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Much is being written these days about the role of evaluation in the formulation of social policy. While few writers question the need for basing policy on systematic evaluation a good deal of the literature appears to focus on the obstacles in carrying out as well as applying evaluative research.[1] By contrast, the number of studies which in the eyes of critics measure up to minimum standards of scientific adequacy appears to be exceedingly small. Regardless of the problems inherent in the use of research data for policy formulation, the dearth of good studies constitutes the main reason why social policy is made, by and large, without reference to information secured with the aid of systematic research.

The present paper endeavors to show how a set of empirical data, collected at four casework agencies, can serve as aids in choosing among policy alternatives. The size of the sample and problems in design make this study a demonstration in the use of policy-relevant research rather than a substantive contribution to knowledge in agency policy formulation. The data were produced as part of an effort to evaluate the outcome of services to clients. Whereas the agency executives, who encouraged and supported the study, were mainly concerned with the results of services, the researchers in this study were of the opinion that evaluation of outcome extends beyond a determination of whether treatment was or was not helpful to most clients. Questions that loomed large pertained to differences in criteria of outcome, effectiveness of techniques of service, effect of client characteristics on outcome, and others. Evaluation, in this study, was intended to encompass several areas of concern to agency decision-makers. The investigators found it helpful to base their enterprise on the following definition of evaluation, by Marvin C. Alkin: "Evaluation

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+We gratefully acknowledge the helpful collaboration of Professor Bernice Boehm in the study design and collection of data on service pattern and the useful ideas for data presentation advanced by Professor Bernard Neugeboren. Special thanks are due to Mr. Irving Greenberg, Executive Director of the Newark Jewish Counseling Service, for paving the way for this study and to Mr. Saul Zeichner, Agency Field Coordinator at Rutgers University, for his aid in the data collection.

b. Changes in the proportion of rights distributed as general or specific entitlements and as status-specific rewards respectively, or in the extent to which the distribution of rights is linked to the allocation of statuses.
c. Changes in the proportion of rights distributed directly, in kind, in the form of public provisions and services, and rights distributed indirectly, as right equivalents, purchasing power or money.
d. Changes in the specifications of a minimum level of rights for all members and groups of society (e.g., "official poverty line", or "fixed percentage of per capita income"), and in the extent to which the distribution of rights assures coverage of such a minimum level.
e. Changes in the relative distribution of rights throughout society, or in the degree of inequality of rights among individuals and groups.

4. Consequences of changes in resource development, status allocation, and rights distribution for:
   a. The overall quality of life in society, and
   b. the circumstances of living of individuals and groups, as noted in measurements and perceptions of ecological, demographic, biological, psychological, social, economic, political, and cultural dimensions or spheres.
   c. the nature of intra-societal human relations among individuals, groups, and society as a whole.

Section D: Interaction Effects Between the Policy and Forces Surrounding its Development and Implementation

1. History of the policy's development and implementation, including legislative, administrative, and judicial aspects .
2. Political forces in society promoting or resisting the policy prior to and following its enactment--their type, size, organizational structure, resources, overall strength, extent of interest, value premises, and ideological orientations.
3. Physical and biological properties of society's natural setting, and biological and psychological properties of its members
4. Relevant other social policies.
5. Relevant foreign policies and extra-societal forces.
6. Society's stage of development in cultural, economic, and technological spheres.
7. Society's size and institutional differentiation or complexity.
8. Society's beliefs, values, ideologies, customs, and traditions.
9. Conclusions and predictions.

Section E: Development of Alternative Social Policies; Comparison and Evaluation

1. Specification of alternative social policies:
   a. aimed at the same policy objectives, but involving alternative policy measures.
   b. aimed at different policy objectives concerning the same policy issues.
2. Comparison and evaluation:
   Each alternative social policy should be analyzed in accordance with this framework and compared throughout this analysis with the original policy and other alternative policies.

is the process of ascertaining the decision areas of concern, selecting appropriate information, and collecting and analyzing information in order to report summary data useful to decision-makers in selecting among alternatives."[2]

Alkin also makes a useful distinction between evaluation that seeks to assess the relative success of one or more alternative programs and evaluation geared to an assessment of the needs of the system.[3] In the present study the evaluation effort which fell somewhere between the two models (see below) sought to address itself to the more general issue of how the results of services are perceived by different groups within the system and how findings generated through this research, can aid in the formulation of policy decisions.

Research Setting, Population, and Design

The study was conceived as a response to an invitation by the administrator of a casework agency, where eight students of the Rutgers Graduate School of Social Work had their field placement, to use this agency as the setting for an evaluative study of services. The invitation envisioned a study of treatment outcome but did not specify either scope or methodology. Since it was planned to have social work graduate students serve as research workers, it appeared advantageous to share this learning experience with students placed at other casework agencies. Such an extension of the project was thought to yield some additional dividends. The sample could be enlarged and findings generated from such a multi-agency sample would have a higher potential for making generalizations than findings drawn from a single agency sample.

Two of the four agencies participating in the study are family counseling services and two are child guidance clinics. All but one are non-sectarian, and the clientele of three is made up of urban and suburban residents while the fourth caters to suburban and rural clients. Two agencies employ twelve full time professional workers, one has over twenty, while the fourth has a professional staff of only five. The two clinics and one of the family service agencies also employ clinical psychologists as well as psychiatrists, but the fourth agency uses only part-time psychological or psychiatric consultation. The service orientation of all four agencies could be characterized as psychodynamic.

