as the following: (1) improvement in child functioning (e.g., behavior, school attendance, school performance, self-esteem); (2) positive changes in parental functioning (e.g., depression, employment, substance abuse, anger management, self-esteem, parental skills); (3) Improvements in family functioning (e.g., family conflict, communication, cohesion, adaptability, or social support; and (4) Use of child placement as a stabilizing influence and means for family reunification, or use of FP/FSS to stabilize a foster home as permanent placement for children who should not return home. Berry (1992) also notes that evaluations of intensive family preservation programs have primarily involved reporting of placement prevention rates, which have ranged between 75 percent and 90 percent (e.g., Pecora, Fraser, Haapala, & Bartlome', 1987; Reid, Kagan, & Schlosberg, 1988). Berry further believes that other relevant criteria have not been adequately addressed, such as elements of intensive family preservation programs that contribute to the success of such programs. In her evaluation of a family preservation program in northern California, Berry (1992) examined the specific service elements of the program, the match of family services to family needs, and gains in parental

skills. She found that the demographic characteristics of the preserved families and those experiencing placement were not substantially different; time spent with the family was not significantly different for preserved families when compared to those experiencing placement. The type of service provided made a difference in treatment success; there were significant gains in parent skills among intact families in comparison to those experiencing placement. Specific services, such as teaching family care, counseling, help in securing food and financial services were significantly associated with gains in parent skills. Grack (1997) also believes that family preservation services have focused immensely on outcomes. However, an understanding of the processes of family is crucial to effective practice. Grack (1997) further notes that few family preservation evaluations have shown which service components, characteristics, and compositions have engendered positive outcomes for families.

The purpose of this evaluation was to ascertain the effectiveness of Mississippi Family Preservation/Family Support Services (MMFP/FSS) Programs funded by the Mississippi Department of Human Services. While it is important to determine program effectiveness, it is also important to determine whether variations in such programs influence effectiveness, how effective such programs are in a variety of communities, and how effectiveness varies by characteristics of clients. This venture encompassed scrutiny and assessment of improvements in child functioning, positive changes in parental and family functioning, and the decrease in foster care placement. Further, this evaluation assessed client and staff satisfaction. This evaluation distinguished itself from previous evaluations of this nature in that an assessment of the impact this program had on the community and the community's perception of these programs was conducted. This distinction was further enhanced by the additional attempt to ascertain which intervention strategy was most effective and whether the effectiveness of these strategies varied by characteristics of the clients. More specifically, this evaluation addressed the following questions:

- To what extent does participation in the MFP/FSS influence the well-being of families and the safety of children over time?
- What service strategies have the greatest impact on family well being and child safety?
- How and to what extent have collaborative service systems been established or enhanced through family preservation and family support?
- What is the extent of client satisfaction or perception of program and programmatic activities?

- Are the stated goals and objectives being met?
- What is the extent of staff satisfaction?
- What impact do the MMFP/FSS have on the community?
- How does program effectiveness vary by characteristics of clients.

This paper is a summary of the findings resulting from endeavors to address the foregoing questions.

The Mississippi Family Preservation/Family Support Services

The Mississippi Family Preservation/Family Support Services were designed to (1) protect children from abuse and neglect; (2) strengthen families and communities in a manner that will contribute to a healthy and safe environment for all children; and (3) expand a continuum of services for family and children to promote and support family-building. While there are distinctions between family preservation and family support services, the MMFP/FSS comprise a continuum of services that aids families in either avoiding problems or dealing with problems early by forming community-based partnerships in support of families. More explicitly, of the dual nature of MMFP/FSS (both a family preservation and family support program), the following common characteristics existed (1) services were designed from a culturally competent delivery system; (2) services were client driven;(3) services build on client strengths; (services are delivered outside the office, either in the home or the community); services rendered are those rendered by both family preservation and family support programs (e.g., home visits, child development, parenting skills, support groups etc.,); and services stress flexibility and creativity (Mississippi Department of Human Services, 1995). The MMFP/FSS consisted of 18 programs located throughout the state. The services rendered in the various programs were primarily comprehensive (e.g., counseling, parenting skills, management skills, early childhood development education, day care, job training, care taking skills, after school program, working with student truants, working with teens, tutorial, health care, crisis intervention). Although the types of services varied, most included a combination of the foregoing services. However, there was a common thread that ran through all the programs and that was education—education of clients, professionals working with the families, and the community at large.

Method

Description of Sample

Two hundred and thirty seven (237) clients were randomly selected from the total (1691) population. The population consisted of referrals from the Mississippi Department of Human Services (DHS), the State (Mississippi) Health Department, hospitals and schools, and court. Demographic data were collected on each client at intake. The sample consisted of clients from 12 sites in the state of Mississippi. Over sixty-one percent (61.8%) were African American and 38.2% were white. The majority (62.5%) were single parents, 18.3% were married, 17.4% were divorced, and 1.8 % were widowed. Clients were currently enrolled or had completed the following educational levels: 48.2% high school; 32.7% college; 17.3 % junior high school; and 1.8% elementary school. Some (5.6%) of the clients had no children; 36.7% had one child; 26.7% had 2 children; 16.7% had 3 children; 7.8% had 4 children; and 1.1% had 6 children. The reason for referral for the majority of clients was parenting, counseling, or GED preparation. See Figures 1-6 for a pictorial presentation of the demographics.

