Chapter 28
Social Work Practice Outcomes: Making a Measurable Difference

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ABSTRACT
The key issue in all human services is outcome. The authors report on a series of four mixed methods research studies to conclude that good social work can bring about positive measurable differences to inform policy and practice. The first focuses on how effective Western nations have been in reducing Child Abuse Related Deaths (CARD); the second explores a three-year controlled study of a school-based social work service to reduce truancy, delinquency, and school exclusion; the third examines outcomes of “Looked After Children” (LAC); the forth re-evaluates a decade of child homicide assailants to provide evidence of the importance of the child protection-psychiatric interface in benefiting mentally ill parents and improving the psychosocial development and protection of their children. These studies show that social work has a measurable beneficial impact upon the lives of those who had been served and that social work can be cost-effective, that is, self-funding, over time.

INTRODUCTION

The Need for Evaluation

Social work is a discipline found in all Western democracies and, despite variations in service delivery, all social workers are concerned with the pursuit of social justice. Social work is involved with the care and protection of children and adults, the rehabilitation of offenders, and care and support of the mentally ill, to name but some of the main contexts of practice. In every country, irrespective of its current political ethos, social work has considerable statutory powers as social workers are often charged to “control because we care”. This frequently means facing the dilemma of balancing conflicting human rights –
classically, those between a vulnerable child and their neglecting parent, or safeguarding the mentally ill from predations of either family or society. Consequently, the social worker walks the tightrope of serving either the client or the state.

Social work, like medicine, is a science-based art, drawing upon the social and cognitive sciences as well as the biological sciences and neurosciences. Social work’s model of human behaviour recognises a constant interaction and interplay between biological-psychological-social factors that align best with the person-in-environment perspective. In brief, this model assumes that human beings are bio-psycho-social entities. Sometimes the biological “leads” while at other times the psychosocial is key, with each of the elements continually interacting.

Classically, medicine is concerned with life-promoting and life-saving outcomes; so, too, is social work. Social workers’ decisions can lead to the enforced separation of a child from its parents, compulsory admission to a hospital, return of an offender to prison, or separation of elderly partners from each other. Such social work decisions are as life-affecting as any decisions that a medical doctor might make in relation to patients. Hence the significance of these questions: when do social worker know they have been effective, and can social workers show that they have benefited their clients and society?

**GOOD SOCIAL WORK WORKS**

A clinical supervisor at the start of each supervision session might begin with the words: “What have you done for your client today? What ease, comfort, change, and support have you brought about?” The rather truncated Hippocratic oath of medicine is “do thou no harm”, an ethical statement to which most social workers would aspire. However, a far better ideal would be to ask, “are you part of the solution or part of the problem?” If we offer our client inadequate social work care and support, this may leave them more vulnerable than before our involvement. Therefore, we have an ethical imperative to assess accurately our clients’ needs and intervene appropriately, based on the evidence-informed approaches available.

All social workers will wonder on reflection whether they could have done better when things have gone wrong, a situation which one of us has previously described (Pritchard, 1995). However, this chapter brings together a series of studies which show that good social work works and can make a measurable positive difference both to the individual, their families, and more generally to the wider society. This first example below describes social work’s role in the prevention of child abuse related deaths.

**Has the Media “Got It Wrong” About Child Abuse Related Deaths (CARD)?**

We begin with a large scale quantitative research study of what, in the early 1960s, shocked the Western world. People thought battered baby syndrome (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962) could not occur in the affluent context of North America, as it involved the extremes of child neglect and abuse, often resulting in child deaths.

In 1962, one of us worked as a Principal Psychiatric Social Worker in the UK and shared the common sceptical reaction to Kempe’s battered baby syndrome. However, in 1973 the reporting of a high profile child abuse case resulting in death (Maria Colwell) made the UK realise that Kempe and his colleagues had made us think the unthinkable. As a consequence of reporting the death of Maria Colwell, the UK,