The main objective of the study was a determination of the nature of change in client functioning during treatment. As a natural field experiment this study offered no opportunity for using untreated control groups. This situation obviously made it necessary to view with

considerable reservation any conclusions that change or movement in clients was due to services received. At the same time as the study progressed the issue of how much movement was a function of treatment became subordinated to a broader inquiry -- perhaps a necessary antecedent to more high powered outcome research -- into some of the analytic aspects of change such as the relationship between service characteristics and movement and the differential change patterns shown by various client groups. Furthermore, the whole question of selecting the most appropriate criterion of movement had to be dealt with before the other subjects could be considered.

The research sample was composed of family cases (defined as comprising at least one parent or parent surrogate and one or more dependent children in the home) who had received no fewer than five interviews between January 1968 and January 1969. An additional condition for inclusion was the presence of the social worker at the agency at the time of the study (winter 1969 and fall-winter 1970) as a resource person to furnish information about the families which may not have been contained in the case record.

Study cases were selected by random sampling technique using a table of random numbers. A goal of 120 cases, corresponding to the student manpower available for collecting and coding data, was not met mainly because of the reluctance of agencies to include in the sampling pool cases they considered too pathological or ill to become involved in the interviewing process. Instead, findings are based on a maximum of 89 cases, but this number was reduced in several cross-tabulations because the N's on at least one of the several dimensions of data collection fell short of that number.

The research design called for the collection of four kinds of data about each case:

1. The client's view of the changes that had taken place, employing a self-administered structured questionnaire.
2. The worker's evaluation of the changes in the functioning of the client's family, obtained by having the worker complete an identical form to that filled out by the client.
3. Two profiles of family functioning compiled from the case records at the beginning and at an advanced point in treatment. The student researcher was assigned the task of completing the family profiles, which eventually were scored by other student researchers, using the technique of the St. Paul Scale of Family Functioning.[4]
4. Information on the treatment process, client characteristics, and worker characteristics, using an

instrument called the treatment schedule. These data were obtained by interviews conducted by the student with the primary worker assigned to a given case.

The client families who constituted the research population were predominantly white, middle class, middle aged, two parent families with a mean number of three children. Only five percent of the study population was non-white. Forty-two percent listed their religion as Jewish, the remainder were almost evenly divided between Protestants and Catholics. Forty-four percent of the husbands had either completed college or received some college education, 33 percent had finished high school, and the remaining 23 percent had received less than a high school education. Occupationally 51 percent of the heads of the households were owners or managers of businesses or professionals, 12 percent worked at lower level white collar jobs and 37 percent held blue collar positions. Sixty percent of the husbands and 52 percent of the wives were over 40 years old, the remainder with few exceptions were between the ages of 30 and 39. Three fourths of the family heads were married at the time of the study, the rest were evenly divided among those who were divorced, separated, and widowed. Only four percent of the husbands and six percent of the wives had been married more than once.

The social workers who treated the study families identified three primary problems for which the families sought treatment. Eighty-five percent had problems in the parent-child relationship, 77 percent had adjustment problems and 50 percent had marital problems.[5] Slightly over half (53 percent) of the clients reached the agency through voluntary referral, which is to say they sought help on their own or were recommended by friends, relatives, physicians, clergymen, etc. Fourteen percent were referred by other social agencies, and 20 percent came to the agency through authoritative referrals, e.g., courts, the police, and schools. A residual 13 percent represented "other types of referral," not specified in the questionnaire. The clients in this study were by and large recipients of long term treatment. Only 35 percent were treated less than ten months, 41 percent received services between ten and twenty-four months, and 24 percent were in treatment over two years.

Findings of this research will be discussed under a series of headings each of which represents an issue of potential significance for the formulation of agency policy.

Whose Criteria of Outcome?

Social work has been guided by an almost unchallenged tradition of letting the professional be the only judge of treatment outcome. This is not to say that a client's view

of what happened as a result of services has not been given some consideration in the final assessment of results. Nevertheless, the question of how the client's position should be weighted in an evaluation of services has been rarely dealt with systematically.

The few studies comparing the judgments of clients and workers on the results of treatment showed a relatively low degree of agreement.[6] Study findings were inconsistent on the subject of relative conservatism in judgment but showed a correspondence in discovering that worker-client consensus was greatest in areas that served as foci of treatment. A recently completed Rutgers Social Work Research Center study using the same structured questionnaire of evaluation revealed an extraordinarily high measure of consensus on change between clients and workers,[7] but a lower level of agreement between these instruments and the St. Paul Scale of Family Functioning.[8]

The present study employed the same approach as the aforementioned research but with a more problematic client population.[9] A comparison of the mean movement scores revealed that clients presented the most optimistic and the profile-based evaluation (St. Paul Scale) the least optimistic account of change, with the ratings of social workers occupying a middle position. More specifically, the percentage of families judged to have shown positive, zero, and negative change were 98, 2, and 0 by the evaluations of the clients; 88, 10, and 2 by the evaluations of the workers; and 78, 13, and 9 according to the research assessments.

