CHILD PROTECTION IN CRISIS?

I had visited Mr Pope for some months and I knew I should focus on my relationship skills. We should be working together—in partnership. I had read enough to know that the big stick approach did not work.

But I also knew he had hit his two-year-old child on two occasions, once so severely that she had to be admitted to hospital. And he seemed to show little, if any, remorse for what he had done. I was also being told by my supervisor that protection of the child from further abuse was my primary responsibility. How was I supposed to work in partnership and protect the child? How could I get him to understand that hitting his child not only damaged her physically but would also cause irreparable long-term damage to her.

I was never quite sure what I was supposed to say to him. Should I be reminding him of the damage he could do, telling him about other children who had been killed by their parents, confronting him about his lack of understanding and remorse? Or should I be working in partnership? Did this mean accepting his twisted perspective? What was it exactly that I could say and do to make little Sophie safer.

I was also expected to conduct an ongoing risk assessment. If the risk continued to be high we would have to go back to court to have an order made so I could keep seeing the family. Somehow I was supposed to work in partnership with Mr Pope, be open
about my role and purpose, but also find out whether he was lying to me about how he was treating Sophie. In order to get the information to protect Sophie I could not be completely open about what I was doing. I had to visit without warning, catch him off guard, or encourage him to give himself away. Anyway it never seemed like partnership.

I was also never quite sure how I was supposed to be helping this family with their problems. I had persuaded Mr Pope to start seeing a social worker at United Family Services. The social worker was trying to get him into a parenting skills group. A nurse from the Department of Health was also visiting several times a week again in an attempt to help Mr Pope with caring for Sophie. The other workers seemed to be in the partnership but I didn’t.

These words, uttered by Margaret, who has worked in child protection for some years, reflect the dilemma which so many professionals face in child protection and child welfare work. How do you work in partnership and simultaneously assess risk and exercise authority?

This book is about how Margaret and other child protection workers can go about helping people like Mr Pope to provide better care for their children. It is about how you can help children and their parents in what have often become proceduralised and forensic child protection systems. It is about what works and what doesn’t.

There are of course many instances when the best interests of children are served by removing them from their families. The focus of this book is not, however, about making decisions regarding whether or not children should be removed. It is more about how to work with families and children, where the families are together but there continues to be ongoing child protection concerns.

The book is about work in a government child protection services. It is, however, also relevant to those who work with abused children in voluntary agencies or family support programs.

I have used the term ‘client’ to refer to parents, children or
carers who are involved in the child protection system. It is acknowledged, however, that the interests of an abused child are often very different to those of a parent. In fact it is often argued that the child or young person who has been abused or neglected should be viewed as the client. So whilst I have used ‘client’ to describe all service recipients I have tried throughout the book to distinguish between two types of clients—clients who are parents or carers (and in many cases perpetrators) and clients who are children and young people who have been the victims of child abuse and neglect.

The media gaze

For the past two decades the field of child protection has been full of controversy. In the words of one American commentator

Fifty years ago the nation’s press would not cover the story of mistreated children at all, because it was ‘indecent’. Twenty-five years ago, investigative reporters began climbing all over the story, but mostly for its shock and scandal value. Today . . . they are still limited by space and vision. (Levey 1999: 997)

There have been a number of high profile cases in which children have died despite the involvement of social workers and other helping professionals. One of the most well-known examples is the case of Maria Colwell in the United Kingdom. Maria, at the age of 6 months, was placed in foster care because of neglect by her mother. At the age of six years she was returned to her mother and stepfather under court supervision. About nine months later she was beaten to death by her stepfather. Between the time she was placed with her mother and stepfather and her death she was visited on 56 occasions by child protection workers and other professionals, and 30 complaints were made about her care. Each of the professionals involved assumed that someone else was providing the primary service to the family (Howells 1974).
The Daniel Valerio case in Australia was similar. Daniel was murdered by his de facto father in 1990. At the time of his death he had 104 bruises on his body and two fractured collarbones which had started to heal despite the fact that he had received no treatment for them. In the three months before his death, Daniel had been seen by more than 20 professionals, including doctors, social workers, medical specialists, police and community workers. Each of those who visited was suspicious that he was a victim of child abuse. None of them, however, took action to remove Daniel from the family or to protect him from his father.

In these and in other high-profile cases individual social workers have often been severely criticised by the courts and the press. When Kim Anne Poden, a nineteen-month-old child under the supervision of the Children’s Aid Society in Canada died of head injuries in 1976, the judge was highly critical of the way the case was handled by the Children’s Aid Society. A subsequent judicial inquiry placed much of the blame at the feet of individual social workers.

These cases led the courts, press, children’s welfare organisations, government departments and politicians to question the systems that allowed these deaths to happen. They also led to an increasing interest in and awareness of the dangers of child abuse.

The ethical and value-based nature of child protection work has also come under scrutiny. One very good example of this is the high-profile debate which has raged in Australian newspapers in recent years about whether or not the Australian nation should apologise to the stolen generation—those children who, a generation ago, were forcibly removed from their families simply because they were Aboriginal. Similar debates have been seen in relation to North America’s indigenous populations.

