Defining and Classifying Children in Need

Edited by Nick Axford



The Library of Essays in Child Welfare and Development

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Series Editor: Michael Little

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Nick Axford

Dartington Social Research Unit, UK



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This series of books crosses rarely traversed academic and disciplinary boundaries. There are many experts in child development, but few who understand the law or the provision of effective interventions. Few leading thinkers on the law bother much with questions of child development, or the way the law is put into practice by children's services. Those that pioneer prevention generally know little about safety nets to catch the impoverished whose impairments are so significant that the state becomes the parent. Most of the writing and thinking on these subjects comes from Europe, North America and Australasia, ignoring the development of the majority of children who live in what is now called the economic South.

This series of books brings together thinking from across these fields of interest. In so doing, it provides an ecology of evidence on how the state responds to children, effectively and ineffectively.

The starting point is the volume by Barbara Maughan and Michael Little, *Child Development*. In the last quarter of a century understanding about the causes and consequences of impairments to children's health and development has transformed. More is known about the relative contribution of genetics and the environment. The way in which the brain re-wires itself at critical points in a child's development is now clearer. The interplay of environmental influences such as poverty, neighbourhood and family with the individual characteristics of the child is beginning to come into view.

There is a considerable distance, however, between knowing why problems occur and doing something about them. There are other influences on society's response such as the relative merits of children's and parents' rights, the relationship between state and parent in deciding what should be done, as well as questions of resource and priority. Nick Axford's volume *Defining and Classifying Children in Need* explains the benefits of a single theoretical framework for dealing with these and other questions.

This theme is taken forward by Emily Buss and Mavis Maclean in their volume *The Law and Child Development*. They helpfully contrast the situation in the US and the UK explaining how the former has placed greater emphasis on the parents' and children's rights to autonomy, while the latter has made more progress in articulating and protecting children's needs.

The hinterland between these worlds is state care for extremely poor children suffering significant impairments to their health and development. Here the state has to decide who is in need, and why and how to intervene. Mark Courtney and June Thoburn's volume *Children in State Care* shows how, when it is responsible, the state struggles to get right even the basic elements of child development, for example, the stability of living situations.

Michael Little and Barbara Maughan take a much more expansive and optimistic view of children's services in their volume *Effective Interventions for Children in Need*. But very little of what is known about what works, for whom, when and why - a reasonable proportion of which is summarised in their volume - is put into mainstream practice.

Is it worse still in poorer parts of the planet? As Dwan Kaoukji and Najat M'Jid demonstrate in their volume *Children's Services in the Developing World*, fortunes are mixed. Catastrophe,

war and poverty produce risks that children in the economically developed world can hardly contemplate. Yet most children do not succumb to these risks, and the ability of civil society to respond to those that do often puts children's services in the economic North to shame.

As well as providing a sound body of evidence for students of child development and children's services, it is hoped this *Library of Essays in Child Welfare and Development* series will encourage the inquiring mind to exploit the potential for understanding what follows from straying across academic and disciplinary borders.

MICHAEL LITTLE Series Editor Chapin Hall Center for Research at the University of Chicago, USA and Social Research Unit at Dartington, UK Over a decade ago, Bradshaw described need as 'too imprecise, too complex, too contentious to be a target for policy ... [it] leaves a lot to be desired both as an epidemiological identifier and also as a basis for evaluating the performance of policies' (1994, p. 45). He is not alone in those views. Need as a concept has been subject to much discussion, with commentators interpreting it variously as dressed-up preferences (Goodin, 1988) or wants manufactured by capitalism (Illich, 1999). Others, however, advocate need as universal basis for the distribution of welfare (Doyal and Gough, 1991; Plant, 1991). Indeed, recent years have witnessed a revival in the popularity of measuring need in developing, but primarily in developed, countries as a precursor to distributing health, education, housing, social security and social care resources (Percy-Smith, 1996; Stewart, 1996; Axford, 2008a).

In children's services, policy reforms in this direction have been driven by at least three influences. First is the expectation that agencies should achieve maximum benefit from limited means. This increases the pressure to chart need before allocating resources. Second is the growing realization among academics, practitioners and policy-makers that children's problems are best understood if viewed from several perspectives; need as a concept encourages such a holistic approach. Third, public disquiet about social inequalities – notably the way in which people with similar needs are treated differently – has focused more attention on service consistency.

The results are evident in the attention given to identifying and providing services to meet children's needs. The Looking After Children initiative, for example, provides a method for measuring needs, making plans and assessing outcomes for children cared for away from home (Parker *et al.*, 1991). It has been adapted and implemented in Western and Eastern Europe, Australia and Canada (for example, Jones *et al.*, 1998; Kufeldt *et al.*, 2000; Wise, 2003; Champion and Burke, 2004). Similarly, the *Framework for the Assessment of Children in Need and their Families* (DoH *et al.*, 2000; Sinclair, 2000; Gray, 2002) has been implemented in England and Wales (Cleaver *et al.*, 2004) and piloted in Australia, Canada, Ireland and Sweden (see, for example, Fernandez and Romeo, 2003; Buckley *et al.*, 2007). Meanwhile, the *Matching Needs and Services* method for developing needs-led, evidence-based services has been used in numerous locations in Europe and North America (Little, Bullock, Madge and Arruabarrena, 2002; Melamid and Brodbar, 2003; Taylor, 2005).

Geographically the concept of needs-led services clearly has a far reach. That said, it is important to note that it has particular purchase in England and Wales where local authorities are legally required to identify and to assist 'children in need'. According to the Children Act 1989, these are children whose health or development is actually impaired or likely to become so without remedial help (Part III, s. 17(10)). More recent legislation and guidance reinforce this focus, referring to children with 'additional needs', defined as those at risk of poor outcomes, and encouraging local agencies to measure the level of need locally and use the results as the basis for planning services (DfES, 2003; Children Act 2004; HM Government, 2005).

The result over the last two decades in England and Wales has been a concerted effort to develop more sophisticated approaches to assessing need at the individual level (Parker *et al.*, 1991; DoH *et al.*, 2000; Horwath, 2001; DfES, 2006a, 2006b) and a proliferation of research into 'children in need' at an aggregate level – both national and local (see, for example, Ward and Peel, 2002; DoH, 2001; DoH, 2000; DfES and National Statistics, 2006; Axford *et al.*, 2008). Although this focus necessarily affects the balance of this book, much of this work has had a wider impact internationally (as indicated earlier), and the broad messages apply across different contexts.

One common factor is that those charged with defining and classifying children in need admit to finding the task difficult. Much of the research just referred to has conceptual weaknesses, and each measure has its own idiosyncrasies. The resulting inconsistencies are perhaps not surprising given such complications (see McCrystal, 2000). Thus, attempts to measure need in relation to children have variously looked at the cause or context of need, its manifestations or symptoms, the responses of service providers to need and individuals' perceptions of what they need (Sinclair and Carr-Hill, 1996; Sinclair, 2001). Ironically, 'children in need' often get lost amidst these impostors.

Culyer wrote of need that 'the idea won't do – but we need it' (Chapter 5, p. 83). In a similar vein, others have suggested that, while it is difficult to make need work theoretically, it has resonance empirically and is useful in policy and practice (Doyal and Gough, Chapter 3, this volume). It seems that the idea will not go away; indeed, in the absence of a better alternative, identifying and meeting the needs of children and their families will continue to be perennial tasks for children's services agencies. This volume seeks to help those charged with such responsibilities. It was not possible to give a comprehensive survey of the field. Instead, essays were chosen to illustrate some of the main theoretical, methodological and practical developments in recent years and because they were deemed to be interesting and useful for those working with individual children or in service planning. Several academic disciplines are represented, including political philosophy, social policy, social work, psychology and prevention science. Collectively, contributions also cover a range of needs and professions – education, health, social care, youth justice and so on – but, given the intended readership, the focus is primarily on conceptualizing and measuring need at a generic or 'global' level. The purpose of this Introduction, which follows the order of the book, is to explain the significance and context of the selected essays and link them to the broader context and literature on the subject of defining and classifying children in need.