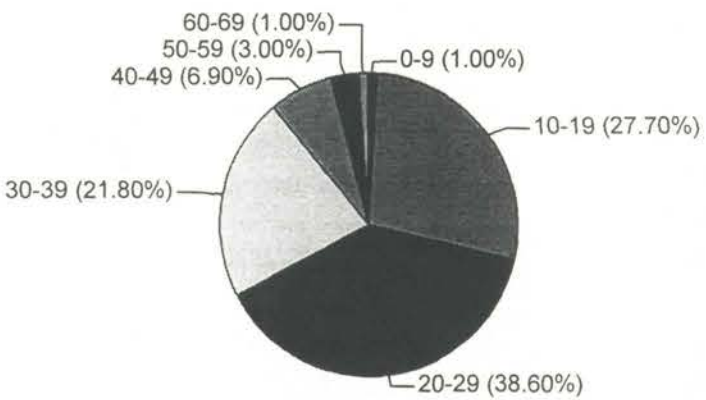

Figure 1. Age Distribution of Sample

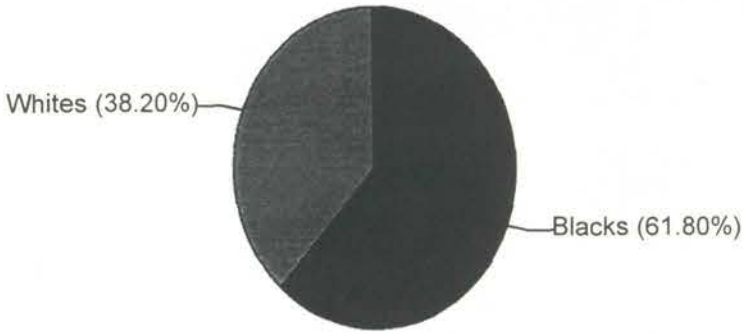

Figure 2. Racial Composition of Sample

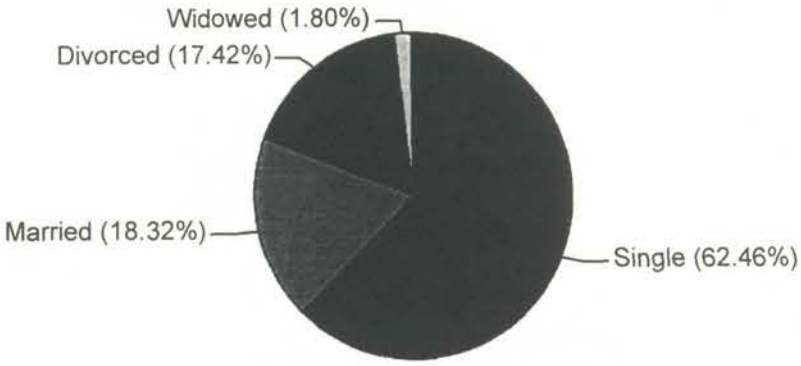

Figure 3. Marital Status of Sample

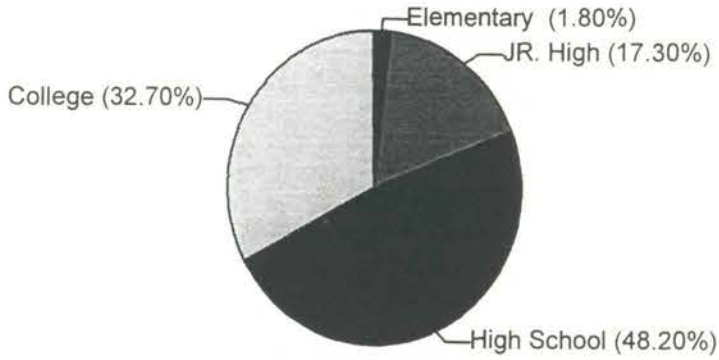

Figure 4. Educational Level of Sample

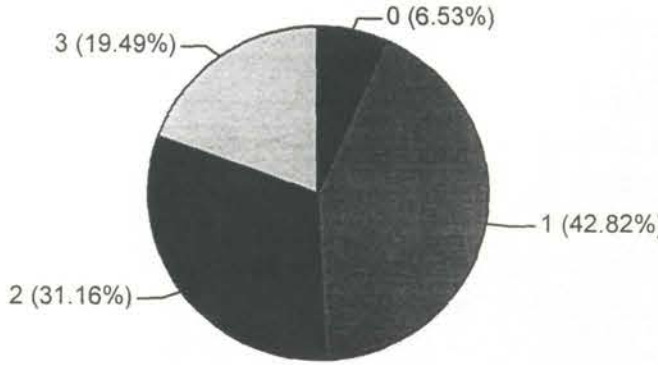

Figure 5. Clients' Number of Children

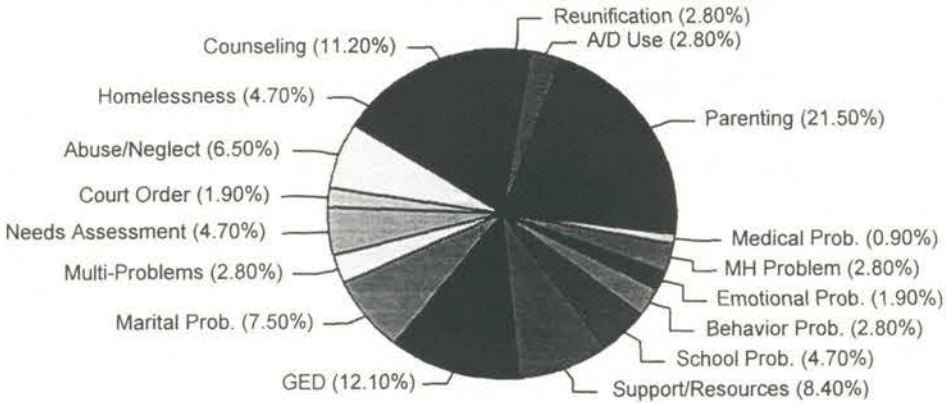

Figure 6. Reason for Referral

Research Design

Although the programs under the MMFP/FSS were both family preservation and family support programs, there were many similarities noted previously in this report. It is because of these similarities that aggregate analyses of the data were conducted. To identify changes in child and family functioning, a quasi-experimental design (one-group pre-test-post-test) was employed. Data were collected at intake and at termination. Descriptive statistics were employed to ascertain *n*, the extent of client and staff satisfaction regarding specific dimensions of service quality that Zeithaml, Parasuraman & Berry (1990) found to be important to clients of human service programs . Descriptive statistics were also employed to determine the community perception of the MMFP/FSS. To determine the extent to which participation in the MMFP/FSS influenced the well-being of families and the safety of children over time, statistics on abuse, teen pregnancy, and foster care placements were analyzed for counties in Mississippi in which MMFP/FSS programs existed. ANOVA was also used to determine if there were significant differences in means for abuse, teen births, and foster care placements over the months in which the programs existed. The evaluators expected gradual reductions in abuse, teen births, and foster care placements as the months progressed. Therefore, tests of linearity were conducted to determine whether there were significant linear trends in the incidences of foster care placements, live births to teens, and child abuse in the counties in which the MMFP/FSS existed and over the time span in which the programs existed. To determine whether MMFP/FSS participation affects family

