



December 1974

The Demonstration Project as a Research & Change Strategy

Leonard Rutman
Carleton University

Follow this and additional works at: <https://scholarworks.wmich.edu/jssw>

 Part of the [Politics and Social Change Commons](#), and the [Social Work Commons](#)

Recommended Citation

Rutman, Leonard (1974) "The Demonstration Project as a Research & Change Strategy," *The Journal of Sociology & Social Welfare*: Vol. 2 : Iss. 2 , Article 12.

Available at: <https://scholarworks.wmich.edu/jssw/vol2/iss2/12>

This Article is brought to you for free and open access by the Social Work at ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.



THE DEMONSTRATION PROJECT AS A
RESEARCH & CHANGE STRATEGY

Leonard Rutman
School of Social Work
Carleton University
Ottawa, Ontario.

The demonstration project is becoming a major instrument for social planning. In sponsoring demonstration projects the overall goal is for small scale "pilot" programs which include some form of research to contribute to program change and policy-making (14, 16, 19, 21). It is generally expected that the lessons learned from demonstrations, through the rigours of scientific research, will somehow result in large scale adoption and major shifts in aims, styles and resources, and effectiveness of social service programs. Models or prototypes for future operational programs are tested to determine their effectiveness in meeting states objectives. For this reason, they are undertaken in natural settings which presumably resemble the non-experimental conditions in which such programs might be later introduced.¹

This paper will attempt to elaborate the incompatibility between the two primary goals of a demonstration project - evaluating the program and using it as an instrument of change. It will show the manner in which the aim of using the demonstration project as a rational planning instrument is undermined when research and change strategies are pursued simultaneously rather than sequentially. By examining a nationally prominent demonstration - the St. Paul Family Centered Project - we can isolate relevant issues and illustrate how this incompatibility is manifested. Although there is limited generalizability from case studies writings by Marris and Rein (10) as well as Moynihan (11) support the findings of this analysis. The advantage of a detailed examination of a case study is that it provides an empirical and vivid illustration of a phenomenon which appears widespread. Moreover, it yields questions for large-scale research. Therefore, this paper is not meant to describe the history of the Family Centered Project. Rather, this Project provides the empirical data for grappling with the major issues - i.e., the demonstration project as a research and change strategy.

¹ Although the expressed purpose is to use demonstrations for rational social planning, there are other covert purposes for undertaking such projects. For example, the funding organizations' purposes could include such concerns as: postponing needed action, placating particular constituencies or challenging existing programs without a major concern for supporting data. And the groups who sponsor the demonstration projects may be more committed to the implementation of service programmes to which there is great commitment rather than testing an experimental project.

The Family Centered Project²

In November, 1948, Bradley Buell and his colleagues from Community Research Associates in New York conducted a Family Unit Report Systems Study in St. Paul, Minnesota. The original purpose of this study was to use it as a basis for developing a master plan for reorganizing health, welfare, and recreation services in American communities. St. Paul was selected as the sample city for the purpose of data collection and 108 agencies provided information on persons and families receiving service during the particular month. A major finding of this study was that about six percent of the families in St. Paul were using about 50 percent of the community's services. Among these families who monopolized services there seemed to be a high concentration of problems such as dependency, ill health and maladjustment.

In 1952 the Hill Foundation in St. Paul provided a grant of \$90,000 for a three-year period to develop a plan for improving the conditions highlighted by the 1948 study. A pilot project was then undertaken in 1954 to implement family centered casework techniques with "multi-problem" families. Treatment was provided by social workers who were loaned to the Family Centered Project by several agencies. This program lasted until 1959 when funds could not be obtained to continue an expanded treatment service.

Unable to continue with the treatment program, the Family Centered Project shifted its focus to a) training staff from various agencies in the use of family centered treatment and b) the development of a reporting system. The aim was for the reporting system to provide accountability by measuring the changing prevalence and incidence of social problems and the success of family treatment provided by workers in different social agencies. The Family Unit Register was ultimately completed in 1967 to provide such accountability. And immediately afterward the Family Centered Project was terminated.

