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Worker Skill and Client Outcome in Child Protection

The research in child protection and in work with other involuntary clients suggests that the use of certain skills by child protection workers is likely to be related to positive client outcomes. In particular, effective practice involves: helping clients and client families to understand the role of the child protection worker; working through a problem-solving process which focuses on the client's rather than the worker's definitions of problems; reinforcing the client's pro-social expression and actions; making appropriate use of confrontation; and using these skills within a collaborative client/worker relationship. This study attempts to identify the extent to which child protection workers make use of these skills and how these skills relate to client outcomes. Data were sought through 50 interviews with child protection workers and 282 interviews with family members. The child protection workers provided information about 247 client families. It was clear that when workers used the skills, their clients had better outcomes – the workers believed their clients showed better progress, the clients were more satisfied with the outcomes and the cases were more likely to have been closed 16 months later. Copyright © 2002 John Wiley & Sons, Ltd.

KEY WORDS: child abuse; effectiveness; outcome

'It was clear that when workers used the skills, their clients had better outcomes'

'Not reflected in any clear gain in terms of successful results'

A lot has been written in recent years about effective practice in child protection. It has been argued that the overall impact of child protection services is minimal. Gibbons *et al.* (1995, p. 70), for example, comment in their British child protection study that '...the better practice observed in some authorities was not reflected in any clear gain in terms of successful results'.

On the other hand, it has been argued that child protection services can be effective. It is acknowledged that the factors which influence outcomes for families and children are complex and that there are many interacting factors which influence both the clients' lives and the

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processes of intervention and assessment. Nevertheless, there is considerable evidence that the skills of direct practice workers can make a difference to client outcomes (Gough, 1993; Department of Health, 1995; Reid, 1997; Shulman, 1991; Trotter, 1999). A number of research studies have suggested that there are certain specific worker skills which are likely to lead to improved outcomes for involuntary clients, including children and their families in the child protection system. It is not possible to provide anything more than a very brief outline of these skills in this article. The reader is referred to Trotter (1999) for a detailed description.

Effective child protection workers have skills in clarifying their role. They have frequent, open and honest discussions about: the purpose of the intervention; the dual role of the worker as an investigator and helper; the client's expectations of the worker; the nature of the worker's authority and how it can be used; what is negotiable and what is not; and 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 Alcabes, 1993; Rooney, 1992; Shulman, 1991; Trotter, 1999).

The research suggests that 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 which are of concern to them. They then help their clients develop goals and strategies to address these issues. The more effective workers tend to work with the clients' definitions of problems rather than their own (the worker's) definition and they deal with a range of issues which are of concern to the client or client family. The workers take a holistic and systemic approach and focus on the issues which have led to the abuse or neglect, rather than the abuse itself (Ethier *et al.*, 2000; Gaudin *et al.*, 1991, Jones and Alcabes, 1993; Rooney, 1992; Shulman, 1991; Smokowski and Wodarski, 1996; Trotter, 1999; Webster, 1998).

Collaborative problem-solving or partnership approaches need to be balanced by a third group of skills involving the use of confrontation and the reinforcement of clients' positive and pro-social actions and comments. The more effective workers purposefully encourage 'pro-social' actions such as attending case-planning meetings, using non-physical means of discipline or reduced drug use. The workers encourage comments which acknowledge the harm which abuse can cause, or comments which acknowledge the need for the client to change. While the more effective workers are likely to focus on the positive things that the clients

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'More effective workers tend to work with the clients' definitions of problems rather than their own'

'Unlikely to minimize the nature of the abuse or neglect'

'Skills such as empathy, self-disclosure, humour and optimism'

'The extent to which child protection workers use these skills'

are saying and doing, they are unlikely to minimize the nature of the abuse or neglect which has occurred. This theme is identified in a number of child protection studies (Ammermann, 1998; Gough, 1993; Rooney, 1992; Stanley and Goddard, 1997; Swenson and Hanson, 1998; Triseliotis *et al.*, 1998, Trotter, 1999). There is also some evidence from work with other types of involuntary clients that workers who model appropriate or 'pro-social' behaviours are more effective (Andrews *et al.*, 1979; Trotter, 1999). In other words, the more effective workers are likely to be perceived by their clients as, for example, fair, open, respectful, punctual and reliable.