The Theory of Need

A scrutiny of the more philosophical works on the subject in recent decades reveals that need is a complex concept that resists definition (see, for example, Miller, 1976, 1999; Fitzgerald, 1977; Ignatieff, 1985; Braybrooke, 1987; Moon, 1991; Sheppard, 2007). Even so, there have been various attempts to spell out what 'need' comprises and to operationalize the concept by developing lists of needs. Not surprisingly, these efforts have been criticized on various grounds, but robust counter-critiques have been formulated, defending the notion of 'universal needs' that apply in any country at any time. It is argued here, therefore, that need continues to be a helpful concept for informing decisions about if and how the state should intervene in the lives of children and families and for guiding the allocation of welfare resources in society. An

important rider to this contention is that the way in which need is conceptualized affects how it is met, or at least the nature of strategies designed to meet it. Essays have been selected for this volume to elucidate these points.

Debates about the nature of need occur primarily in the context of philosophical discussions concerning social justice and the distribution of welfare goods. In Chapter 1 Raymond Plant outlines the New Right critique of a welfare state committed to meeting its citizens' needs. He notes that critics argue that it acts as a brake on economic growth and that it tends to grow because needs are open-ended or 'elastic'. Critics also contend that a needs-based welfare state cannot be claimed – as it frequently is – to concern enhancing freedom or rectifying injustice since 'economic outcomes [of markets] are unintentional and unforeseeable and therefore cannot produce coercion or injustice' (p. 10).

In the course of his rebuttal, Plant defends and elaborates the notion of basic needs (see also Plant et al. 1981; Plant, 1991). His first counterargument is that the economic outcomes are foreseeable insofar as 'those who enter a market with least, will end up with least' (p. 11), suggesting responsibility, if not intentionality. In addition, he stresses that 'there is some connection between liberty and ability' (p. 12, original emphasis) in that it is unreasonable to claim that someone is free to do something that they cannot do (for example, afford to go on a round-the-world cruise). In other words, if liberty is to have any value, then individuals must satisfy some basic needs in order to act at all. These basic needs are defined as wellbeing (more than physical survival) and the ability to act effectively (which also requires psychological resources). Plant acknowledges that such basic goods need to be 'cashed' in terms of specific goods and that the way in which this happens will be culture-dependent, but argues that they 'should be distributed equally just because there are no a priori moral reasons for any other sort of distribution' (p. 15). He further defends the notion of needs-based claims and the obligation to provide welfare on the grounds that '[t]he worst-off members of society do suffer a constraint on the value of liberty and they do suffer injustice given that there are alternatives' (p. 18).

Also coming from the perspective of political philosophy, Robert Goodin makes a similar argument in Chapter 2 in that he begins by attacking the concept of need and ends up defending it. Initially, he queries the value of need, particularly the claim that satisfying needs should take priority over satisfying desires. His argument critques propositions typically used to buttress the concept and the view that it deserves priority over other claims. Thus, he points out that the notion of meeting need, as it is commonly used, can be as much about providing unnecessary benefits as about avoiding harm. He also claims that the contention that something is a need when the harm that will ensue if it is not satisfied is outside the person's control is easily undermined, and notes that some needs are non-urgent, just as some desires (non-needs) are urgent. In sum, there is only an imperfect correlation between need and harm-avoidance, involuntariness and urgency, and so need cannot be used to justify priority *on these grounds*.

Instead, Goodin argues that '[t]he most plausible analysis of needs ... construes them as Rawlsian¹ "primary goods". These are defined as the goods – or, in the case of needs,

¹ In his seminal book *A Theory of Justice* (1971) John Rawls argued that '[a]ll social primary goods – liberty and opportunity, income and wealth, and the bases of self respect – are to be distributed equally unless an unequal distribution of any or all of these goods is to the advantage of the least favoured' (p. 303).

conditions or circumstances more generally – that are necessary instruments to any and all particular ends which one might pursue' (p. 27). This perspective clearly resonates with the view advanced by Plant in Chapter 2. Further, Goodin suggests that one of the advantages of need-satisfaction defined in this sense is that it is 'non-committal'; there is no need to judge whether a particular end is valuable and, on that basis, to judge whether X (to do Y) is a valid need, since satisfying the need is indispensable to a variety of ends.

It will be apparent from the two essays discussed above that there has traditionally been considerable doubt and wrangling among academics about the concept of need. In Chapter 3, and writing in this contentious context, Len Doyal and Ian Gough seek to reformulate the concept rigorously and operationalize it so that it can have practical use for social policy. Their arguments, originally put forward in 1984, were later developed elsewhere, most clearly in their seminal publication A Theory of Human Need (1991; see also Doval, 1988; Gough, 2000 for a summary). They start by acknowledging the critiques of need as being relative (or subjective) and enabling experts or vested interests to impose their own 'top-down' beliefs on vulnerable groups. Their response is to identify two universal goals, or 'basic needs', that must be achieved in order for a given individual to act (in the sense of perform an action), irrespective of the morality of that action or the cultural, geographic or historical context in which it takes place: these are *physical health* and *personal autonomy*. Failure to satisfy these needs, they argue, will always cause an individual to suffer harm. They refer briefly to the 'intermediate goals' such as food, shelter and clothing that are necessary to achieve the main goals, later developed into a list of 11 intermediate needs – the properties of goods, services, activities and relationships that enhance physical health and autonomy in all cultures (Doyal and Gough, 1991, pp. 191–221). Further, and responding to accusations of paternalism, their essay argues for maximum participation in defining and implementing need-based policies.

The publication of *A Theory of Human Need* (*THN*) fuelled the debate on defining and measuring need, with several alternative views being expressed (see, for example, Hewitt, 1992, 1993; Drover and Kerans, 1993; Wetherly, 1996; Tao and Drover, 1997). Chapter 4 reproduces Kate Soper's critique because it captures the essence of some of these discussions. She observes that theories of need veer between being so abstract and uncontroversial as to be interesting but ultimately uninformative and being so precise and culturally relative that robust universal statements become impossible. She argues that *THN* successfully bridges this 'thin-thick' divide. In particular, she praises its emphasis on the dual discernment of needs by experts and welfare claimants and its helpful distinction between what is fundamental to human well-being (needs) and what may be considered to contribute to further flourishing (wants).

Others have also articulated this distinction, suggesting that a person can need something they do not want (food in the case of an anorexic teenager) and want something they do not need (a millionaire's umpteenth car) (Ware and Goodin, 1990), and that whereas a person is always impoverished when their needs are not met, the denial of subjective preferences rarely has such drastic effects (Wiggins, 1985). Soper also applauds Doyal's and Gough's attack on the prevailing cultural relativism at the time. It may be true at one level that needs are relative to an individual's physical circumstances – one is unlikely to need a winter coat in Dubai or a swimsuit in Antarctica – and what others in society have and do, but harm nearly always ensues if some human purposes are not fulfilled – for example, minimum calorific intake is largely absolute and fixed by nature (Goodin, 1990). Thus, *THN* argues that the 'satisfiers' to meet

universal needs *are* culturally variable – for example, the need for nutrition and protection from the elements can be met from a potentially infinite variety of cuisines and forms of dwelling. However, Soper questions aspects of the *THN*, arguing in particular that it is more ethnocentric than it claims (see also Tao and Drover, 1997), that need-satisfaction at the level advocated may be ecologically unsustainable and that there are problems surrounding the definition of and focus on 'basic' needs – which she regards as somewhat puritanical. It is not necessary here to rehearse responses to these criticisms (see Gough, 2000 for a discussion), but the debate about what level of well-being might realistically be attainable and how far this incorporates the satisfaction of wants is increasingly salient in children's services (Jordan, 2006).

