The Statutory Social Worker's Role in Prevention and Early Intervention with Children

Education

The statutory social worker's role in prevention and early intervention with children

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Summary of Key Points

Remit
- This paper was commissioned as part of the 21st Century Review of Social Work. Its remit was to report on research based evidence of the effectiveness of 'prevention' and 'early intervention' activities by statutory social workers and to provide clear definitions of these terms.

Evidence
- Little research based evidence of effectiveness is available. This is understandable because preventive or early intervention by social workers encompasses very diverse activities in relation to a wide range of problems, acute to chronic, from neglect to youth crime and involving children of all ages. In addition the social work service is usually provided alongside intervention by other agencies and professionals.

Definition
- In terms of definition, 'prevention' refers to activities to stop a social or psychological problem arising in the first place. 'Early intervention' is activity aimed at halting the development of a problem which is already evident. Thus the distinction between the two terms relates to the stage of problem development, rather than age of the child or length of time the child has been known to a particular agency.

Services
- These definitions based on stage of problem development are widely used within the literature on children's services. However within social work services 'prevention' is also used to refer to activity which aims to avoid the need for more intrusive or intensive services, for example accommodation away from home.

- In many situations preventing problem development and avoiding the need for more intensive services will be achieved by the same course of action, but this is not always the case. Early intervention to prevent problem development might indicate the need for a 'high tariff' or intensive service at an earlier stage than would otherwise have been the case.

Approaches to developing evidence
- Effective prevention and early intervention activities are commonly conceptualised in terms of boosting protective and reducing risk factors. These protective and risk factors interact across various dimensions of young people's lives, creating complex 'chains of effects'. Relevant dimensions are:

  - Living situation and environment
  - Family and social relationships
  - Social and anti-social behaviour
  - Physical and psychological health

- Education and employment

> Effective preventive work intervenes appropriately across these dimensions in such a way as to have a positive impact on 'chains of effect' and so produce better outcomes for children. Sound understanding of the operation of risk and protective factors in relation to an individual child is therefore central to effective prevention or early intervention. An interagency response will usually be required.

Lessons from evaluations

> Evaluations of a range of diverse projects provided evidence relevant to social workers' effectiveness in preventive work. The studies included:

- a review of the effectiveness of support for vulnerable families with children aged 0-3
- an evaluation of a Homestart project
- an evaluation of a specialist family support team
- an evaluation of the preventive work of an adolescent support team

> Key messages from these studies were:

- intervention is less effective when difficulties have become entrenched
- sound assessment informed by understanding of the individual family and the sources of their difficulties is key to effective, targeted intervention
- interagency collaboration is required to tackle complex, multi-faceted problems
- a range of intervention methods should be available to suit individual needs, preferences and motivation
- the nature and aims of interventions need to be clearly specified if their effectiveness is to be reliably assessed.

Conclusions

> In the present social and policy context, social work is viewed as a residual service, intervening when universal and first level preventive services have not been effective. Social work is seldom mentioned in the wider literature about prevention and early intervention. Yet a key preventive role for social workers is to enable vulnerable children and families to access and benefit from universal and specialist preventive services. Clarity may therefore be needed about how the social work role fits within wider preventive services.

> Clarity is needed about whether social workers are expected to work within a preventive ethos. This would mean that aiming to reduce risk and boost protective factors, and so produce best outcomes for children, would permeate all their work. It is widely argued that

social work is currently more narrowly defined, focusing primarily on protecting children from significant harm or avoiding unnecessary placement away from home.

➢ To work in a more proactive way, social workers will require adequate knowledge, skill and time to carry out thorough assessments and ensure that the most appropriate interventions are offered.

Clarity is needed about the desired outcomes from preventive activities in work with children and families and how specific interventions are expected to achieve these. Recording systems which specify the aims, interventions and extent to which aims have been met would contribute to developing knowledge of social work effectiveness in prevention and early intervention with specific groups of children and families.

