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**CHILDREN IN NEED:
AN EXAMINATION OF POLICY FORMULATION IN
SCOTTISH SOCIAL WORK**

by Alexandra S.C. Wright

A thesis submitted in partial fulfillment of the requirements for the degree of
PhD

University of Glasgow
Department of Social Policy and Social Work

November, 2002

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ABSTRACT

**CHILDREN IN NEED:
AN EXAMINATION OF POLICY FORMULATION IN
SCOTTISH SOCIAL WORK**

by A. Wright

Chairperson of the Supervisory Committee: Professor Malcolm Hill
Department of Social Policy and Social Work

Implementation of the Children (Scotland) Act 1995 introduced a new service category for children and their families. This new category raised questions regarding its impact on eligibility criteria and responsibility for service provision. This study responded to an identified gap in knowledge regarding the implementation of 'children in need' policy in Scottish Social Work Departments and sought to answer a key question: How is children in need policy formulated by Social Work Services staff on a conceptual and operational level?

The research approached this issue from a perspective that policy includes written and verbal discourse as well as practice, including formal and informal organisational policy. Children in need policy is considered within a theoretical analysis of 'need' and an 'Integrated Power Framework'. Both the content and the process of policy formulation were analysed.

Staff from three Social Work Departments in Scotland participated in the research. In-depth qualitative interviews, questionnaires and key documents comprised the data sources. Findings showed that major differences between local authorities were not evident. Clear differences were found between managers, supervisors and social workers' workers' definitions and ways of implementing 'children in need' policy. Although most staff were supportive of the principles underlying 'children in need' policy, few other than managers regularly implemented the formal policy. When children in need policy was implemented it was generally used for planning and assessment as well as to advocate for a corporate approach to planning and provision and on behalf of service users for improved services. These findings have implications for entitlement, planning and provision of services for individual and groups of children deemed 'in need'.

DECLARATION

I declare that this thesis has been composed by myself and has not been presented for any other degree. All quotations are differentiated from my own work and all sources of information have been acknowledged.

Signed:

Word Count: 89,980

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CHAPTER ONE

INTRODUCTION

The Children (Scotland) Act 1995 introduced comprehensive changes to child care legislation in Scotland with the creation of the category 'children in need' (CIN). Under the 1995 legislation local authorities have a duty to safeguard and promote the welfare of 'children in need' in their area. Local authorities' duties extend to responding to 'children in need' through the provision of services to the families of 'children in need', the identification of 'children in need' in their area, and the 'dual legal requirements' of local authorities to produce Children's Services Plans (CSP) and information about children's services in area (Correspondence to Directors, January 11, 1999: 2). While the concept of need is historically rooted in social services in Scotland, the introduction of the Children (Scotland) Act's 1995 category, targets 'children in need' as a central basis for entitlement to services within a corporate environment (Clark & Langan, 1998; Smith, 1980; Bradshaw, 1972 & 1994; Percy, 2000). However, the legislation provides a vague definition of 'children in need'. Although some services are specified (for example out of school care), the legislation is limited as to how 'children in need' should be assessed or prioritized. As well, the legislation does not qualify or quantify necessary service provision to 'children in need'. Indeed, in a recent policy report entitled, For Scotland's Children, the definition of 'children in need' is identified as problematic:

There is a general problem in that, although local authorities have a statutory responsibility for Children in Need, no one has defined which groups fall within the category 'Children in Need'. There is certainly no common understanding of which groups we are talking about. So from the outset there is disagreement on definition. (Scottish Executive, 2001: 33)

This thesis explores the formulation of 'children in need' policy in Scotland. The key question which informed the overall aim of the study is: How is 'children in need' policy formulated by Social Work Department (SWD) staff on an abstract level and on an operational level?¹ This question aimed to get at the content and process of 'children in need' policy formulation.

To date, there have been no national studies examining the implementation of 'children in need' policy in Scotland. Initial research examining CSPs and the voluntary sector in Scotland found that respondents had great difficulty defining 'children in need' and the category was 'perceived as confusing and problematic' (Wheelaghan, Hill & Tisdall, 1999: 63). England, Wales and Northern Ireland have parallel 'children in need' legislation with certain differences (explored in further detail in the following chapter). Those studies examining the implementation of 'children in need' in England, Wales and Northern Ireland suggest that there is great variety and little agreement as to how 'children in need' should be defined (for example Colton, Drury & Williams, 1995; Sinclair, 1998; Tunstill & Aldgate, 2000; McCrystal, 2000). Generally, social workers interpret the concept according to their own individual value systems and experience and defining eligibility criteria for family support services is difficult for managers (Audit Commission, 1994; Colton, Drury & William, 1995). Overall, departments continued to respond to child protection and 'looked after' children cases to the exclusion of support to other families of children in need.²

This legislation forms the basis for providing certain services to children in the community. If there is a 'widening' or 'narrowing' of the interpretation of the concept of 'children in need', there is a potential for a corresponding increase or decrease in eligibility for services. The question of how 'children in need' is implemented is of importance particularly if its "very definition, is so vague as to mean largely what a local authority and service providers make of it" (Tisdall,

¹ The author recognises that local authorities have different departmental structures and may not all have a distinct SWD, however for the purposes of this research, the term 'SWDs' will be used to refer to social work planners and providers within local authority structures.

² Refers to children in the care of the local authority.

1997: 133). This impacts on planning and service issues of consistency and fairness for Scotland's children:

Will service provision differ so much between the new authorities as they interpret 'children in need', that there will be considerable inequity across Scotland?' (Hill, Murray & Tisdall, 1998: 49).

'Children in need' as a legislative category is the outcome of various developments and trends in social policy since the incorporation of the Poor Law System. This relationship is examined in Chapter Two through a historical review of responses to need in Scotland, chronologically reviewing policy relevant to children's needs including the enactment of the Children (Scotland) Act 1995 and more recently published material pertaining to social inclusion. Thus a review of the literature demonstrates that the concept of need pervades all aspects of social work policies and practice and can be used as a means of support for oppressed people as well as a means of justifying disadvantage and discrimination, social inclusion and social exclusion (Clark & Langan, 1998; Smith, 1980).³ The review also demonstrates that need is a concept inherent in any social policy analysis of social work services. Indeed, the very essence of social service organisations is to respond to need:

We are concerned with the study of a range of social needs and the functioning, in conditions of scarcity, of human organisation, traditionally called social services or social welfare systems, to meet those needs. (Titmuss, 1976: 20)

Finally, the review includes a presentation of key research findings on 'children in need' in the United Kingdom which illustrate the complexity of the interpretation and definition of the category.

Lavalette and Pratt (1997) identify the difficulty in defining need by posing the questions: 'What constitutes need?'; 'Can anyone ever define need objectively?'; and 'Is there a generally agreed definition of social need or must it

³ Social inclusion, as a government policy, will be discussed in greater detail in chapters two and nine.

be as open-ended?' (1997: 2). Chapter Three delves into the conceptualisation of 'need' and key theoretical contributions that have been influential to the development of the theory of human need. Fundamentally, the concept of need reflects broader philosophical underpinnings and can be understood from a positivist or socially constructed perspective. The literature shows that need has been and continues to be defined in multiple ways with no universally agreed upon assessor or definition. These issues guide the study's rationale and the importance of understanding policy implementation within a context of the contested nature of 'need'.

Issues of organisational power are central to the understanding and the analysis of CIN policy in SWDs. Chapter Four outlines the 'Integrated Power Framework' (IPF) which provides the theoretical framework for the analysis of CIN policy implementation, integrating structural and agency notions of power. The IPF incorporates structure and agency as the principal power arenas within an organisation, and both are considered equally important in understanding policy formulation. This avoids a traditionally dichotomous positioning of debate between these arenas (Hardy & Clegg, 1996). This framework acknowledges the importance of micro-level actions within the macro-level structures of organisation. The theories of front-line, street-level bureaucracies as defined by Smith (1965) and Lipsky (1980), and Lukes' (1974) dimensions of power are included within the framework.