The final two essays in Part I descend from the somewhat lofty heights of abstraction scaled in the earlier chapters and discuss the application of the concept of need in policy and practice. In Chapter 5 Tony Culyer proposes a set of conditions that must be met for the term 'need' to be of practical use in allocating health-care resources efficiently and equitably. Two general points have particular salience for children's services. The first is that ascribing to someone a need is more than saying that they have a particular deficit or impairment.² Rather, it is bound up with issues concerning the value of changing that individual's circumstances, the availability of resources and knowledge to address the deficit and improve the circumstances, the capacity of the individual concerned to benefit from any intervention and the fair and equitable distribution of resources more widely (see Sheppard and Woodcock, 1999). Second, the use of need in service settings is most useful when it is articulated with a high degree of specificity and when there is consistency of response: that is, there should be clarity about the objectives (or desired outcomes) and about what exactly will be provided to whom, and there should be an attempt to ensure that individuals with similar needs get similar services (with those having different needs receiving different services) (see Little and Sinclair, 2005).

Jonathan Bradshaw's aim in Chapter 6 is to clarify for those working in social welfare services what is meant by social need and how to identify it. He suggests that it tends to be identified by asking individuals what they want (*felt* need), by calculating the demand for services (*expressed* need), by extrapolating the sociodemographic characteristics of service-users for the whole community (*comparative* need) and by ascertaining levels of expert-defined need (*normative* need). His essay shows how these definitions relate to one another so that policy-makers and practitioners can decide what constitutes the 'real need' that it is appropriate for services to meet. The hypothetical example given of determining the housing needs of the elderly illustrates some of the dilemmas requiring consideration. Although the focus of the previous chapters has mostly been on normative need, later chapters will show that this is where there has been least work in children's services.

The Needs of Children

There are various ways of categorizing what children need, depending in part on the underpinning theory and empirical evidence. Notwithstanding these differences and critiques of a need perspective, there is broad agreement about children's main needs and general

 $^{^2}$ 'Impairment refers to the absence of normal health development – that is, when a condition usually interferes with daily social functioning and performance' (Hill, 2002, p. 511).

acceptance of the value of an ecological perspective in which the needs of an individual child are best understood in the context of his or her family and wider environment. Over the last two decades these ideas have taken hold in children's services in Western developed countries and, as later chapters demonstrate, they inform both individual assessment and service planning. It is also important to note, however, that while need has a prescriptive force that makes it a useful guide to allocating resources, recent developments in research into child psychopathology suggest that child development is more complex than this approach assumes. The resulting, more sophisticated, understanding of what children need has the potential to promote more effective interventions. The essays chosen for Part II discuss these points in more depth.

The tendency for researchers to formulate lists of what people need has already been highlighted (Doyal and Gough, 1991; Nussbaum, 2000). One of the best-known lists, described in Chapter 7 by Abraham Maslow, covers physiological needs, safety, love, esteem and self-actualization, and is ordered in a (not rigid) hierarchy of 'relative prepotency' so that the latter or 'higher' needs generally emerge only once the earlier, more basic, ones are satisfied (see also Maslow, 1970). Maslow's theory is designed to help explain what drives, or motivates, human behaviour and is based primarily on clinical experience and the observation that the thwarting of basic needs produces psychopathological results. In relation to safety, for example, he argues that children need an organized world characterized by routine or rhythm because they show signs of anxiety and distress when confronted with, say, family quarrelling or separation from parents. To some degree this is a life-span model, in the sense that self-actualization is not considered to be attained until adulthood, but arguably it is better to see needs as occurring at the same time – intertwining, rather than forming a progression (Hill and Tisdall, 1997). Indeed, several other authors have taken a developmental perspective and sought to articulate the fundamental requirements of healthy child development, or, put another way, the conditions that are statistically associated with good outcomes (for a review see Seden, 2001).

Thus, Dora Black, in Chapter 8, lists both basic needs for children, including physical care, affection, guidance and control, and independence, and the consequences of these not being met, including deprivation and demanding behaviour (pp. 132–33). This perspective derives explicitly from research into 'normal' child development and the causes and consequences of deviation from the norm (p. 136). Drawing on Bowlby (1951) and others, for instance, she notes the short- and long-term effects on children of poor attachment and stresses the need for intimacy and opportunities for forming close, loving relationships with responsive people. Kellmer-Pringle (1975) adopts the same approach in *The Needs of Children*, which had a considerable currency in the 1970s, where she takes for granted the satisfaction of children's physiological and safety needs and focuses on their needs for love and security, new experiences, praise and recognition, and responsibility (see also Towle, 1987). In a similar vein, Brazelton and Greenspan (2000, p. ix) identify 'the very most basic needs, the kinds of care without which children cannot grow, learn, and thrive', including physical protection, safety and regulation, and developmentally appropriate experiences. Their list of 'irreducible needs' is based partly on research showing how residents of Romanian orphanages who were denied warm nurturing or stimulating interaction developed severe physical, intellectual and social deficits.

These portrayals of children's needs within developmental psychology have been criticized on two main counts (see Woodhead, 1997). First, the need perspective is accused of presenting childhood as a period of dependency on adults, when in reality children shape their own environment (see also Mayall, 2002). This is certainly a danger, but it can be countered in two ways. The balance and precise form of children's needs change as they grow older, but their broad needs remain the same as adults. This much is apparent from standard child development texts (for example, Dworetzky, 1996; see also Waldfogel, 2006). Thus, a need perspective renders children no more dependent than it does adults. Most approaches today also give considerable prominence to the notion of *autonomy* – an evolving capacity to make informed choices about what should be done and how to go about it. So, for an infant it might mean deciding which toys to play with or contributing to a family discussion about where to go for a day out, whereas for a teenager it might involve choosing a college course or set of friends, or campaigning on a particular social or political issue.

The second critique concerns *content*, in that need lists give an air of spurious certainty when in fact there is disagreement about what constitutes children's best interests. Some items are considered to be particularly value-laden or ethnocentric – for example, the emphasis on individual responsibility is considered to reflect Western individualistic thinking. In response, it might be argued that this is more apparent than real and that there is flexibility in most lists because of the separation of needs from satisfiers (Maslow, in Chapter 7, also encourages a search for the unity behind cultural specificity). As part of the same critique, it is inferred that expert-defined needs may be out of kilter with children's views of what they need, although, to state the counterargument, evidence for this is scant; indeed, several studies asking children what they want from parents have produced results that resonate strongly with the aforementioned lists – wanting to be loved, understood, cared for, supervised, appreciated and so on (see Hill and Tisdall, 1997). All this said, the notion of definitive sets of needs must be balanced with the fact that there are multiple pathways through childhood to adulthood.

Michael Rutter makes this point strongly in Chapter 9 where he demonstrates that understanding development from childhood to adulthood involves analysing 'a quite complicated set of linkages over time [and] ... is not simply a matter of determining the level of correlation for particular behaviours from one age to some later age' (p. 144). His essay concentrates on exploring the interplay over time between intrinsic and extrinsic factors that impact on individual development and, as such, highlights significant developments in understanding since earlier work. He notes that Bowlby's (1951) argument that maternal deprivation in infancy leads to permanent, irreversible damage (indicating continuity) has been undermined by research – including his own *Maternal Deprivation Reassessed* (Rutter, 1981) – showing that individuals can recover from early adverse experiences (indicating discontinuity) – for example, if they subsequently experience a positive rearing environment. Contending that reality is 'a rather complex mix of both continuities and discontinuities' (p. 141), he sets out a series of principles and concepts that can help with understanding both normal development and psychopathology, including risk and protective factors, causal mechanisms and the salience of how individuals interpret and negotiate given stressors. Using such devices to trace and reflect on complex interactions in a given child's life makes it easier to state accurately what that child needs in order to achieve healthy (unimpaired) development (see Little et al., 2004).