Evaluation of Family Centered Treatment

Many experts in the field of evaluation research seem to agree that program evaluation is often beyond the capabilities of existing methodology (20, 23). Since evaluations of entire programs are so complex and because they have limited generalizability, a more common strategy is variable testing - singling out specific components of the program and testing their effectiveness in meeting

² The data referred to in this paper is in the Family Centered Project Collection, Social Welfare History Archives, University of Minnesota, Minneapolis, Minnesota.

more limited goals. The research of the Family Centered Project included both types of evaluation. This paper will not examine the efforts to evaluate the St. Paul Family Centered Project. Rather, in order to concentrate on the focus of this paper (the incompatibility of simultaneously pursuing research and change) the discussion will be restricted to an examination of the issues involved in evaluating a particular program component - family centered treatment.

The evaluative research design should be determined according to the purpose of the evaluation, the characteristics of the program, and the host of constraints (legal, administrative and ethical). In examining the demonstration project as a research strategy, it is necessary to examine the appropriateness of the research design. In addition, considering the concern for using the demonstration as a change strategy, it is important to identify the manner in which the pursuit of spread and spillover affect the research component.

The Family Centered Project devoted considerable effort to developing movement scales which could measure changes in the functioning of families, not merely changes of individual members in the family. With the family as the focus, the concept of social functioning was chosen as a basis for analyzing change in the following sub-categories: 1) family relationships and family units; 2) individual behavior and adjustment; 3) care and training of children; 4) health conditions and practices; 5) social activities; 6) economic practices; 7) household practices; 8) relationships to the family centered worker; and 9) use of community resources (6, 7, 8). Information on the social functioning of families was extracted from the case records kept by the social workers. On the basis of this source of information, independent raters completed a Family Profile which included a seven-point scale for each of the sub-categories of social functioning. On this scale, adequate and inadequate functioning represented the two extremes and marginal functioning was the mid-point.

Through special research on the research instrument - the Family Profile - there was statistical evidence showing that these nine categories did in fact constitute a scale of social functioning. And the procedures involved in completing the Family Profile were found to be reliable (i.e., there was high consensus among people who independently rated the same families on the nine categories of social functioning). This study could not determine whether the recording in the case records was reliable because it only examined the extent of agreement among raters who read the case records. Also, questions pertaining to the validity of their evaluation procedure were not examined. In other words, it could not be concluded that certain changes took place merely because raters were generally in agreement when determining a family's level of functioning. To ensure validity it would have been necessary to compare changes measured by this instrument with some outside criterion.

1. Demonstration projects and exploratory studies. An assumed feature of demonstration projects is a clearly conceptualized treatment method or program variable which can be tested. In reality, this is often not the case among sponsored demonstrations. And in such situations the project is not particularly amenable to experimental study. Instead major attention can be devoted to exploring innovative ideas and approaches which could perhaps ultimately be developed into testable programs. The type of research strategies required by exploratory projects (i.e., programs which lack a clearly stated program and objectives) and demonstration projects differ. Formative research would be appropriate for explorations and summative research for demonstrations (18). Failure to recognize these differences often result in inappropriate research designs which are consequently limited in their use for planning purposes (22).

2. Monitoring the treatment process. Evaluation research is generally most concerned with outcomes which reflect the effectiveness of intervention. Nevertheless, there are several reasons for also monitoring the treatment process or program inputs: 1) to see whether the treatment was actually carried out in the expected manner; 2) to identify those aspects of the treatment which seem to account for the results; and 3) to determine the variations of outcome resulting from the manipulation of certain program variables (e.g., intensity of treatment, and practitioners' level of professional training).

Since the Family Centered Project was mainly concerned with exploring ideas of family centered treatment, it would be expected that the treatment process would have been the major focus of the research efforts. However, this was not the case. The research publications clearly show that the major emphasis was devoted to determining whether change occurred for the families who were receiving family centered treatment (6, 7). The task of developing concepts of family centered treatment was not totally ignored. Although this was not the focus of the research activities, the Project Director carried out this responsibility. On the basis of her meetings with workers and supervisors, she articulated the concepts of the family centered treatment in a widely circulated publication entitled the Casework Notebook (13). This publication did not, however, result in research which attempted to associate outcome with the various components of family centered treatment which had been identified. Instead, the research continued to be primarily concerned with rating the families on the nine categories of social functioning for the purpose of measuring movement which supposedly was the result of treatment.