Chapter Five provides an overview of the research design. A predominantly qualitative research approach, grounded in a realist epistemological orientation was chosen for this study. The sample comprised of three SWDs containing both urban and rural populations. The organisational structure of the three SWDs is hierarchical in format, with management formally responsible for policy planning and supervisors and front-line service providers in subordinate positions. Managers, supervisors and social workers were included in the sample to elicit data that reflected the department as a whole and not simply management views. Individual staff interviews comprised the study's primary data source, while staff questionnaires and organizational documents provide

complementary, secondary data sources. The inclusions of three methods for data collection, with different sites, provided a broader picture of CIN policy and provided a base for triangulation. The study approached the issue of policy as taking on multiple forms: written and verbal discourse as well as action comprise 'formal' and 'informal' policy.

The analysis of the collected data used a thematic approach, synthesising responses from questionnaires, interviews and documents. Results from this phase of the research were analysed theoretically from 'need' and 'organisational power' frameworks. The study's originality contributes to greater knowledge of CIN policy through the examination of CIN policy from a Scottish perspective, and the inclusion of SWD staff from three organisational positions: managers, supervisors and social workers. The study's findings are presented in Chapters Six, Seven, Eight and Nine. Chapter Six provides an overview of the demographics, social indicators and descriptive statistics of the participating local authorities and SWD staff. Chapter Seven presents findings on staff's reported familiarity with, and perceived relevance of, formal CIN policy. In the main, findings were consistent across the three SWDs, with little variation between them. The most notable differences were between staff positions: managers, supervisors and social workers.

As an abstract definition frequently forms the basis of the operational definition of a concept, staff's personal interpretation and definition of 'children in need' directly impacts on issues related to service planning, eligibility and provision for children. Chapter Eight presents findings on staff's conceptual understanding of 'children in need' and how respondents define 'children in need'.

Chapter Nine concludes the presentation of research findings with findings related to social work staff's reported use of CIN policy. The exploration of staff's practice with CIN policy in their daily work provides further understanding of this legislative category, how it is transformed from an abstract conceptualisation to being operational by service planners and providers. Findings show that the application of CIN policy reflects organisational power arenas and

dimensions and suggest a discontinuity between the abstract conceptualisation and operational use of CIN policy.

Chapter Ten begins with a review of the study's findings and continues with a discussion of the implications of results synthesised with two current government policy directions. The chapter concludes with recommendations for future directions.

CHAPTER TWO

'CHILDREN IN NEED': POLICY AND RESEARCH REVIEW

The concept of social need is inherent in the idea of social service. The history of the social services is the story of the recognition of social needs and the organisation of society to meet them. (Bradshaw, 1972: 640)

INTRODUCTION

This chapter provides a historical overview of policy responses to children's needs in Scotland. Social service planning and provision, whether provided through the Kirk, charities or government, are fundamentally concerned with human need (Cooper, 1983; Langan, 1998; Percy, 2000; Walsh, Stephens & Moore, 2000; Clarke & Langan, 1998; Percy-Smith, 1996; Doyal & Gough, 1991; Fraser, 1989; Smith, 1980; Bradshaw, 1994 & 1972; Plant, Lesser & Taylor-Gooby, 1980; Sheppard & Woodcock, 1999; Fitzpatrick, 1994; Johnson & Schwartz, 1988). Need is a concept inherent in the reason and methods used by society to respond to social issues and is fundamental in the determination of eligibility criteria necessary to access societal resources. As a result, policy on need has implications for issues of social inclusion and exclusion (Clarke & Langan, 1998; Langan, 1998). This overview chronologically reviews society's main responses to need from the Poor Law system to the Children (Scotland) Act 1995. The review and analysis is aimed particularly at Scottish social services and policy for children although other British policy and research is included where relevant. This provides a historical review of major policy development and research and sets the context for the emergence of children in need policy (CIN) as enacted in the Children (Scotland) Act 1995.

The particular role played by organisations in responding to need through planning and service provision is highlighted (Smith, 1980; Percy, 2000) as social work organisations are integrally linked to responding to need on policy planning and service levels and provide a meso level of analysis of policy within the context of national, or macro policy (Alaszewski & Walsh, 1995). A feminist critique of the state's role in responding to need (Woodward, 1997; Wilson, 1997), race (Panketh & Ali, 1991) and disability (Fagan & Lee, 1997) are integrated within this review.

Questions guiding the summary and analysis of CIN policy within a historical context include the following:

- What social policy existed in response to need in Scotland since the Poor Law system?
- What was the perception of need?
- How was need defined? Who defined need?
- What role have organisations played in defining and responding to need?
- What were the approaches to service implementation to respond to need?
- Who was eligible to receive services?
- What findings exist from research on 'children in need' in the United Kingdom?

For the purposes of the current discussion (and discussed in greater detail in Chapter Three), human needs are defined as the resources required for people to live and function in society (Johnson & Schwartz, 1988) and unmet needs refer to "needs currently unaddressed by existing programs" (Gates, 1980: 136). Social needs can describe two concepts: the first focuses on social needs as reflecting an individual's need for social interaction and relations, while the second refers to human needs that are perceived to exist on a societal level, or widely shared needs and a collective response to those needs (Mayer, 1985: 129). In the following discussion, social needs refers to the latter definition.

THE POOR LAW SYSTEM: A RESIDUAL RESPONSE TO HUMAN NEEDS

Since the early 1400s in Scotland, state concerns for human need and corresponding provision of resources gradually evolved from a residual to an institutional model of social welfare provision (Lindsay, 1975). Up until the late 1500s need was met on an individual level through membership to three prevailing forms of social organisation: the noble class (generally independent of the law), the clan system and the feudal system (Nicholls, 1967). There was neither a minimal quality of care provided by the state, nor a belief in state responsibility for those in need. Poverty, infanticide, disease, poor sanitation, physical cruelty, sexual abuse and child prostitution existed during this period but were not confronted by the government (Hendrick, 1994; Kellas, 1979; Ferguson, 1948). Need was perceived as an individual problem whose cause was usually ascribed to moral weakness which evidenced itself as poverty (Langan, 1998).

The Poor Law System was a harsh and punishing system for those in need of relief and government policy was used mainly as a deterrence mechanism to keep people from begging.¹ Eligibility requirements for poor relief were strict: the able-bodied poor were ineligible for relief: "the Scottish poor law, unlike the English, required a man to be disabled as well as destitute before he could be given relief" (Ferguson, 1958: 3) and differentiated between the deserving and undeserving poor.² The system ensured that only those people who were in dire situations received aid with the implementation of the 'workhouse test' in which paupers should not be "better housed, better fed, and better cared for than the labouring poor" (Lindsay, 1975: 226).

Under the Poor Law system women experienced disadvantageous treatment based on their gender through the assignation of 'appropriate' sexual relations and sex-role stereotyping (Woodward, 1997: 84). A married woman

¹ Early poor relief legislation was enacted in 1424 and responses to limit the amount of begging and intervention included fines, imprisonment, banishment, torture and even death (Ferguson, 1948; Lindsay, 1975; Nicholls, 1967/1856).

² A statute of 1672 identified four categories of poor people: 1) the physically or mentally disabled or young; 2) those who required occasional relief; 3) unemployed persons; and 4) vagabonds and beggars (Lindsay, 1975: 18).

living with her spouse was dependent on him as the family bread-winner and would be ineligible for relief unless he were disabled and destitute, until amended in 1909 (Ferguson, 1958). Prior to the middle of the 1800s, there was no legal recognition of motherhood, only fatherhood and men were not held morally, legally or economically responsible for 'illegitimate' children (Saraga, 1998).³ This systemic sexism contributed to child maltreatment, particularly the phenomena of 'foundlings' (Lindsay, 1975: 30; Ferguson, 1958) infanticide (Lindsay, 1975) and death of children due to neglect and starvation (Ferguson, 1958: 260).