Context, Remit and Format of the Paper

<u>Introduction</u>

This paper has been commissioned to inform the 21st Century Review of Social Work. In its interim report, the review team reported social workers' claims that the impact of their work would increase if they were able to work in a preventative way and to intervene with families at an earlier stage. The importance of preventive work to the social work task was also emphasised by Asquith et al.(2005) who concluded that social work's identity crisis was 'inextricably linked to the fact that social workers in a local authority setting are no longer able to effectively carry out preventive work'.

The remit of this paper was to examine the evidence for these claims and conclusions. The specific focus was to be on preventive work and early intervention activities with children and families by local authority social workers and the objectives, as stated in the brief, were :

1. To provide clear definitions of early intervention and prevention within social care services and the distinction between them;

2. To provide analysis of research on the impact of early intervention and prevention within social care services in the short, medium and long term;

3. To provide clear conclusions on the effectiveness of preventive work both for the welfare of the individual, the family and community and financial benefit to society;

The brief indicated that the review group was interested both in the extent to which early interventions or preventive work was able to make lasting change to people's lives and to reduce the need for intervention at a later stage of difficulty or complexity.

This review of the evidence was to be carried out as part of the core funded work of the Social Work Research Centre at Stirling University. Five working days were allowed for the task and its findings were to be reported in approximately 5,000 words. Thus the aim was not to carry out a comprehensive review of the literature, but to identify key research and developments which would inform thinking on this issue.

Evidence Base
It emerged that very little, if any, research evidence is available on outcomes of preventative work or early intervention by statutory social workers. The three main reasons for this are:

1. Relevant activities by social workers are not clearly defined, so there is no specific set of interventions to evaluate.

2. Preventive or early interventions can cover a wide range of problems, acute and chronic, from neglect to youth crime and involving children of all ages (Little and Mount (1999).

3. Key social work activities, e.g. face-to-face clinical work, care management and advocacy, are offered to children in need and their families by a host of professionals including GPs, health visitors, teachers, Surestart managers and volunteers, police officers and youth justice workers (Little et al. 2003).

Even if the specific tasks undertaken by social workers could be identified, it would be difficult to ascertain their effectiveness because the social work input would typically be offered alongside other services.

This lack of definition of the social work task means that there has to be an element of informed speculation in considering how early intervention by social workers might be expected to be effective. To this end it is possible to draw on what is known about the causes of social and personal problems and how to alleviate them, together with some evaluations of specific services providing similar kinds of support to that which social workers offer. It cannot be concluded that statutory social workers are ineffective in preventive or early intervention, simply because its effects are not readily measurable.

Consequently this paper draws on literature on two topics:

- developing and evaluating preventive or early intervention services for children and young people

- the role of the social worker in relation to prevention and early intervention.

The paper starts by considering definitions of the terms 'prevention' and 'early intervention' and concludes by highlighting key messages from the information available.

Defining Prevention and Early Intervention in Social Work with Children and Families

Prevention and early intervention are key to current social policy in the UK and in Scotland (Scottish Executive 2001; Department for Education and Skills, 2004). The hoped for benefits are both to overcome the effects of social disadvantage for individual young people and to reduce crime and other anti-social behaviour in the interests of their local community and wider society.

This section outlines the definitions and distinctions between the terms, then considers the significance of terminology in terms of how services are conceptualised, planned and delivered. It is proposed that this is not simply a questions of semantics, but has a direct bearing on the nature of the social worker's role.

Stages of Intervention

Recent literature on children in need and child health provides definitions of 'prevention' and 'early intervention' and the distinction between them. In the family support literature, the term 'prevention' has often been used to encompass both notions.

Writing from a health perspective, Williams and colleagues (Williams et al. 2005) differentiate between the two as follows:

> *Prevention refers to strategies or programmes that prevent or delay the onset of health and behaviour problems, while early intervention refers to strategies and programmes that reduce the harms and health consequences of behaviours that have been initiated.*

> (Williams et al. 2005) page 93

Little and Mount (1999) made a similar distinction in relation to services for children in need:

> ***prevention:*** *activity to stop a social or psychological problem happening in the first place;*

> ***early intervention:*** *activity aimed at stopping those at highest risk of developing social or psychological problems, or those who show the first signs of difficulty from displaying unnecessarily long or serious symptoms.*

> (Little and Mount, 1999, page 48-9)

The same authors identified two other types of activity:

- ***'intervention or treatment'*** which seeks to stabilise or achieve realistic outcomes amongst those seriously affected by a problem
- ***'social prevention'***, which is aimed at reducing the negative effects of a child's social or psychological problems on themselves or other people.