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).

Aim

There is therefore some debate about the effectiveness of child protection workers. On the other hand, there is considerable research support for the notion that if workers use certain skills, the clients and client families with whom they work will have better outcomes. The aim of this study is to examine the extent to which child protection workers use these skills and whether the use of the skills is related to improved outcomes for clients.

Methodology

Sample

The sample used in the study includes child protection workers and clients from the Child Protection Service, Eastern Region, Department of Human Services, Victoria, Australia. The Eastern Region is one of nine regions within the state of Victoria. It contains both rural and metropolitan areas and a range of socioeconomic and cultural groupings. The Child Protection Service provides services to children, young people and families at all stages of the child protection process from initial reporting to state care.

An attempt was made to interview all child protection workers who had been working in the region for 3 months or more. The child protection workers have a role in investigating child protection reports, assessing risk and in ongoing supervision and case management.

The workers were interviewed over a period of about 1 year and during this period the number of child protection workers in the region increased from 50 to more than 60. In all, 50 workers were interviewed. This constitutes more than 80% of the workers working in the region during the period of the project. Those who were not interviewed either had not been there long enough to develop a caseload, or at the time the interviewer attempted to arrange the interview they were on leave or had left their position.

Five client families were selected from the caseload of each worker using a systematic random sampling method (Grinnell, 1997). In all, 247 families were selected (three workers had only four families on their caseload at the time of interview). The workers were asked about the extent to which they made use of the practice skills with each of the client families. (Most of the 50 workers had undertaken a two-day training course in the practice skills and were familiar with them. Where the workers had not done the training, the research officer explained the nature of the skills to them.) The workers were also asked to comment on the progress of the families and the progress of individual clients within the families.

Two hundred and eighty-two clients were interviewed. (Note that the term client is used to refer to the immediate child protection client or other family members.) The client interviews took place within 3 months (mean 45 days) of the interviews with the workers. An attempt was made to interview at least one client from each family and where possible this was an adolescent who was the subject of the intervention or the mother or father of a young person under the age of 13. The clients came from 205 families. At least one family member was interviewed therefore in 83% of cases. In 77 cases, more than one family member was interviewed. For practical and ethical reasons, clients below the age of 13 were not interviewed.

In most cases, two clients were selected for interview from each family. Fifty-seven per cent of all those selected for interview (282/493) agreed to and were in fact interviewed. Another 20% (101) could not be contacted either because they did not return calls or were not at the address on the file. Another 3% (13) agreed to be interviewed but were not at home at the time the interview was scheduled. And another 20% (97) said they did not wish to be interviewed. Those interviewed included 50 adolescents (subjects of the child protection intervention), 112 mothers, 69 fathers (including *de facto* or common law partners), 37 other relatives, two siblings and 12 others (e.g. carers, friends).

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‘At least one family member was interviewed in 83% of cases’

'Multiple outcome measures offer more validity than any single measure'

'Case closure measure should reflect good outcome'

Information was then collected from the 247 family files in relation to each of the families. The file analysis took place 1 year or more (mean 16.5 months) after the interview with the child protection worker. The average period of contact between the child protection worker and the clients was 5.5 months and the average number of contacts, including phone contacts, was around 20.

Those interviewed self-scored their responses to the questions.

Outcome Measures

A lot has been written about outcome measures in child protection and it has been argued that multiple outcome measures offer more validity than any single measure (e.g. Huxley, 1994; Quinton, 1996). This study therefore makes use of three different types of outcome measures. These include worker ratings of client progress, client satisfaction with the outcome and case closure. The workers and clients used a seven-point scale, with 1 representing very poor progress/satisfaction with the outcome and 7 representing very good progress/satisfaction. A number of other worker and client outcome measures were used in the study; however, they correlated closely with each other and for the sake of brevity are not reported here.