All three percentage distributions convey a highly favorable but possibly biased picture of change in family functioning in view of the fact that sampling efforts tended to become subverted by several instances of worker refusal to submit their cases to research analysis.[10] However that may be, and the determination of a representative pattern of client change is not one of the objectives of this article, the high degree of optimism on the part of the client may represent more an expression of gratitude for service rendered than an actual discernment of movement.[11]

An area by area comparison of movement ratings among the three types of evaluation (see Tables 1, 2, and 3 at the end of the article) shows relatively high percentages of consensus when the worker and client methods of assessment are compared and low agreement between the scale measurement and the worker and client evaluations respectively. The area means of percentage agreement are 64 for the worker-client set, 52 for the worker-measurement scale set, and 47 for the client-measurement scale set. Within each set of comparisons the range in percentages of agreement in evaluation is large with a tendency for higher

of the services to the poor, their drop-out rate, differences in their expectations as compared to the more well-to-do, etc., there is at least an implication in what is being written that when they are actually given service the socially deprived clientele tend to register less positive outcome than clients in better circumstances. Not infrequently this widespread notion has given rise to a private belief on the part of administrators of mental health and social work services that preference in treatment should be given to the better risk groups, namely those more likely to benefit from a scarce service.

Although the present study involved agencies whose target population was predominantly middle class, the clientele served represented a range of social statuses, a fact which enabled us to test the relationship of that variable to treatment outcome. Tables 4 and 5 show the cross-tabulations between treatment outcome as measured by the St. Paul Scale of Family Functioning on the one hand and husbands' education and occupational status on the other.

The percentage distribution in the two tables furnishes little support for the thesis that the better educated or those in higher status occupations fare better in treatment. Percentage differences, though small and statistically non-significant, are tilted slightly in the opposite direction. This finding removes the decision on who should be served from one arena of value controversy in which a determination on service preference might be made in favor of those who are thought to benefit most -- supposedly the better educated and more affluent.

In the realm of speculation on which client represents a good treatment risk and should, therefore, be given service preference, age is often cited as a significant factor. The argument is at times couched in the language -- however imprecise -- of prevention theory, suggesting that service to the young constitutes a better investment of effort since younger parents and children -- in contrast to older ones -- not only are likely to respond better to treatment but also will enjoy its effects over a longer life span.

Our analysis correlating change in family functioning to age of mother (10 mothers were under thirty years of age, 32 were between thirty and thirty-nine, and 45 were forty years and older[14]) gave very little support to the thesis that younger families do better in treatment. The weighted mean change scores of families in the three family groups headed by mothers under 30, 30 to 39, and over 39 were 2.8, 2.7, and 2.6 respectively. Such small differences scarcely justify a conclusion that service to the young constitutes a more successful investment in the short-run,

agreement in those areas in which agency treatment was concentrated.

Given the considerable variation in assessment of treatment outcome the intriguing question arises as to which set of measures represents the most valid index for evaluation and ultimately for policy-making. Additionally, agency administration faces the issue of whether treatment should be seen as being diffuse in its effect and therefore be evaluated in all areas of social functioning or only in those areas where treatment efforts were concentrated (as appeared to be the case in the present study).

The answer to these and related questions is beyond the scope of this paper. Clearly, however, there is a difference between a situation, characteristic of the operation of most casework agencies, where no systematic data on outcome are available, and one where a set of data, similar to those shown here, furnish the agency administration with documentation for decision-making.

Who is to be Served?

Sometime during the life cycle of an agency the question must be posed and answered of who is the proper clientele to be served. During a period of social change involving the shifting of populations, the redistribution of economic resources, and the transformation of ideologies, the problem of whom to serve may have to be faced repeatedly. Moreover, if the demand for service exceeds the manpower supply service priorities may have to be established in terms of specific target populations.

Information collected and analyzed in the present study enable us to look at the problem in terms of three variables: the families' socio-economic status, their age, and motivation for treatment. Because of the need to correlate these factors with movement we must decide on which of the above mentioned movement criteria to employ as the dependent variable. Choosing the family functioning scale measure reveals, of course, our own research bias. In defense of this choice we hold that the clients' self-evaluations are tainted by a halo effect (see above) while the workers' evaluation makes relatively greater use of recall (a potential source of error) and lesser use of written documentation than does the research assessment.[12]

In recent years a good deal of writing has addressed itself to the problem of the differential treatment given to the poor, as compared to the more affluent segments of the population, by the social welfare and mental health services in the United States.[13] While much of the literature is concerned with the absence or lower quality

while the question of preventive effect will have to be settled as a value issue or as a subject for a long range research investigation.[15]

Among caseworkers one of the most widespread beliefs, which is rooted in psychodynamic theory and has received some treatment in the research literature,[16] is the notion that treatment outcome is closely related to client motivation. The study before us developed three indices of client motivation for treatment, namely the degree of client anxiety and discomfort regarding his or her present situation, measure of hopefulness about finding a solution, and the client's view of the problem as requiring for its solution a change in self. Clients' attitudes were noted as being either high or low in the extent to which the above dimensions were expressed in treatment. The information was coded by the research interviewer after reading the case record and -- where the record was incomplete -- noting the social worker's impressions about the client's motivation.