Further, in a deliberately incomplete review of long-term longitudinal studies, Rutter identifies a 'reasonably representative' (p. 155) set of patterns showing that links in chains of adversity are not inevitable but, rather, that there are contingencies which, if not met, may result in adaptive routes. For example, not every child admitted to a residential institution will return to a discordant family and end up leaving home early and marrying a deviant spouse. The last part of the essay sketches out various mechanisms that might help to explain the patterns identified, ranging from genetic and biological factors to how individuals process cognitively what is happening to them and how they cope with difficulties (see also Rutter, 1999). Underpinning the perspective offered is the view that basic research into child development of the kind described has significant potential to inform prevention and treatment activities for vulnerable children – a point revisited in more depth in Part V of this volume.

The developmental approach to the provision of children's services, embodied by the previous contributions, has been fuelled by an ecological perspective, as elaborated by Gordon Jack in Chapter 10. This approach is underpinned by research showing that children's physical and psychological well-being is related to parents' levels of social support and their wider environment, whether directly or indirectly via a 'buffering' effect in the context of stressors. Jack focuses on the effects of social support networks on parenting and levels of child maltreatment; the implications for determining children's needs of other connections between (i) environment (including housing, income and community resources), (ii) parental capacity and care-giving and (iii) child development are explored in more depth elsewhere (for example, Jack, 2001; Seden, 2002; Barnes *et al.*, 2006; Chaskin, 2006).

It is easy to take this approach for granted today but Jack's essay is helpful for drawing attention to an earlier preoccupation with investigating allegations regarding abuse and what he characterizes as a 'discourse of child protection' (p. 174) focused on pathological family interactions. He praises attempts to move things forward in the shape of a more phenomenological approach that views abusive incidents in the context of other factors and likely long-term effects (see DoH, 1995). At the same time he criticizes a tendency in the field to seek solutions by changing social work practice and management rather than influencing broader sociopolitical factors. Policy and practice developments in the decade since arguably reflect the more holistic perspective advocated. Drawing on international research, they often entail multi-agency efforts intended to tackle risk factors at several levels in order to break the causal chains referred to above (e.g. Sanders, 1999; Webster-Stratton et al., 2001; DfES, 2003; Little and Abunimah, 2007; Zappone, 2007). Attempts to articulate children's needs, then, have helped to shift the debate away from concerns with scandals and processes and disabused false dichotomies (environment versus psychology). Instead they have focused attention on what can be done practically to meet children's needs and improve child wellbeing. Any intervention with this end in mind must start with good assessment, the subject of Part III.

Assessing the Needs of Individual Children

The purpose of assessing the needs of an individual child is to decide whether and how to intervene in his or her life. It involves ascertaining the nature and causes of the difficulties faced and designing a service capable of improving the child's well-being and, ideally, meeting the identified need. There are various approaches to need assessment, including a large

number of psychiatric and psychological measures focused on specific health, behavioural and emotional difficulties (see Verhulst and Van der Ende, 2002; Tiffin and Richardson, 2006) and educational assessments of children's intellectual capacity and attainment (Tymms, 1999). Different instruments also have different functions – early screening, more in-depth profiling and ongoing monitoring (Edmunds and Stewart-Brown, 2003) – and whereas some are primarily concerned with diagnosis, others are explicitly to help with service planning. There is overlap between these categories, of course, as will be seen.

The focus in Part III of the book is on the more generic assessment measures in children's services, some of which have been evaluated (see the introductory section of this chapter). Some of these emerged in recent years partly as a response to child abuse scandals where failures to record accurately the child's situation and share that information with relevant agencies have been blamed for the poor service response. These approaches mark valuable progress relative to much that went before. In particular, the ecological framework tends to be embedded, so that practitioners are encouraged to be more systematic and consistent in what they record. However, weaknesses remain, notably: forms being filled out incorrectly or patchily; a tendency to collect too much information and not do enough with it; a reliance predominantly on tools that are questionable in terms of validity or reliability; a reluctance to use taxonomical formulations that can inform prognoses and identifying intervention that work the best; limited aggregation of the data gathered for planning purposes; and a failure to exploit the information to help track outcomes. The essays have been selected for this volume in order to illuminate these issues and show what is possible.

In Chapter 11 Robert Goodman describes the development and testing of the Strengths and Difficulties Questionnaire (SDQ) – a screening instrument designed to uncover problems with behaviour, emotions and relationships among children aged 4–16 years.³ It is elegant in its simplicity. Containing only 25 items and fitting easily on one side of paper, it can be completed by parents or teachers in as little as two minutes (a self-report version is also available for older children). It generates results that correlate highly with those produced by longer, proven instruments and performs as well as these more complex measures in its ability to discriminate effectively between normal and clinical cases. Subsequent work in various countries has provided further evidence of its validity and reliability and identified cut-off scores for 'abnormal' or 'high need' cases that are closely associated with clinical diagnosis of disorder (see, for example, Smedje *et al.*, 1999; Goodman *et al.*, 2000; Klasen *et al.*, 2000; Goodman, 2001; Muris *et al.*, 2003; Hawes and Dadds, 2004).

Numerous other generic instruments for assessing psychopathology have been developed in different countries (see, for example, Smith and Brun, 2006). Most of them cover similar content, are user-friendly and have evidence of validity and reliability, but the choice of the scale will depend on the purpose of the exercise and the resources available. Skevington and Gillison (2006), for example, describe the KIDSCREEN instrument, which was developed and tested by a European consortium and which assesses quality of life from the child's perspective in terms of physical, mental and social well-being (Ravens-Sieberer *et al.*, 2005). While such measures should not be used in isolation when making practice decisions, as professional judgement remains vital, they invariably offer important benefits, notably: good validity (they measure objectively what they say they measure); good reliability (they produce

³ The measure is considered more robust for children aged 11–16 years.

consistent scores – both between individual professionals but also over time for the person applying them); and norm data against which individuals can be compared. Thus, it is known that any child scoring 7 or more out of 10 for the SDQ 'hyperactivity' subscale is highly likely to have a clinical hyper-kinetic disorder (e.g. ADHD) and to require intervention.

Goodman's essay raises the issue of classification. It places some children in a category marked 'normal' and determines that others are 'abnormal'. (These are statements of fact, not value judgements.) Most branches of science rest on some form of taxonomy. Chemistry, for example, has the periodic table charting the structure of the elements and their relationship to one another; Linnaeus set out a way of grouping together plants; and medicine has several classifications of diseases. Taxonomy can be defined as 'a way of applying a logical and comprehensive structure to describe characteristics and the way in which these are interrelated to form identifiable groups' (Sinclair and Little, 2002, p. 128). In Chapter 12 Dennis Cantwell discusses the conceptual and empirical issues regarding taxonomical formulations as they apply to child and adolescent psychopathology (see also Rutter and Taylor, 2002a, 2002b; Taylor and Rutter, 2008). Elsewhere in children's services, Packman and colleagues (1985) have written about children entering the care system in terms of 'the victims, the volunteered and the villains' and Moffitt (1993) distinguished between life-course persistent and adolescence-limited offenders. As part of their statistical returns, governments may require children's services agencies to allocate each child they deal with to a preordained 'need group' related to the *cause* of the child's need (see, for example, DoH, 2000). So the idea of taxonomy is not new in the field, but it remains controversial and Cantwell provides helpful pointers that will apply in various contexts.