Anthony McMahon (1998) in his book, *Damned if you do, Damned if you Don’t* suggests that public interest in child abuse has been further fuelled in the United States by the involvement of high-profile media identities. Oprah Winfrey for example, publicly acknowledged that she had been raped as a child.
No doubt, as a result of this growing interest in child protection there has been an expansion in many western countries of government child protection and child welfare services. Alongside this expansion there has been a dramatic increase in the numbers of child protection reports, in many cases as a direct result of the introduction of mandatory reporting systems which require professionals who work with children to report instances of abuse to child protection authorities. In the decade between the mid-1980s and the mid-1990s most English-speaking countries saw increases in reports of child abuse of more than 200 per cent. The United States today sees something like three million reports a year. So despite the increase in services the ability of the system to investigate and deal with these reports is often compromised (Department of Health and Human Services [US] 2001). And the high-profile child protection ‘failures’ have continued to occur.

The Climbie case in the United Kingdom is an example. In 2001, Victoria Climbie, in the words of Lord Laming who conducted an inquiry into her murder, spent the cold winter months prior to her death,

bound hand and foot, in an unheated bathroom, lying in the cold bath in a plastic bag in her own urine and faeces and having to eat what food she could get by pressing her face onto the plate of whatever was put in the bath beside her. (Laming 2003: 2).

Yet Victoria had been known in the ten months before her death to ‘no fewer than 4 social service departments, 3 housing departments, two specialist child protection teams in the metropolitan police, she had been admitted to 2 different hospitals and referred to the National Society for Protection of Children’. The most striking feature of the case was the ‘sheer number of occasions when the most minor and basic intervention on the part of the staff concerned could have made a material difference to the eventual outcome’.
Child protection—helping or social control?

The development of child protection systems in English-speaking countries over the past two decades has been paralleled by an increasing focus on what might be termed forensic or investigatory approaches to child protection work. Services are more and more characterised by a focus on whether abuse has occurred and, if so, the likelihood that it will be repeated. If it is found that abuse has occurred then this might lead to a notification becoming substantiated or the family concerned being placed on a child protection register. Most services now routinely use risk assessment processes that aim to determine which cases are high risk and therefore need immediate attention.

The risk assessment process provides a method of dealing with the increases in referrals. Scarce resources can be devoted to high-risk and substantiated referrals. Low-risk and unsubstantiated cases can be left alone. There are, however, many critics of the current systems. It is argued that they are legalistic, they focus on surveillance rather than welfare and they do not achieve the very purpose for which they have been set up—to protect children from harm. It is argued that most of the energy of child protection services is directed towards risk assessment rather than treatment, and it is hardly surprising that families and children are not being helped (Jack 1997; Krane and Davies 2000; Parton Thorpe and Wattam 1997; Gough 1993). In the words of Anne Cohn Donelly (1999: 990) in relation to the American system, ‘Victims rarely get what is needed to repair the hurt and break the cycle’.

There is certainly some evidence for this view. A study by Elaine Farmer (1999) examined case planning meetings in the United Kingdom in the early 1990s. She found that the meetings focused primarily on risk issues and whether children should be placed on the child protection register. Only about fifteen per cent of the time was spent discussing treatment plans for the children and their families. A study by Gray and colleagues (1997)
also in the United Kingdom suggested that clients feel they get little in the way of treatment from statutory child protection services. They suggest that clients feel there are gaps in services and workers are often out of touch.

David Gough (1993: 21) in an extensive review of research on the effectiveness of child protection suggests that child protection services have contributed little in terms of improved outcomes for children: ‘There is little evidence that child protection services improve outcomes for children or reduce re-referral rates (except where children are permanently removed).’

It seems that the pressure felt by Margaret in the case example referred to earlier—the pressure to establish the extent and nature of the abuse and to assess risk—is reflected in the practice and the organisation of many child protection services around the world.

The critics of child protection services in the United Kingdom have pointed to the different nature of services in Western Europe. British, North American and Australian child protection services are characterised by many layers of command. A senior child protection worker reports to a team leader, who reports to a child protection manager, who reports to a regional manager and so on. Most important decisions, even decisions to continue working with a family, are taken by someone up the hierarchy. Whereas child protection services in Europe tend to have flatter management structures and give more responsibility to the frontline workers. Decisions, even decisions to remove children from the home, may be the ultimate responsibility of the child protection workers themselves. The focus of this type of child protection intervention is on helping the family with their problems, rather than determining whether abuse has occurred or the risk of future abuse. In only rare instances are children taken to court (Littlechild 1998; Hetherington et al. 1997).

This approach is well illustrated in a child protection service I visited in Austria. The child protection workers, rather than refer to other agencies or other expert workers, would seek advice from expert panels. Those panels might include medical staff, drug and
alcohol experts and other advisers and they would help the worker to work with the family. They would also help the worker to make decisions such as whether or not a family should be taken to court.

The system provides for maximum continuity of contact between one worker and one client, something which does not occur in the more specialised case management or contracting models which operate in most English-speaking countries.

The difference between the European and British systems is characterised by comments reputed to have been made by two child protection workers on initial visits to a mother and father suspected of child abuse. The British child protection worker commented: ‘We have had a report that you have been harming your children and I am here to investigate this.’ The European child protection worker on the other hand commented: ‘I have heard that you might be having some trouble with your children and I am here to see if I can help you with them or with any other problems you might have.’