Demonstration projects are often viewed as missionary enterprises in which there is a high level of enthusiasm among the participants. According to the Project Director, the sense of complete investment made by the practitioner was a stronger factor than casework skill in regard to performance. She claimed that in some instances improvement took place even where the casework was on the slumsy side. This illustrates the importance of monitoring the treatment process - partly to determine whether outcomes are attributable to the Hawthorne effect rather than the treatment approach.

It is possible to infer the reasons for the major concern with outcome results even when the experimental variable has not been clearly defined. Demonstration projects are not commonly funded for the purpose of exploring ideas and formulating testable concepts. Rather, they are funded mainly to solve particular problems requiring intervention. The Family Centered Project was funded for the purpose of reducing and preventing dependency. This necessitated data which would show whether the results of treatment actually reduced dependency. In other words, when demonstration projects are funded for the purpose of determining the effectiveness of particular approaches to the solution of major social problems, the research focus is on outcomes, regardless whether the treatment or program variable has been clearly identified and monitored.

3. Outcome measures. The major thrust of the research efforts in the Family Centered Project was the measurement of movement among families receiving family centered treatment. And as indicated earlier, the procedure for determining movement involved "before" and "after" ratings of the families' social functioning.

Success or failure of projects are largely dependent on the criteria selected for making such assessments. Although the rating procedure was shown to be reliable, there was no assurance that the ratings of social functioning were in fact valid. These rating procedures showed general positive change (about 65 percent) among the Project families. However, studies which relied on more tangible measures showed little change. The overall trend for the families seemed to be an initial rise in public assistance costs and then a slight decrease in subsequent years (2). In a study of police contacts, there was a small increase among children whose families were in the Project. However, the increase was somewhat less than the increase for children in the whole community (1).

Thus, the more tangible criteria reflected little change while the rating procedure showed considerable improvement. Yet the studies of movement were widely published and used to convey the success of the treatment approach. This illustrates the importance of critically examining the success criteria to determine whether results are accurate and objective indicators of success.

4. Use of control groups. Since the experimental variable - family centered treatment - was still in the process of growth and could not be clearly distinguished from other interventions which were in common usage, formative research was needed. Such an emphasis did not require a control group because the treatment variable that would be offered only to the experimental group could not be differentiated from the treatment approaches being used with families who might constitute the control group. Nevertheless, the research focused on testing family centered treatment. And there was considerable debate over the inclusion of a control group. What is particularly interesting, however, is the extent to which concerns about spreading family centered treatment influenced the decisions.

The presumed innovativeness and high visibility of demonstration projects attract widespread attention, particularly since project participants appeared at public meetings, presented papers to professional conferences, published papers and monographs, and conducted training sessions. Even before the concepts of family centered treatment were clearly formulated, the impression that it constituted an effective approach was conveyed throughout the United States and in other countries. The goal of spreading the Project's concepts and methods was logically inconsistent with the primary purpose of the demonstration project - i.e., to test the effectiveness of the family centered approach. How do you spread something which is still in the process of being tested and has not yet been proven effective?

The Family Centered Project deliberately attempted to spread its family centered techniques among the local social agencies. This compounded the problem of obtaining a sufficiently rigorous differentiation between the experimental variable and the "traditional" casework practices. In other words, if a control group had been established and if the results showed that their outcomes did not differ greatly from families in the experimental group, this would not necessarily imply that family centered treatment was ineffective. Such results could also suggest that families in both groups received similar treatment because the techniques of family centered treatment were widely transmitted.

As alternative to establishing a control group, it was decided that families who had considerable contact with several social agencies in the past provided a built-in control group; i.e., there was a type of contrast control by comparing agencies' past experiences with these families (which could be considered as unsuccessful because the family still manifested many problems) with the current experiences under the demonstration project. The weaknesses of such comparisons are obvious. There was no means of determining the nature of the services provided previously and the situations which brought the families to the social agencies earlier may have differed substantially from the current circumstances in the type and severity of the presenting problem.