functioning and perceived availability of resources, T-tests were conducted on pretest and post-test subscale scores and composite scores of FACES and ISEL to determine whether significant differences existed between pre-test and post-test scores. Regression analyses was also conducted to determine whether selected variables(age of client, county of client, number of children, client satisfaction (composite score), education, marital status, race, site, staff satisfaction, type of and intervention strategy used) contributed significantly to variations in subscale and composite scores of FACES and ISEL. Regression analyses were also conducted to determine whether intervention strategies accounted for a significant amount of variance in measures of program effectiveness (e.g., family functioning) and to determine whether effectiveness varies by characteristics of the clients.

Measures

Interpersonal Support Evaluation List (ISEL) was used to assess the perceived availability of the four separate functions of potential social resources as well as providing an overall functional support measure. The items that comprise the ISEL fall into four 10-item subscales: (1) The "tangible" subscale is intended to measure perceived availability of material aid; (2) The "appraisal" subscale is the measure of perceived availability of someone to talk to about ones problems; (3) The "self-esteem" subscale measures the perceived availability of a positive comparison when comparing oneself with others; and (4) The "belonging" subscale measures the perceived availability of people one can do things with. This instrument was administered at intake and termination.

The Family Adaptability & Cohesion Evaluation Scales (FACES III) is the third version of FACES scales developed to assess the two major dimensions in the Circumplex Model, i.e., family cohesion and family adaptability. Family cohesion refers to the degree to which the family is connected. Family adaptability refers to the degree to which the family is flexible to make change. The Circumplex Model enables an individual to classify families into 16 specific types or three more general types, i.e., balanced, mid-range, and extreme. Further, it is designed to obtain both perceived and ideal family functioning. This instrument was administered at intake and termination.

Client Satisfaction Questionnaire. Client satisfaction was assessed by adapting items from Martin 1993. Client satisfaction was used to measure clients' perceptions of the services they received and as an outcome performance measure, which involved clients self-report of quality of life changes. Zeithaml, Parasuraman, & Berry (1990) found that a common set of quality dimensions were important to clients of human service programs regardless of the type of service provided. Several quality dimensions were found to be important. In rank order, the preferred set of quality dimensions were reliability, responsiveness, assurance,

empathy, and tangibles. The foregoing quality dimensions along with others identified by Martin (1993) were used to determine client satisfaction.

Table 1 provides a list and description of each dimension of quality assessed in this study. The questions used to assess client satisfaction were designed by the evaluators and were based on the quality dimensions listed in Table 1. The questions and responses are noted in Table 12.

Table 1. Quality Dimensions Assessed on Client and Staff Satisfaction Questionnaire

Dimension	Definition
Accessibility	The program is easy to access or acquire.
Assurance	The program staff are friendly, polite, considerate, and knowledgeable.
Communication	Program information is provided in simple, understandable language.
Competency	Program staff possess the requisite knowledge and skills.
Conformity	The service meets established standards.
Courtesy	Program staff demonstrates respect toward clients.
Deficiency	The program is missing a characteristic or element.
Durability	The program's performance or results do not dissipate quickly.
Empathy	Program staff attempt to understand clients' needs and provide individualized attention.
Humaneness	The program is provided in a manner that protects the clients' sense of self-worth & dignity.
Performance	The program accomplished its intended purpose.
Reliability	The program is operated in a dependable and reliable manner with minimum variation .
Responsiveness	The program delivery is timely.
Security	The program is provided in a safe setting free from risks or danger.
Tangibles	The appearance of the facilities, equipment, personnel, and published materials is appropriate.

SOURCE: Adapted from Martin (1993)

Staff Satisfaction. Tangentially, the same dimensions were used in the assessment of staff satisfaction. Some of the same questions were posed to the staff in an endeavor to assess staff satisfaction with the program and perceived impact of the program on clients. Staff members were also asked about their perception of the impact of the program.

Collaborative Systems on MFP/FSS. Additionally, staff were asked questions regarding the community resources used, where referrals were directed, and were the referrals part of a collaborative community service system? This information provides a more comprehensive picture of the extent to which collaborative service systems have enhanced MFP/FSS programs.

Perceived Community Impact. The evaluators also designed a short questionnaire which was administered to community members to determine the community's perception of the impact of MFP/FSS Programs on their community. Table 14 provides the questions and percentages of responses.

Results

T-tests of pretest and post-test subscale and composite scores were conducted to determine whether significant differences existed in scores on measures of family functioning and functional support . Results indicated that significant differences between pretest and post-test scores did exist for 3 subscales scores of the ISEL (Tangible, Appraisal and Self-Esteem subscales) and composite score for the ISEL. Table 2 shows that means were significantly higher for the foregoing scores after participation in the MMFP/FSS Program. Composite ISEL scores indicate that clients perceived an increase in the availability of social resources. More specifically, subscale scores indicate that clients perceived an increment in the availability of material aids and perceived an increase in the availability of a positive comparison when comparing oneself with others after participation in the program.

Table 2. T-test on Pretest and Post-test Subscale and Composite Scores of ISEL

Subscales	No. Of Pairs	Mean	t-value	df	Significance
Tangible 1 Tangible 2	74	15.90 17.31	-3.09	73	.003*
Appraisal 1 Appraisal 2	74	16.97 19.54	-6.47	73	.000*

Subscales	No. Of Pairs	Mean	t-value	df	Significance
Self-Esteem 1 Self-Esteem 2	96	17.30 22.25	-13.13	95	.000*
Belonging 1 Belonging 2	74	17.40 18.12	-1.36	73	.177
Composite ISEL 1 Composite ISEL 2	74	67.46 77.47	-8.05	73	.000*

.*Significant (alpha level=.05)

As noted in Table 3, results further showed that significant differences between pretest and post-test scores did exist for 2 subscales of FACES (Cohesion and Adaptability). Mean pre-test scores of the two subscales indicated that the average scores on adaptability and cohesion fall under the nomenclature of flexibly disengaged. While post-test mean scores fall under the nomenclature of flexibly separated. These means indicate the average family was classified as flexibly disengaged at intake. After participation in the program, the average family was classified as flexibly separated. This modification indicates that the family changed from being disinclined to talking to amenable to talking among themselves to resolve their problems.