Critics of the British system in particular have argued that their child protection services should be more like the European services. They should focus more on welfare and less on risk assessment (e.g. Littlechild 1998; Hetherington et al. 1997). They argue that it is not possible to distinguish between high-risk and low-risk cases in the early stages and that the divisions are artificial. It is pointed out that in the vast majority of cases children remain with their families and the focus on risk assessment diverts child protection workers from helping those children and their families.

Others have argued that cases should be moved away from the child protection services into voluntary services where families receive welfare rather than investigatory services. According to David Thorpe,

There are children who are the victims of serious neglect, physical or sexual assaults. They require protection and approximately ten per cent of children drawn into the mouth of the child protection net will filter down into this category. The use of emotive
words such as abuse, maltreatment and perpetrator should be confined to those cases. (1994: 202)

It seems, however, that despite the increased focus on the investigatory function and despite the arguments that child protection services are now too investigatory, some commentators in the popular press are still not satisfied. As I mentioned earlier new child protection ‘failures’ continue to be publicised usually with the suggestion that child protection workers failed to assess the situation adequately.

There is also some recent criticism by academics of child protection assessment processes. Janet Stanley and Chris Goddard (2002), for example, argue that sometimes child protection workers underestimate the levels of abuse in families because they feel intimidated and threatened by parents. In other words children are not protected because the child protection workers do not focus sufficiently on their protective function. They point to initiatives by the New Zealand government as potential solutions to the problem. These initiatives include dangerous situations teams, independent reviews and fast tracking of access to specialist services.

The controversy about the role of child protection is ongoing. High-profile criticism of child protection failures has led to an increase in investigatory approaches. This has in turn led to criticism of the new focus on investigatory approaches. Despite this, however, the adequacy of the investigatory approaches continues to be questioned.

Case management

Child protection services in English speaking countries for the most part work on a case management or system. In other words, welfare services are managed and co-ordinated by case managers—usually child protection workers employed by government departments. Most of the helping or treatment services are then
provided by voluntary agencies. This system is sometimes referred to in terms of a purchaser/provider separation—case managers purchase, or enlist the assistance of service providers, on behalf of their clients (Hood 1997).

So the child protection workers are responsible for co-ordinating welfare or helping services rather than providing these services themselves. Individual clients within the child support system, whether parents or children, could be seeing a family support worker, a school welfare worker, a psychologist, a drug counsellor, a domestic violence counsellor, or a court advice worker. A parent could also be involved with a financial counsellor, a parent support group, or a domestic violence counselling group.

The extent to which this occurs varies within and between different countries. Christine Hallett (1995), for example, found in a British study that child protection workers did much of the direct work with children and families themselves. Hood (1997), on the other hand, found in a study of United Kingdom local authorities that while there was a lot of good work done in the view of the staff concerned, the practice of referring and contracting out led to concerns about the mis-communication of information, duplication of roles, role confusion and de-skilling and disempowering of workers. The statutory workers often felt de-skilled as helpers. They often felt they did not know families well enough to make decisions about them. Workers in the voluntary agencies, on the other hand, often felt disempowered in terms of decision making.

A study undertaken in Illinois in the confirms the sense of disempowerment experienced by workers. One of the workers quoted said, ‘When I first came here it was more a personal kind of counselling. Now . . . you just meet them and say that you need to go to a counsellor’. (McMahon 1998: 38) This theme is also supported by Skehill et al. (1999) in an Irish study. They found that while there was generally good communication between workers and agencies, there was some role confusion and statutory workers were uncomfortable with their central role, particularly when they had minimal involvement with the family.
There does, therefore, appear to be a view held by at least some of those involved in the child protection system that the practice of referral and contracting can be problematic. I argued in my earlier book (Trotter 1999) that effective work with involuntary clients involves ongoing contact between worker and client, and that early interviews, when risk assessment takes place, provide the perfect opportunity to begin a helping or therapeutic process. I have also argued, along with others (e.g. Jones and Alcabes 1993) that the skills of work with involuntary clients are largely generic ones and that holistic approaches are most effective. In other words, there are advantages in having one worker who understands her or his clients in a broad context and who helps those clients work through a range of issues which are of concern to them. When a client sees several professionals in relation to multiple problems the client may be required to repeat her or his story over and over. Not only would this be tiresome but it might also lead to poorer outcomes given the time it takes to develop an effective client/worker relationship.

Direct practice skills vary little whether the client is a drug user, has mental illness or is a criminal offender. Jones and Alcabes (1993) argue on the basis of the available research, that in work with clients in any of these fields the key to effective practice relates to socialisation processes, including role clarification and reaching agreement on problem definition and goals. This process takes time and may never occur if clients are exposed to repeated short-term contacts with different specialist workers.

In other words, there is an inevitable overlap of services if each of the workers makes use of effective practices.

The intervention by the drug counsellor, the child protection worker, the mental health social worker or the family support worker will all involve a holistic assessment of the clients’ situation, the development of goals and the strategies to achieve them. The more successful interventions treat the person in their context, not the symptom or the problem. The concept of specialised services may be an extremely valuable one in health where there are more specific specialisations and roles are clearer, however, in
child protection it may lead to fragmentation and discontinuity of service with poorer outcomes for clients.