Thus, for Little and Mount, the key distinction is the stage at which intervention is offered in the development or potential development of a specific problem. Little and Mount draw extensively on analogies with medicine and argue that effective service planning requires a common use of language and concepts across disciplines.

In line with this, the following additional guidance is provided on how certain activities or programmes should be classified:

> *If the activity is mounted in response to a social or psychological problem which has not yet arisen, it may be termed* ***preventative*** *(even if the child is well known to those providing the service).*

> *If the activity is mounted in response to children who are at high risk of developing particular social or psychological problems, it*

*may be referred to as **early intervention**, (even if the child is quite old).*

(Little and Mount, 1999, page 99)

Services
Within child health services, 'early' intervention often corresponds to offering a service at as young an age as possible, for example offering additional pre and post-natal support to vulnerable mothers, with a view to improving the health and care of their children.

Within social work, considerations the stage of service delivery can influence which term is applied. In particular, what is being 'prevented' is often the need for a higher tariff service, such as residential care. Thus, for some children, 'early intervention' in the form of early reception into care and adoption may 'prevent' of a host of problems emerging in later life, whilst also being the most cost effective option. Little and Mount (1999) argue that it is inappropriate to think of 'preventing' a potentially harmful service, because in certain circumstances and for certain young people, that service may be the most appropriate means of reducing risk and augmenting protective factors i.e. achieving the best outcomes. The possibility of achieving both simultaneously is not in dispute, but it is also important to recognise that the two do not necessarily go together.

These distinctions can be important in determining how services are conceptualised and planned. One of Little and Mount's key arguments is that services should be planned in such a way as to reduce risk and boost protective factors known to operate in relation to specific problems at key stages. They acknowledge that this ideal is currently far off, but view reaching it as a worthy aim.

There is a developing literature which tries to disentangle the myriad of structural, social and constitutional influence which together shape outcomes for children in the longer term. Examples include work by Rutter and colleagues and the researchers based at Dartington (Rutter, 1998); (Little and Mount 1999; Little et al. 2003). Within this attempts are being made to gauge the most effective ways of intervening at particular points in the child's life, by piecing together knowledge from theory and the research evidence available. It is also being argued that a more strategic approach to service delivery would in itself facilitate the development of a research-informed knowledge base (Little and Mount 1999; Axford et al. 2005).

Though early intervention may prevent the development of problems *and* the need for more expensive resources, the two aims are distinct. Early assessment of families with young children might reveal a host of needs which would be expected to promote the children's resilience and protect against future personal and social difficulties. Examples might include supporting the children's learning, boosting parental capacity to support children in school, counselling for parents and children to help deal with earlier trauma and loss, advice to parents on child care and parenting,

helping parents and children learn to manage tensions within family relationships and opportunities to take part in a range of creative leisure activities. For some families, the protection elements of this kind of support might be needed throughput their children's lives. On the basis of current knowledge, this might be expected to offer children in adverse circumstances a better chance of good outcomes.

Whether the additional expenditure would be recouped through avoiding the need for services such as child protection, residential care, future mental health and criminal justice resources remains uncertain. Neither is it clear at what age of children or stage of problem development it would be cost effective to introduce intensive preventive services. These considerations do not apply if the primary aim is to give vulnerable children the best chance in life, but they are important if cost effectiveness concerns mean an element of rationing is required.

There are indications that this distinction is relevant to some of the tensions in the current social work role. It is widely argued that managerialism and the predominance of risk as an operating concept has brought with it a tariff mentality in which the least resource intensive option is tried first, with expensive services only being considered when these have been ineffective and level of risk has correspondingly increased. It is argued that this approach within social work had resulted in the statutory social work task becoming pre-occupied with identifying managing risk and entitlement to resources, rather than also identifying what protective factors might be boosted to avoid the development of potential problems (e.g. Jones 2001; Jordan 2001). If this analysis is correct, a shift to more pro-active preventive and early interventions by social workers would require clarification that that the social work role is concerned actively promoting the welfare of vulnerable children, rather than simply ensuring they are not harmed.