Table 3. T-test on Pretest and Post-test Subscale and Composite Scores of FACES

Subscale	No. Of Pairs	Mean	t-value	df	Significance
Cohesion 1 Cohesion 2	87	34.49 36.97	-4.56	86	.000*
Adaptability 1 Adaptability 2	87	26.77 25.45	2.20	86	.030*
Total FACES 1 Total FACES 2	87	61.25 62.42	-1.43	86	.156

*Significant (alpha level=.05)

Stepwise Regression analysis was conducted on score differences in pretest and post-test on subscale and composite scores (only those that were found to be significantly different) of the ISEL and FACES to determine whether demographic characteristics of clients (age, number of children, education, marital status, race, county in which the clients live) as well as site of the program in which client participated, overall staff satisfaction with the program, and the type of intervention strategy used contributed significantly to differences between pretest and post-test subscale and composite scores for the ISEL and FACES. The variables of interest contributed significantly to differences on pretest and post-test scores of only 2 subscales: Self Esteem and Cohesion. Table 4 is a summary of the stepwise regression analysis. Age of clients and the type of intervention used accounted for 33.6% of the variance in pretest and post-test Self-Esteem subtest score differences. The age of the clients accounted for 27.3% of the variance and the type of intervention accounted for 6.3% of the variance in pre- and post-test differences.

Table 4. Regression Coefficients for Selected Variables on the Differences in Pre-test and Post-test Self-Esteem Subscale Scores

Variable	Multiple R	Beta	Significance
Age of Client	.5405	.5405	.0007*
Interventions	.6111	.3079	.0464*

*Significance Multiple R= .6111; R^2= .3355; n=96

Scrutiny of the means and mean differences indicates that the greatest change in pretest and post-test scores on the self-esteem subscale occurred for clients ages 40-49 as indicated in Table 5. The largest mean change in self-esteem were in clients who received home visits as indicated in Table 6. The second largest change was in clients who received counseling, while the third largest change in self-esteem was in clients who participated in support groups.

Table 5. Self-Esteem Subscale Pretest , Post-test, and Mean Differences by Age

Age of Client	Pretest Mean	Post-test Mean	Mean Difference
10-19	15.85	20.75	4.90
20-29	17.65	22.28	4.62
30-39	20.21	24.42	4.21
40-49	16.20	24.00	7.80
50-59	20.00	26.00	6.00

N=96

Table 6. Self-Esteem Subscale Pretest , Post-test and Mean Differences by Intervention

Interventions	Pretest Mean	Post-test Mean	Mean Difference
Counseling	16.65	23.30	6.65
GED	18.37	22.72	4.35
Home Visits	15.80	23.00	7.20
Job Skills	18.00	22.50	4.50
Life Skills	21.00	26.00	5.00
Parenting Education	20.78	25.00	4.22
Support Group	17.50	23.50	6.00

N=96

Race accounted for 10.8% of the variance in Cohesion pretest and post-test differences. Table 7 is a tabular explanation of the stepwise regression analysis. Table 8 shows mean differences in pretest and post-test cohesion subscale scores by race. The greatest change in cohesion occurred among whites as indicated in Table 8.

Table 7. Regression Coefficients for Selected Variables on the Differences in Pre-test and Post-test Cohesion Subscale Scores

Variable	Multiple R	Beta	Significance
Race	.3759	.3759	.0487*

*Significance Multiple R= .3759; R^2= .1082; n=87

Table 8. Cohesion Subscale Pretest , Post-test and Mean Differences by Race

Race	Pretest Mean	Post-test Mean	Mean Difference
African Americans	33.71	35.88	2.17
Whites	37.00	40.08	3.08

n=87

As noted earlier, statistics on abuse, teen pregnancy, and foster care placements were analyzed for counties in Mississippi in which MMFP/FSS programs were located to determine the extent to which participation in the MMFP/FSS influenced the well-being of families and the safety of children over time. Means were calculated for the months the programs existed, and tests of linearity were conducted. A list of means by months for the incidences of abuse, teen births, and foster care placements is found in Table 11. Analysis of variance was conducted to determine whether there were significant differences in the means over the time span of interest. Table 9 includes ANOVA results. There was no significant difference between means over the time span. Although there are decrements in abuse, teen births, and foster care placements as the months progressed, these decrements were not statistically significant. Pictorial presentations of the data for the foregoing variables are shown in Figures 7-9.

Table 9. ANOVA Statistic Results for Abuse, Teen Births and Foster Care Placements

Variable	F	Significance
Abuse	.2158	.9995
Teen Births	.3988	.9859
Foster Care Placements	.1441	.9983

Tests of linearity for abuse, teen births, and foster care placements were not significant for either variable (p=.5652; .2274; and .3186 respectively) as noted in Table 10.

Table 10. Tests of Linearity on Abuse, Teen Births and Foster Care Placements.

Variable	R Squared	Significance
Abuse	.0006	.5652
Teen Births	.0013	.2274
Foster Care Placements	.0034	.3186

R Square statistics show that less than one percent of the variance in abuse, teen births, or foster care placements can be linearly explained by time (months).