Evidence-based practice

It is apparent that child protection work in English-speaking countries has, in recent times, become increasingly complex. It is increasingly politicised and subject to media interest. The numbers of child protection workers have increased but the volume of notifications and workloads have increased even more. Child protection services are increasingly concerned about whether abuse has occurred and with risk assessment processes. And there is an increasing tendency for welfare services to be provided by voluntary agencies as more and more of the direct service work is contracted out—often leading to an increasing fragmentation of services.

Is it possible in this environment to do effective work? Can child protection workers help parents to be less abusive or young people to be less self-destructive? Can they help to keep families and children together? Can they provide services which clients are happy with and which they feel are helpful?

Before answering these question another question immediately arises: Can we tell if services are effective or not?

There is a divergence of views among both academics and practitioners on this issue. Some support the notion of evidence-based or empirical practice. They argue that it is possible and desirable to measure the effectiveness of different programs and direct-practice approaches and they argue that interventions should be based on the findings of effectiveness research. Others argue that the concept of evidence-based practice is flawed.

What is evidence-based practice?

Let’s look at the case example discussed earlier in this chapter. Should Margaret confront Mr Pope? Should she simply focus on
his abusive behaviour or try to help him with issues which might not be directly related to his abusive behaviour? Should she try to help Mr Pope with deep-seated issues he has with his own family of origin and the abusive environment in which he was raised? Is there any point trying to engage him in a helping relationship at all? In making this decision Margaret can simply rely on her professional judgement. Alternatively, if she were to adopt an evidence-based practice approach she would look to the research about what has worked best in these situations in the past.

A number of studies have been undertaken which have examined the use of particular types of interventions and how these relate to client outcomes. For example a study by Laurence Shulman (1991) undertaken in Canada asked clients a range of questions about their workers; for example, did the worker help them to clarify the purpose of the intervention, did the worker help them to put their feelings into words, did the worker break down their concerns into manageable parts. Shulman found that when the workers did do these things their clients felt that their workers were helpful, they were less likely to go to court and they had fewer days in care, compared to when workers did not do these things. Other studies have also found that when child protection workers have particular skills their clients do better (see Trotter 1999 for a review of these studies).

What does this mean for a worker like Margaret. It means, if she adopts an evidence-based practice approach she will firstly engage Mr Pope in a helping intervention because she has some confidence that she may be able to help Mr Pope and Sophie in some tangible way. She will then spend time exploring with Mr Pope the purpose of the intervention, what he hopes to gain from it and what she hopes to gain from it. She will also try to understand and put into words how he feels about his situation and she will try to identify and define the things he is concerned or worried about.

She will be very clear about her expectations of Mr Pope and she will carefully monitor Sophie’s situation and progress. She will do these things because the research evidence suggests they are
likely to be effective. She may, however, be cautious about using confrontation, particularly early in her work with Mr Pope, on the basis of the small number of studies which have suggested that confrontation is not likely to be successful in changing a client’s behaviour unless there is a strong client/worker relationship (e.g. Lieberman Yalom and Miles 1973; Shulman 1991). She may also be cautious about undertaking an in-depth exploration of Mr Pope’s family of origin on the basis that some research has pointed to the value of working on the current situation with realistic and achievable goals (e.g. Shulman 1991; Smokowski and Wodarski 1996).

Criticisms and counter-criticisms of evidence-based practice

There has been much criticism of evidence-based practice (e.g. Ife 1997; Pease and Fook 1999; Webb 2001). This book is based, however, on the assumption that evidence-based practice is a legitimate approach to child protection work and for this reason I will attempt to counter some of the criticisms.

It is argued that outcome measures mean little and are often contradictory. The following case study illustrates the complexity of assessing effectiveness in child protection.

Brent lived with Bridgit and their three children for several years until the relationship broke down. Shortly after that time Bridgit began using drugs heavily and child protection removed the children and placed them in temporary foster care. The child protection worker took the case to court and a court order was made giving custody of the children to the Child Protection Service. The children were then placed with Brent.

The child protection worker was interviewed some months later and was very happy with the progress of the children. When asked to rate the overall progress of the children and their progress in relation to the presenting problem she was very positive. Brent was also interviewed. He also believed the children were progressing well. Brent had a high opinion of the child
protection worker. He described her as friendly, open, fair and a good supervisor. However, when asked to comment on how satisfied he was about the outcome of the child protection intervention he gave it a rating of 1 on a 7-point scale. In other words he was quite dissatisfied with the outcome. He believed child protection did little to keep the mother and the children together and if things had been handled differently—'more support and less attack'—the children might still be with their mother. In his words, ‘there are now three kids without a mum’. The children themselves also had mixed feelings. They loved their father but missed their mother.

Has this family progressed well? Are the outcomes good? In this instance, as in many others, it is simply not possible to give a ‘yes’ or ‘no’ answer. Some outcomes are positive and some are not. On the other hand it can be argued that this is not a reason not to measure outcomes, rather it points to the need to be cautious about interpreting outcome measures when they conflict with each other, and for research studies to use multiple outcome measures. This example illustrates that interventions may be partly effective and partly ineffective, not that evidence-based practice is flawed.