Policy for Children

Under the Poor Law system early legislated responses to children's need was harsh even allowing for state legislated forms of slavery.⁴ Indoor and outdoor relief were provided by the Poor's Hospital. Outdoor relief entailed a payment to the pauper, which in combination with her resources, would "enable the destitute to continue to live" and remain in their own home (Ferguson, 1958: 294). This early division between children cared for within the indoor relief system and those supported within their families is relevant to the current system of 'looked after' children and family support.⁵

The introduction of the principle of universality to social services came in 1660 and responses to children's needs expanded to include inexpensive, basic education and religious instruction to children (Hill, Murray & Rankin, 1991). Eventually compulsory education for children between the ages of five to 13 was enacted in 1872 (Hill, Murray & Tisdall, 1998; Ferguson, 1958). Further, in 1908,

³ In 1866 slightly more than 10% (in some parts of Scotland this figure was as high as 26%) of all recorded children born alive in Scotland were registered as illegitimate (Ferguson, 1958: 20).

⁴ For example, the emphasis of the 1617 Act was on 'servitude' and training poor children to become good servants (Ferguson, 1948: 287). Beggars' children between the ages of five and fourteen could be taken into a heritor's service until they reached 18 (women) or 24 (men) years of age (Lindsay, 1975: 14). Poor children over 14 years were employed through masters until the age of 30. Masters had the right to discipline these children/young adults as they deemed fit and controlled their earnings (Lindsay, 1975: 15; Ferguson, 1948). In 1618 legislation allowed for the 'arling' of children of colliers (coalminers), which amounted to another form of slavery. The collier could essentially sell or 'bind' his child at baptism to a master in return for money or 'arles' (Ferguson, 1948: 287).

the Education Act legislated education provision to children, the creation of special schools for children with disabilities, medical inspections and required six months per year of education for Travelers' children.

With growing industrialization, urbanization and associated paid employment of children, legislation was enacted in the 1800s to regulate hours of employment, limit the types of work children could perform and raised the minimum age required for employment (Ferguson, 1958). The Child Cruelty Acts in Britain of the late 1800s (and the Children Act 1908) were the crystallisation of concern for what eventually was referred to as child abuse with social services particularly focused on situations where children were harmed by their caregivers.⁵ Under the 1908 Children Act, caregivers were charged with a criminal offense if they ill-treated, were cruel or neglectful of, their children (Ferguson, 1958: 551). The results of these Acts were far-reaching for the role of the state:

The new legislation marked a turning-point in legal and social attitudes towards children, the whole idea of parental rights and – in many respects the most influential development, the new interventionist relationship between parents and the State. (Hendrick, 1994: 54)

A significant step in the differentiation of children's needs from their parents occurred in 1848 through a sheriff court decision which ruled that children of undeserving parents could be eligible for relief (Hill, Murray & Rankin: 1991).

The separation of children and delinquency from adult law in various legislation (Youthful Offenders Act of 1854; 1908 Children Act; the Children Young Persons (Scotland) Act 1932) set the stage for care, protection and reform of children through schools and rehabilitation as opposed to punishment and continues to influence modern social policy (SHHD & SED, 1964; Hendrick,

⁵ Children who are in the care of a local authority.

⁶ The Glasgow Society for the Prevention of Cruelty to Children was founded in 1884 (GSPCC) (Hill, Murray & Rankin, 1991; Ferguson, 1958) and the Scottish Society for the Prevention of Cruelty to Children was created in 1889 (later the National Society for the Prevention of Cruelty to Children – Scottish Branch) (Cloke & Davies, 1995; Ferguson, 1958). In 1922 the GSPCC became the Royal Scottish Society for the Prevention of Cruelty to Children.

1994; Hill, Murray, & Rankin, 1991). The provision of 'infant protection visitors' school meals, hospitals, homes for children with disabilities, playgrounds and crèches are examples of other services available to children in the early 20th century (Ferguson, 1958).

There are many explanations for the rise in state legislation regarding children's needs, for example to satisfy political or economic interests and trends as well as for humanitarian concerns (Lavalette & Pratt, 1997; Kearns, 1997; Ferguson, 1958). Nevertheless these Acts reflect the acknowledgement that children were no longer viewed as simply extra labourers or wage earners for their family and lay the foundation for the concept of *parens patriae*, the right of the state to intervene in the family in order to protect the welfare of children. The increase in societal responses to needs on a policy and service level resulted in a gradual recognition of growing state responsibility to ensure a minimal standard of care for children's needs.

Legislative changes reflect a gradual shift to consider individual need as a societal concern and an acceptance that the state had a corresponding increase in responsibility to respond to needs on a more systematic level.⁷ Government reports (Great Britain, 1844; Great Britain, 1909) responded to problems in the administration and provision of relief and influenced the enactment of new legislation increasing the state's responsibility for those seeking relief (Kearns, 1997).⁸ For example recommendations from the Majority Report included providing public assistance to those 'necessitous' (as opposed to destitute) and that disability combined with necessity should no longer be a requirement for relief (Great Britain, 1909; Ferguson, 1958: 258).⁹

⁷ The Act of 1579 formed the basis of the Scottish Poor Law and established a poor law system administered by heritors (property owners), the Kirk, Justices of the Peace and sheriffs (Lindsay, 1975; Ferguson, 1948; Hill, Murray & Rankin, 1991).

⁸ The Report of the Commissioners' Inquiry, 1844 categorised Poor Law issues into four categories: 1) entitlement; 2) administration; 3) sources of funding; 4) quality and quantity of service provision (Lindsay, 1975).

⁹ Of 94,724 people receiving poor relief in Scotland in 1906, 10% were boys and girls under the age of 14 (HMSO, 1909). Seventy-six to 95% of children receiving relief became poor due to the death or disability of their father (Ferguson, 1958: 521).

During the latter half of the 19th and early 20th centuries there was a growth in charitable societies (Lindsay, 1975) which resulted in great variation and inconsistency in the application of poor relief from burgh to burgh and parish to parish (Ferguson, 1958). Local government reorganisation (Great Britain, 1894; 1929) gradually transferred duties for the protection of children from the Poor Law Boards to health, welfare and education departments, nevertheless services remained 'fragmented' (Murray & Hill, 1991: 267).¹⁰

In summary, six points from the Poor Law System's approach to defining and responding to need are of particular relevance to current social policy. First, 'needs' or the 'necessitous' were defined based on immoral behaviour resulting in poverty, vagrancy and begging. The system distinguished between the deserving and undeserving poor and sought to deter people from seeking relief with an emphasis placed on employment. Entitlement required evidence of moral standing and those deemed undeserving were blamed and treated harshly. Any relief provided occurred with the designation of stigmatisation. Second, in order to respond to evident needs, people were categorised by those in charge of the Poor Law system: the deserving, undeserving, young, mentally or physically disabled, destitute, unemployed, vagabonds, beggars, women, the Irish (Lindsay, 1975; Ferguson, 1958). Third, the Poor Law system was not a preventative model of intervention seeking to proactively intervene and minimize the negative consequences of human needs, but was a reactive and residual model of welfare provision which responded to needs only in dire circumstances. Fourth there was inequity in the eligibility requirements and distribution of poor relief based on geographic areas, as well as identified categories of poor. Fifth, when considering legislation aimed at children in particular, cruelty toward children gained greater responses than did preventative services. Finally, the Poor Law system initiated welfare pluralism in which the state, voluntary organisations, private agencies and family shared responsibilities for the care of children. These issues are succinctly

¹⁰ The Local Government (Scotland) Act 1894 transferred powers and duties from the Board of Supervision to a Local Government Board with elected parish councils. In 1929 local government in Scotland was reorganised to establish 33 county councils, 24 town councils of large burghs, 171 town councils of small burghs, and 199 district councils in counties (English, 1998: 11).

categorised under the headings of entitlement, administration, funding, and service provision (Report of the Commissioners' Inquiry, 1844).

1940S TO THE 1970S: EXPANDING RESPONSES TO HUMAN NEEDS

There are three main trends worth noting with respect to social service planning and provision for need between the 1940s and the 1970s. First, social need broadened; second, the role of the state in planning and providing for need grew; and third, the growth of social work as a profession occurred which resulted in social work organisations and social workers playing an increasingly important role in responding to need.