5. Service orientation. There have been many writings on the conflicts between research and service in evaluating social programs (12). In addition to the administrative constraints which often necessitate compromises in the research design, considerable attention has also been devoted to the struggles between practitioners and researchers.

Collaboration between researchers and practitioners in evaluative research can be mutually beneficial. A logical hypothesis would be that practitioners are more likely to cooperate in research if the instruments have value for practice and if the research activities do not interfere with their normal work patterns. The Family Profile was originally designed as a research instrument. It was developed by extracting categories of social functioning from the case records kept by the practitioners. In addition to satisfying the research requirements, the practitioners found it useful as a diagnostic tool and the supervisors found it helpful in the process of supervision. Data

collection procedures involved a compromise. Caseworkers continued open-ended recording in accordance with specific guidelines. And researchers used this information to quantify levels of social functioning for the purpose of measuring movement of the Project families. The Research Associate of the Family Centered Project said that the reaction of the practitioners to the evaluation efforts ranged from indifference to mild hostility. Although the evaluation was primarily aimed at examining the effects of a particular method it nevertheless constituted a threat to the practitioners (5).

The Demonstration as a Change Agent

Martin Rein suggests that the concern of demonstration projects for continuity (i.e., survival) usually results in abandoning the strategies for promoting spread (duplication of the project elsewhere) and spillover (using the demonstration as a catalyst for other changes (16)). This was not the case with the Family Centered Project. While this Project received widespread national and international attention, it was unsuccessful in its attempts to survive. Since this paper is restricted to the pilot project phase when the major focus was on family centered treatment, this analysis will be restricted to the termination on this particular phase of the Family Centered Project.

1. Spread and spillover. The spread of the Family Centered Project's concepts and methods were not fortuitous. Rather, there were deliberate efforts to popularize this demonstration project. Even prior to the 1948 survey, St. Paul was the focus of national attention as the plans and purposes of that survey were described in Bradley Buell's article "Know What the What Is" which appeared in the Survey Mid-monthly, then a popular social welfare journal (4). Soon after the survey, a National Conference on Appraising Family Needs was held in St. Paul to discuss the study's findings. This resulted in further national exposure as 150 leaders in the social welfare field from across the country were invited to attend this conference. One particular finding of the 1948 survey received widespread attention - that six percent of the families in St. Paul were using about 50 percent of the community's service (3). Yet this figure was misleading as it was computed by using the total number of families in St. Paul as the base, not the number of families who were actually receiving service from social agencies. This point was made by Frank Rarig, Jr., then Executive Secretary of the Wilder Foundation in St. Paul:

... the project reveals that out of a total of 20,264 problem families and non-problem families, 6,466 or 32 percent absorbed up to 50 percent of the volume of services in the study month - admittedly a slightly less dramatic statement.(15).

This particular result was used to justify a coordinated program for families considered "multi-problem". In addition to the establishment of the Family Centered Project in St. Paul, the survey's findings were largely instrumental in the emergence of several other related demonstration projects: Winona, Minnesota, focused on economic dependency; Washington County, Maryland, concentrated on physical disability; and San Mateo, California, was mainly concerned with behavioral disorders.

It was during the pilot project phase (1954-59) that concepts and methods of the Project were most widely publicized. It is important to note that this widespread publicity occurred during the demonstration period, not after the methods had been tested and proven effective. The presumed "innovativeness" of the demonstration project created considerable interest in it, involving the dissemination of information about the experimental variable - family centered treatment - even prior to its final evaluation.

In 1962 a survey was conducted to determine the extent of multi-problem family projects in all communities of 100,000 or over in the United States and Canada. Despite the lack of specificity in defining such projects, it was found that in 1943 communities (or 60.1 percent of the communities reporting in the survey) programming for multi-problem families was at some stage of thought, planning or operation (9). Further evidence of the widespread influence of the Family Centered Project is found in Schlesinger's publication which includes an annotated bibliography of 300 items on the multi-problem family (17).