Models of Welfare
This analysis corresponds to the approach taken by Hardiker and colleagues (Hardiker et al. 1991) who argued that social workers' approach to preventive work was necessarily influenced by the value base the current model of welfare. On this basis Hardiker identified three predominant approaches to prevention by social workers, which correspond to different models of welfare :

1) **primary / developmental model** - welfare services are given a promotional role, taking into account social inequalities, e.g. family centres offering informal support and so reducing the need for formal social work intervention;

2) **secondary /institutional model** - this model is characterised by social work services which are open to detecting and responding to incipient problems. Advice and information services would be readily available, as would opportunities for focused short term work and quickly mobilising supportive packages of care. Family work as well as practical and material support would be provided by social workers;

3) **tertiary / residual model -** interventions are exclusively directed towards families whose children are in immanent danger of admission to care; rigid gate keeping on entry to care systems; concentration on statutory social work; casework narrowly defined; short-term interventions with rapid closure (revolving door).

Across the spectrum of current services, elements of all three approaches can be seen in action. A host of initiatives offer primary intervention (e.g. On Track; Surestart; Communities that Care). These are typically provided by specialist services, rather than mainstream social workers. Within current policy, extending the social worker role in this way is not strongly advocated. It might be argued, however, that the social workers consulted as part of the 21st Century Review were expressing a wish to work in accordance with elements of Hardiker's primary or secondary model, rather than the tertiary/ residual model which they feel predominates at present.

Hardiker and colleagues took the view that prevention should be an objective at all stages of social work intervention. Keeping state intrusion to a minimum was in consistent with key social work values of respect for the worth of each individual and upholding the integrity and autonomy of each individual. The aim of prevention was expressed in terms of supporting families, so that children could be adequately cared for without unnecessary state intrusion, rather than focusing specifically on achieving positive outcomes or cost effectiveness. The challenge for current social work services is to do both. In the following sections, relevant evidence is considered on how prevention and early intervention by social workers might best contribute to achieving this.

Summary
This section has outlined some definitions and ways of thinking about prevention and early intervention. It has highlighted that there needs to be clarification about whether the aim is to prevent a) the development of social and personal difficulties or b) the need for more intensive service provision in the future. Whilst these aims are not mutually exclusive, neither are they the same. At present certain kinds of intervention are likely to boost outcomes for young people in adverse circumstances, but their cost effectiveness is not proven. The stage at which such services are provided and the role of social workers in delivering them is influenced by the ethos which underpins social service provision.

Developing and Evaluating Preventive or Early Intervention Services for Children and Families

This section deals with consideration of

- approaches to developing evidence of effectiveness
- evidence drawn from evaluations of specific services.

Approaches to Developing Evidence of Effectiveness

Based on extensive research experience, Axford and colleagues (Axford et al. 2005) argue that the following dimensions are necessary if evidence of service effectiveness is to be developed:

1) identifying groups of children with similar *need* profiles;
2) agreeing the outcomes that are desired and may be realistically achieved for one such group;
3) drawing on research evidence and practice wisdom to design *services* that logically might be expected to achieve the target outcomes of that group;
4) developing *threshold* criteria so that only those children who stand to benefit from the proposed intervention actually get it;
5) implementing the new service and measuring its effectiveness against the desired *outcomes* established at the second stage of the process.

Linking these dimensions is the notion that interventions should be theory driven, that is there should be an informed logic about why the service is expected to be effective with particular types of children and difficulties. Current service planning is assisted by a developing knowledge base about the aetiology of social and personal problems. A key message from these studies is that difficulties result from what Little and Mount refer to as 'chains of effects' in children's lives (Little and Mount 1999; (Madge's work on Families at Risk (Madge 1983), Farrington's on Youth Crime (Farrington 1996) or Rutter's on anti-social behaviour (Rutter 1998). Since these interconnect across key dimensions of children's lives, an interagency response is required. These dimensions are:

- living situation and environment
- family and social relationships
- social and anti-social behaviour
- physical and psychological health
- education and employment.