The Social Insurance and Allied Services Report (Beveridge Report) of 1942 heralded a new approach to conquer need (Wright, 1968) and focused on the "needs of society" rather than the needs of the individual (Langan, 1998: 8).¹¹ The Report did not target people specifically in the most need (such as the poorest citizens); rather its aim was to introduce social welfare planning and services for all and to promote cohesive citizenship (Langan, 1998). The assessment of need and corresponding benefits provided were based on professionally calculated requirements for basic nutritional needs and an acceptable standard of living, not based on funding capacities or prohibitive policy goals (Langan, 1998). Social programmes implemented based on Beveridge's Report (for example the 1948 National Assistance Act) "officially concluded" the Poor Law system (Lavalette & Pratt, 1997: 5). The state took on a paternalistic role in human needs policy planning, administration and provision of services as the judgement of official experts determined what was necessary (Langan, 1998) and continued to differentiate between the roles of women and men (Woodward, 1997).

In the 1960s public services were "revolutionised" (Tisdall, 1997: 14) and went through a process of "structural and philosophical" change (Murray & Hill,

¹¹ The report identified obstacles to social reconstruction in the form of 'five giants': Want, Disease, Ignorance, Squalor and Idleness (Beveridge, 1942; Langan, 1998; Kearns, 1997).

1991: 268). Social policy focused on organisational restructuring in order to create more efficient ways of meeting human needs (Smith, 1980). With the emergence of social work as a profession in the late 1960s and early 1970s, social work organisations began to play a key role in the assessment of need (Langan, 1998; Cooper, 1983). Because of their location within a meso level of analysis and their role in the delivery of services linking national policy to the user, the role of social work organizations in planning and responding to need cannot be understated (Alaszewski & Walsh, 1995: 805).

The concept of need shifted to include not only universal physical needs (for example, food, clothing and shelter), but also psychological needs (see for example Kellmer Pringle, 1975; Saraga, 1998) and in the early 1970s became more 'politicized' (Langan, 1998: 13). There was a growing recognition of the benefits in the creation of a unified family welfare service evident in the Report of the Committee on the Prevention of Neglect of Children (1963) (McBoyle Report) (Great Britain, 1963).

The concept of need played a dominant role within the Children and Young Persons Scotland Report submitted by the Kilbrandon committee in 1964 (SHHD & SED, 1964). As with earlier legislation, the Kilbrandon committee concluded that 'children in need' of care and protection and those who had offended shared common needs and proposed a system of juvenile panels specific for care decisions, separate from court issues pertaining to guilt or innocence (Murray & Hill, 1991).¹² The "...needs of the individual child" were the 'test' for intervention (SHHD & SED, 1964: 39). Four categories of children and youth fell under the remit of the committee: 1) Juveniles alleged to have committed crimes or offences; 2) 'children in need' of care and protection; 3) children who are refractory or beyond parental control; and 4) children who are persistent truants (SHHD & SED, 1964: 9). Due to perceived limitations of organisational structures on agencies' ability to respond to needs, the Report also recommended the creation of a separate agency, a social education department, which would

¹² This was the origin of the Children's Hearings (Murray & Hill, 1991; Smith, 1980).

become the "focal point for co-ordination of information about all cases of 'children in need'" (SHHD & SED, 1964: 91).

The Government White Paper on Social Work and the Community (SED & SHHD, 1966) also inter-connected social work services and organisational structure to the planning and provision of human needs (Smith, 1980) with the altered proposal for the creation of a SWD (and corresponding Director of Social Work). This combined the children's departments, welfare departments, public health departments and the probation services (Martin, 1979). The department would meet 'personal need' of children and adults through planning and service provision and a professional need assessment (SED & SHHD, 1966: 4; Murray & Hill, 1991; Cooper, 1983). The state was clearly identified as primarily responsible for the provision and co-ordination of social services "thus shifting the balance of responsibility away from voluntary organisations" (Hill, Murray & Tisdall, 1998: 95-96).

The Report of the Committee on Local Authority and Allied Personal Social Services (the Seebohm Report) identified three limitations to the organisational structure which impeded meeting needs: 1) A lack of resources; 2) Inadequate knowledge about need; and 3) Divided responsibility in planning and meeting need (Great Britain, 1968).¹³ The Seebohm Report advocated for an universal system of service provision, available and accessible to all families. An universal approach to service provision provides social services for any need (for example health or education) whereas selective services for children are those targeted to "meet the particular needs of some children..." (Hill, Murray & Tisdall, 1998: 91). Of note was the rejection of eligibility based on defined and segregated categories of need:

The provision of assistance to children and their families on the basis of defined administrative and legal categories inhibits the use of the most appropriate services, for whether a young child commits an offence, goes out on the loose, or is just unruly or naughty is purely fortuitous. The

¹³ While the focus of the report was on England and Wales it is nevertheless relevant as it clearly linked organisational structure to the ability to plan and provide for human needs. It was also influenced by the Government White Paper on Social Work and the Community (HMSO, 1966).

present system produces uneven standards, duplication, and a reluctance on the part of some parents to seek help which they may regard as stigmatising their child because it is associated, for instance, with delinquency or mental sub-normality. These dangers should be easier to avoid when the general principle is accepted that all forms of relevant help should be available to any child and family who need them, without the rigid and sometimes permanent classification that the present system involves. (Great Britain, 1968: 57)

However the Seebohm Report never defined need (Smith, 1980; Bradshaw, 1972) and questions remain unanswered regarding both the abstract and operational definitions.

The Social Work (Scotland) Act 1968 integrated recommendations of the Kilbrandon Report (1964) and the 1966 White Paper, Social Work and the Community, particularly the creation of comprehensive SWDs (Hill, Murray & Tisdall, 1998; Tisdall, 1997; SED & SHHD, 1966; Martin, 1979; Younghusband 1978). This act was a significant piece of legislation as "the grip of the Poor Law was broken and services were created to cater for specific categories of human need" (University of Edinburgh, 1969: 94). The Act unified social service provision by bringing together welfare services, mental health services, probation services and child care service under one department under local authority administration (University of Edinburgh, 1969; Hill, Murray & Tisdall, 1998: 96; Smith, 1980; Martin, 1979).

'Need' was a critical concept used within the newly created SWDs. For example, the 'Report by a Working party on the Social Work (Scotland) Act 1968' examined the effects of the Act on the development of social services in Scotland and stated that "...It is extremely important to identify needs early; this improves the chances of success in treatment, and reduces the risk of more serious trouble" (University of Edinburgh, 1969: 136).

The Social Work (Scotland) Act 1968 created a general duty to provide services to 'promote social welfare' and provide assistance to children in a broad sense (S. 12). Section 12 of this Act allowed for an interventionist and preventive approach to child welfare and provided SWDs a wide scope to respond to social need on a community level rather than simply an individual or familial level

(Hallett, 1982; Cooper, 1983; Tisdall, 1997; Murray & Hill, 1991). The Act legislated that local authorities had a duty "...to promote social welfare by making available advice, guidance and assistance on such a scale as may be appropriate for their area..." (Cooper, 1983: 50).

The 1968 Act shifted social work services under the 1963 Act from a residual model to a supportive approach allowing for preventative measures necessary to avoid placements of children in care and prevent family breakdown.¹⁴ Assistance provided by the local authority could be 'in kind' or financial support. This was a 'positive' welfare duty in that prevention was conceptualised as one of its roles (Tisdall, 1997). The effects of this Section were considered far-reaching: "Social work departments thus had a ... specific requirement to help children unequalled in other UK legislation" (Tisdall, 1997: 12). Section 12 reflects a potential universal approach to service provision as services might be provided for a range of social welfare needs (for example health or education) and not based on selective or targeted categories (Hill, Murray & Tisdall, 1998).

Section 12 of the 1968 legislation was not without controversy. On the one hand it provided resources for people unable to otherwise access them, but concerns included its lack of accountability in distribution, potentially high costs and a perception that social security should take responsibility for poverty issues (Cooper, 1983).

After 1971 there was a rapid expansion of social services and welfare spending and demand for services grew (Hardiker, Exton & Barker, 1991; Martin, 1979) which corresponded to an economic downturn and high unemployment (Langan, 1998; Kirk & Part, 1995). This corresponded with public criticism at social welfare due to concerns regarding both the quality and quantity of services provided, as well as the bureaucratic structures from which services were provided (Langan, 1998; Pratt 1997; Illich, 1992). Controversy regarding the nature of the state's role in planning and providing services to meet social need was also evident (Langan, 1998; Kearns, 1997; Kirk & Part, 1995).