Table 11: Means on Abuse, Live Births by Teens and Foster Care Placements in counties where MFP/FSS Programs Existed

Month	Abuse	Births	Placements
January 96	25.06	5.14	
February '96	21.80	4.83	
March '96	23.09	4.50	
April '96	26.16	4.24	28.03
May '96	29.26	4.20	26.16
June '96	21.51	3.77	28.16
July '96	24.16	4.85	28.33
August '96	26.61	5.48	27.83
September '96	-24.87	5.09	27.53
October '96	25.09	4.41	-----
November '96	19.00	4.24	-----
December '96	20.45	5.25	-----
January '97	23.03	4.90	-----
February '97	22.67	4.19	22.83
March '97	22.71	4.51	23.03
April '97	24.62	3.54	22.50
May '97	22.36	4.17	22.73

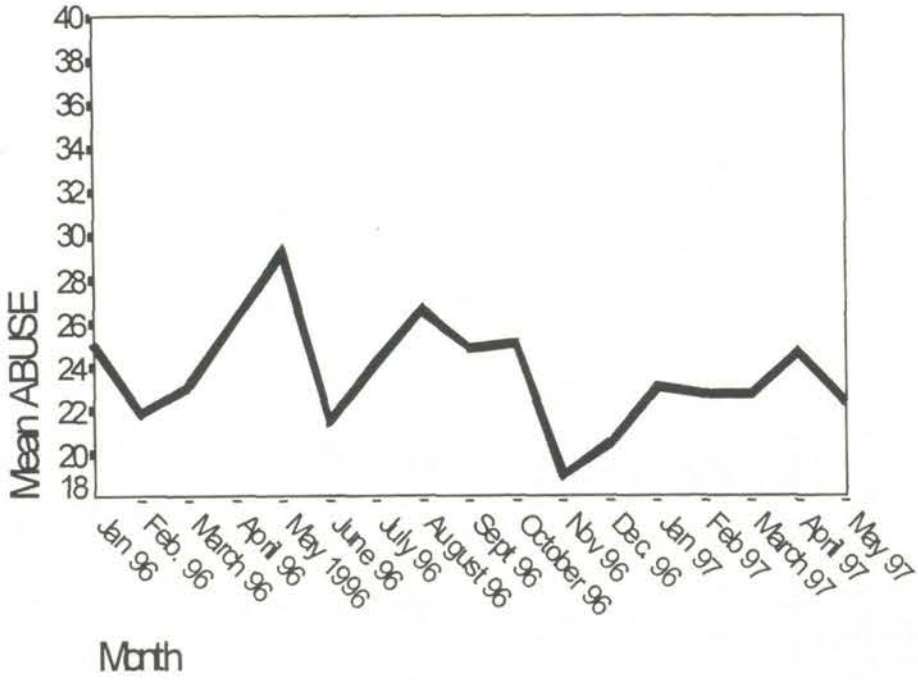

Figure 7. Mean Abuse Rates in MFP/FSS Counties in Mississippi

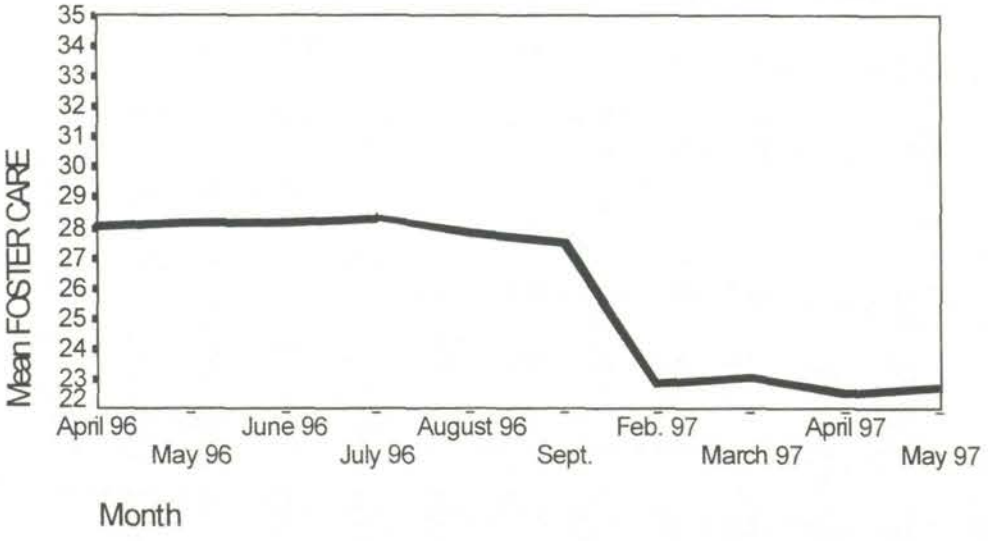

Figure 8. Mean Foster Care Placements by Month in MFP/FSS Counties in Mississippi