The relationship between the three above attitudes and positive change during treatment is shown in Table 6. A percentage comparison furnishes no indication that those families thought to be more strongly motivated showed greater movement.[17] Anxiety and discomfort show some relationship to positive outcome, but the 15 percent difference between the high and low attitude falls short of statistical significance. Hence, we are led to conclude that for the type of population served by the four family agencies a possible decision to give service preference to a good risk group will have to be based on factors other than client motivation.

What is Effective Service Input?

Perhaps one of the least explored fields of social work knowledge is the relationship between service input and outcome. While sound evaluative studies are few in number, research relating service characteristics to treatment results is extremely rare. Efforts to correlate social work treatment modalities and client change have not been particularly rewarding,[18] and some social workers have leaned upon the findings of psychotherapy, particularly the work of Truax and Carkhuff[19] and the behavior therapists.[20]

The need to rely on case record data limited the scope of the present inquiry into service characteristics. Factors, whose relationship to outcome were explored, included the following: Type of referral (self vs. others), the waiting period, fee payment, worker characteristics, length and frequency of treatment contact, and selected treatment techniques. There is no gainsaying the fact that these factors represent a haphazard collection of variables whose derivation is actual practice rather than a set of

theoretical propositions justifying the application of one approach against another. Yet, each one of these variables has in one form or another been tied to speculations regarding their effect on treatment outcome and by implication to the formulation of service policy. An examination of the social work literature will show that alternatives in the application of each variable have been the subject of articles and chapters in books, although the subject has generally been treated on the basis of intuitive understanding and practice wisdom.[21]

In the light of this situation it appeared most appropriate to examine each service variable within the context of its wide prevalence in the practice of American social work and its consequences for policy formulation rather than in relation to attempts at embryonic theorizing.

The so-called input factors that we have examined here fall into three broad groupings: Gate keeping (pre-treatment) variables, worker characteristics, and treatment variables. As a group they represent service components whose nature is determined to a large extent by agency policy. Agency policy in turn is influenced by such diverse factors as economic and manpower resources, the demand for service, community norms and expectations, professional values, and the agency's knowledge or assumed knowledge regarding service effectiveness. The presence (or absence) of such knowledge and the degree to which the agency feels committed to apply it to policy making determines whether it will carry much weight in the decision-making process.

Gatekeeping Variables

Among the so-called gatekeeping variables the referral system exercises a major influence on the nature of the agency clientele. A discussion of this subject is beyond the scope of this paper. Suffice it to say that most case-work agencies exercise some measure of control in determining the precise mix of population to be served by giving preference to one or the other of the following channels of referral: Self or family and friends, non-authoritative professionals and agencies (physicians, ministers, clinics, etc.), and authoritative sources (police, courts, schools). It is widely held in private agency services that the voluntary referrals, particularly the self-referred, constitute the best treatment investment, although the empirical findings on the subject are contradictory.[22] Our findings furnished no support for the thesis that self-referrals yield more positive results. Only 70 percent of the self-referred group but 83 percent each of the other two types of referrals showed positive movement during treatment (the difference was not statistically significant).

The consequences of a waiting period were examined by Beck[23] as part of a study of the patterns of use of family agency services. A comparison was made of the continuance patterns of agencies with and without waiting lists. An earlier drop-out pattern was observed for the agencies which placed clients without emergency problems on waiting lists. She also found that the longer the waiting time the greater the proportion of clients who discontinue treatment. When the two kinds of agencies are compared with respect to reasons for closing, the findings suggest that placement on a waiting list is likely to result in dropping out prior to even a partial resolution or amelioration of problems.

Beck interprets these findings as evidence that withholding agency help at the time that the client requests it (when need and motivation are greatest) may result in the client's rejection of help offered at a subsequent point. The Beck findings lead to the hypothesis that the negative effect of waiting lists is expressed not only in the form of more discontinuance but also in less positive change in clients. Table 7 supports this hypothesis. Families who had to wait for services showed less improvement in social functioning and the relationship is significant at the 5 percent level ($X^2 = 4.22$, 1 d.f. $p < .05$).

The payment of a fee has for some time been viewed by practitioners not only as a source of income for the agency but as a means of increasing a client's motivation to participate in the treatment process. One skeptical social worker, Adams, raised the question of whether the payment of a fee as a motivating factor was not in actuality a rationalization for charging fees which was reiterated so often within the professional community that most practitioners came to believe it to be valid. He put the notion to an empirical test[24] by investigating the relationship between the payment and non-payment of fees and three aspects of participating in the treatment process, appointment keeping behavior, engaging in brief or continuous service, and number of appointments. Fee and non-fee paying clients were found to be essentially alike with respect to the three measures. In this research we took Adams' findings one step further and looked at the relationship between the payment of a fee and outcome of treatment. The data, shown in Table 8, indicate that non-fee paying clients fared somewhat better than those who paid a fee, but there was no consistent trend between amount paid and treatment results, and differences between categories fell short of statistical significance.

Worker Characteristics

The characteristics of social workers as these influence service outcome has not been dealt with systematically in

spite of the fact that some of the literature in psychotherapy[25] and at least one social work study[26] concerned with treatment effectiveness put the spotlight on worker variables. Although the research before us examined selected characteristics of the caseworkers carrying the study cases, the overall research design set limitations to the findings in this area because of the small number of cases (mean is 2.7) treated by the same worker and the need to rely on available data. It was not feasible, for instance, to develop a worker effectiveness index (which would have to be based on a much larger N) nor was it possible to examine outcome in relation to techniques and styles employed by given caseworkers.