Some critics advocated for a decrease in professional authority and an overall restructuring of welfare provision (Langan, 1998; Doyal, 1988; Walsh, Stephens & Moore, 2000). Concerns surrounded a perspective that policies and programmes contributed to the oppression of the underprivileged (Langan, 1998; Illich, 1975 & 1977):

In fact the word 'need' has become a smoke-screen to hide the true intention of policy, to camouflage policies which in their intention and effect have the explicit purpose of increasing inequalities. (Bradshaw, 1994: 49)

This criticism was echoed in the women's movement of the 1970s which advocated for voluntary, mutual help services, and self-identification of needs (Langan, 1998; Woodward, 1997; Callahan, 1993). Systemic sexism was identified within social policies and services, (for example reducing social security benefits to women living with men) (Woodward, 1997) as well as in control over women's reproductive rights by the medical profession (Langan, 1998). There was also a division created between social service providers and advocates of social need (Callahan, 1993).

Need was a key concept used in the restructuring and reform of local government in Scotland during this period focusing on organisational structures and policy priorities rather than resources (Great Britain 1969; Great Britain 1971). Government concerns over costs of services, duplication of administration and services and general electoral disinterest in local government affairs prompted proposals for local government reform, mainly in the form of a reduction in the number of local authorities (Great Britain, 1969).¹⁵ A reorganisation was envisioned to improve planning, services and electoral participation and to reflect Scotland's "history, traditions, geography and social needs" (Great Britain, 1971:

¹⁴ This duty was intended to 'diminish the need' for a child to be brought into care, to diminish the length of time a child spends in care and to diminish the need to refer a child to a children's hearing (Subsection (2) (a)).

¹⁵ In 1969 there were over 400 local authorities in Scotland, each falling under one of five types of authorities: 'counties of cities, large burghs, small burghs, county councils and district councils' (HMSO, 1969: 3).

5). This reorganisation resulted in the Local Government (Scotland) Act in 1973 and 1975 saw the creation of three island authorities and a two-tier system for the mainland with nine mainland regions and 53 District councils (Great Britain, 1969; English, 1998). Education and social work became a responsibility of the Regional Councils, while housing, leisure and recreation were the responsibility of District Councils (Hill, Murray & Tisdall, 1998; Kellas, 1979). This reorganisation was a drastic upheaval for SWDs: "within five years of coming into existence 50 social work departments, and 50 directors of social work, were reduced to twelve" (Martin, 1979: 95). At the crux of the new model of SWDs was an assumption regarding the relationship between social need and its operationalisation within the organisational structure: meeting 'real' social need would result through the reorganisation of social work services (Smith, 1980: 15).

1980s & 1990s: SHIFTING RESPONSES TO HUMAN NEEDS

In the 1980s, policy responses to social need underwent a defined shift due to concerns regarding increasing costs of public service expenditure and disillusionment regarding its effectiveness. Public inquiries contributed to growing concerns regarding provision to children and their families. The Report of the Inquiry into Child Abuse in Cleveland 1987 chaired by Butler-Sloss, (Great Britain, 1988) contained many of the same concerns identified by the Report of the Inquiry into the Removal of Children from Orkney in February (the 'Clyde' Report), 1991 (Great Britain, 1993) regarding the inadequacy of the quality of practice, the effects of under-resourced authorities, as well as concern that children had been unnecessarily removed from their homes. Amongst other issues, a recommendation for greater interagency coordination and collaboration in the planning and delivery of services was advocated (Great Britain, 1988; Tisdall, 1997; Hill, 1990).

The 1980s and 1990s witnessed many changes in the area of social welfare that included an increased role of market principles within the public sector which

promoted a mixed economy of welfare (for example in the selling of health services and in management areas in education) and the privatisation of the housing market (Langan, 1998; Long, 1994; Walsh, Stephens & Moore, 2000). This corresponded with a continued focus on cost containment (Long, 1994). Although public service provision had increased since the end of the Second World War and despite the post-war promises of eliminating social need, poverty and inequality continued to exist, with little evidence of need decreasing (Langan, 1998). Criticism from both sides of the political spectrum existed due to frustration with the ongoing "persistence of inequality" (Langan, 1998: 13; Illich, 1992). Need became a means to curtail public spending (Langan, 1998; Smith, 1980).

The election of Conservative governments in 1979 and 1987 resulted in changes to the post-war welfare state, with a return to a more classical liberal approach to welfare provision and planning under a 'New Right' paradigm (Langan, 1998; Kearns, 1997): "The force behind the thinking of the right was to promote individualism and self reliance and thereby reduce dependence on the state" (Kirk & Part, 1995: 4). This period witnessed a radical change in state intervention in the planning and provision of social services that "...appeared to many commentators to be as profound as that towards the interventionist state" of the post-war period (Kearns, 1997: 25). The term 'New Right' refers to those conservative policies under politicians whose values include: the primacy of a free market system; minimal state intervention in social welfare; privatisation of services; means testing; choice; individualism and reliance on family (Walsh, Stephens & Moore, 2000).

From the 'New Right' perspective (Langan, 1998: 16; Pratt, 1997; Wilson, 1997), the provision of public services should be only to those truly in 'absolute' need of food, clothing and shelter (Bradshaw, 1994: 49; Illich, 1992). Social need was viewed as an illusive concept, and needs therefore were equated with 'preferences' or wants which people sought through the market system, depending on their own personal priorities (Percy-Smith, 1996: 6; Doyal & Gough, 1991). The key tenet of this position is that it is impossible to achieve agreement on a

"just distribution of resources or patterns of equality and inequality" (Percy-Smith, 1996: 6).

An additional concern related to this position on needs was that once people are given the right to use legislation about what other people need, a precedent has been set which could lead to a less democratic, and more authoritarian form of government (Doyal & Gough, 1991: 10). From this political realm, individual liberty is considered the main priority of state intervention with charity as the preferred method of providing welfare (Percy-Smith, 1996). The new right's position reflected a residual welfare state in response to social need (Pratt, 1997).¹⁶

Throughout this period concerns about inefficient, costly, and wasteful bureaucratic organisations and their inability to provide flexible services continued to be expressed. Needs-led planning was considered an approach which would result in better service identification and provision (Sheppard & Woodcock, 1999: 67). Defined as "bottom-up planning based on the identification of individual needs and consumer involvement in planning and management at all levels", needs-led planning connected users' service rights to policy and programme planning (McGrath & Grant, 1992: 74). An example of a policy advocating a needs-led approach is evident in the government document 'Matching Needs and Services' (Dartington Social Research Unit, 1995) which explicitly links the process of assessing need to strategic planning. Although stakeholder consultations can be used as a means to identify needs, a needs-led approach gives the care agency the authority, not the individual, the role of defining need (Langan, 1998).

Care management and the 'purchaser-provider' split were also advocated as a means of improving service planning and provision. A care management approach provides services based on the unique needs of individuals with the goal

¹⁶ Some of the controversy surrounding welfare provision and human need focused on the debate between absolute and relative poverty (Langan, 1998). Absolute poverty can be defined as 'a standard of living below that required to guarantee survival' (Langan, 1998: 17). This contrasts with a relative definition of poverty in which poverty should be measured not 'merely in terms of survival of the individual, but in relation to the living standards of the rest of society' (Langan, 1998: 17) and social citizenship (Marshall, 1950) (this is discussed further in Chapter Three).

of empowering people to be as independent as possible and to provide choice in service options (Sheppard, 1995). The purchaser (care manager) and provider of service (care provider) have differentiated tasks and responsibilities: the care management component entails the assessment, arrangements and purchase of services to meet needs while the care provision aspect includes the direct service provision (Sheppard, 1995: 8). This approach was illustrated by the NHS and Community Care Act in the mid 1990s, in which social services departments experienced severe resource difficulties due an increased demand for services and a corresponding cap in local government expenditures as well as local government restructuring (Barnes, 1998). Local councils decreased their provision of certain types of direct care and purchased services from a combination of state, voluntary and private agencies (for example in community care) (Langan, 1998; McGrath & Grant, 1992).