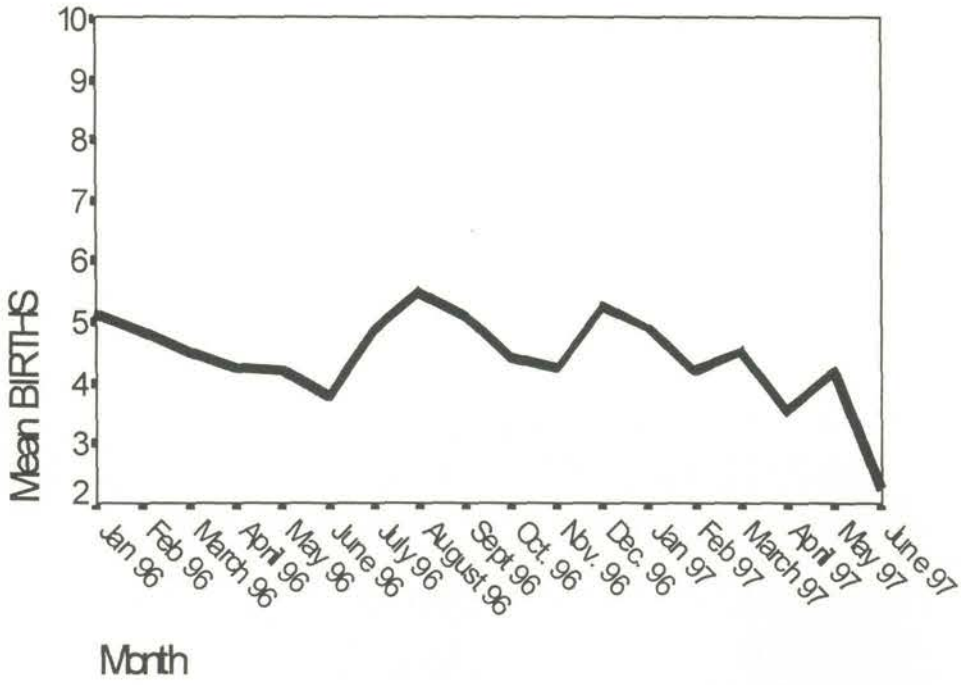

Figure 9. Mean Births to Teens By Months in MFP/FSS Counties

Client Satisfaction. The following quality dimensions were assessed: Reliability, Responsiveness, Assurance, Empathy, Tangibles, Access, Communication, Competency, Courtesy, Durability, Humaneness, and Security. Attendant to questions assessing these dimensions were questions that measured clients' overall satisfaction with the programs and outcome performance—the degree to which the client felt the program had helped him/her with his/her problem. In terms of overall satisfaction, approximately (91.7%) reported feeling satisfied to very satisfied with the program. The percentages of the last 2 levels (feeling satisfied to very satisfied) of the likert scale were added together for responses to each dimension. Ratings were high on all dimensions(ranging from 89.1% to 95.3% of clients (n= 238) reporting being satisfied to very satisfied) on each dimension.

Staff Satisfaction. The same quality dimensions were assessed on the staff satisfaction questionnaire. Additionally, questions were posed regarding the impact of this program on certain social problems. In terms of overall satisfaction: 86.8 % (n = 93) reported feeling satisfied to very satisfied with the program. The percentages of the last two levels of the Likert Scale were added together for each dimension. Results demonstrated that ratings

were high on all dimensions ranging from 89.2% to 100% on each dimension. These ratings indicate that the staff felt that the program had a positive impact on the community and reduced the prevalence of specific social maladies.

Collaborative Systems on MFP/FSS: Staff were asked questions regarding the community resources used, where referrals were directed, and if the referrals were part of a collaborative community service system.

Resources Used: Below is the percentage of staff members who used the following resources: the Health Department (13.7%); Mental Health Dept. (Regional)(19.6%); Department of Human Services (17.6%); Community Action Agency (13.7.%), Educational Programs (5.9%); Employment Agencies (3.9%); Treatment Centers (3.9%); Shelters (5.9%); Medical Resources (5.9); Housing (3.9); Legal System (2.0%); Community Resources (9.8%).

Referral to Agencies. The percentage of staff members who also report making referrals within agencies was 9.3%; outside of agency was 61.1%; and both within and outside of agency 29.6%. This information provides a more comprehensive picture of the extent to which collaborative service systems have enhanced MFP/FSS programs.

Referral as part of a collaborative community system: Staff were asked if referrals were part of a collaborative community service system. Approximately (91.7%) percent reported that the referrals made were part of a collaborative community system and 8.3% reported to the contrary.

Perceived Community Impact: A questionnaire was also disseminated to members of the community. The results are noted in Table 14. Most (86.6%) felt that the program had been effective to very effective in the community. Most (83.9%) agreed to strongly agreed that the program would have long-term benefits. Most (92.3%) also agreed to strongly agreed that the program had helped to strengthen the families involved. Most (87.3%) also agreed to strongly agreed that the community in general had benefitted from the program.

Table 12. Percentage of Responses on Community Impact Questionnaire

1. Overall, how do you rate the effectiveness of this program on the community.	Not Very Effective 1	2	3	4	Very Effective 5
	.7	1.4	11.3	31	55.6
2. The information and/or services in this program will have long-term benefits.	Strongly Disagree 1	2	3	4	Strongly Agree 5
	.7	1.4	14.1	25.4	58.5
3. The program has helped to increase the strength of families involved.	Strongly Disagree 1	2	3	4	Strongly Agree 5
	.7	.7	6.3	32.4	59.9
4. The community in general benefitted.	Strongly Disagree 1	2	3	4	Strongly Agree 5
	.7	1.4	10.6	33.1	54.2

n=142

CONCLUSIONS

The Department of Human Services launched the large scale experiment in January 1996 to ascertain whether a novel approach would deal with social exigencies, such as child abuse and neglect, an inordinate number of placements in foster care, and teen pregnancy. The Family Preservation/Family Support Services Program was an ambitious effort to militate against the increment in the number of children in foster care, a problem that plagues child welfare system nationwide. The state of Mississippi must be applauded for making such a significant endeavor. It must also be commended for including an evaluation of the program. At this juncture, we can attempt to reap what can be learned from the experience of MFP/FSS.

Prior to summarizing the findings of the evaluation, it is of paramount importance to note a significant fact about MFP/FSS as an intervention, namely its variability. In a medical experiment on a new drug, the chemical composition of the medication does not vary from one patient to another (although dosage may vary, the variation can be precisely measured) and the research task to analyze the variation in response of individuals. In the evaluation of social programs, there is almost always variation in the intervention as well as the response of the individuals and families. Variation in the intervention has been particularly great. This program was conducted through 18 sites throughout the state, and within broad guidelines, these agencies have considerable latitude in constructing their programs. The

variation may be thought of as both a virtue and a vice. The variation is considered a vice because of the complications these variations engender for the evaluation effort and a virtue because they allow for the exploration of differences in effects of various approaches to family preservation. Although there was a great deal of variation in the programs, the commonalities shared by the programs were those shared by family preservation and family service programs listed previously in this paper. These commonalities allowed for aggregate analyses of the data.

Further, it is important to note that another major limitation of this study is the quasi-experimental design. This design was not the method of choice but rather a fall-back strategy, because random assignment to a treatment and control group was not possible since the evaluation was retrospective in nature (e.g., the programs were already under way or over). One of the major weaknesses of this method is that the comparison base created may be biased, and therefore the does not provide information about the outcome if a treatment was not given. Therefore, the results of this evaluation should be viewed in light of the limitations.