The analysis of worker characteristics was thus restricted to the demographic variables of sex, marital status, and religion which were found to be unrelated to treatment outcome, and to years of experience which revealed a positive but statistically not significant relationship to movement (see Table 9). The relationship is not a completely linear one, with those social workers having ten years or more of experience registering less favorable results than those who have been in practice six to nine years. Nonetheless, the distribution is sufficiently provocative to suggest further investigation.

Treatment Variables

Treatment variables cover techniques of intervention that could be teased out from the case record and/or conveyed by the worker who handled the case. This largely retrospective approach enabled the researchers to examine the possible effect on outcome of the following factors: Length of service, frequency of client-worker contact, and the degree of emphasis in a given case on four treatment techniques, namely, psychological support, clarification of problem, directive help, and insight development. Whereas the first two variables are objective and a matter of agency record, the treatment technique information, secured by questioning the caseworker, is of uncertain reliability.[27]

Length of contact has seldom been treated as an experimental variable because of the widely held assumption in casework that the duration of treatment is properly determined by the needs of the client. This contention is obviously an oversimplification since factors other than client need, namely agency service patterns, worker practices and preferences, etc., play a major part in determining the length of services. Furthermore, even if such decisions were to be made purely in terms of client need, the subjective nature of need assessment would undoubtedly make it difficult to translate actual client need into time units of treatment. In the single social work study known to us

where the period of service was studied as the experimental variable, long term treatment emerged as a less effective form of intervention than short term service.[28]

Our data showed practically no difference in outcome among families that had been served under six months, six to fourteen months, and longer than fourteen months. Frequency of contact on the other hand did reveal a direct correlation, with 82 percent of the families seen three times or more per month showing positive movement as against 64 percent of those seen two times or less[29] (Table 10). The correlation fell short of statistical significance at the 5 percent level ($X^2 = 3.31$, 1 d.f., $p < .10$).

Our data do not tell us whether the families seen more often were the ones in need of more frequent contact or whether frequency of contact was used as a deliberate strategy for more effective helping. The small N's precluded analysis by problemicity levels at the start of treatment. Nonetheless, the presence of a near significant association between frequency of contact and outcome makes this an area in need of further exploration.

The analysis of use of four treatment techniques did not uncover any relationship between the extent to which any of them received major treatment emphasis in a case and the outcome of that case. While, as was stated above, we are obviously confronted here with a problem of uncertain data reliability it should be stressed, nonetheless, that another study which undertook a painstaking analysis of intervention techniques relative to treatment outcome also yielded inconclusive results.[30] This raises the question of whether the techniques that have been identified represent indeed significant components of the helping process described in the respective studies.

The Link Between Research Data and Agency Policy

Sheldon and Freeman have cautioned against overselling social indicators as instruments of social policy.[31] This caution applies not only to indicators but to all research data collected in the service of program evaluation. The data themselves are not constituents of a social policy, but information that can help guide policy. Intruding between almost any given set of policy related research findings and the implementation of a particular policy is the system of values, norms, and priorities of the agency.

To give an example, the present study contrary to a widely held belief, produced no indication that higher status clients show more movement (which can be translated loosely as making better use of services) than the lower status clientele. To an agency that is interested in

serving the socio-economically handicapped such a finding can remove a possible barrier to an enlarged program of service to the poor -- a barrier in the form of a policy assigning priority in rendering service to those who benefit most. To an agency firmly committed to giving treatment preference to the middle class, the above mentioned finding will be irrelevant.

It is clear that for empirical findings to be incorporated into policy they have to be filtered through the system of values and priorities guiding agency policy. Once these have been made explicit, however, the use of relevant and valid data elevates policy formulation out of the realm of decision-making based on guesses, hunches, and practice wisdom to one of proceeding on the basis of objective information emanating from the program or organization.

The administrator who has collected the type of research data accumulated in this study will not automatically emerge with a blueprint for agency policy. He will, however, have some information on treatment outcome as it relates to agency input, information which touches on several areas of decision making. It may be of some interest to note that in our case most of the information is not of the "positive guidance" kind (i.e., information demonstrating the effect of new or established ways of doing things) but rather of a "deterrent" nature designed to challenge popular beliefs or stereotypes. Thus, the study did not show that self-referral has advantages or that paying a fee makes a client family move more readily or that perceived client motivation leads to more affirmative treatment results. In a similar vein the study contradicted -- in this case more decisively because of statistically significant results and the convergence of our findings with those of another study -- the widely prevalent notion that the waiting list has no effect on client movement. It is the latter kind of "deterrent" finding which has immediate policy implications that can take the form of a search -- by experimental techniques -- for alternatives to the waiting list.

As was observed earlier, the limitations, discussed throughout the paper, in design and sample size made this study less a contribution to casework agency policy than a demonstration in policy-relevant data gathering. Planned on an ad hoc basis this research had to rely on available data, but was, nonetheless, in a position to demonstrate that a standard agency operation can generate data which furnish knowledge of significance for agency policy. Equally important, a study such as the one described here can provide a framework for more long range research which will overcome the handicaps of the present study.