The third outcome measure involves whether or not the case was closed at the time of the file analysis. Again, the study used a number of measures from the files, including, for example: whether or not children/young people had been removed from their families, whether there had been serious incidents (e.g. drug overdoses) recorded on the files, whether there had been breaches of court orders or whether there had been repeat allegations. For the sake of brevity only one measure is reported here, the case closure measure. This measure should reflect good outcome in as much as cases are only closed if they have been assessed as not presenting further serious risk of abuse. In any case, the other measures generally provided similar results to the case closure measure.

Results

Self-Reported Worker Use of Skills and Worker Reports of Family Progress

The workers were asked to rate the extent to which they used each of the skills with each of the families and the extent to which the clients responded to each of the skills. They

were also asked to rate separately the overall progress of the family. In assessing the overall progress, the workers were asked to consider the progress of the client and the family in relation to the presenting problem in the notification, the extent to which the child or adolescent was at risk of further abuse, whether or not new problems had emerged and the extent to which the client and family members had been able to deal with the new problems. As shown in Table 1, the more the workers said they used the skills and the more they believed the clients responded to the skills, the more highly the workers rated the overall progress of the family. In each case, the differences were within the 0.10 level of statistical significance, an acceptable level when the research design involves repeated measures (Weinbach and Grinnell, 1994). (Note that while the workers used a seven-point rating scale, the responses in the table are divided at the median to allow for the cross-tabulation.)

‘The workers were asked to consider the progress of the client and the family’

Clients’ Perception of the Workers’ Use of the Skills and their Satisfaction with Service

While the workers had undertaken training in the skills and could reasonably be expected to make judgements about the extent to which they had used them with different families, clients could not be expected to understand the nature of the direct practice skills. Clients were therefore asked a range of questions which aimed to elucidate information about the extent to which the skills were being used. For the sake of brevity, only a selection of these questions and responses is presented here. However, the responses to the questions which are not reported provided similar results.

‘Clients could not be expected to understand the nature of the direct practice skills’

Table 1. Use of skills and workers’ estimate of progress of family

	Client progressed well and worker rated low on use of the skill	Client progressed well and worker rated high on use of the skill
Use role clarification	60/111 (54%)	87/128 (68%)**
Response to role clarification	59/115 (51%)	88/124 (71%)**
Use problem-solving	88/147 (60%)	69/92 (75%)**
Response to problem-solving	84/153 (55%)	63/86 (73%)**
Use pro-social modelling	71/139 (58%)	66/100 (66%)**
Response to pro-social modelling	63/125 (50%)	88/114 (77%)**
Use relationship	55/100 (55%)	92/139 (66%)**
Response to relationship	44/100 (44%)	103/139 (74%)**

**Within 0.01 level of significance.

Note: In this and subsequent tables, N is less than 247 because in some instances the worker was uncertain and did not therefore provide a response.

'Has your worker discussed your real problems as you define them?'

'Six key questions relating to the effective practice skills'

Table 2 refers to two questions relating to role clarification—'Has your worker talked to you about part of her or his role being to help/support you and your family?' and 'Has your worker discussed with you issues relating to how he or she might use authority (e.g. in what circumstances the worker would recommend taking action in the children's court or recommend removal of a child)?'. The table refers to one question relating to problem-solving—'Has your worker discussed your real problems as you define them?'. The table refers to two questions relating to pro-social modelling and reinforcement—'Has your worker encouraged you?' and 'Was it clear what your worker wanted you or members of your family to do, what the worker was encouraging you to do, what the worker approved of?'. The final question referred to in the table relates to the client-worker relationship—'Has your worker understood your point of view and the way you feel?'

In each instance where the client response suggested the worker was making use of the skills, the client was more satisfied with the service s/he received. Table 2 presents the relationship between client satisfaction with the outcome of the child protection intervention with the six key questions relating to the effective practice skills. In relation to the question about satisfaction with the outcome, the clients were asked, 'How satisfied have you been with child protection's involvement in the life of your family in terms of the outcome?'. If the client was unsure what was meant by the question, the researcher would explain that it referred to the client's satisfaction with the family's current circumstances in terms of the presenting problem, or other issues such as child placement, ongoing court cases, etc. (Again, the responses are divided at the median to allow for the cross-tabulation.)

