This article results from an analysis of 95 studies of the effectiveness of social work. The good news from this research, which features a wide range of demanding social problems, is that 75 per cent of results are positive. In this article the authors present their findings and consider their implications for practice.

Social work, like aviation, is a scandal-driven industry. Public impressions of effectiveness are conditioned by inquiries into accidents - whether due to system failure or pilot error. This is unhelpful for several reasons. First, because focusing on 'great social work failures' distracts us from the task of developing better ways of evaluating routine services. Second, it fosters the 'bloody fool' theory of service development (Dixon, 1975), only find and weed out the guilty staff, revise manuals of procedures, tighten management control and do something about training, and the slippery objective of risk-free, non-liberty-endangering social services will fall within in our grasp (or not, as the case may be). Third, the findings of top-level inquiries are pressed upon top-level managers who, though they have considerable control over the structure and even the language of their departments (who gets what, when, at what cost and what it should to be called this year) have less influence than they think over the content of what passes between social workers and their clients and how influential it is.

Structural reorganisation, where it can be demonstrated to be facilitative, should really go hand-in-hand with improvements in the quality of practice, but as yet there is no countervailing concern about which methods of helping are more likely to be effective than others in given circumstances. Such a debate need not take the form of an ideological joust - efficiency and accountability versus good practice -because we have, and have had for some time, a body of respectable scientific research into the effectiveness of social work which is at least as hard-nosed and dispassionate as any of the en-commercial homilies found in management textbooks. Why then do not social workers draw on this forty-three year old legacy? Here are some possibilities:

1. Because we are the herbalists of the helping professions. We feel we just know from personal experience which approaches work and which not, though not necessarily why and how. Paradoxically, we despise intellectual tunnel-vision of this kind when it takes the form of ECT-happy psychiatrists or tranquilliser-happy GPs. We like our teachers, dentists and lawn-mower mechanics to deliver effective services, but then social work is quite different, isn't it? We rather think that it is not, at least not in respect of the need to produce demonstrably useful outcomes.

2. The early results of controlled experiments into whether social workers were able to achieve the objectives that they themselves had helped set were disastrous. The classic recipes of a generation of textbook-writers appeared, when tried out in the kitchen, to produce either unappetising stodge or, on occasion, the social work equivalent of food-poisoning. This persuaded a generation of
otherwise rational people that weighing ingredients and submitting their products to the judgement of consumers was not for them.

3. After they qualify social workers do not read much and therefore have difficulty in keeping abreast of new thinking. Nor do their employers encourage such distractions from the day-to-day work of doing good. Strangely, GPs are paid, and psychologists required, to attend post-qualification courses on the implications of research trends. For social workers such opportunities are a rare treat. Indeed, the very idea of a member of staff perusing the latest issue of Practice during daylight hours conjures up images from the classic cartoons of HM Bateman. Alongside such blinkered practices has grown up a set of attitudes which suggests that intervention in the lives of others may in fact be better for being unplanned and uninformed by research. Even today, most textbooks stress the importance of flexibility in goal-setting and evaluation - as if this were the problem rather than that of retaining a sense of direction in the face of complexity and recurrent crisis. Within this culture, choice of therapeutic approach is, like political or religious affiliation, nobody's business but the practitioner's.

These observations are presented here in order to sensitise readers to the dangers of selecting from what follows only those trends which they happen to find conducive, and ignoring the rest. 'Me findings in the present review give us less reason for the kind of defensive practices referred to above, but add up to a case for urgent changes in the way we go about and plan our work.

SCOPE OF THE REVIEW.

In order to be included in our study a research report had to be written in English, published between 1979 and 1991, feature social workers, either working alone or making a substantial contribution alongside other disciplines, and have an evaluative focus. We did not limit ourselves to an examination only of random-allocation, controlled experiments (the strictest test of professional good intent) because in our present state of disciplinary development this seems premature. Had we done so the results would still have been very encouraging (87% of the 23 projects producing clearly positive or worthwhile gains). The variety and complexity of social work tasks makes it seem premature, if not perverse, to exclude research whose methodology rests more easily with the routinised collection of data and with the practical and ethical considerations which impinge on the provision of services. Instead we opted for a yardstick which is best described as 'attributive confidence', where an appropriate degree of tentativeness is ascribed to findings, in line with the methodology which produced them and the past research track record of similar approaches.

Having identified 95 such studies we examined these against criteria such as sample size, outcome measures, attrition, and statistical analyses. Seven studies were eliminated on the grounds of serious methodological shortcomings. Reports were examined within the following categories of methodological rigour: experimental designs (random-allocation to groups which we examined for comparability on major variables such as gender, age, duration and severity of problem); quasi-experimental designs (as before, but without random allocation, so that results are less securely anchored to the intervention under scrutiny); pre-experimental designs (neither random allocation nor matching of subjects on major variables if,
indeed, a comparison group is used at all. The most common is the pre-post test, in which the recipients of services are assessed before and after intervention); and client opinion studies, for which British social work is justly renowned, and which, whilst lacking the challenging structure of experimental and quasi-experimental approaches do contain the qualitative richness of good market research, and give us valuable insights into what clients understand of what they and their social workers are trying to achieve, how they are trying to achieve it and what side-effects are produced. A more detailed analysis of all these factors have been recently reported elsewhere (Macdonald and Sheldon, 1992): this article provides a general overview and identifies the major implications for practice.