He starts by acknowledging common objections to classification, notably the fear of stigma and labelling, before tackling the main conceptual issues, such as whether taxonomies should be based on categories (where a person does or does not meet the criteria) or dimensions (which allow for capturing multiple symptom patterns in an individual). The major official international classifications of disease $(ICD-10)^4$ and psychiatric disorder $(DSM-IV)^5$ are categorical. If such systems are to be useful when making diagnoses, it is important that they demonstrate good inter-rater and test-retest reliability. This is likely to be boosted when those applying such tools in assessment contexts do not simply have a list of symptoms, but also follow a procedure regarding where, how and in what order to source relevant data. Validity is even more crucial. One test is response to intervention: '[i]f certain clinical syndromes respond differentially to the same type of intervention the first assumption might be that the clinically defined syndrome is heterogeneous in nature' (p. 193). Another test of validity is association with certain psychosocial factors; the fact that, say, family dysfunction and parental discord are more associated with disruptive behaviour disorders than with anxiety and mood disorders suggests that it makes sense diagnostically to separate out the two broad classes of disorder. A further factor to take into account when determining validity is the temporal nature of the

⁴ The *International Classification of Diseases*, 10th edition, came into use in WHO member states in 1994 and is used to classify diseases and other health problems recorded on many types of health and vital records, including death certificates and hospital records. It enables the storage and retrieval of diagnostic information for clinical and epidemiological purposes and provides the basis for compiling national mortality and morbidity statistics.

⁵ The *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, is published by the American Psychiatric Association and includes all currently recognized mental health disorders.

condition. A disorder that persists into adult life, for example, may be phenomenologically similar to one that is seen only in childhood but be fundamentally different aetiologically. Cantwell also notes that the classification of children in need will evolve with new knowledge, particularly from the field of genetics. One wonders how well the taxonomies embedded in several assessment tools currently used in children's services would fare if subjected to such scrutiny. There has been little investigation of this, although the evidence from one such analysis does not offer grounds for optimism (Forrester *et al.*, 2007).

So the critical question is why is taxonomy useful in the context of children in need? Cantwell's observations illustrate three potential uses (see also Sinclair and Little, 2002). First, a taxonomy provides a conceptual structure for understanding what Sinclair (2001, p. 131) describes as 'the multiplicity, the complexity, and the compounding nature' of children's needs. All children are unique, but some are more similar than others and some share a similar constellation of need. A better understanding of such patterns can help explain the causes of need and predict with greater accuracy the likely outcome from a specific intervention. Second, taxonomy encourages practitioners, policy-makers and researchers to discuss children's needs using a common language – an important consideration given the wide variation in understanding (see, for example, Sinclair and Carr-Hill, 1996; Carr-Hill *et al.*, 1997, 1999). Third, taxonomy can serve as a practical mechanism to link individual and collective planning in children's services – a theme developed in Chapter 13.

At face value it might seem strange to include an essay on outcomes in a book about defining and classifying children in need. Yet Roy Parker's reflections in Chapter 13 offer several reasons why the connection between need and outcome is obvious and helpful – albeit neglected. First, assessments of need and outcomes are both to do with matters that concern ordinary parents about their children, however they are categorized. Second, while it is important to disaggregate the notions of need and outcome to reveal differential development in different areas of children's lives, there is also a case for general assessment. Thus, a global measure of impairment to development can provide a useful estimate outcome as well as helping to decide whether a child is in need and requiring a service (Little et al., 2003). Third, the prediction of outcomes can also inform decisions about the appropriate allocation of scarce resources. The concept of need implies both a requirement to prioritize demands on children's services and an assumption that something can be done to address the problem in question, so analyses to estimate the likelihood of success of a certain course of action should affect who gets what help. Fourth, Parker calls for a different type of social accountancy characterized by 'more child-centred types of aggregated data' (p. 202). He contrasts the information traditionally collected at the planning level – concerned with administrative indicators, inputs and costs and subjected to considerable comparison with similar agencies - with that collected at the individual child level - personalized and rarely used comparatively - and argues that the two need to be linked. Both types of data, of course, are used for the purposes of need assessment and outcome measurement. (Part IV of this volume develops this theme.) Fifth, the information that is gathered in (need) assessments can be used in evaluation (of outcomes) – for example, as a baseline against which to compare data collected at a later stage (which, of course, may essentially be further need assessments).

In Chapter 14 Brian Sheldon continues the theme of using need data for evaluation purposes in his discussion of SCEDs (Single Case Experimental Designs). He argues that this approach to evaluation and its attendant assessment requirements are rigorous but also attuned to individual problems, and advocates it as a response to 'social work's acceptance of subjectivity, unbridled eclecticism, exclusively verbal and qualitative assessment and evaluation, and "open-plan" (unstructured, blank-sheet) case recording' (p. 211). As an evaluation technique, SCEDs essentially involve the systematic introduction and withdrawal of an intervention with a child or family while monitoring progress on selected variables (see, for example, Kazi and Wilson, 1996; Dillenburger, 1998). The assessment requires there to be clarity about the issue in question and that discrete goals and related indicators be spelt out; hazy objectives, psychopathological labelling and complex case formulations are unhelpful. Sheldon describes several applications of SCEDs – for example, with regard to school discipline techniques and modified parenting methods respectively.

Recent analyses of assessment and case-recording in children's services highlight a number of problems, including a lack of consistency and standardization within and between departments, poor focus in some instances and a disconnection between identified difficulties and what case file data suggest is actually provided in terms of services (Horwath, 2001; see also Tunstill and Aldgate, 2000; Walker *et al.*, 2003). These studies suggest that the introduction of a more quantitative element, which is what Sheldon advocates here, would help with making succinct and accurate diagnoses and prognoses. Although SCEDs are rarely used in social care, partly because of the perceived conflict with therapeutic objectives, practitioners report their usefulness, not least in the powerful demonstration-effect for parents (see, for example, Slonim-Nevo and Ziv, 1998). The practices described in the previous paragraph can be developed through professional supervision and by ensuring that clinical assessment forms have space for the systematic recording of outcomes. This need only be in relatively simple terms, such as whether the child's needs have been met. Clinical practice tools can be used in this work, particularly when used in consultation with colleagues and supervisors (Little, 2002; Little and Mount, 2003).

Measuring the Needs of Child Populations

The methodological and empirical literature on measuring the needs of child populations is sparse relative to the volume of material on assessing the needs of individual children. Yet such needs assessments serve important functions: guiding the allocation of scarce resources; informing service development; and providing useful data to help detect if the resources invested are having the desired effect. The essays selected for Part IV show how need may be measured at national, agency (and inter-agency) and area levels. They also cover the felt, expressed, comparative and normative categories in Bradshaw's taxonomy (see Chapter 6). Together, they point towards the need to develop more sophisticated approaches that have strong theoretical underpinnings, link data from different sources, use epidemiological methods, aggregate data on individuals, use taxonomies and feed directly into service design.

In Chapter 15 Ian Gough and Theo Thomas examine several possible explanations of variation between countries in levels of human welfare, including the level of economic development, the political orientation of a society (capitalist or socialist) and the extent of democracy (see also Gough and Thomas, 1994). The measures of human welfare selected are based on Doyal's and Gough's *Theory of Human Need*, so that they are cross-culturally valid and apply to the 128 nation-states in the world with a population at the time of more than 1 million. They also rely on valid and reliable indicators compiled by international agencies for

c.1990; for example, low birth weight is used to capture 'health' and primary school completion rate as a measure of 'education'. Although the data are often inadequate, particularly in poorer countries, the approach shows how *normative* need can be operationalized and creates a useful by-product in that it 'tentatively confirms' the notion that satisfaction of intermediate needs predicts fulfilment of basic needs; it offers some empirical validation of the *THN*.