The opponents of evidence-based practice argue further that it is not possible to quantify the subjective realities of client’s lives. That the attempt to develop measurable outcomes inevitably ignores hard to define concepts such as self-esteem or empowerment. It also ignores more macro objectives relating to social change and community development. In respond to this argument it cannot be suggested that evidence-based practice provides all the answers. Simply put, some things can be measured and it is valuable to measure them. Perhaps the challenge for evidence-based practice is to try to capture some of the more elusive concepts, such as empowerment.

Opponents of evidence-based practice often argue that each client situation is uniquely individual; it is not possible to gener-
alise from one situation to another. However, much of the research in child protection and in other welfare settings suggests there is often consistency across populations and individual situations. For example, the defining of client goals seems to be related to positive outcomes in many studies in many different settings (Andrews et al. 1979; Reid 1997; Reid and Hanrahan 1981; Rubin 1985; Sheldon 1987; Videka Sherman 1988; O’Hare 1991, Jones and Alcabes 1993; Trotter 1993, 1996). There appear to be few, if any, studies that have examined this concept and have not found it to be related to positive outcomes. Perhaps the argument about the unique individuality of the client group simply points to the need for more and more research in different settings so knowledge can be further developed about what works best in what situations.

Another argument which is presented by critics of evidence-based practice is that even if the outcomes are clearly and consistently positive, it may not be possible to determine what has led to the positive outcomes. How can you know whether it is the worker’s intervention that has made the difference, rather than the myriad of other factors which may influence the lives of client families? Positive changes might have occurred as a result of the interest from a neighbour or a school teacher or simply by the resolve of family members.

On the other hand, research methodology is sufficiently sophisticated to give us a fair indication of the extent to which an intervention might have been responsible for the outcomes rather than other factors, such as the maturation of family members or a helpful neighbour.

When repeated studies with large samples continue to find particular approaches related to positive outcomes, it is likely there is a cause-and-effect relationship. This is even more likely if there is a theory which can explain the relationship. For example, the setting of client-defined goals is not only related to positive outcomes, its value is supported by motivational theories that suggest people are more likely to change if they work towards their own goals.

Finally, evidence-based practice may be criticised as being
based in the workers’ or the researchers’ value system. The questions which researchers ask and the outcome measures they use are not the clients’ questions and outcome measures, and again they may not take account of the subjective realities of those clients’ lives. On the other hand much of the more recent research is qualitative in nature and focuses on clients’ subjective perceptions.

Why evidence-based practice?

Evidence-based practice clearly has its limitations. I am certainly not suggesting that research evidence is the only thing which should guide practice. The worker must, for example, take into account the expectations of her or his employing organisation. Workers also learn and change their behaviour as a result of their experiences with clients. They also should take into account various theories of human behaviour and different intervention models.

Research evidence cannot provide all the answers. I am arguing, however that if workers adopt an evidence-based approach as their underlying practice paradigm they are likely to be more effective than if they rely only on other sources of knowledge, for example, practice wisdom or theories of behaviour.

Jill Gibbons in an argument in favour of evidence-based practice points to the fact that researchers have been doing outcome-based studies in child welfare dating back to 1922 (Gibbons 2001). More recently we continue to see pleas for more evidence-based work. Chadwick and colleagues (1999: 1015), for example, in a recent edition of Child Abuse and Neglect comment: ‘Outcome studies are required to test the efficacy of remedies and practices—we need more data to know if what we have done for the past 25 years actually makes a difference’.

Perhaps the most persuasive argument in favour of evidence-based practice is that other methods of developing knowledge are likely to be more flawed than an evidence-based approach. If a worker relies solely on theories of behaviour or practice wisdom
or professional judgement, then how can that worker know if he or she is doing well or not. There are many examples of intervention programs in the human services with poor outcomes (e.g. Gough 1993). If they are not measured how can an individual worker know whether his or her work is resulting in good or poor outcomes.

In this book I have therefore accepted that evidence-based practice is a legitimate approach to work in child protection. The book rests on the assumption that an intervention is likely to be a better one if the worker believes the family has made good progress, if the client is happy with the worker and the outcome and feels that his or her problems have been reduced, if the children have remained with their families, and if cases have been closed. While recognising the complexity of attempting to measure outcomes in child protection, it is assumed that an intervention is less likely to be effective if the worker feels the client has deteriorated, if the client is dissatisfied with the worker and the outcome, if the children have been removed from their family and if the case has remained open.

In other words, child protection interventions are better ones if workers and clients say they are good and if apparently concrete indications of progress, such as case closure, confirm the workers’ and clients’ views. The interventions are not so good if these different measures are equivocal or contradictory. They are worse if they are negative.

These outcome measures may not be a sign of effectiveness in every case, in fact, as discussed later in this chapter, cases being closed and children remaining at home may represent poor outcomes. Generally speaking, however, interventions which have apparently positive outcomes are likely to be better ones than those which have apparently negative outcomes.

What works?

What does the research tell us about what works and what doesn’t? One problem facing the evidence-based practitioner in child protection is the limited evidence about what works in routine child protection work. Many articles and a number of books examine the effectiveness of child welfare and child protection programs. Books, such as those by David Gough (1993) and Anthony Maluccio and his colleagues (2000) provide very good reviews of the outcome research. The focus of most of the research is, however, specialist programs and services such as foster care or family preservation. Little has been done on the effectiveness of routine child protection services.

