

# The case for social work

**Does Social Work work? Colin Pritchard and Richard Williams highlight the empirical evidence that shows it does and maintain with the sector under attack, there's never been a more important time to highlight this**

**C**hildren's social work is under attack like never before. Last month, the Centre for Social Justice claimed child protection in Britain is in crisis and needs a radical redesign. The charity Kids Company launched a campaign calling for a rethink of the "failing state" of child protection.

The NSPCC's *How Safe Are Our Children* report in April concluded that children's safeguarding systems across the UK are close to breaking point. Deaths involving children known to social services such as Victoria Climbié and Peter Connelly are regularly highlighted and the language in Government is about the need to do better, to reform, to innovate and delegate children's service to third party providers.

In the face of such an onslaught, it is perhaps timely to remind ourselves – and the rest of the world – of the positive and measurable difference to children's lives that social work actually makes. So, for those in doubt, the following outcome studies should help you demonstrate that good social work does, in fact work – and saves and improve lives.

Though media reports might make many believe otherwise, **Child Abuse Related Deaths (CARD)** are in reality a rarity. When such cases arise, they are presented as 'typical' failings of social work, ignoring the empirical evidence that proves from the late 1980s onwards violent deaths of British children have fallen.

In the 1970s, the UK had the fourth highest rate of child deaths from abuse in the Western world. Today, Britain has the fourth lowest rate and between 1980 and 2010 our CARD fell by 85%. We have become one of the best places among developed nations for reducing the number of children dying as a result of abuse.<sup>1,2</sup>

Another area where social work can demonstrate its effectiveness is in what happens to former **Looked-After-Children**



(**LAC**). Studies have previously unfavourably compared their outcomes with children who had never been in care. However, a study comparing a five-year cohort of former LAC young men aged between 16 and 24 with another cohort of disadvantaged young people who had been excluded from school (EFS) but not been in care paints a very different picture.<sup>3</sup> Whereas a third of former looked after children had some post-care criminality, it was significantly lower than the EFS cohort and the LAC young men had far lower re-conviction rates than predicted by the Home Office.

Moreover, compared to the former EFS young men, the group that had been looked after were found to have significantly lower involvement in crime, no cases of suicide and far fewer incidents of violence, costing the public purse tens of thousands of pounds less

than the cost of the former EFS young men.

The key difference between the two cohorts is that in the beginning the looked after children had more problems than those excluded from school. However, they benefited from continued social work support after care, whereas the EFS group received virtually no intervention. It's proof that social work made a measurable and positive difference to outcomes here, both in terms of lost lives, significantly lower criminality and money saved.

**Social work over time:** One reason why medicine has improved its outcomes is the use of prospective longitudinal controlled studies, where two groups of matched patients are compared over time. This model is perfectly feasible in social work, as found in a three-year

Home Office controlled comparative longitudinal prospective study *A Family-Teacher-Social Work Alliance to reduced truancy & Delinquency*.<sup>4</sup>

This compared a school-based social work service to standard services in matched schools from severely socio-economically disadvantaged areas. The aim was to reduce truancy, delinquency and school-exclusion.

Paradoxically, the study was so successful it was virtually hidden by the Home Office because it gave out the wrong political message by appearing to be 'soft on crime'. The study showed children from the social work-based school had significantly less truancy and delinquency, particularly from the second year onward, and by the end of the third year, school exclusions together with a range of other delinquent behaviours had reduced substantially more than at the control schools.

There was lower crime and fewer court attendances, meaning the project had saved tens of thousands of pounds. An Ofsted report recommended the model for national emulation, but unfortunately the Home Office put this work – one of the very few prospective longitudinal controlled social work studies conducted – under 'miscellaneous' on its website so you need to be diligent to find it.

**Who kills children:** Perhaps the biggest media issue is who kills children? New research has re-evaluated a decade of child homicides from a 4% sample of the UK population, a massive sample in social science terms. A big sample is needed to make any meaningful analysis because statistically child homicides are so rare.