Even so, a local children's services planner requires something more grounded. In Chapter 16 Janie Percy-Smith discusses operationalizing the THN for a community audit in a large conurbation. For example, there were questions about stress and depression (relating to the *basic* need for autonomy) and about the quality of diets (concerning the *intermediate* need for adequate nutritional food and water) (Percy-Smith and Sanderson, 1992). Of 4600 randomly selected adults, one-third responded to a postal survey, giving a sample of 10 per cent of the overall adult population (ca. 16 000). The study combined a measure of felt need with information about normative need; thus, respondents' assessments of whether they ate healthily (felt need) were complemented by data on the incidence of food poisoning and doctors' evaluations of levels of cholesterol in patients' diets (normative need). Percy-Smith argues for the value of joining together information about several kinds of need in this way, although this appears to be rare, as is assessing felt need in this systematic way. A more common approach is to hold disparate focus groups and user consultation sessions which, with their emphasis on inclusion and ownership, have the advantage of better representing the views of families; their major drawback, however, is the likelihood of small non-representative samples and giving disproportionate weight to the views of the strongest contributors (Axford et al., 2008).

Percy-Smith's essay also makes important points regarding the purpose of population needs assessments (see also Hawtin *et al.*, 1995). Such studies provide critical information for hard decisions about allocating scarce resources as they measure the shortfall between need and resources (or existing services) and so help with setting priorities and justifying decisions. They also inform the evaluation of policy and thereby strengthen public accountability by providing baseline data against which to assess the effectiveness of services. Moreover, if significant unmet needs remain, population needs assessments may suggest that alternative strategies need to be considered.

Despite these benefits, children's services agencies in Western developed countries have consistently struggled to identify children in need in their area and provide services accordingly – at least in any systematic way. Why is this? Michael Preston-Shoot and Veronica Wigley offer some answers in Chapter 17. Staff are often reluctant to participate in needs assessments because of heavy workloads or because they are wary of ensuing organizational change – a product of studies not always being properly linked to planning and provision. A lack of inter-agency collaboration, particularly with regard to information-sharing, and the use of different thresholds can make it difficult to compare data from several sources. Furthermore, those expected to undertake the task may lack the relevant experience and knowledge to do this. These observations are based in part on a needs assessment undertaken by the authors in one jurisdiction involving social care, education, health and the police. This is described in the essay, showing what *is* possible. Proformas were completed for each child on caseloads during one calendar month, with 7 per cent of children in the area found to be 'in need' when the results were aggregated. As such, the focus was on *expressed* need.

Other tried-and-tested methods for measuring expressed need involve gathering quantitative (e.g. Little, Axford and Morpeth, 2002) or qualitative (e.g. Little *et al.*, 1999) data from case files and grouping the children together according to the similarity of their needs. Such methods have been applied in numerous countries in Europe and several states in the United States (Little and Madge, 1998; Tunnard, 2002; Melamid and Brodbar, 2003; Johnson and Sawbridge, 2004; Taylor, 2005; Boendermaker, 2006; for alternative approaches see Colton *et al.*, 1995, Ward and Peel, 2002). Much earlier, Packman (1968) calculated what she called the 'total childcare problem' by adding together, for one day in 1960, the numbers of children in one country receiving specified forms of social care provision.⁶ Cruder methods for establishing the level of expressed need also exist: children's services agencies often calculate the extent of child need by summing the numbers of children at risk of maltreatment, with special needs, in care or locked-up, and in England and Wales the official estimate of children in need is the number known to social services departments at any one time (DoH, 2000; DfES and National Statistics, 2006).

To a large extent, these methods are creatures of their time and represent attempts to get evidence into decision-making in social services. Their strength is that they exploit routinely collected data on individual children in the context of service provision (see previous section). Much work has been done in this area using the Looking After Children assessment tools (for example, Ward et al., 2002; Sempik et al., 2008) but there is considerable potential for further aggregation of data from more generic assessment tools (Utting, 2008). The well-documented weaknesses of case file data can be addressed by improving the quality of the instruments used for individual child assessment (see chapters in Part III) but also by collecting data direct from children and families (see below). The other obvious drawback with audits of expressed need is that they tie need to service receipt: however, not every child who receives a service is in need, just as some children will be in need without coming into contact with a service provider (Axford, 2008a). A different approach, then, is to ascertain the prevalence in the wider community of the sociodemographic characteristics of service recipients (comparative need). In Chapter 18 Andrew Bebbington and John Miles report a survey of 2500 children entering care over a specified six-month period. For each child they recorded socioeconomic factors widely associated with being 'in need' – benefit-dependency, mother under 21 years, minority ethnic group status and so forth. Where all such factors hold, the probability of that child entering care is 1 in 10 (compared with 1 in 7000 where none applies). The authors constructed an index from the selected variables and used it to rank electoral wards by severity of need.

In the same vein, David Gordon and Frank Loughran (Chapter 19) developed a child deprivation index to guide the allocation of resources amongst social services childcare teams in a rural area (see also Noble and Smith, 1994). The method was based on the empirical fact that childcare clients originate predominantly from families in poverty (see also Bennett, 2005). A similar index has been used as part of the formula for determining how central governments allocate funding to local jurisdictions (see, for example, Carr-Hill *et al.*, 1997). It comprises four risk factors associated with relatively intensive interventions or being at risk

⁶ This included children who were: awaiting adoption; in residential care or approved schools; supervised under child protection legislation (in private foster homes and nurseries); and maintained in local authority boarding schools or hostels on account of maladjustment.

of maltreatment: lone-parent household, rented accommodation, household receiving basic social assistance and household with priority housing need.

Although the comparative approach to measuring need is arguably more meaningful than allocating resources according to population size or existing provision (demand), important weaknesses remain. Estimates of need that are based on existing provision are intrinsically conservative, especially since they invariably focus on a subset of services (see Rowlands, 1997). The number of children who receive a particular intervention is also determined by factors other than need – the mix and availability of services, eligibility criteria, decision-making processes, how agencies are organized and so on. And although there is a link between low household income and children having disabilities or emotional, conduct or hyperkinetic disorders, most deprived children develop reasonably well (Gordon, 2000; ONS, 2000; Little and Mount, 1999). Moreover, estimates of area need are often based on indicators such as economic development and may not give due weight to other factors associated with child need (see, for example, Hall, 2000, pp. 67–68).

A potential solution to these difficulties is to measure normative or expert-defined need using quantitative social survey techniques (see Bryman, 2004). This might apply to a neighbourhood or city, using data collected from parents via a household survey or from children using online questionnaires in school settings. The population may typically be sampled using random or quasi-random methods, focusing either on all children aged 0-17 or, depending on the purpose, a particular subset, such as the under 5s. Measures tend to cover different aspects of children's and families' lives and the level and nature of service use, and often include a mixture of standardized and bespoke questions. Such studies have been rare to date in children's services, certainly relative to the number of small-scale qualitative analyses of what service-users feel they need (Axford et al., 2008), but they are becoming more popular in Western developed countries and, arguably, increasingly sophisticated (see, for example, Beinart et al., 2002;⁷ Buchanan and Ritchie, 2004; Bhabra et al., 2006a, 2006b; Hobbs et al., 2007; Axford and Whear, 2008; Kiernan, 2008). Contrary to common perception (Preston-Shoot and Wigley, this volume, p. 279), population surveys do include families with significant difficulties and need not entail complex and time-consuming questionnaires. As much as the approach draws on community profiling in social care, it also resembles public health epidemiology, translating the study of how often diseases occur in different groups of people and why (Coggon, et al., 1993; Detels, 2004) into the study of the prevalence and aetiology of childhood developmental impairment (see, for example, Frombonne, 2002; Morisky, 2004). Applied at regular intervals, such studies can chart trends in child well-being which, as indicated above, is critical to the task of monitoring policy effectiveness (see, for example, Collishaw et al., 2004).