Efforts were made to assist local agencies to incorporate the concepts of family centered treatment into their regular practice. To facilitate the spread of the Project's methods locally, there were: neighborhood meetings, a speaker's bureau, and training institutes for staff from social agencies. The structure of the pilot project facilitated the "osmosis" of the Project's ideas as workers, supervisor and executive directors of the participating agencies shared their experiences with the non-participating staff. However, it was recognized that this osmosis process was difficult to implement because there was a general lack of interest in the Family Centered Project, as staff felt that the Project did not belong to them and it was not pertinent to their regular work. There was also the feeling among some practitioners that their agency was not family centered and so why should they be interested in the Project. It is interesting to note that there was some reluctance among local practitioners to accept the Project's concepts and methods. In fact, it was thought that there was more familiarity with the Family Centered Project and greater use of the Casework Notebook outside St. Paul than locally.

2. Continuity. Demonstrations are generally funded for time-limited periods. Since their survival is generally dependent on tentative funding arrangements, the extent of control over its own program and its ability to influence long-term changes is somewhat limited. Instead, the demonstration project's program and decisions regarding the transformation of its approach into permanent programs

belong to the organizations which have the necessary financial resources to implement such changes.

The funding organization can influence the demonstration project's activities through the disbursement of funds. When the Hill Foundation renewed the funding of the Family Centered Project it included the following tasks which would have to be pursued as a condition of funding: 1) formulating the concepts being used into transmittable form; 2) identifying, describing and defining the special methods used in the Project; 3) specifying criteria for measuring change resulting from treatment and evaluation of treatment outcomes; and 4) developing specific steps for bringing about changes in the community's pattern of organizing its health and social services. These requirements reflected the focus which the Hill Foundation as the funding body expected the demonstration project to pursue. The first three tasks did not necessitate any major change in direction; the treatment and research activities could continue but the lessons learned from these activities would have to be clearly formulated. However, the latter task - developing a community plan for organizing services - represented a concern which according to the Hill Foundation was neglected in the initial phase of the pilot project. Although the initial grant was made for the purpose of developing a community plan for the prevention of maladjustment among multi-problem families, the pilot project was mainly concerned with treating them.

The community plan ultimately proposed included a centralized unit with social workers carrying the major responsibility for case-work services which would be monitored for research purposes. Throughout the community another group of social workers in their respective agencies would only provide family centered treatment and they would not be expected to make any major time investment in research. This plan essentially called for an expanded treatment program.

In justifying a centralized unit, it was claimed that carefully documented studies and evaluated experiences supported this type of structure. However, there was actually no real basis for proposing a central unit. There was nothing recorded to justify the necessity of centralization, particularly since the alliance of social agencies in the pilot project was considered a success. Nevertheless, a central core structure was advocated because it would ensure that the experiment would survive. The Ford Foundation refused to fund this proposed plan and the Hill Foundation could not continue to support such a venture. Not being able to implement this plan, the Family Centered Project abandoned its treatment focus. In its revised request to the Hill Foundation, the change in emphasis was expressed as follows:

our program calls for shifting our emphasis from experimentation, research, and demonstration, to the application of our findings of the past three years into the work-a-day practices of our major governmental and voluntary agencies (8).

The Family Centered Project shifted its focus from providing family centered treatment to training staff in the local social agencies to use this approach. This shift occurred largely because funds were not available to continue the treatment program but the Hill Foundation was willing to finance an endeavour involving the training of social workers in the methods of family centered project.

Conclusion

The espoused purpose of demonstration projects is to ultimately influence long-term change in programs and policies. This paper has shown that attempts to simultaneously use the demonstration project as a change instrument can result in inappropriate and less than adequate research designs: focusing on outcome measures when the treatment variable was not yet clearly conceptualized; using "soft" rather than tangible criteria for evaluating treatment outcomes; and not establishing control groups because of deliberate contagion. On the other hand, there are formidable obstacles in using research findings as a basis for program development. In the Family Centered Project, premature results were widely spread to convey the impression that the treatment program was successful. Due to the tentative funding arrangements it was shown that the participants in the demonstration were limited in their efforts to use the project as a change instrument. It was the sponsoring organization that was able to influence the program focus of the demonstration that was able to influence the program focus of the demonstration project. And organizations with sufficient resources to implement programs could determine whether they wish to implement the experimental approach of the demonstration project.