The study's findings were at first sight controversial because it showed what we have long known – that the majority of within-family assailants had a mental illness (though only one in 10,000 mentally-ill parents was a child assailant).<sup>2</sup>

The research highlighted not only the differential levels of risk between the other types of within-family assailants but the need to recognise the child protection-psychiatric interface which, to inadvertently avoid stigmatising the mentally ill, is often ignored.

If the adult psychiatrists had recognised this and thought 'child protection', and if the child protection social workers had thought 'mental health' then half the within-family homicides, would not have happened.

Recognising and working with the child protection-psychiatric interface could lead to a more effective integrated psycho-pharmacological treatment for parents and considerably reduce risk to the children.

Equally important, it would meet the development needs of children of psychotic parents, who often become carers for their parents during disturbed episodes.

## THE DEATHS OF 1,827 UNNAMED CHILDREN THAT COULD BE ASCRIBED TO POVERTY AND INEQUALITY IS DWARFED BY THE HUGE FOCUS PUT ON TRAGIC CASES OF CHILD ABUSE SUCH AS THE DEATH OF PETER CONNELLY

These studies confront some of the biggest outcome questions in social work and overall find very positive results, demonstrating the value of outcome practice research.

But if social work is to be judged, just as important is the need to look at child protection within the context it operates.

Forthcoming research<sup>5</sup> provides an international context for Britain's success in reducing abuse related deaths of children in three areas: the total child-mortality-rate of all-causes-of-deaths of children; what different nations spend on health and levels of relative poverty in which our children live.

Among the five countries with the highest rates of child mortality – the US, New Zealand, Canada, Britain and Australia – four of them including the UK have the highest rates of relative poverty. Conversely, the four Western countries with the lowest levels of relative

poverty – Sweden, Finland, Japan and Norway – also have the lowest levels of child deaths.

Moreover, if Britain's child death rate was that of the average of those countries that have lower death rates, there would have been 1,827 fewer grieving parents annually over the last three years. Indeed, if Britain had matched the reductions in child mortality rates seen in Greece and Portugal, there would have been 2,300 fewer children dying.

This kind of research linking child deaths to poverty levels and the funding of services within a national context gets little media attention. The deaths of 1,827 unnamed children that could be ascribed to poverty and inequality is dwarfed by the huge focus put on tragic cases of child abuse such as the death of Peter Connelly.

Yet the reality is child abuse related deaths have not only dramatically fallen since 1980, the UK is one of only two Western countries whose rate of child abuse deaths fell significantly more than their child mortality.<sup>1,3</sup> Yet another example of the relative, yet unreported, success of our child protection system.

It should also be noted that compared to 20 Western countries, Britain has devoted the smallest proportion of national wealth to health care over the last three decades.<sup>5</sup>

If this kind of empirical evidence on social work outcomes were more widely known, there would be little talk about privatising one of the world's more effective and efficient child protection services. How long this can last with increasing relative poverty in Britain and a continued media battering of the morale of front line social workers is another matter.

Social work is not the answer to all society's problems, but it can make a measurable difference. We need evidenced-informed practice to answer the question posed by the American novelist James Baldwin who asked: "Are you part of the solution or part of the problem?"

Social work can strongly affirm it is the former.

PSW

### The research

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2] Pritchard C, Davey J & Williams R (2013) Who kill children? Re-examining the evidence. *British Journal of Social Work*. 43, 1403-38.

3] Pritchard C & Williams R (2009) Does Social Work Make a Difference? A Controlled study of Former Looked-After-Children and Excluded-from-School Adolescents Now Men Aged 16-24: Subsequent Offences, Being Victims of Crime and Suicide. *Journal of Social Work* 9, 285-307.

4] Pritchard C & Williams R (2001) A three-year comparative longitudinal study of a school-based social work family service to reduce truancy, delinquency and school exclusions. *Journal Social Welfare Family Law* 23.1-21

5] Pritchard C & Wallace MS (2014) Comparing UK and Other Western Countries' Health Expenditure, Relative Poverty and Child Mortality: Are British Children Doubly Disadvantaged? *Children and Society*.

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