Effective services are those based on understanding of the complex causal interconnections across these dimensions and which intervene at key points in 'the chain of effects' in such a way as to reduce risk and boost protective factors. The focus can be on the community, family or individual.

A host of early prevention programmes have been set up on the basis of these principles (e.g. Surestart; On Track; Children's Fund; Scottish Executive's Crime Reduction Initiative). In light of their complexity, evaluating these initiatives presents quite a challenge. Assessing programme delivery and integrity has proved more straightforward than measuring outcomes for children or identifying which aspects of the service were most or least effective (e.g. Hine, 2005; Masson, 2005). This is partly because of the complexity of what is involved, but also because the effects of some early interventions may not be evident for several years (France and Utting 2005).

Evaluations of Specific Projects

There has been a wide range of evaluations of specific preventive and early intervention services, though few focus specifically on the social work role. This paper includes findings from a few reviews and individual studies which have relevance to the social worker role and to questions about how the effectiveness of such services should be assessed.

Armstrong and Hill (Armstrong and Hill 2001) undertook a review of **effectiveness of support services for vulnerable families with children aged 0-3.** These included: nurseries and family centres; parenting education classes; intensive health visiting; community networking models and volunteer befriending schemes; and multiple interventions, for example providing community support through befriending, but also access to a wider range of services. The review concluded that most forms of service were able to identify benefits for mothers, but knock-on effects for children were seldom evidenced and few services engaged with fathers. Informal, supportive services were generally preferred by service users, but these did not always manage to engage with families with the most serious difficulties. There were indications that for them a more targeted approach was needed, tailoring the service to suit individual needs and preferences (e.g. intensive professional support at home, befriending, developing support networks). A drawback of targeted services was that they could become stigmatised.

A recent **evaluation of Home-Start, a volunteer befriending service for young families under stress,** (McAuley et al. 2004) demonstrated that mothers who received the service valued it and considered it had made a positive difference to their lives. However, over an eleven month period, mothers in the comparison group who had not received the additional service made similar progress. On this basis the researchers concluded that the high level of distress experienced at the start of the intervention had eased with time, rather than as a result of additional support from Home-Start. Though four-fifths of mothers thought that the scheme had helped reduce stress, some felt that more intensive support would have been needed to make a significant difference. On average mothers had home-visiting support for 2.5 hours a week. The results raise questions about whether benefits from being offered this support at a critical time, e.g. improved self-esteem, might be too subtle to be measured or would become more evident in the longer term. However the results of this study indicated that low level home support was not cost effective with this group.

Macdonald and Williamson (Macdonald and Williamson 2002) **evaluated a specialist family support team,** set up under the auspices of statutory social work services to provide family support to children in need. They reported that many of the problems had become entrenched by the time the families arrived at the service and so advocated that social work intervention might be more effectively offered at a secondary rather than tertiary level. Parents had often noted early behaviour problems, but these had not been addressed and had developed into more serious difficulties such as school non-attendance and delinquency. The team was expected (by social services) to offer time-limited intervention, but because the difficulties presented to the team were entrenched, more

intensive and long-term support was needed to effect change. The evaluation concluded that the work of the team would become more effective if workers:

- were able to intervene at an earlier stage;
- adopted a multi-faceted approach, involving other agencies such as education;
- drew on a range of intervention strategies to suit the individual child and family;
- carried out more thorough assessments;
- agreed more specific goals with the parents and children.

The authors reported that a logical fit between the nature of the difficulties and the proposed intervention was seldom articulated and emphasised that evidence based practice required a knowledge of which interventions should work with which families and why.   A sounder theoretical base to the work was therefore required.

Biehal and colleagues' **evaluation of the preventive work of an adolescent support team** reached many similar conclusions (Biehal et al. 2000).   The team's aim was to divert young people from the care system by providing intensive short-term intervention. Many of the young people had complex problems, including problems at school, which required a multi-agency approach, but poor co-ordination across services hampered this.   Whilst the team's approach was effective with young people whose difficulties were developing, it was less successful in work with families where problems were chronic and severe.   Thus earlier intervention was advocated.