Despite the growing popularity of demonstration projects, there has not been systematic study to determine the extent to which they actually facilitate program or policy changes. In this regard, it would be interesting to determine under what conditions and through what process do demonstrations have maximum leverage in influencing change.

REFERENCES

- 1) Ayres, Beverley. "Juvenile Delinquency in Family Centered Project Families," an unpublished paper prepared for the Greater St. Paul Community Chest and Council, November, 1959.
- 2) _____, "Study of Public Assistance Costs in Family Centered Project Families from 1953 to 1958," an unpublished paper prepared for the Greater St. Paul Community Chest and Council, 1959, p.5.
- 3) Buell, Bradley, Community Planning for Human Services, New York: Columbia University Press, 1952.
- 4) _____, "Know What the What Is," Survey Mid-Monthly (October 1958).
- 5) Geismar, L.L. "Some Problems in Practice-Oriented Research", Social Work, Vol. 6, No. 4 (October 1961), pp. 50-56.

- 6) Geismar, L.L. and Beverly Ayres, Families in Trouble. St. Paul: Greater St. Paul Community Chest and Council, 1958.
- 7) _____, Patterns of Change in Problem Families, St. Paul: Greater St. Paul Community Chest and Council, 1959.
- 8) "Integrated Operational Plan," an unpublished paper prepared by the Family Centered Project, February 24, 1960.
- 9) Lagey, Joseph and Beverly Ayres, "Community Treatment Programs for Multi Problem Families," (ed.) Benjamin Schlesinger, The Multi-Problem Family. Toronto: University of Toronto Press, 1965.
- 10) Marris, Peter and Martin Rein, Dilemmas of Social Reform, New York: Atherton Press, 1967.
- 11) Moynihan, Daniel P. Maximum Feasible Misunderstanding: Community Action in the War on Poverty. New York: Free Press, 1969.
- 12) O'Toole, Richard (ed.) The Organization, Management and Tactics of Social Research. Cambridge: Schenkman Publishing Company Inc. 1971.
- 13) Overton, Alice and Katherine Tinker. Casework Notebook. St. Paul: Greater St. Paul Community Chest and Council, 1959.
- 14) Piven, Francis, "The Demonstration Project: A Federal Strategy for Local Change," (ed.) George A. Brager and Frances P. Purcell, Community Action Against Poverty. New Haven, Connecticut: College and University Press, 1967.
- 15) Rarig, Frank Jr. Executive Secretary, Amherst H. Wilder Charity, St. Paul, July 14, 1952.
- 16) Rein, Martin, "The Demonstration as a Strategy of Change," Social Policy: Issues of Choice and Change. New York: Random House, 1971.
- 17) Schlesinger, Benjamin (ed.). The Multi-Problem Family. Toronto: University of Toronto Press, 1965.
- 18) Scriven, Michael. "The Methodology of Evaluation" in Evaluating Action Programs (ed) Carol Weiss. Boston: Allyn & Bacon Inc., 1972.

- 19) Suchman, Edward A. "Action for What? A Critique of Evaluative Research, (ed.) Richard O'Toole. The Organization, Management and Tactics of Social Research. Cambridge: Schenkman Publishing Company, Inc., 1971.
- 20) _____, Evaluative Research. New York: Russell Sage Foundation, 1967.
- 21) Thomas, Edwin J. "Field Experiments and Demonstrations," (ed.) Norman A. Polansky, Social Work Research. Chicago: University of Chicago Press, 1960.
- 22) Weiss, Robert S. and Martin Rein. "The Evaluation of Broad-Aim Programs: A Cautionary Case and a Moral," The Annals of the American Academy of Political and Social Science, Volume 385, September 1969, pp.133-142.
- 23) Wholey, Joseph et. al. Federal Evaluation Policy. Washington, D.C.: Urban Institute, 1970, p. 107.