Planned and systematic research, aimed at policy formulation, would endeavor to address itself not only to

the success of a given program (goal attainment model) but to the manifold needs of the total agency-client system.[32] This latter approach, also known as the evaluation system model, "establishes the degree to which an organization realizes its goal under a given set of conditions."[33]

In the present study the assessment of movement by client and worker as well as researcher represents one important extension of the goal attainment approach in the direction of assessing the multiple needs of the system. Examples of other efforts to be considered in further studies are the effect of agency operation on service needs in the community and on the functioning of other local social agencies.

This study represents a fairly modest endeavor -- in terms of cost and research technology -- which yields dividends by way of information that invites policy making based on research data rather than somebody's guesses and favorite notions. That endeavor also constitutes a springboard for a more systematic and ambitious research enterprise whose objective is a system oriented policy formulation. The desire to endow the agency operation with a rational framework for decision-making constitutes a compelling motive for moving toward this goal.

Tables

Table 1. Degree of Consensus Between Worker and Client Opinion of Change Based on Structured Questionnaire (Figures refer to percent of client-worker pairs)

Area of Functioning	Agree			Agree Total	Disagree		Disagree Total	GRAND TOTAL
	Positive	No Change	Negative		Worker More Positive	Client More Positive		
Family Relations %	84	-	-	84	8	8	16	100 (51)*
Individual Behavior %	66	2	-	68	14	18	32	100 (50)
Child Care & Training %	75	4	-	79	6	15	21	100 (47)
Social Activities %	43	17	-	60	23	17	40	100 (47)
Econ. Practices %	46	9	9	64	7	29	36	100 (46)
Household Practices %	28	25	2	55	13	32	45	100 (47)
Health Practices %	17	34	-	51	17	32	49	100 (41)
Use of Community Resources %	49	5	-	54	23	23	46	100 (47)
Mean of Areas %				64			36	

*N's are in brackets

Table 2. Degree of Consensus Between Worker's Opinion of Change Based on Structured Instrument and Evaluation by the Family Functioning Scale*

Area of Functioning	Agree			Agree Total	Disagree		Disagree Total	GRAND TOTAL
	Positive	No Change	Negative		Worker More Positive	Client More Positive		
Family Relations %	54	6	1	61	32	7	39	100 (81)**
Individual Behavior %	42	11	-	53	37	10	47	100 (79)
Child Care & Training %	45	9	-	54	40	6	46	100 (69)
Social Activities %	23	23	2	48	44	8	52	100 (61)
Econ. Practices %	14	33	6	53	33	14	47	100 (72)
Household Practices %	5	43	2	50	41	9	50	100 (54)
Health Practices %	4	49	2	55	28	17	45	100 (65)
Use of Community Resources %	17	22	-	39	57	4	61	100 (76)
Mean of Areas %				52			48	

* Movement which refers to changes in overall functioning is based on changes in mean scores between the family profile at the start of treatment and a subsequent profile evaluation.

**N's are in brackets.

Table 3. Degree of Consensus Between Client's Opinion of Change Based on Structured Questionnaire and Evaluation by the Family Functioning Scale

Area of Functioning	Agree			Agree Total	Disagree		Disagree Total	GRAND TOTAL
	Positive	No Change	Negative		Client More Positive	Profile More Positive		
Family Relations %	58	2	-	60	34	6	40	100 (50)*
Individual Behavior %	48	4	-	52	36	12	48	100 (50)
Child Care & Training %	42	2	-	44	42	14	56	100 (45)
Social Activities %	26	30	-	56	37	7	44	100 (43)
Econ. Practices %	17	9	2	28	57	15	72	100 (46)
Household Practices %	8	31	2	41	59		59	100 (39)
Health Practices %	7	50	-	57	36	7	43	100 (42)
Use of Community Resources %	17	17		34	58	8	66	100 (48)
Mean of Areas %				47			53	

*N's are in brackets

Table 4. Husband's Education by Overall Movement

Degree of Movement	Some College or more %	HS Graduate or HS Graduate plus Technical Training %	Education Less than HS %
Positive	70	76	75
No Change	15	14	20
Negative Change	15	10	5
Total	100(20)*	100(21)	100(33)

*N's are in brackets

Table 5. Husband's Occupation by Overall Movement

Overall Movement	Husband's Occupational Status: Executive, Business Owner, Professional	Lower Level White Collar	Skilled, Semi-Skilled, Unskilled Workers
Positive	72	89	75
No Change	18	11	14
Negative	10	0	11
	100(39)*	100(9)	100(28)

*N's are in brackets

Table 6. Relationship Between Three Indices of Motivation for Treatment and Positive Movement

	Strength of Attitude: High %	Low %
Anxiety and Discomfort	82(67)*	67(18)
Hopefulness About Finding Solution	77(40)	80(45)
Sees Problem as Requiring Change in Self	83(29)	76(55)

*N's are in brackets

Table 7. Waiting Period by Change in Family Functioning

Overall Movement	No Waiting Period %	Waiting Period %
Positive	91	68
No Change	3	20
Negative	6	12
Total	100(32)*	100(51)

*N's are in brackets $X^2 = 4.22$, 1 d.f. $p < .05$

Table 8. Fee by Movement in Family Functioning

Overall Movement	Amount of Fee			
	None	$1-4	$5-9	$10 or more
Positive	90	68	79	74
No Change	5	14	21	10
Negative	5	18	0	16
Total	100(19)*	100(22)	100(29)	100(19)