Geraldine MacDonald (2001) in her book, *Effective Interventions in Child Abuse and Neglect*, examines reviews of effectiveness studies in child protection. She identifies some research evidence in support of behavioural and cognitive behavioural programs, skills training, behavioural family work, modelling, problem solving and holistic care management. She could not, however, locate any studies that focused on routine child protection services (as opposed to specialist programs). She comments: ‘... it is difficult to conclude anything other than that the available evidence base underpinning what I shall call therapeutic (as opposed to administrative or legal) interventions in child protection is wafer thin’ (McDonald 2001: 167). There is some truth in this comment and the lack of evidence certainly presents a problem for the evidence-based practitioner.

This book aims to go some way towards addressing the problem. There is, however, some research on routine child protection practices, such as Lawrence Shulman’s (1991) book, *Interactional Social Work Practice*, which provides an excellent example even though it was written some time ago. There is also a substantial body of research which focuses on work with involuntary clients in public welfare settings.

In *Working with Involuntary Clients* (Trotter 1999) I summarised a number of direct-practice skills which the research suggests are
related to positive outcomes for clients in settings such as probation, child protection or mental health. These include:

1. role clarification
2. collaborative problem solving
3. pro-social modelling and re-inforcement and
4. the worker/client relationship.

The evidence-based practice model represented in this book is comprised of these four direct practice skills. The model has come to be known as the pro-social model—a term which provides a limited description of the integrated intervention method. (The model has four components only one of which is pro-social modelling and re-inforcement.) Nevertheless, the term has been consistently adopted by participants in my seminars and by people who have read my earlier publications.

The model is described in some detail in my earlier book and only a summary is offered here. The concepts will, however, be further developed throughout this book.

1. Role clarification

Effective child protection workers have skills in clarifying their role. They have frequent, open and honest discussions with their clients about:

• the purpose of the intervention
• the dual role of the worker as an investigator and helper
• the clients expectations of the worker
• the nature of the worker’s authority and how it can be used
• what is negotiable and what isn’t
• the limits of confidentiality.

They focus on helping the client to understand the nature of the child protection process (Department of Health 1995; Jones and Alcubes 1993; Rooney 1992; Shulman 1991; Trotter 1999).
The following example explains the notion of role clarification further.

A child protection worker might put in place an ongoing method of assessing whether abuse of a child is ongoing. This might involve the worker talking to the child in private on a regular basis, a mother taking the child to a health centre on a regular basis and the worker visiting without appointments. These things may be non-negotiable. In other words, the mother is required to comply with them. The effective worker will put time and energy into helping the mother understand what is expected and the likely consequences if these expectations are not complied with. However, the effective worker will simultaneously put time and energy into helping the mother understand that the worker also wishes to help her with any problems or issues she might be facing, particularly those problems that might have led to her abusive actions.

2. Collaborative problem solving

Effective child protection workers make use of collaborative problem-solving processes (sometimes referred to as ‘working in partnership’). They help clients to identify personal, social and environmental issues that are of concern to them. In doing this they are likely to canvas a wide range of issues: finances, housing, drug use, family background, current relationships, friendships, work and schooling, health and mental health. They examine the client’s situation in a broad context and they do it from the client’s perspective. They then help their clients develop goals and strategies to achieve these goals (Ethier et al. 2000; Gaudin et al. 1991; Jones and Alcabes 1993; Rooney 1992; Smokowski and Wodarski 1996; Shulman 1991; Trotter 1999 and Webster Stratton 1998).

In most child protection services the child protection workers are also expected to make assessments of the risk levels of the client or client family. They are asked to gather information from the client and other sources, including relatives, doctors, schoolteachers and police, with a view to classifying the client family as high, medium or low risk. They consider factors such as the nature
and severity of the abuse; children’s individual physical, social and intellectual development; parental drug use or mental illness; parents’ acknowledgement of the problem, attentiveness to children’s needs, knowledge about child development, and so on. Effective child protection workers help the client to understand this process and how it interacts with the helping or problem solving process. Effective workers are able to assess risk and, at the same time, begin to work through a problem-solving process with their clients. They are able to integrate the risk assessment and problem-solving process.

Effective workers are able to involve their clients in case planning processes (Farmer 1999). They develop case plans which have realistic goals and are based on consensus between the professionals and the clients. Effective workers also make use of case management and advocacy skills. Where appropriate, workers refer their clients to services that will help to achieve their goals and address their problems. The workers then follow up those referrals to ensure their clients needs are met (Fortune 1992; Gaudin et al. 2000; Rothman 1991).

3. Pro-social modelling and re-inforcement

A number of child protection studies have commented on the limitations of a partnership approach (Ammermann 1998; Gough 1993; Rooney 1991; Swenson and Hanson 1998; Triseliotis et al. 1998; Trotter 1999). Janet Stanley and Chris Goddard (1997, 2002) argue that child protection workers may effectively become hostages within family situations when they begin to accept the abuser’s view. Rather than collaborating with the abusing parent to deal with the problems of abuse, the child protection worker may inadvertently minimise the abuse and become an ally of the abusing parent.

Collaborative problem solving or partnership approaches, therefore, need to be balanced by a third group of skills involving a focus on clients’ positive and pro-social actions and comments and the use of appropriate confrontation.