These changes corresponded with a rise in 'new managerialism' (Harris, 1998) in which management techniques from the private sector were applied to the social service sector: the introduction of competitive tendering, performance measures and quasi-markets (Cutler & Waine, 1994). Efficiency and effectiveness, cost-savings, targeted services and needs-led services were presented as management strategies to improve services (Sheppard & Crocker, 1999). The 'rhetoric' of consumer input (McGrath & Grant, 1992: 75) and choice, or 'consumerism' were also evident during this period (Harris, 1999; Langan, 1998, Sheppard, 1995). A consumerist approach to service planning and delivery purports to give service users greater control through input into planning (for example in the area of disability, community care and education) (Langan, 1998) and presumes the consumer has sufficient resources to enable informed participation (Harris, 1999). Hudson (1998) argues that citizenship based on consumer choice has limited social rights within the social welfare system. Essentially social rights provide citizens with a certain standard of living which enable a person to partake in both political and civil rights, necessary for a cohesive society (Marshall, 1950) (discussed more thoroughly in the following

chapter). When consumerist rhetoric allows for choice of social 'obligations' to contribute to the well-being of others, social citizenship no longer exists.

The emphasis on a welfare pluralist model or mixed economy of care in order to provide the service user with greater choice was evident during this period and the use of voluntary organisations to provide statutory services. From an organisational perspective a greater reliance on the role of voluntary sector to provide statutory services is not without difficulties as there is a risk of voluntary agencies losing "innovative and advocacy roles" (Hill, Murray & Tisdall, 1998: 94; Hudson, 1998) and that a "major provision of services" is delegated to the voluntary sector (Hill & Aldgate, 1996: 8). For example, in discussing the creation of smaller local authorities, concerns are raised about their ability to respond to needs resulting in gaps in services (Hudson, 1998). Hill, Murray and Tisdall (1998) identify limitations to welfare pluralism particularly relevant for small local authorities:

Many of the new smaller unitary authorities are unlikely to be able on their own to provide the necessary range of services. Contracting out to voluntary and private organisations for services is thus a logical choice. Such diversity, however, has its drawbacks. For example, how can a local authority ensure that an organisation will exist to provide a certain required service? (116)

In Scotland blame for inability to meet needs was directed at local authority structures and local government was again identified as requiring change (Langan, 1998; Pratt, 1997). Motivating factors to restructure local government also included concerns about the bureaucratic nature of a two-tier system as well as political interests aimed at dismantling the Labour stronghold of the Strathclyde region (English, 1998). Based on consultation papers which proposed a single tier structure, the Local Government (Scotland) Act 1994 opted to maintain the three island councils but created 29 unitary authorities (English, 1998). These authorities vary in terms of population base and geographical size and some cover urban settings while others are more rural in nature (English, 1998). The local authorities were given statutory responsibility for social work,

education, housing, leisure and recreation (health remains outwith the Local Authority organisation). Of note, directors of social work and education departments are not legally required under the legislation which allows for the possibility of the merging of departments (Hill, Murray & Tisdall, 1998).¹⁷

With the emergence of the 'New Left' or 'New Labour' after 1994 (and subsequent elections in 1997 and 2001), central government policy and corresponding changes in welfare provision have taken on a further shift with regards to children and their families (Walsh, Stephens & Moore, 2000). 'New Left' can be defined as a "...readiness to move towards the centre, to bridge the breach between the Old Left and the New Right" (Walsh, Stephens & Moore, 2000: 362) and is advocated by New Labour under the direction of Prime Minister Blair (Walsh, Stephens & Moore, 2000; Giddens, 1998). This is a political approach whose aim is to "combine the free market with a social conscience" and citizens are 'stakeholders' who have a role to play within society (Walsh, Stephens & Moore, 2000: 363).

From this perspective, the emphasis of social welfare policy and practice emphasised social responsibility over rights (Langan, 1998; Kearns, 1997; Walsh, Stephens & Moore, 2000). Education and employment training were identified as key factors in promoting social cohesion and wealth creation. Social need took on a shroud of employment with work being the best way to overcome poverty.¹⁸

The 1990s also saw a shift from the 'medico-social' model of child abuse, in which prevention, diagnosis and treatment were the focus of social services provision, to a 'social-legal' approach, in which the criminal law and the gathering of evidence necessary for court and managing risk (Saraga, 1998; King, 1997). With an increased focus on legal requirements, concerns were raised about the prioritisation of protection over preventative approaches in child welfare (Bilson & Thorpe, 1997; Freeman, 1996; Gibbons, 1995). The European Convention on Human Rights has also been identified as increasing children's policy within a legal rather than welfare context (Cohen & Price, 1996: p. xi).

¹⁷ Funding for local government is derived mainly from central government (over 80%) and local authorities raise revenue through a council tax (English, 1998).

A shift to a legal based model of child care provision also reflects the ongoing debate between those advocating for a welfare approach to child care policies and service provision and advocates of a justice approach, particularly with regards to youth offenders (Hill, Murray & Tisdall, 1998; Tisdall, 1997). A justice approach is concerned with the offences committed by a young person and advocates for accountability through a court process with due process ensured for the alleged offender. If the offender is found guilty, then some form of a punitive sentence is endorsed. This approach focuses on ensuring that justice is meted out in a seemingly fair manner and that youth are held accountable and forced to take responsibility for their behaviour (Hill, Murray & Tisdall, 1998).

From the welfare perspective, the child's needs takes precedence over the offense committed, with a focus on rehabilitation (Hill, Murray & Tisdall, 1998). As the overview of policy has demonstrated this perspective is deeply rooted in a Scottish tradition (Tisdall, 1997; Murray & Hill, 1991; Hill, Murray & Tisdall, 1998). While not ignoring offending behaviour, the primary focus is on the child's needs. Both offending and non-offending youth are considered to have similar needs (Hill, Murray & Tisdall, 1998).

THE CHILDREN (SCOTLAND) ACT 1995

Background

Children's needs continued to be a focus of government policy documents leading to the Children (Scotland) Act 1995. The report 'Review of Child Care Law in Scotland' of 1991 made many recommendations relevant to the issue of meeting needs of children and their families. One recommendation advocated for the positive promotion of children's welfare to ensure their needs were met. The report emphasised that greater effort should be made to support children within their family and community with a considerable "widening the eligibility criteria

¹⁸ For example the 'Report on Wealth Creation and Social Cohesion in a Free Society' (1995).

for assistance under section 12" (1991: 4). The review also recommended improvements in inter-agency co-operation.

Three key recommendations of the 1993 government White Paper, 'Scotland's Children Proposals for Child Care Policy and Law' included: a revision of the 'general welfare duty' (Section 12 of the Social Work (Scotland) Act 1968); a greater emphasis on management and service provider training; and the requirement on local authorities to publish plans in relation to child care services. These plans were to include an assessment of future needs. The goal of these proposed reforms were aimed at making "...child care more sensitive to the needs of children" (Scottish Office, 1993: 47). Legislation was introduced in 1994 and enacted in the Children (Scotland) Act of 1995. This Act essentially replaced the Social Work Scotland Act 1968 for children's services and a greater emphasis was on a child's and parents' wishes (Hill, Murray & Tisdall, 1998). Child care policy moved further to focus on children as people in their own right (Tisdall, 1997; Qvortrup et. al, 1994).

Children's rights discourse combined with a child-centered approach influenced public service planning and provision during the 1990s and is evident in the 1995 legislation (Hill, Murray & Tisdall, 1998). The United Nations Convention on the Rights of the Child was ratified by the United Kingdom government in 1991 and reflects a recognition of children's rights separate from parental rights. The Convention has three key principles: anti-discrimination guarantees made by the convention (Article 2), primary consideration of the child's best interests in decisions affecting them (Article 3), and the views of the child taken into account in all matters affecting him/her (Article 12). This movement advocates for not only the protection of children, and the provision of services to meet their needs, but also the participation of children in decisions affecting them (Hill, Murray & Tisdall, 1998). The Act reflects a move from parental rights over children to parental responsibilities to children.