The final essay in Part IV, by Nick Axford and colleagues (Chapter 20), illustrates how information about children's needs drawn from different sources can be used to help provide a basis for service development. The study described focuses on one geographical area with a total population of 121 000 and links together visually data from single- and inter-agency audits, a community household survey and administrative records. In doing so it demonstrates, for example, the extent to which some children in need do not receive services (and vice

⁷ The survey instrument used for the national study is also used by Communities that Care at the neighbourhood level.

versa), the importance of agencies besides social services in meeting children's needs and the tiny number of children on whom much children's services resource is concentrated. Such information can be used by planners to determine where and how to make new investments, which services should be decommissioned and whether thresholds for gaining access to services might require adjustment. But how? It is common for need audits to be completed with much enthusiasm and then for the report to gather dust on the shelf.

This essay therefore provides pointers about how to act on the results, specifically describing practice tools that can be applied at the individual and aggregate levels to help with tasks such as determining the seriousness of a child's need and designing needs-led services. Other chapters in Part IV similarly connect needs assessment and service development. For instance, we read how need analyses can inform the allocation of budgets, not only geographically (Gordon and Loughran, this volume, Chapter 19), but also with regard to the nature of services. Similarly, an analysis that moves from charting factors associated with need to explaining such associations provides important clues about the preventive activity required (Bebbington and Miles, this volume, Chapter 18). The final Part of this volume develops these ideas.

Towards Meeting Children's Needs

The gap between the assessment of need and the interventions provided is well documented (see, for example, Parker 1971; DoH, 1995; Percy, 2000). Too often, population needs assessments are conducted badly, on an ad hoc basis or for the wrong reasons - to satisfy personal curiosity, to use an underspent budget, to placate inspectors. The individuals involved then struggle to engage the critical mass of colleagues needed to act on the findings, or are unable to feed the results meaningfully into a service development process. Other stimuli then fill the gap (Little, Bullock, Madge and Arruabarrena, 2002). For example, services are sometimes fashioned in response to scandals. Yet money can be spent unwisely on stopping something that rarely occurs. Services also emerge when well-meaning people meet to brainstorm a response to an observed problem, such as when curfews are applied to 'crack down' on anti-social behaviour. But such efforts rarely tackle the underlying problem. Further, it is tempting for planners to be supply-led rather than needs-led in their thinking (Audit Commission, 1994), for example to provide 100 care foster places simply because that is what was required in the previous year. The result is service provision where the broad objectives may be clear – to protect children from harm and help them achieve their potential – but where more specific objectives and means of attaining them are somewhat vague (Utting et al., 2001). The essays included in Part V, therefore, demonstrate practical ways of using high quality data to develop needs-led, evidence-based services.

In Chapter 21 Karin Janzon and Ruth Sinclair show how routinely collected data can be better utilized to inform strategic planning. Drawing on various readily available data sources (including census and administrative records), they demonstrate why, in one social services department, expenditure consistently overran the budget by a significant margin: the budget for services had not kept pace with increased need. In particular, the size of the child population had increased by a fifth in under ten years, with a corresponding growth in numbers of children looked after and changes in local policy regarding entry to and leaving care that had increased the activity around placements. The fact that 'most of the findings were surprising and, sometimes, a revelation, to senior staff' (p. 334) illustrates the untapped potential of strengthening the link between evidence of need and decisions about resource allocation (see also Gordon and Loughran, this volume, Chapter 19; Noble and Smith, 1994; Gould, 2001; Pinnock and Garnett, 2002). More precise estimates of the pattern of need, the services received by children and families and the level of unmet need – actual or likely impairment to health or development in the absence of service contact – can be obtained through epidemiological research, in what is an area of growing interest (Ford, 2008; Rutter and Stevenson, 2008).

Population needs assessments can also inform service development in other ways. Specifically, they can shift attention beyond the macro-issues of how much is provided, where and to whom to the micro-details of *what* services should comprise. In Chapter 22 the Conduct Problems Prevention Research Group in the USA describes the evolution and proposed features of a programme to prevent conduct disorder. It cites epidemiological studies charting the prevalence of conduct disorder (4–10 per cent) and identifying the underlying risk factors and causal mechanisms – family stress, inconsistent parenting, child non-compliance and so on. The authors conclude that there are two strategic points for intervention – school entry and transition to middle school – and that the goals should include helping children to control their anger, promoting more positive and less punitive parenting and supporting teachers with classroom management. Thus, the 'developmental model' outlined informs a theory of change or logic model about what should be done, which is then elaborated in terms of a 'clinical model' comprising five components. Many previous attempts to address conduct disorder have floundered because they failed adequately to analyse need and therefore to recognize the value of a comprehensive, long-term and multi-stage design.

The essay proceeds to describe in some detail what the then-proposed FAST Track (Families and Schools Together) programme should involve, covering target group, duration, frequency of contact, location, referral processes and so on. Such specificity is rare in children's services (Little and Sinclair, 2005) but it is possible here and in similar ventures (see, for example, Barker, 1991; Olds and Kitzman, 1990; Greenberg *et al.*, 1998; PRC, 2004) because the epidemiological analysis helps show how to break the underlying chain of effects.⁸ It might also be argued that this degree of detail is a prerequisite to meaningful evaluation because it clarifies what precisely is being tested (Axford *et al.*, 2006). Not surprisingly, given the strength of its theory of change, FAST Track was shown in an evaluation by randomized controlled trial to 'work', with moderate and sustained positive effects on key outcome variables (CPPRG, 1999a, 1999b, 2007).

Several more formalised 'operating systems' for service development have emerged in recent years (Renshaw, 2008) and have helped integrate needs assessment into the planning process. An operating system describes a method to help communities, agencies or local authorities develop or choose effective prevention, early intervention and treatment models

Penn Prevention: http://www.prevention.psu.edu/projects/index.html

⁸ For reviews of similar programmes see: Carr (2002); Little and Mount (1999); also the following databases:

Blueprints: http://www.colorado.edu/cspv/blueprints/

Promising Practices (RAND): http://www.promisingpractices.net/programs.asp

SAMSHA: http://www.samhsa.gov/Campaigns_programs/campaigns_alpha.aspx

Campbell Collaboration: http://www.campbellcollaboration.org/

Cochrane Collboration: http://www.cochrane.org

(Fagan *et al.*, 2008). It may be likened to a computer system such as Microsoft Vista, while models like Nurse Family Partnership or Incredible Years are analogous to computer programmes such as Microsoft Word or PowerPoint. Among the better known approaches are Communities that Care (Hawkins and Catalano, 1992; Utting and Fairnington, 2004), Getting to Outcomes (Chinman *et al.*, 2004), PROSPER (Spoth *et al.*, 2004), Results-Based Accountability (Friedman, 2005; Friedman *et al.*, 2005) and Common Language (Little *et al.*, 2009). Most represent attempts to connect prevention science and community engagement (Weissberg and Greenberg, 1998; Spoth and Greenberg, 2005; see also Parker and Heapy, 2006), in other words to harness the evidence yielded by scientific methods – in this case epidemiological research – and enable innovative professionals and laypeople to use that evidence in a structured process to design new interventions, or adapt existing models, and develop a sense of ownership of the resulting services. The aforementioned methods usually require an analysis of need early on in the process, and some stipulate that this be done by way of a scientific survey of the prevalence of different risk and protective factors among children in the community (Utting, 2008).

Michael Little outlines a prototype of one such approach in his discussion of prevention and early intervention with children in need (Chapter 23). The method is intended for use by children's services practitioners and users and involves identifying children with similar need profiles before agreeing the desired outcomes and drawing on evidence to design services that might logically achieve those outcomes. Little describes its use in a rural district to develop a service for children found by an inter-agency need audit to have minor social, emotional or learning difficulties thought likely to lead to school exclusion, youth crime and strained family and social relationships (for other examples see Little *et al.*, 2002). His concern to encourage structured service design techniques such as this is informed by the conclusions of an extensive review of the literature (Little and Mount, 1999) that effective prevention and early intervention relies on 'well-defined activity on behalf of well-defined groups of children' (p. 364) and 'clear evidence about the likely causes of children's problems' (p. 365).