CLIENT GROUPS

Eighteen groupings emerged from our sample and six major categories were identifiable:

1. Families (n=25): predominantly concerned with the work of family welfare agencies, but including a study of respite care for families with learning disabled children; a study in which parents of learning-disabled children assist in training social work students, and a study of the work of a long-term team of local authority social workers.

2. Child protection (n=13): these studies explicitly addressed the prevention of abuse or its reoccurrence.

3. Mental disorder (n=17): this category is predominantly concerned with work to prevent relapse and with the rehabilitation of patients after treatment, but also includes three studies of work with alcohol and drug misusers and one concerned with deliberate self-harm.

4. Offenders (n=19): in addition to studies of work with adult and juvenile offenders are two studies of work with men who had battered their partners.

5. 'Other' (n=10): this category includes client groups which are under represented in research and which, unfortunately, could not be dealt with separately due to small numbers. They are as follows: four studies concerned with elderly people; four studies concerned with adoption and fostering; one concerned with distressed couples, and another of medical social work.

6. 'Ordinary' (n= 11): eleven studies focus on problems which barely merit the name and would certainly not be considered the province of local authority social workers (nor of most voluntary sector agencies) in Britain, e.g. problems such as self-criticism among middle-class women, These lend themselves to methodologically neat designs but add little to our understanding of our effectiveness in dealing with the complex social problems which have always been our hallmark. This regrettable trend is largely American.

A wide range of those clients for whom social workers have statutory responsibilities are therefore represented in this review, although groups such as elderly people and the learning disabled are underrepresented, and social work with physically disabled clients is absent. At a time when ever increasing emphasis is being paid to the organisation of community-based services, for these and other groups, the near absence of any rigorous evaluation of such services is
difficult to comprehend.

ORGANISING HELP

Though dealing predominantly with mainstream problems and typical clients, these studies feature practice which:

1. deploys newer, more explicit approaches;

2. are evaluated against a well defined set of problems which are negotiated with clients;

3. have as their starting point, a detailed assessment of clients' needs from which the intervention logically follows;

4. are likely to take the form of focused, intensive, short-term projects.

There was a stage in the history of effectiveness research when it looked as if the organisation of attempts to help was at least, if not more important than the specific method employed. Positive results still cluster around the factors referred to above (an uncomfortable finding since much routine social work is long term, reactive, intermittent, and unfocused) but our review suggest that specific methods deployed against particular problems for good and logical reasons, appear particularly effective.

METHODS

Next, studies were grouped under five categories according to predominant method of intervention. Some studies (26) featured a range of approaches, for example, counselling plus advocacy and financial aid, and such combinations were designated casework. Other categories used were: family therapy, distinguished by its focus on dynamically systems which (allegedly) force individuals to adopt problematic behaviour for the purposes of short-term adaptive, but long-term maladaptive 'system-maintenance' (7); behavioural and cognitive-behavioural approaches, distinguishable by their concentration on rehearsal and reinforcement and the reinterpretation of maladaptive perceptions and attributions (31), non-behavioural groupwork, in which the group process is seen as the main therapeutic influence, unlike those instances in which groups are used in a background, facilitative way to produce opportunities for skill development (11). We were constrained to have a final category designated "other" to accommodate a scatter of approaches such as crisis intervention; mediation between offenders, and their victims; and a number of studies concerned with service evaluation, for example, of Intermediate Treatment programmes and community care (20).

RESULTS

Of the 87, 65 (75%) studies analysed demonstrated clearly positive results testifying to the effectiveness of social work; a further 7 (8%) showed mixed results with some evidence of worthwhile gains, and 15 studies (17%) produced negative results. This apparent upturn in our fortunes needs careful interpretation:

1. Of the 65 studies, 25 (39%) whose results were clearly positive featured cognitive-behavioural approaches and these were used in the
face of a wide range of problems such as mental-ill health and child abuse and neglect. A further 16 (25%) featured casework (apparently, earlier rumours of the 'death of casework have been exaggerated); both family therapy and non-behavioural groupwork produced positive results in six studies each (see Table 1, p.216).

2. The category 'clearly positive' comprised a range of easily defendable findings, from the statistically significant results of controlled studies which employed both quantitative and qualitative outcome indicators, through to the unambiguously favourable and well-exemplified views and attributions of clients in client-opinion studies. By and large, there was a trend for cognitive-behavioural approaches to be evaluated in the former 'harder' way (22 out of 31, that is 71%), and for approaches such as casework and to be over-represented in 'softer', client-opinion studies (50%). About one third of all methods of intervention were evaluated within some form of uncontrolled methodology, with 3 of the 7 family therapy studies using such approaches.