The primary objective of family preservation programs and therefore the initial concern in evaluations of these programs has been the prevention of placement in out-of-home care. Overall, we found little evidence that this MFP/FSS resulted in lower placement rates as have other studies (Schuerman et al.1994; Meezon & McCroskey, 1997). Nor did the researchers find evidence that the MFP/FSS has resulted in significant changes in other social maladies, such as teen pregnancy or abuse. However, it is important to note that the program had only been in progress for eight months prior to the commencement of the evaluation, and the total duration of the program was one year and eight months. As noted previously, research has demonstrated that significant changes may take place several months after the termination of the program. This is not a chimerical expectation, i.e., this is not an illusory expectation nor is it improbable. It is because of this probable occurrence that a follow-up study is recommended.

However, there were significant changes in functional support and family functioning. It appears that clients perceived an increase in (tangible support) the availability of material aids, (appraisal) availability of people to talk to, and an increase in (self-esteem support) the availability of a positive comparison when comparing oneself with others after participation in the program. These changes show an increase in specific areas of functional support. Similar changes were found in family functioning where families changed from being disinclined to talking to amenable to talking among themselves to resolve problems. In an endeavor to ascertain an explanation for this change, regression analyses were conducted. Age of clients and the type of intervention accounted for the change in self-esteem subtests

scores. Further analyses show that the greatest mean differences were found in clients ages 40-49 and 50-59. Further scrutiny of the data shows that clients receiving home visits and counseling also had the greatest change in self-esteem support scores. The changes in the age groups cited are probably best explained by the concomitant transitions of the various age groups as defined by Daniel Levinson (as cited in Philipchalk & McConnell (1994)). These age groups probably scored higher after treatment because according to Levinson, age 40 is often coupled with another life transition, which for many is traumatic—"mid-life crisis." At this time, individuals retrospect on unfulfilled dreams of youth and put them into perspective. They must accept the realization that they are not the unqualified success they had aspired to be and that their time is running out. In an endeavor to find new meaning in life, they subsequently explore neglected areas of life. By age 45, most vigorously pursue new more attainable goals with vigor. This is also a period of calm.

Levinson further notes that there is another reevaluation of goals and life style at age 50. If they did not experience a crisis at age 40, they are more likely to by 50. Another period of calm follows. This period is characterized by a time of great fulfillment from reaping the rewards of more realistic goals that were set in earlier periods of transition. A reappraisal of life occurs at Age 60. This appraisal engenders mixed feelings of pride and despair as individuals review their achievements. Quite tersely, the transitions between the ages of 40-69 are dominated by reflections on goals accomplished, an evaluation and reevaluation of goals and lifestyle, the desire to explore neglected areas of their lives in an attempt to find new meaning and reap the rewards of realistic goals. The evaluators therefore surmise that the changes in self-esteem were greatest for clients between the ages of 40-69 because of the evaluation and reevaluation attendant to the various transitions in life. These periods of evaluation and reevaluation could have caused individuals to be more amenable to exploring areas of their lives that had been neglected in an attempt to find meaning. This timely proclivity, coupled with participating in the MFP/FSS, may have engendered a greater increase in self-esteem. More specifically, this population was more cognizant of the areas that necessitated work and therefore sought self-improvement with more vigor than their younger counterparts. This increase in self-esteem is further enhanced by the possibility of individuals being made aware of (through participation in the MFP/FSS) the rewards that they are presently reaping from goals that were set earlier in life.

The evaluators further contend that score gains in self-esteem were higher for those who had home visits and counseling for 2 reasons: (1) family preservation services provide an excellent opportunity to do an ecologically oriented assessment because they involve (home visits where the staff person is brought into the environment of the family, rather than asking the family to enter the environment of the staff person. This provides a chance to learn about the family as a group: the strengths, interests, supports, and needs of the

individuals within the family; the cultural and neighborhood influences; the effect of friends, extended family and other social institutions, like the schools. The staff person learns more about the family's life and is therefore able to be more effective. The family probably feels more comfortable in this setting and is therefore more likely to work toward positive change. The fact that the staff person is coming into the home to work with them may also engender a positive sense of self-worth. Likewise, individual counseling is usually more effective because of the individualized attention. This intense focus or attention on a single family at a time may also precipitate a positive change in self-esteem.

The change in family cohesion was also found to be higher in whites than in their African American counterparts. It is well known that stressors impact family cohesion. There is a negative correlation between the stressors and family cohesion. African Americans experience a greater number of stressors because of racism. More specifically, African Americans experience three kinds of racism: individual, institutional, and cultural. Individual racism is where individuals manifest prejudiced behavior toward African Americans; institutional racism entails the limiting of resources and opportunities because of race; and cultural racism is where the media, churches, schools, etc., perpetuate prejudice. These types of racism are an everyday reality for African Americans. The everyday stressors that one experiences regardless of race are further compounded by the different forms of racism. Therefore, the evaluators contend that although there were mean gains in family cohesion for both races, the gain was not as great for African Americans. It therefore appears that participating in the program did lead to an increase in family cohesion and probably helped families to, at minimum, begin to communicate to facilitate problem resolutions. However, there are other factors that affect family cohesion that were not addressed by MFP/FSS such as stressors emanating from racism and how to cope with these stressors.

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The change in the perception of clients regarding the availability of material resources and availability of people to talk to may be due to the fact that participating in the program provides clients with knowledge of many community resources of which they are usually not aware. The intervention affords them the opportunity to talk with someone who is empathetic to their needs. They may also begin to talk more with family members as the results of this evaluation implies as evidenced by the scores on FACES (Cohesion and Adaptability).

Although the utility of client satisfaction as an outcome measure is rated as medium (Martin & Kettner, 1996) in terms of acceptance, client satisfaction is of interest to a variety of stakeholders. Elected officials, funding agencies (government and foundations), program administrators, and agency administrators are all generally interested in and concerned about clients' perceptions of the effectiveness of human service programs. Most stakeholders also recognize the inherent limitations of client satisfaction data.

Client satisfaction by its very nature is subjective. One can never say without dubiety that the client's assessment is accurate. Nevertheless, client satisfaction data provide an important perspective on the effectiveness of human service programs that cannot be gained from any of the other types of outcome performance measures (Pecora, 1991). The evaluators in this study attempted to assuage the subjectivity and concomitantly increase the accuracy of self report by insuring the clients that the responses to the questions would be anonymous. It is because of the insurance of anonymity and random selection that we can assume with a moderate degree of certainty that the responses are accurate and objective.