The main messages to emerge from these examples of studies are that:

- intervention is less effective when difficulties have become entrenched
- assessment informed by understanding of the individual family and the sources of their difficulties is key to effective, targeted intervention
- interagency collaboration is required to tackle complex, multi-faceted problems
- a range of intervention methods should be available to suit individual needs, preferences and motivation.

What we do not know from these and similar studies is whether preventive work of the kind which is recommended would have been effective in preventing the development of the most chronic and severe difficulties. To evidence that, a detailed prospective study would be required. However what we already know to be effective can help reach a logical conclusion about the potential value of earlier intervention by social workers in the present policy and service context within the UK.

The role of the social worker in prevention and early intervention

The Potential Contribution

It is not in dispute that prevention and early intervention are key planks of current policy and that a wide range of services, both mainstream and specialist, are providing a diverse array of services aimed at preventing or halting the development of social and personal problems. Within the literature on early intervention programmes, there is very little reference to social work services, suggesting that statutory social work is not viewed as a key player in these activities. This is consistent with the analysis that the social work role has become restricted to taking action when early intervention or preventive measures have not been effective and more formal intervention is required.

Yet social workers also have a key role in supporting the most challenging and vulnerable people to access and engage with universal, primary and secondary preventive services, for example schools, health visitors and community groups.   This indicated that a sharp distinction between preventive and 'treatment' services is inappropriate. In addition, there is evidence that social work intervention with individuals is more effective when social workers know the local community well enough to mobilise potential supports on their clients' behalf (Gibbons 1990; Jack 1997). This suggests that statutory social workers' capacity to enhance protective factors in the child life will be increased if they are viewed as an integral part of preventive service provision.

Support
Drawing on a survey of children's services in two geographical areas, Little and colleagues (Little et al. 2003) point out that the government sponsored increase in preventive initiatives since 1997 has encouraged a 'thin' approach to service provision. This means a lot of children getting a little support. On the basis of child development research, this would not be expected to make a great difference to their lives.

An alternative, they suggest, is to invest in 'thick' support, that is more intensive services over a longer period, provided on the basis of need. This is more likely to interrupt 'chains of risk' in the lives of children in need. The same authors also suggest that consideration should be given to:
- ensuring that myriad of services currently on offer are delivered with some consistency and
- whether some should be provided only by social workers trained for the that task.

Relationships
The importance of continuity and consistency in how services are delivered was also highlighted by McNeil (McNeill et al. 2005) in a review of social work with people who break the law.   Attention was drawn to the fact that the relationships within which an intervention is delivered is as important as programme content in supporting people towards making changes in their lives. A trusting relationship can also be needed before some individuals are able to engage with particular forms of intervention, e.g. group work. This conclusion was also reached by the evaluation of the Youth Justice Board's parenting programme (Ghate and Ramella 2002). By virtue of their position in social work systems and skill in engaging with

resistant people, social workers are well placed to link people into more specialist preventive or treatment services.

The benefits of working in a way which recognises the use of relationship is also highlighted in some of the literature on assessment and child protection. In a review of the evidence to the Victoria Climbie Enquiry Cooper (Cooper 2005) points out that the professionals focused only on surface evidence, with very little comment on what it *felt* like to interact with the aunt and child. Cooper argues that taking account of this would have helped professionals tune into the child's experience and so appreciate the need for more attention to her situation at an earlier stage. It might be argued that the capacity to work with this kind of intuitive understanding can only be developed within an ethos which values it.

Within policy for children in need, a strong case had been made for refocusing work towards family support, rather than adoptng a narrower child protection focus e.g. (Tunstill and Aldgate 2000). This can mean making services available earlier, but also concerns how the social work role and task is defined.

Thus, from a range of sources there emerges a strong case for concluding that social workers have a potentially important role in prevention and early intervention. However there are also obstacles to this role being realised.