TABLE 1. Distribution of results by predominant method of intervention

<table>
<thead>
<tr>
<th>Method of Intervention</th>
<th>Positive</th>
<th>Mixed</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural/cog-behavioural</td>
<td>25</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>6</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Casework</td>
<td>16</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Non-behavioural groupwork</td>
<td>6</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>TOTALS</td>
<td>65</td>
<td>7</td>
<td>15</td>
</tr>
</tbody>
</table>

3. Over 80 per cent of studies featuring cognitive-behavioural approaches were conducted in the US. This places British social work in a vulnerable position, since, though undoubtedly pertinent to the British statutory context, these approaches have still to find their proper place in mainstream practice here and, unlike family therapy, are notably absent from CCETSW's recent attempts to place training on a more empirical footing. Given the very large body of outcome studies from psychology and psychotherapy which need to be added to the present findings, this is perverse (Rachman and Wilson, 1980; Garfield and Bergin, 1986).

4. Studies were scrutinised for information concerning the gender, class and ethnicity of people in receipt of services, with a view to assessing how adequately such variables and taken into account. In general the age-range and gender of clients were specified, but rarely were class or ethnicity mentioned. Failure to consider the influence of such factors is an impediment to developing a credible model of anti-discriminatory practice, which should, in part, be concerned with providing equal opportunities to obtain effective, and not just any old, services.

CONCLUSIONS

1. Behavioural and cognitive-behavioural methods are responsible for the majority of positive findings reported in this article - this in the face of a range of demanding problems. Our ethical queasiness
about such approaches has little rational basis, and our under-
investment in training must, sooner or later, make us susceptible to
take-over bids from elsewhere - notably from clinical psychologists
and psychiatric nurses. This is not a party-political point, but an
observation born of a sense of regret that social work, with its long
and pioneering involvement in the field of therapeutic work in
demanding cases, should be pushed into background 'caring' and
'organising' roles. Social workers are highly trained and are
themselves a resource, often better placed to manage the complexities
of therapeutic endeavours with their clients than their colleagues in
other disciplines.

2. Social work is no longer 'what social workers do'. Different
approaches yield different results with different client groups and
so the case for 'stock' responses to all problems ('It all depends
what works for you') is further weakened.

3. These results are not rigged in favour of any particular approach.
A very wide range of social work journals were scanned and it just so
happens that certain popular approaches produce less evaluative
research than others. Hundreds of articles are written on the
niceties of adapting practice to the particular needs of clients, but
very few of these address the basic question: 'Does the approach make
a difference at all?'

4. Earlier work raised the possibility that research findings on what
works in practice and forms of organisation popular with managers
might soon be set on a divergent course. Our review confirm that in
some respects this might indeed be so. Recent changes in the
provision of community-based services, with an emphasis on the
separation of purchasing and providing and the strong ethos that care
managers need not be drawn from the ranks of qualified staff are at
odds with available research concerning effective practice (for
example, Challis and Davies, 1985) which suggests the importance of
using qualified and experienced social workers with responsibility
for both assessment and the provision or oversight of resources.
Anyone who has ever bought kitchen units from one dealer and asked
another to fit them will know of the problems we have in mind.

5. There is of course, more to social work than the provision of
therapeutic services. We guide clients through the jungle of welfare
benefit eligibility criteria; we work to reduce the effects of
institutionalisation in homes the elderly; we develop schemes for
involving service users in the running of hostels; we have important
legal and protective functions in respect of vulnerable groups -
especially children. Evaluative work on these advocacy functions was
undertaken in late 1970s but little is available today. Partly this
is because some services evaluate themselves: positive tribunal
results are either obtained or not; the income of psychiatric
patients in long stay hospitals either increases or it does not.
However, not evaluating such important work, and not describing how
obstacles have been overcome robs the profession of information about
a vital aspect of its role. Similarly, we know little as yet about
the effectiveness of the strategies deployed in the protection of
children, except when they have clearly and dramatically failed. All
services have outcomes which must be susceptible to rigorous
evaluation.

6. There was a time when journals such as this were read openly on
the tube - this when the results of evaluative research demonstrated
little but good intentions. Paradoxically, now that it is a national requirement for all students studying for the DipSW to research trends are strongly in our favour, morale in the profession develop an approach which is grounded in anti-racist practice. A model is at a low ebb. As in education, something must be done to ensure that debates about what social work is, and what can reasonably be expected of it, are not conducted only in ideological and political terms. Individuals who know the literature and can defend it in public can achieve something, but we really need a counter-balancing organisation to reflect our professional concerns - another argument in favour of a General Council for Social Work.

References


Garfield, AE. and Bergin, S.L. (1986) Handbook of Psychotherapy and recognise and work with personal, racial, social and cultural Behaviour Change. differences (CCETSW, 1991c, p. 16);