*N's are in brackets

Table 9. Experience of Worker by Movement

Overall Movement	Years of Experience			
	Ten Years or More	Six to Nine Years	Three to Five Years	Two Years or less
Positive	80	92	78	50
No Change	14	0	11	25
Negative	6	8	11	25
N's	(49)	(13)	(9)	(8)

Table 10. Frequency of Treatment by Movement in Family Functioning

Overall Movement	Frequency of Treatment	
	Three Times or More Per Month	Two Times or Less Per Month
Positive	82	64
No Change	11	18
Negative	7	18
Total	100(65)*	100(17)

*N's are in brackets

Footnotes

[1]The following are examples of such writing: Sidney H. Aaronson and Clarence C. Sherwood, "Researcher Versus Practitioner: Problems in Social Action Research," in Carol H. Weiss (editor) Evaluating Action Programs: Readings in Social Action and Education, Boston: Allyn and Bacon, Inc., 1972, pp. 283-293. Edward Suchman, "Action for What? A Critique of Evaluative Research," in Weiss, op. cit., pp. 52-84. Egon G. Cuba, "The Failure of Educational Evaluation," in Weiss, op. cit., pp. 250-282. David A. Ward and Gene G. Kassebaum, "On Biting the Hand that Feeds: Some Implications of Sociological Evaluations of Correctional Effectiveness," in Weiss, op. cit., pp. 300-310. Martin Trow, "Methodological Problems in the Evaluation of Innovation," in Francis G. Caro, (editor), Readings in Evaluation Research, New York: Russell Sage Foundation, 1971, pp. 81-94. Hyman Rodman and Ralph Kolodny, "Organizational Strains in the Researcher - Practitioner Relationship," in Caro, op. cit., pp. 117-136. Robert Weiss and Martin Rein, "The Evaluation of Broad-Aim Programs: A Cautionary Case and a Moral," in Caro, op.cit., pp. 287-296.

[2]Marvin C. Alkin, "Evaluation Theory Development," in Weiss, op. cit., pp. 105-117, p. 107.

[3]Alkin, op. cit., p. 107.

[4]The questionnaires completed by client and social worker and the profiles of family functioning as well as the method of coding and scoring them are contained in Ludwig L. Geismar, Family and Community Functioning, Metuchen, N.J., The Scarecrow Press, Inc., 1971. For evidence on reliability of the method of evaluation see Gordon E. Brown, The Multi-Problem Dilemma, Metuchen, N.J.: The Scarecrow Press, Inc., 1968, pp. 107-181. Regarding scale validity see Ludwig L. Geismar, 555 Families - A Social Psychological Study of Young Families in Transition, New Brunswick, N.J.: Transaction Books, 1973, pp. 24-26, 252-254.

[5]Obviously most families were seen as having more than one problem. Other problems listed were difficulties in relationships with persons or systems outside the family in 26 percent of cases, economic problems in 16 percent, other situational problems in 10 percent and other problems in 11 percent of the families studied.

[6]John Crane, Louis Reimer, and Susan Poulos, An Experiment in the Deployment of Welfare Aides, Research Department, Children's Aid Society of Vancouver, British Columbia, June 1970, p. 27. Leonard S. Kogan, J. McVicker

Hunt, Phyllis Bartelme, A Follow-Up Study of the Results of Social Casework, New York: Family Service Association of America, 1953, Elizabeth Most, "Measuring Change in Marital Satisfaction," Social Work, 1964, 9 (July) pp. 64-70; Joel G. Sacks, Paula M. Bradley, and Dorothy Fahs Beck, Client's Progress Within Five Interviews, New York: Family Service Association of America, 1970, pp. 52-81.

[7]Ludwig L. Geismar, Bruce Lagay, Isabel Wolock, Ursula C. Gerhart and Harriet Fink, Early Supports for Family Life: A Social Work Experiment, Metuchen, N.J.: The Scarecrow Press Inc. 1972, pp. 157-168; 220-230.

[8]For information regarding the three instruments see Family and Community Functioning, op. cit., pp. 21-151.

[9]The Research Center Study was based on a random sample of young urban families.

[10]This generally took the form of the claim that one or both parents are mentally too unbalanced to become involved in the study.

[11]Care was taken to keep the collection of information from the client separate from the agency operation. We do not know whether this goal was accomplished or whether the clients suspected that information they furnished might be fed back to the agency which in turn could have led them to give a rosier account of the effects of treatment than they actually believed to be the case.

[12]This is not to say that the evaluations of clients and workers may not be more valid in some respects. However, as stated above, the problem-beyond the scope of this study-is one of developing a more comprehensive index which combines the most meaningful components of the three indices of evaluation.

[13]See for example: Richard A. Cloward and Irwin Epstein, "Private Social Welfare's Disengagement from the Poor: The Case of the Family Adjustment Agencies," in Mayer N. Zald (ed.) Social Welfare Institutions, New York: John Wiley and Sons, Inc., 1965, pp. 623-644. August B. Hollingshead and Frederick Redlich, Social Class and Mental Illness, New York: John Wiley and Sons, Inc., 1958. Norman Q. Brill and Hugh A. Sterrow, "Social Class and Psychiatric Treatment," in Frank Riessman, Jerome Cohen, and Arthur Pearl (eds.), Mental Health of the Poor, New York: The Free Press, 1964, pp. 68-75. H. Aaronson and Betty Overall, "Treatment Expectations in Two Social Classes," Social Work, 1966, 11 (January) pp. 35-41. David Speer, Merle Fossum, et.al., "A Comparison of Middle and Lower Class Families in Treatment at a Child Guidance Clinic," American Journal of Ortho-psychiatry, 1968, 38 (October) pp. 814-822.