Effective workers identify and reward the pro-social comments
and actions of their clients. For example, they praise comments by parents which acknowledge the harm child abuse can cause. They would praise, for example, an attempt by a parent to use appropriate, non-physical means of discipline, or an attempt by a young person to reduce drug use. The more effective workers also model the behaviours they are seeking from their clients.

Again this approach is dealt with in some detail in *Working with Involuntary Clients* (Trotter 1999), where some common criticisms of the pro-social approach are dealt with, in particular, that it can be superficial, manipulative and judgemental. Suffice to say at this stage, the evidence clearly suggests the approach can be influential in helping clients to change their behaviour. For this reason it is an important skill in child protection work.

Worker/client relationship

The fourth group of skills which the research suggests is related to positive outcomes includes relationship skills, in particular skills such as empathy, self-disclosure, humour and optimism (Department of Health 1995; Shulman 1991; Trotter 1999). When child protection workers understand their clients' point of view, when they make appropriate use of self-disclosure, when they make appropriate use of humour and when they are optimistic about the potential of the client to change, they tend to have good relationships with their clients. In turn the good relationships may lead to improved outcomes, particularly if the worker also makes use of the other practice skills referred to above.

Risk assessment

I referred earlier to the place of risk assessment in child protection services. There are some situations when children must be removed from families for their own protection, and some situations when the immediate protection of children is necessary. Making these decisions involves thorough assessment.
Much has been written about risk assessment in child protection. One child abuse computer database refers to more than 800 books and articles on the subject. There are many risk assessment profiles which require workers to work through a checklist of factors (see Holder and Salovitz [2001] for examples of risk assessment criteria).

The focus of this book, however, is not on which risk-assessment profile works best. It is on how risk-assessment processes, and the ongoing monitoring of the risk of further abuse, can be integrated with problem-solving and helping approaches.

Cultural issues

Cultural issues are often central to work with abused children and their families. David Gough and Margaret Lynch (2002) commented in a recent edition of Child Abuse Review, an edition devoted entirely to the issue of culture and child protection, that culture is, ‘the backdrop against which all circumstances and events affecting child protection occur’. They go on to discuss diversity within cultures and between cultures. Belief systems, child-rearing practices and ways of communicating vary between different groups within cultures and between cultures. Sometimes what is acceptable in one culture is illegal in another, female circumcision or female genital mutilation is one example.

The issue of culture is highlighted by the over representation of minority groups in child protection in many parts of the world. Indigenous populations, in particular, are over represented.

The intervention model presented in this book highlights the importance of working with clients’ definitions of problems and with clients’ goals. It also highlights the importance of child protection workers thinking about which values should be challenged and which values should be accepted. The intervention model is I believe consistent with culturally sensitive practice. (See, for example, John Karamoa and colleagues [2002] for a discussion
about culturally sensitive ways of dealing with varying child rearing practices.)

**Approaches**

Strengths based, narrative, solution focused, motivational and structural approaches are popular in academic circles and in many child protection and child welfare agencies around the world. It is obviously difficult to do justice to a description of these approaches in a few lines. But how do these approaches relate to the evidence-based model presented in this book?

In brief, strengths based work involves focusing on clients’ strengths rather than their deficits. It is based on the belief that people learn more and progress better if their workers resist focusing on pathology and instead focus on the things their clients do well and on their achievements. It is based on the belief that even the most problem-saturated person has inner resources that can help her or him develop (Saleebey 2001).

Numerous therapeutic approaches are based on the notion of client strengths. Strengths based work is, for example, a key part of solution-focused counselling. Solution-focused counselling offers particular techniques for focusing on strengths. For example, it asks workers to focus on times when the problem was not present, to search for exceptions to the rule. It refers to the notion of, ‘if it works do it more’, and it encourages clients to picture the way things could be, rather than the way they are (Baker and Steiner 1995).

Strengths based work is also a key part of narrative therapy which focuses on helping clients to re-author their unhelpful life stories into more productive and strengths based life stories (White and Epston 1989).

The evidence-based intervention model outlined in this book has much in common with these strengths based approaches. Pro-social modelling and re-inforcement, for example, is a strengths based approach. The focus here, however, is on pro-social strengths,
or strengths which will contribute to dealing with child protection issues. Problem solving has much in common with narrative work in as much as problem solving involves examining client’s ‘real’ stories from the client’s perspective and it involves helping the client to see different possibilities—although it differs from narrative approaches in that it encourages a focus on risk-related issues or problems and uses a specific structure to work through problems.

Motivational interviewing, even though it has been used predominantly as a therapeutic approach to address addictive behaviours, also has much in common with the model presented in this book. Motivational interviewing, like the pro-social approach, focuses on understanding the client’s point of view, developing goals, accepting the client’s autonomy, working with the client’s definition of the problem and simultaneously persuading the client towards change. It also makes use of the notion of building confidence that change is possible and of differential re-inforcement of client comments. It varies from the pro-social approach, however, as it is less specifically targeted towards statutory clients, it is less likely to focus on situations where there are major differences in the goals of the client and the worker, and it focuses more on fostering motivation rather than developing intervention strategies (Hohman 1998; Moyers and Rollnick 2002).