Results show that the vast majority of clients felt good about the services they received, the impact of the program in helping them with their problem, the appearance of the facilities, and the humane manner in which the program protected their sense of dignity and pride. These data are important because the data provide information about the client's perception of the program and facilitate the identification of problem areas that may warrant modification for the sake of improvements. Percentages ranged from 89.1% to 95.5% in terms of agreeing to strongly agreeing relative to the quality dimensions discussed in Table 2. Therefore, based on these data, satisfaction with all dimensions appeared to be high. Similarly, overall satisfaction with the program seemed to be high. Attendant to these data

are the data on outcome performance, which demonstrated that clients appear to feel that the program was very beneficial to them. Based on the client satisfaction data, it can be said with a moderate degree of certainty, that the clients felt good about the quality of services received and that the impacts of the program were positive based on self-reports of clients (i.e., clients felt that the program was very helpful in their attempt to solve their problem and in helping them develop vocationally, academically, and personally). Based on these results, there is little need for program improvements on the quality dimensions of interest.

Staff satisfaction is important to the success of a program. Therefore, the assessment of staff satisfaction was conducted to determine staff satisfaction with the program and their perception of the impact of the program. Results indicated that the vast majority of the staff was satisfied with the program. This satisfaction was further manifested in their positive ratings on specific dimensions of the program. Tangentially, the majority of the staff (83.7%-93.7%) felt that the program could help break the cycle of abuse and neglect and reduce domestic violence, violence in the areas served, and strengthen and stabilize families. They further felt that the impact of the program would have lasting benefits.

Another important need in the effort to improve family preservation services is the need for agencies to work together in planning and providing services. According to the data collected from staff members, several community resources (for a listings of resources, see Results) were used. Most staff members (61.1%) reported making referrals outside of the agency. The smallest number of staff members made referrals within the agency (9.3%) and (29.6%) made referrals within and outside of the agency. These data imply that the staff feel positive about the program and the impact that it is having on clients and the community in general. They further report using more outside referrals. This implies that a more collaborative service system is being utilized. The usage of a more collaborative service system was further demonstrated by the larger percentage (91.7%) of staff who reported making referrals that were part of a collaborative community system. It appears that the staff have made valiant efforts to link families with other services that they may need. This too may also account for the change in perceived availability of material aids.

Community perception and support is extremely pertinent to the success of family preservation programs. In this vein, data collected on community perception indicated that the vast majority of the sample (83.9%-92.3%) felt that the program has been very effective, had helped strengthen families, had benefitted the community in general, and would have lasting benefits. These data indicate that the perception in the community regarding the overall impact of the program is very positive.

In sum, although it appears that MMFP/FSS was not successful in producing positive changes in foster care placement, abuse/neglect, or teen pregnancy rates, contrariwise, significant changes did occur in family functioning and some dimensions of perceived functional support. To generate a more comprehensive picture of the program, other dimensions were examined: client satisfaction, staff satisfaction, and client-, staff- and community-perceived impact of the program. Results indicate that satisfaction among clients and staff was high and that all three groups (clients, staff, and community) felt that the program was effective and had a positive impact on clients and the community in general. Additionally, the usage of a more collaborative service system was further demonstrated by the larger percentage of staff who reported making referrals that were part of a collaborative community system. It appears that the staff have made valiant efforts to link families with other services that they may need by using a collaborative service system.

Recommendations

The MFP/FSS represented a dramatic improvement in the responsiveness of the child welfare system to address the needs of families. In addition to responding more quickly to these needs, the program represented improvements in the quantity and quality of services provided to clients. The fact that these changes did not result in more substantial benefits for families is certainly disappointing. However, given the complex nature of the problems that bring families into contact with the child welfare system and the limited time of the program (1 year-8 months), it seems unrealistic to expect many changes in families as a result of short-term family preservation efforts. Further, the changes in family functioning and functional support were significant in spite of the short-term family preservation effort. Short-term intervention is appropriate in many cases, but not in all cases. Some families are able to benefit from this kind of service, but others require more extended work. Many cases involve problems that will not be resolved in a short-term service, regardless of the intensity. Long-term problems tend to require long-term treatment. Therefore, it is recommended that a range of service lengths and intensities be available to families. Perhaps more important, much more attention needs to be paid to what happens at the end of the program and afterwards. Research has demonstrated that positive changes sometimes occur 3 or 6 months and sometimes even later after termination. It is therefore recommended that follow- up studies be conducted to determine whether such changes have taken place.

Results also demonstrated that the increase in family cohesion was greater for whites than African Americans. Such changes were less for African Americans because of the added burden of concomitant stressors of racism. Therefore, it is important that all staff members are cognizant of the life experiences of African American families and can provide them

with coping skills requisite for their survival and success. Commissioning clinical psychologists to present workshops on counseling the culturally different families is recommended.

The program is to be commended for the quality services provided as reported by both clients and staff. Scores were high on all quality dimensions.

Additionally, another commendable and likely fruitful direction taken by MFP/FSS was the development of smaller, specialized programs for client groups. Family preservation programs are usually "generalist" programs requiring agencies to deal with a wide range of problems. As a result, the acquisition of expertise in dealing with particular problems is inhibited. An additional enhancement would be to group clients by various demographics as well as problems. Demographics such as age, gender, and marital status have common tangential problems and perspectives that can determine the kind of intervention and the results. Age proved to be an important predictor of self-esteem in this study, while race was an important predictor of family cohesion.

Results also demonstrated that the more individualized interventions and intervention in which the staff went into the home (home site visits) was more effective in increasing self-esteem. It is therefore recommended that adequate staff be hired to provide more counseling and more home site visits should be made.

The MFP/FSS also proved to involve usage of resources that have not been used as often in the past. There were many more alternatives for families and staff who were assisting them. The referral of families to collaborative community-based services helped them with a number of problems, such as housing problems, support for parents, etc. Often, help of this nature is provided too late, after family relationships have deteriorated. This help should be more universally available through community-based organizations that are responsive to the needs of their neighborhoods.

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