[14]The ages of two mothers were not known.

[15]On the subject of preventive intervention see Ludwig L. Geismar, Bruce Lagay, Isabel Wolock, Ursula Gerhart, and Harriet Fink, Early Supports for Family Life: A Social Work Experiment, Metuchen, N.J. The Scarecrow Press, Inc., 1972.

[16]Lillian Ripple, Motivation, Capacity and Opportunity: Studies in Casework Theory and Practice, Chicago: University of Chicago, Social Service Monographs , 1964.

[17]For comparable findings see Ludwig L. Geismar and Jane Krisberg, The Forgotten Neighborhood, Metuchen, N.J.: The Scarecrow Press, 1967, p. 349.

[18]Geismar, Lagay, Wolock, Gerhart, and Fink, op. cit., Chapter 7.

[19]Charles B. Truax and Robert R. Carkhuff, Toward Effective Counseling and Psychotherapy, Chicago: Aldine Publishing Co., 1967.

[20]As an example of writing on the social work application of the behavioral approach see Edwin J. Thomas (ed.) The Socio-Behavioral Approach and Applications to Social Work, New York: Council on Social Work Education, 1967.

[21]Two notable exceptions are William J. Reid and Ann W. Shyne, Brief and Extended Casework, New York: Columbia University Press, 1969, and Lillian Ripple, Motivation, Capacity and Opportunity, op. cit.

[22]A relationship between self-referral and continuance was noted by: Marilyn Charney, Archie Davidson, et.al., "Source of Referral in Relation to Problems of Client and Various Treatment Factors" Report of research project by students at Graduate School of Social Work of Rutgers University, June 1960 (dittoed); Jules V. Coleman, Ruth Janowicz, and Stephen Morton, "A Comparative Study of a Psychiatric Clinic and a Family Agency," Social Casework, 1957, 38 (January) pp. 74-80; Jane Pfouts, Martin S. Wallach, and Joan W. Jenkins, "An Outcome Study of Referrals to a Psychiatric Clinic, Social Work, 1963, 8 (July) pp. 79-86.

A relationship between having been referred by "others" and continuance was found by: Margaret Blenkner, J. McV. Hunt, and Leonard S. Kogan, "A Study of Interrelated Factors in the Initial Interview with New Clients," Social Casework, 1951, 32 (January), p. 24.

The above cited Rutgers study also showed self-referral positively related to outcome while the research by Pfouts, et. al., and a study by Maas (see below) revealed contrary findings.

Henry Maas, "The Differential Use and Outcome of Children's Psychiatric Clinic Services," Smith College Studies in Social Work, 1955, 25 (February) pp. 48-50. On effectiveness of referrals in general see Joseph J. Parnicky, et. al., "A Study of Effectiveness of Referrals," Social Casework, 1961, 42 (December) pp. 494-501.

[23]Dorothy Fahs Beck, Patterns in Use of Family Agency Services, Family Service Association of America, New York, 1962, pp. 20-25.

[24]Wesley J. Adams, "Clients, Counselors, and Fees -- Ingredients of a Myth?" The Family Coordinator, 1968, 17 (October), pp. 288-292.

[25]See for example Truax and Carkhuff, op. cit., and Melvin L. Foulds, "Self Actualization and Level of Counselor Interpersonal Functioning," Journal of Humanistic Psychology, 1969, 9 (Spring) pp. 87-92; and L. Rice, Therapists' Style of Participation and Case Outcome," Journal of Consulting Psychology, 1965 29 (April) pp. 155-160. D. Stieper and D. Wiener, Dimensions of Psychotherapy, Chicago: Aldine Publishing Co., 1965, pp. 70-84.

[26]Geismar, Lagay, Wolock, Gerhart, and Fink, op. cit., pp. 144-151.

[27]A more reliable approach to the study of treatment techniques by means of content analyzing case records could not be employed here because of lack of uniformity in recording.

[28]Reid and Shyne, Brief and Extended Casework, op. cit. This finding, nonetheless, may only apply to the type of client treated in this project. Contrary results emerged from a study of disorganized families. See Edmund A. Sherman, Michael H. Phillips, Barbara L. Haring, and Ann W. Shyne, Services to Children in Their Own Homes: Its Nature and Outcome, New York: Child Welfare League of America, Inc., 1973, p. 107.

[29]For a similar finding see Ibid., p. 106.

[30]Geismar, Lagay, Wolock, Gerhart, and Fink, op. cit., pp. 111-156.

[31]Eleanor B. Sheldon and Howard E. Freeman, "Notes on Social Indicators," in Weiss, op. cit., pp. 166-173.

[32]Alkin, op. cit., p. 107.

[33]Herbert C. Schulberg and Frank Baker, "Program Evaluation Models and the Implementation of Research Findings," in Caro (ed.) op. cit., pp. 72-80, p. 77.