Table 2. Worker skills and client satisfaction outcome

	Client satisfied with outcome and rated worker low on skill	Client satisfied with outcome and rated worker high on skill
Discussed role as helper	35/116 (30%)	108/160 (67%)**
Discussed authority	51/121 (42%)	92/157 (59%)**
Encouraged client	37/124 (30%)	106/152 (70%)**
Clear what disapproved of	22/67 (33%)	109/194 (56%)**
Discussed real problems	50/143 (35%)	93/131 (71%)**
Worker understood	35/116 (30%)	108/160 (67%)**

**Within 0.01 level of significance.

Note: While 282 clients were interviewed, *N* is less than 282 in this and in subsequent tables because in some instances the clients were uncertain about whether their workers had used the skills.

It is evident from Table 2 that the clients were much more likely to be satisfied with the outcome when they believed that their workers were using the skills. This was so with the client group as a whole and with the 50 adolescents who were subjects of the child protection intervention (details not reported here for the sake of brevity).

Case Closure

In each instance (with the exception of the use of pro-social modelling and reinforcement), the cases were more likely to have been closed at the time of the file analysis when workers indicated they were making use of the skills and where clients responded to the skills. This is shown in Table 3.

When clients believed that the skills were being used the cases were also more likely to have been closed (with the exception of role clarification—discussed role as helper), although the only result within the 0.10 level of significance was the worker skill of understanding the client’s point of view.

Table 3. Case closure by worker’s use of skills

	Case closed and worker rated low on use of skill	Case closed and worker rated high on use of skill
Use role clarification	68/111 (61%)	90/134 (67%)
Response to role clarification	71/119 (60%)	87/126 (69%)*
Use problem-solving	98/161 (61%)	60/84 (71%)*
Response to problem-solving	89/156 (57%)	68/88 (77%)**
Use pro-social	93/144 (65%)	65/101 (64%)
Response to pro-social	80/130 (61%)	78/114 (68%)
Use relationship	62/101 (61%)	93/143 (65%)
Response to relationship	57/103 (55%)	101/142 (71%)**

*Significance level <0.10; **Significance level <0.05.

Table 4. Worker’s use of skills (as perceived by clients) by case closure

	Closed cases	
	Rating low on skill	Rating high on skill
Discussed role as helper	75/119 (63%)	95/157 (61%)
Discussed authority	73/123 (59%)	98/157 (62%)
Discussed real problems	87/145 (60%)	83/131 (63%)
Encouragement shown	77/127 (61%)	95/151 (63%)
Clarity re disapproval	37/67 (55%)	122/195 (63%)
Worker understands	67/119 (56%)	103/159 (65%)*

*Significance level <0.10.

‘Much more likely to be satisfied when they believed that their workers were using the skills’

‘The worker skill of understanding the client’s point of view’

'Workers may, of course, have overestimated their use of the skills'

'Workers were more likely to make use of the skills with high-risk cases'

Extent of Use of the Skills

It seems therefore that more use of the skills is generally related to better outcomes. To what extent, however, were these skills in common usage among the child protection workers? The child protection workers for the most part felt that they made regular use of the skills. On the seven-point scale, they rated their use of relationship skills highest at 5.71, role clarification skills at 5.49, pro-social skills at 5.2 and problem-solving skills at 4.47. The workers were less likely to view the family members as having responded to the use of the skills, rating them between 4.87 for response to the worker's use of relationship skills down to 3.75 for problem-solving. The workers may, of course, have overestimated their use of the skills because of a wish to portray themselves as effective workers. This should not, however, affect the results of the study given that the estimates were simply cut at the median for the purposes of the data analysis.

The clients were less likely to believe that the workers were using the skills. They rated their worker's use of the skills at just over 4 for each of the skills. In other words, the clients felt that their workers used the skills about half the time, whereas the workers believed that they used the skills most of the time and the clients responded about half the time.

Intervening Variables

It could be that other intervening variables were responsible for the relationship between the use of the skills and the outcome measures. For example, workers may have simply used these skills with lower-risk cases. This was not the case, however, in this study. Each family was classified by the workers at the early stages of the intervention into high, medium or low risk. The workers were more likely to make use of the skills with high-risk cases and high-risk clients were equally likely to report use of the skills by workers.