The view that children are normally best cared for within their families is fundamental to understanding the rights of children and parents (Saraga, 1998) based on a relationship between the state, parents and children described as

'paternalist', 'parentalist' or 'liberationist' (Harding, 1996; Hill, Murray & Tisdall, 1998: 92). From a paternalist perspective, the focus of rights is on 'parens patriae', the state's right to intervene in the family in order to protect children, while from a parentalist standpoint, the position is that parents are generally in the best position to determine and meet their child's best interests. From a liberationist perspective, the focus is on the child's wishes, and raises children's rights to self-determination to the same level as adults' (Harding, 1996). Within this relationship parents and society are responsible to "provide for and protect children's rights" (Hill, Murray & Tisdall, 1998: 92). The value that the best place for children is with their family remains a base to legal acts pertaining to the child (Hill & Aldgate, 1996; Gough, 1993) and that intrusive state intervention is considered necessary only when a child is being harmed, at risk of being harmed, may be of harm to herself or others, or the care of the child is below a minimal standard. Even when a child no longer resides with her parents, there is a growing expectation that the parents have a right and a duty to be included in key decisions regarding their children and to keep in contact (Hill, Murray & Tisdall, 1998; Hill & Aldgate, 1996).

The law tries to balance the needs of protecting children from harm and the rights of parents to privacy and to procedures and mechanisms which protect them for unjustified allegations (Saraga, 1998; Askeland, 1996; Hill & Aldgate, 1996; Tisdall, 1996). While legal thresholds exist delineating when is it acceptable for the privacy of the family to have their rights invaded and when familial rights to privacy subvert children's rights to protection from harm, they nevertheless require interpretation. The Children Act (Scotland) 1995 attempts to locate a balance between meeting needs of children and protecting the family from state intervention. Nevertheless tensions exist between rights of the individual children to protection from harm and the promotion of their family as the best environment in which children should be raised (Saraga, 1998: 144).

'Children in Need'

The Children (Scotland) Act 1995 introduced a new category for service provision based on the term 'children in need'. The 'children in need' categorisation replaces the Social Work (Scotland) Act 1968 'general welfare duty'. The direct reference to children is removed from Section 12 and a new duty introduced. It was a controversial classification and opposed by Scottish children's agencies due to concerns that it was a retrogressive move away from the 'positive' welfare duty of Section 12 (Hill, Murray & Tisdall, 1998) and was viewed as being imported from the 1989 Children Act for England and Wales (Saraga, 1998; Tisdall, 1997).

Section 22 of the Children (Scotland) Act 1995 gives local authorities the general duty to 'safeguard and promote the welfare of children in their area who are in need' by the provision of a range and level of services to children under 18 years of age and families. The Act provides four general categories on which to base a child being in 'need'. A child is 'in need' if the child is:

...In need of care and attention because-

- (i) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development unless there are provided for him, under or by virtue of this Part, services by a local authority;
- (ii) his health or development is likely significantly to be impaired, or further impaired, unless such services are so provided;
- (iii) he is disabled;
- (iv) he is adversely affected by the disability of any other person in his family [Children (S. 93(4)a].

The Children (Scotland) Act 1995 brings children with disabilities and those affected by disability into mainstream services (Hill & Aldgate, 1996). Children with disabilities or those who are adversely affected by family members with a disability should receive services designed to minimize the adverse effects, and to enable them to lead lives which are as normal as possible (Section 23). Section 22 of the Children (Scotland) Act 1995, Section 17 of the Children Act

1989 in England and Wales¹⁹, and Article 18 the Children (Northern Ireland) Order 1995²⁰ are virtually identical; except that the definition of children 'in need' in the Children Act 1989 in England and Wales, and the Children (Northern Ireland) Order 1995, does not include children affected by disability, only children who are disabled. As a result in Scotland, siblings of children with a disability or children of parents with a disability are explicitly included in the categorisation of 'children in need' and parents or guardians have a right to ask for an assessment of the child's or other family members' needs which local authorities must carry out.

The Children (Scotland) Act, 1995 gives the local authority the responsibility to determine the comprehensiveness of services and how the services will be provided. With regards to specific services the local authority must provide day care for pre-school children and out of school care for children at school who are 'in need' (Section 27). A local authority has a further duty to provide accommodation for children or young people under 18 if they have been abandoned and no-one is taking care of her/him. Help to 'children in need' can be given to a particular child or to a family member and can also include cash support. Services are also to encourage children to be raised by their family.

The Children (Scotland) Act 1995 Regulations and Guidance (Volume 1) provides an indicative (rather than exhaustive) list of main 'needs' of children. The Guidance states that some children may fall into more than one category and

¹⁹ Section 17 of the Children Act 1989 gives the duty of local authorities to safeguard and promote the welfare of children in need. A child is determined to be in need if:

- a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by an authority under this Part;
- b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- c) he is disabled. (Section 17(1))

²⁰ In Northern Ireland, Article 18 of the Children (NI) Order 1995 gives the duty of local authorities to safeguard and promote the welfare of children in need. A child is determined to be in need if:

- a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by an authority under this Part;
- b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- c) he is disabled. (Article 18)

some of the lists include children 'who are and who are not in need in statutory terms'.

Table 1: Examples of 'children in need'

CHILDREN OR YOUNG PEOPLE:
Looked after by the local authority
Who need protection
Who are no longer looked after by the local authority
Young parents
Who have disabilities/special needs
Young carers
Who have been adopted
Who are in the process of adoption
Who misuse substance/alcohol
who are affected by HIV/Aids
Who are homeless
In poor housing
Who are carers for relatives and who are in households affected by disability
Who live in violent environments
Whose parents suffer from a mental illness
Whose parents misuse substances/alcohol
Whose health or development is suffering
Whose educational development is suffering
Who are excluded from school
Who have emotional, behavioural and mental health problems
Who are in conflict with the law because of offending behaviour

(SWSG, 1997: 15)

While the list is broad and encompassing it also lacks in specific criteria as to how to define vague concepts within the list and prioritise needs of children. For example, needs such as 'children who need protection' lack reference to specifics that could assist in making the definition of 'need' operational. Although the Act defines 'disability', the meaning of the other categories remains very unspecific. To illustrate, a child being 'unlikely to achieve a reasonable standard of health' is open to interpretation by local authorities and individual service providers. Also the legal status of Guidance and Regulations is not as binding as primary legislation. Concerns also exist that the 'children in need' categorisation can be a method for government to target resources and limit spending through avoiding "unnecessary intervention" (Hill, Murray & Tisdall, 1998: 109).

When considering the definition of need in England and Wales, the Department of Health's Guidance on the Children Act 1989 interprets need as:

Deliberately wide to reinforce the emphasis on preventive support and services to families. It has three categories: a reasonable standard of health or development; significant impairment of health or development; and disablement. It would not be acceptable for an authority to exclude any of these three – for example by confining services to children at risk of significant harm. (DoH, 1991: para 2.4).

Assessment plays a major role in determining entitlement to services and can occur on an individual case level and on a strategic planning level (discussed under CSPs). On the individual case level, a social worker's assessment of whether a child is 'in need' is expected to be based on the legislation in tandem with local policy. The Children Scotland Act 1995 Regulations and Guidance (Volume 1) clarifies that:

Assessment, decision-making and direct work with families should be underpinned by Council policies and procedures which describe how local authorities expect their staff to undertake their tasks. (Social Work Services Group, 1997: 3)

By having clearly defined policies within the authority, the provision of service is expected to be consistent, accountability of staff to Council and the public is ensured, and statutory obligations are fulfilled (S.W.S.G., 1997). The Regulations and Guidance also acknowledge that in special circumstances individual social workers may deviate from Council policies due to specific characteristics of a case. In these situations, the professional judgement of the social worker is the basis on which this decision is made (S.W.S.G., 1997: p. 3). However generally, social work interventions with families should be 'underpinned' by Council policies and procedures (SWSG, 1997: 3).