Facilitating effective preventive work by social workers
It is widely argued that statutory social workers have been allocated a residual role. Other agencies and specialist services provide the proactive work to prevent problems and social workers come in when these have not been effective, often when compulsory measures may be required e.g.(Jordan 2001; Culpitt 1992). There is potentially a tension between occupying this position and developing a preventive approach.

To advance the latter, social workers should routinely consider not just the immediate problem, but ways in which risk factors might be minimised and protective factors boosted in the interests of the child's longer term welfare. Examples would include supporting parents to foster links with their children's schools, since parental involvement in education is a strong protective factor, or arranging for children who have been traumatised to have appropriate therapeutic support.

If social workers are to effectively integrate this kind of preventive approach into all of their work, resources would be needed in terms of social worker time and access to the kinds of services known to offer protection from future risk. They would also need to work within a value base which emphasises fostering each person's capacities, rather than simply avoiding risk and harm.

They should be located in situations where early problems can be detected, for example in schools, health centres and family centres.

It is evident from a number of studies that social workers have difficulty in articulating what their interventions involve and the reasons why these might be expected to be effective. This suggests that social workers' knowledge base needs to be developed in relation to child development, the operation of risk and protective factors and the processes through which there can be an impact on these. This kind of understanding is a prerequisite to comprehensive and effective assessment, the importance of which was also emphasised in the report of the child protection review (Scottish Executive 2002).

It might be argued that the tasks described so far could be undertaken by non-statutory social workers or other professionals. In that situation, mechanisms would be needed to ensure that the responses of statutory workers, when required, were consistent with the assessments and preventive activities of the others. There are indications that continuity and consistency are most likely to be achieved if the role of statutory social workers also encompasses a preventive approach.

Summary of Key Points and Conclusions

⇒ In the most recent writing on services for children in need, the term 'prevention' is used to refer to activity which prevents a problem from arising, whilst 'early intervention' is directed at halting the development of an emerging problem;

⇒ within social work, 'prevention' has often been viewed in terms of avoiding the need for more resource intensive or intrusive services; more recent thinking has suggested that prevention and early intervention should be concerned with reducing risk and boosting protective factors likely to impact on any problem. Expectations of the social worker role will be shaped by whichever model predominates, so clarity about this is needed.

⇒ There is a dearth of research based evidence on the effectiveness of prevention and early intervention activities by statutory social workers working with children and families. This reflects the varied and diffuse nature of the work and the limitations of current research methodologies. It does not necessarily imply that the work is ineffective. Models of service design have been proposed which are expected to facilitate more effective service delivery and the development of an evidence base.

⇒ There are indications that social work interventions are more effective when:

- problems are developing rather than entrenched;
- assessments are well-informed;
- interventions are based on logical reasoning as to why they should be effective for a particular child or family and are tailored to suit individual needs;
- there is an inter-agency response;

- a key worker provides consistency and continuity.

Conclusions

There are indications that more effective preventive work and early intervention by social workers could be promoted by clarifying the following:

- social workers' role in promoting service users' engagement with universal and primary prevention services

- the nature of links between statutory social work services and other agencies offering prevention/early intervention, including mechanisms for early identification of difficulties and maintaining continuity of service

- whether social workers are expected to develop a preventive ethos, so that reducing risk and boosting protective factors permeates all their work; or whether their aim is to develop an adequate service to protect children from significant harm or avoid unnecessary placement away from home

- that all social workers working in the statutory field have adequate knowledge, skill and time to carry out thorough assessments and ensure that the most appropriate interventions are offered

- the desired outcomes from preventive activities in work with children and families

- the nature of social workers' prevention and early intervention activities in relation to specific groups of children and families and the extent to which these achieve the desired outcomes.

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Williams, J., Toumbourou, J.W., McDonald, M., Jones, S., Moore, T. (2005). "A Sea Change on the Island Continent: Frameworks for Risk Assessment Prevention and Intervention in Child Health in Australia." <u>Children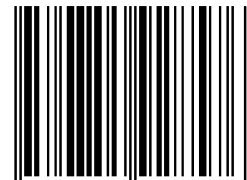 and Society</u> **19**(2): 91-104.