Limitations of This Study

This study has limitations. While the workers and clients were asked a number of different questions about their use of the model and about outcomes, the measures used represent only a sample of the measures which might have been used. More detailed and specific measures have been used in other studies including depression scales, self-esteem scales, attitudes towards child discipline, etc. (Harris and Poertner, 1999). On the other hand, a number of other measures

were also used in this study. They have not been reported here to save space; however, they show correlations with the outcome measures used here. (More detail on these measures and the other aspects of the study will be available in a book currently in preparation (Trotter, *Helping Abused Children and Their Families*).

The worker and client outcome measures can be criticized as being subjective. Workers might report good progress where clients have successfully covered up their abusive behaviour. Clients might be very satisfied with a worker who is friendly but reluctant to confront abusive behaviour. Cases might be closed for reasons other than good progress, for example high caseloads, staff turnover or contracting out to voluntary agencies. In other words, each of the three outcome measures may not necessarily reflect actual abuse or neglect. On the other hand, the complexity of developing precise outcome measures in child protection has already been mentioned (e.g. Huxley, 1994) and it has been argued that the use of different types of outcome measures in the one study helps to address the problems of validity of individual measures. This study rests on the assumption that an intervention is likely to be a better one if workers report good progress, clients are satisfied and the case has been closed. On the other hand, it is likely to have been a poorer intervention if workers report poor progress, clients feel dissatisfied and the case remains open.

The study might also be criticized as being narrow. It does not deal with the myriad of other factors which may have influenced clients' lives. This study, however, attempts to isolate the influence of just one factor in the lives of clients, the child protection worker. It has been argued that this factor can have a positive or negative influence, and that it can influence other factors in clients' lives. The examination of this factor is therefore important.

The study has been carried out in one region in one part of Australia. While the region represents a range of socioeconomic divisions and an urban–rural mix, the results might well have been different had the study been conducted in another place. On the other hand, it is only through studies such as this, undertaken at different times in different places, that the knowledge about effective practice can be developed.

Another weakness might relate to the 57% response rate by clients. Harris and Poertner (1999) report a median response rate of 64% across a range of client satisfaction studies.

'Cases might be closed for reasons other than good progress'

'The myriad of other factors which may have influenced clients' lives'

***'Family members
were interviewed in
83% of families'***

***'When workers use
the skills, clients do
better'***

***'The more effective
interventions can
lead to
improvements as
great as 50%'***

The client satisfaction measures might have been different if a higher percentage of clients had been interviewed. On the other hand, family members were interviewed in 83% of families in the sample, which, it could be argued, is a high rate.

Conclusions and Discussion

When the effective practice skills were used and when the clients responded to them, the outcomes were generally positive. While the relationship between use of the skills and case closure is only within the 0.10 level of significance in some instances, most of the other relationships are statistically significant. Twenty-six of the relationships between use of the skills and the outcome measures are positive. Only two are not in the expected direction. Nineteen are within the 0.10 level of statistical significance and all of these favour the use of the skills. In the two instances when the results were not in the expected direction, they were not statistically significant. In other words, they may have occurred by chance. The findings cannot be explained by risk levels of the clients. It seems reasonable to conclude that when workers use the skills, clients do better.

How much difference the skills make depends, of course, on the outcomes being measured and the skills being used. The worker estimates of progress and client satisfaction with outcome are in some instances twice as good when the rating on use of the skills is high, and in other instances about 10% better. Between 10 and 20% more cases were closed when the skills were used, more when the clients responded to the skills. There is no clear evidence in this study that any particular skill is more powerful than any other skill. Most of the skills seem to be effective most of the time.

This study is consistent with other studies which suggest that interventions in the human services can lead to better outcomes and that the more effective interventions can lead to improvements as great as 50% (Andrews *et al.*, 1990; Reid, 1997; Trotter, 1999). It seems clear that child protection workers do better if they are clear about their role, if they understand and work with the client's view of the problem and if they focus on positives but are also clear about their expectations. Despite the complex and often overwhelming problems which face clients, and despite the difficulties workers face, with excessive workloads, exposure to public scrutiny and contracting out of many direct services, child protection workers can make a difference.

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