The child protection literature often focuses on structural issues. For example, Parton and O’Byrne 2000 point to the socially constructed nature of child abuse. It is argued that system change is necessary to effect any real improvements for children and young people who are abused and neglected. I also mentioned earlier that there is some evidence that overall child protection services do little to alleviate the problem of child abuse (Gough 1993). Further, there seems little doubt that poor education systems, inequality of opportunity, poor housing, unemployment, poverty, homelessness and other social problems contribute to the problem of child abuse. This book is, however, not about structural change, it is about how individual child protection workers can work within the current system to improve the lot of their clients.
It is acknowledged that the child protection worker is only one player in the child protection system. Teachers, doctors, nurses, family support workers, probation officers, friends, neighbours, relatives and many others may also play important roles. The focus of the book is, however, on how child protection workers can help the children and families with whom they work. And there is evidence in the pages of the book to suggest that, despite the structural difficulties that child protection clients’ face, and despite the fact that they are only one player in a larger system, individual workers can often help. They can often make a real difference.

Aims of this book

This book has several aims. Firstly, it aims to briefly outline a practice model for work in child protection, a model which was developed in my earlier book, *Working with Involuntary Clients* (1999). Secondly, it aims to further develop the practice model by presenting findings from a study I have recently undertaken in child protection. Thirdly, the book aims to present in some detail what child protection workers actually do and say in their work with clients—it provides some examples of word-for-word conversations conducted by more effective and less effective workers and considers why some conversations seem to be more effective than others. Fourth, in presenting the findings from the study and the client worker conversations, I am hoping to shed more light on some of the difficult questions that are often asked by child protection workers: How do you reconcile the dual roles as helper and investigator? How do you work with the client’s view of the problem when the client’s view seems to be distorted? How do you focus on positives when the client’s behaviour is anti-social and destructive? How do you use confrontation, humour or self disclosure? Finally, the book aims to help readers understand more about evidence-based practice and about how to be an evidence-based practitioner.

The book is directed towards child protection workers who
wish to develop their skills. In seminars I have undertaken in recent years in Europe, Asia and Australia workers often say they commonly use the practice skills referred to earlier in this chapter. Yet when they attempt role plays of those skills they often have great difficulty. I have also observed interviews conducted by experienced child protection workers who have, like Margaret earlier, difficulty putting these skills into practice. I hope the book will help child protection workers to reflect on their practice and learn from the evidence which is presented and from the examples of their colleagues.

The book will also be of interest to professionals who work with abused children and their families in voluntary agencies. While the focus of the book is on child protection workers many of the skills apply equally to work with child protection clients in other settings.

The book will be of interest to staff supervisors and trainers in child protection and child welfare. It will help them understand more about the nature of effective practice and the skills which should be developed by the workers they supervise and train.

It will also be of interest to managers and policy makers who are interested in gaining a glimpse of how things work in the field and who are interested in developing more effective child protection services.

The book will also be of interest to students and human services workers who are interested in evidence-based practice and in how they can use research evidence to develop their practice. I hope the book makes a general contribution to the literature on ‘what works’ in human services interventions.

This book develops the ideas presented in my earlier book, *Working with Involuntary Clients* (1999). It is different to the earlier book, however, because it focuses on child protection and child welfare and it uses material from a particular study undertaken in child protection. It also provides some detail about how effective child protection practice actually happens.

I have tried to write the book in a way which is accessible to
anyone who works with abused children and their families or who might have an interest in the topic. While the book is based on a research study, I have not presented the detailed results or statistical tests in the book. These details are available in other publications (e.g. Trotter 2002) or from the author.

Chapter 2 discusses how evidence-based practitioners can go about gathering the evidence about what works. It then outlines the study on which this book is based. It provides details about the organisation, the child protection workers, the clients, the questions which workers and clients were asked and the outcome measures. It discusses the purpose and limitations of the study. I have tried to present this material in a way which is user friendly, however, I realise that some readers will not be interested in the research methodology. If this applies to you I suggest that you skip over it and continue with chapter 3.

Chapter 3 discusses the role of the worker and how the role, as a helper or investigator, for example, relates to the outcome measures used in the study. The outcome measures include client satisfaction, worker estimates of client’s progress, case closure and removal of children from their families.

Chapter 4 examines how workers deal with their client’s problems.

Chapter 5 considers how workers help their clients to make use of other services.

Chapter 6 examines the pro-social modelling and reinforcement and how it is used in practice by child protection workers.

Chapter 7 examines the relationship between the worker and the client particularly how the workers use humour, self-disclosure and confrontation. It also considers the role of optimism and expectation.

Chapter 8 comments on the relationship between the workers’ satisfaction with the work and the outcome measures, it addresses the role of supervision in effective practice and it reaches some conclusions about what works and what doesn’t.

At times the book is critical of current child protection practice. I have tried however to be even handed and to focus on the
positives of child protection work as well as the shortcomings. Having worked for many years as a child protection worker I hope the book represents an acknowledgement of the invaluable work done by child protection workers. David Pelzer, a child protection client who suffered severe abuse and spent many years in the care of a child protection service in the United States, including five foster placements, commented in his book, *The Lost Boy*, ‘I am forever grateful to ‘the system’ that so many in society ridicule without mercy . . . Very few people truly know what Child Protection Service workers go through’ (Pelzer 311–12). I hope this notion underlies the pages of this book.