The final essay by Nick Axford and Vashti Berry (Chapter 24) shows how strategies for measuring children's well-being at the individual, agency and community levels were used to chart need in one jurisdiction⁹ and then to develop and evaluate the impact of new services. In doing so it demonstrates in practice three important connections encouraged earlier in this Introduction. The first is between individual and aggregate data; the use of screening instruments and succinct and structured case records makes it easier to undertake single and inter-agency need audits because the data are gathered more consistently. The second connection is between need and outcomes; undertaken periodically, individual and group needs assessments help with monitoring trends and provide some indication of the impact of services. The third connection is between need and service; a structured service design process allows need data from agency audits and community surveys to be used alongside other information (from local consultations and the international 'what works' evidence) to develop new interventions. The brief case study is imperfect, but it illustrates what is possible.

⁹ The chapter concerns the district focused on in Chapter 21.

Where Next?

This Introduction opened by noting the ambivalence, even scepticism, often expressed about the concept of need. Yet the essays selected illustrate the extensive use of need in charting child well-being and analysing such data to inform the planning of children's services at the individual and group levels. That said, it is clear that in practice this has proved difficult to do well. As Doyal and Gough remark in Chapter 3, 'One is left then with a paradox: the concept of human needs is continually if confusingly used at the level of social welfare practice by the most varied groups, but is either dismissed or elided at the level of theory' (p. 35). So what are some of the key messages and areas for further research emerging from this volume? These concluding comments fall into three areas.

First, contributions suggest that the concept of need is robust enough to be useful in the context of children's services for determining which children require what in order to ensure that they can enjoy healthy development. In particular, it serves the helpful function of translating the complex interplay of risk and protective factors in children's lives into statements of action, and can be harnessed to set a threshold for intervention defined in terms of levels of impairment to children's health and development.

There are several important avenues for further study, however. One concerns what level of child well-being is realistically attainable given scant resources and how far this incorporates the satisfaction of wants as well as needs (Jordan, 2006). Critiques of the dominant deficit-based developmental model in favour of a more strengths-based approach suggest that assessment and intervention should concentrate increasingly on promoting positive development rather than simply on preventing problems (Lopez *et al.*, 2003; Moore and Keyes, 2003; Seligman, 2005). Related to this is the question of whether need offers the most suitable rubric for determining the allocation of resources and evaluating the impact of services: for example, is it necessarily congruent with efforts to promote children's rights (Axford, 2008a) and does it help or hinder the cause of social justice (Craig *et al.*, 2008)? The understanding of children's needs and how best to meet those needs will also be furthered by research into the pathways from childhood to adulthood, in particular the mechanisms by which risk 'gets into the body' (Rutter, 1996; Maughan and Rutter, 2008) and the influence of neighbourhood and family risks on child development (Barnes *et al.*, 2006).

Second, selected chapters show that it is possible to measure children's needs well at both the individual and population levels, but that there is significant room for improvement within children's services in order to bring common practice up to the standard of the best. In particular, there is scope for the greater use of standardised measures and quantitative evidence relative to more qualitative and opinion-based assessments, and for more community-based epidemiological studies to balance the plethora of administrative audits. When they are being used to help plan services at an agency or local authority level, studies would ideally: adopt a multi-dimensional perspective of need; cover several domains of child well-being; gather data on representative samples of children in the community – where possible directly from the children; use tried-and-tested measures; and be repeated at regular intervals to help with monitoring trends over time (Axford *et al.*, 2008).

A major challenge in this area is to improve the quality of routine recording about children's needs in case files so that the data it generates can be used for the purposes of aggregation and evaluation. Concerted efforts in recent years to do this have arguably had limited success,

so this remains something of a holy grail, not least because it is bound up with a range of complex issues, including for example training and the diversity of experience in this respect amongst the children's services workforce (Morpeth, 2004). There is also the need to develop and test taxonomical formulations that demonstrate strong reliability and validity and that can be used to help guide policy and practice decisions about the allocation of resources (Forrester *et al.*, 2007; Taylor and Rutter, 2008).

Third, there are now several methods available for strengthening the link between high quality population needs assessments and rigorous service development. These offer the potential for reducing the likelihood of such studies being consigned to a cupboard and forgotten about. The problem is that their use is the exception; it needs to be the exception for these methods *not* to be used. At the same time, these methods, or 'operating systems', are relatively new and there is much to learn about how they can best be used. In particular, there is a need to work out how the methods can ensure that the programmes designed or selected using them are implemented with quality and in a sustainable way (Bumbarger and Perkins, 2008; Fagan *et al.*, 2008).

Writing when he did, Bradshaw (1994) was probably right about the problems with using the concept of need in a policy context. In children's services, different people meant different things by the term 'need' without necessarily being aware of this, and what is essentially a description of the state of children's health and development had become confused with an administrative threshold. The concept of need and the way it was operationalised had become unnecessarily imprecise and confusing. With exceptions, some of which are described in this volume, it would have been difficult to use it to determine resource allocation or help formulate evidence-based services. Since then, however, as several of the essays in this volume demonstrate, the concept of normative need has been formulated more carefully and attempts to operationalise it have led to greater accuracy of measurement. There has been no revolution, and no-one would dare suggest that everything is perfect. But some of the instruments now used in the context of epidemiological studies are much more sophisticated than those in common use even a few years ago, and they offer a reasonable hope of monitoring the performance of policy and practice.

One might justifiably ask how central the concept of need is to some of these developments, to which one response, evident in several of the contributions in this volume, is that it provides a bridge between the worlds of science on the one hand and policy and practice on the other. It translates the language of risk and protective factors into statements indicating the actions required to ensure healthy development. A fuller response is required, but for now it may be contended that a corner has been turned. The next decade will determine how serious we are about developing needs-led children's services, which in turn will be apparent by how willing we are to exploit, test and develop emerging methods of measuring and meeting children's needs. The essays in this volume will hopefully inspire some readers to travel the distance.

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Part I The Theory of Need

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Welfare and the Value of Liberty*

Raymond Plant

THE IDEA OF THE WELFARE STATE IS CURRENTLY TREATED with more scepticism across the political spectrum than at any time during its development. Insofar as the institutions of the welfare state were consolidated during the period of Butskellite consensus which lasted until the late 1960s, in the more polarized political climate of today it is now seen on both the Right and the Left to embody many of the failures implicit in that consensus. It was assumed, so it was argued, that the fiscal dividends of growth could be used to increase welfare in a relatively painless way by maintaining the absolute position of the better off and using the dividends of growth via public expenditure on health, education and welfare to improve the relative standing of the worst-off members of society.¹ In this way it was thought that the social and economic rights of citizenship could be extended within a market economy without putting excessive strain on that economy. Obviously there were sharp disagreements between the political parties about how far these social and economic welfare rights should go and how far the welfare state should be seen as a vehicle of redistribution, but nevertheless, the existence of such a state, which would go well beyond a residual welfare state attempting to prevent destitution, was not seriously questioned. Indeed the degree of consensus over these matters, part of what has been called 'the end of ideology' effectively marginalized the writings and warnings of critics. Many of the basic ideas of contemporary neo-liberal critics of the redistributive welfare state such as Hayek and Friedman were published during this period² but

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² F. Hayek, The Constitution of Liberty, London, Routledge & Kegan Paul, 1960; M. Friedman, Capitalism and Freedom, Chicago, University of Chicago Press, 1962.