Children's Services Plans

With regards to the strategic planning level, CSPs are one means to plan, manage or evaluate services and refer to general policy rather than individualized plans for children. Part of the local authorities' duty to safeguard and promote the welfare of 'children in need' includes the identification of the level of need of children in their area, and to use this overall need as the decision-making basis for what types of services to provide. Section 19 of the Children (Scotland) Act 1995 requires Local authorities to prepare, consult upon, publish and review plans for all 'relevant' children's services. The SWSG guidance (1997) states that the plans should be the basis for providing services to children in the area whose needs have been 'systematically assessed'. Plans are to focus on the needs of 'vulnerable' children who may currently require services and for those who may require 'relevant' services in the future, including children 'in need'. Plans should identify needs not being met and gaps in services. They are asked to "...consider developing analyses of local needs...and to demonstrate how services are distributed to meet needs within their areas" (SWSG, 1997: 11). There are five identified strategic aims of the CSP:

1. To ensure the welfare of children;
2. To clarify strategic objectives in relation to services;
3. To promote integrated provision of services and effective use of available resources;
4. To ensure a consistent approach to planning by local authorities;
5. To establish a high standard of co-ordination, cooperation and collaboration between service departments within local authorities, between local authorities and with other agencies and organisations which have a contribution to make to effective provision of local services. (SWSG, 1997: 9)

These plans are to be reviewed annually and published every three years and are the responsibility of the corporate authority (SWSG, 1997: 9). While local authorities have a new duty to publish information on relevant services for children and their families in their areas there is no duty to give families who need assistance a copy of this information. The Act places local authorities under a duty to consult with health boards and trusts, some voluntary organizations, Reporters (to the

Children's Panel), children's panel chairperson, and housing agencies. When drawing up and reviewing CSP there is a duty to consult children and their families, however not necessarily directly (Section 19).

Children's services plans provide one method of monitoring the interpretation and implementation of the 'children in need' legislation to ensure some amount of accountability.

Children's services plans...provide one means by which to plan and manage services. Such plans could aid greater transparency of local authorities' intentions not only to voluntary and private agencies, but also to children and their families as well. Used effectively, the plans could also encourage local authorities to work together, perhaps to commission jointly a specialised service requiring economies of scale. (Hill, Murray & Tisdall, 1998: 116)

The duty to safeguard and promote the welfare of 'children in need' is a corporate duty and the responsibility of Social Work Services, Education, Housing, and "any other relevant services necessary" (SWSG, 1997: 1-2). The SWSG guidance (1997) lists seventy-two services that could be included in Local authorities' plans for 'children in need' under the headings of Social Work, Health, Education, Police Other Local authorities and Other Services. It is not considered an 'exhaustive' list.

Research on CSP in Britain has identified some concerns as well as the perception that local authorities are trying to take on their responsibility seriously (Hearn & Sinclair, 1998; Wheelaghan, Hill & Tisdall, 1999). Two key research findings merit specific discussion. First limitations are shown to exist in the consultation process (for example the limited role of service users or non-statutory service providers). Second findings demonstrate that there are chronic problems associated with the definition, assessment and planning for 'children in need' which make the link between planning and the provision of services difficult.

In Scotland, research examined the role of voluntary organisations in the preparation and implementation of local authorities' children services plans (Wheelaghan, Hill & Tisdall, 1999). The researchers found that the majority of local

authorities implemented a three-tier structure for creating the plans. The first level were the working groups composed mainly of operational staff from the corporate authority but also included voluntary representatives. The role of these groups were to consider components of the CSP, generate ideas as well as to consult with service users. The second tier consisted of a steering/planning group composed mainly of managers from statutory services. The role of this tier was to "integrate aims, targets and information" (Wheelaghan, Hill & Tisdall, 1999: 28). The third tier was the executive decision-making group, whose membership was generally composed of heads of council departments. This tier set goals and the planning framework. The study found that there were different types of co-operation between the local authorities and voluntary organisations ranging from joint planning, to consultation, to communication (Wheelaghan, Hill & Tisdall, 1999). Several blocks to participation were identified by the research which raise questions about the effectiveness of the plans. These include 'planning overload' due to other planning requirements, a lack of representative local organisations (including minority ethnic groups), an identified need for greater consultation with service users, poor inter-agency collaboration and a poor elucidation of the category 'children in need'. The findings show that the 'children in need' category was unhelpful in planning for services for children and their families:

Organisations felt the category was problematic and unhelpful, that local authorities did not systematically assess need from a variety of sources and that services were not necessarily linked to such a systematic assessment. (Wheelaghan, Hill & Tisdall: 86)

Among several recommendations, the authors suggest that the Scottish Executive should "...consider whether the 'children in need' category is useful given the present policy focus on 'social inclusion' and prevention" (Wheelaghan, Hill & Tisdall: 90).²¹

The Guidance also advises local authorities that planning for priorities and objectives in CSP should be based on their estimated annual budget and "...related

²¹ Social inclusion is discussed in greater detail in Chapter Ten.

to a realistic view of the resources likely to be available" (SWSG, 1997: 9). A resulting concern of possible fragmentation and inequity in service provision is raised. For example, some areas may have very high levels of 'children in need' identified. It is unclear how local authorities can manage this type of situation due to limited resources. This has the potential to result in children being defined based solely on local needs and service provision limited to the most vulnerable (Hill & Aldgate, 1996). As well as limiting numbers of children and their families who require services, it may also result in the marginalisation and stigmatisation of those receiving services under this category (Hill, Murray & Tisdall, 1998). Without an increase in resources to provide services to all those defined as 'in need' by the local authority, in practical reality it is very difficult to expand policies and services and in fact a gate-keeping approach may be enacted:

Although local authorities had a duty to provide services for 'children in need', there was no corresponding obligation on central government to give them the necessary resources. Inevitably, therefore, definitions became a way of rationing services. (Saraga, 1998: 139)

The first CSP were reviewed by the Scottish Office with strengths and limitations noted on procedural and policy issues (McHugh, correspondence: January 11th, 1999). Strengths noted included the local authority statistical detail, some assessment of need and a corporate approach to the CSP. Limitations identified included a lack of differentiation between direct and indirect costs of services: those provided by the local authority and those purchased from the voluntary or independent sectors. Another procedural concern identified was certain local authorities' decision to combine the dual requirements to produce CSP and information about services for children in the local authority's CSP. This was considered to weaken the impact of the CSP as it lacked 'analytical content, particularly as regards audit of current need and planning targets or outcomes for future service'. The recommendation invited local authorities to separate the publications of CSP and services for children information. Local authorities have also been invited to tighten the 'scope' of CSP in order to underscore statutory

services for children such as children 'looked after' or 'in need' and to ensure 'due coverage' to specific services (adoption, fostering, child protection and aftercare). As well, authorities were invited to ensure consultation with children and young people in future CSP.

MORE RECENT POLICY

Child Strategy Statement

Children became a top priority in government policy planning, evident in the 1997 the Scottish Office 'Child Strategy Statement'. All departments were to consider the effects of their policy on children when creating policy (later revised in 2000).

Social Inclusion

Social inclusion policy requires a brief discussion (dealt with in greater analysis in Chapter Ten) due to its relevance to 'children in need'. Social inclusion policy focuses on providing all citizens with a certain quality of life and reconnecting socially excluded people with society through a mixed model of welfare provision to address problems that cause people to be socially excluded. Government policy advocates for preventative approaches which reduce the likelihood of social exclusion occurring as well as reintegrating people who have become socially excluded. As opposed to targeting individual problems to the exclusion of other problems (for example a person who is both unemployed and who abuses substances), the policy advocates for a 'joined-up response' to provide effective responses to linked social problems (Scottish Office, 1999). Citizens are supported and encouraged to participate in society, through employment and the provision of a 'decent' quality of life (Scottish Office, 1999). This vision of a socially inclusive Scotland provides "true equality of opportunity" for all people (Scottish Office, 1999). The Government specifically

targets children and young people as part of their policy to promote social inclusion:

The Government believes that the best way to achieve a significant, long-term difference to the incidence of social exclusion is to focus on today's children and young people. The aim is to ensure that every young person in Scotland, as they leave full-time education or training, should possess all the basic 'life skills' - literacy, numeracy, communication and social skills; should have had the chance to develop more advanced knowledge and skills in school or college; should be confident and healthy; should value themselves and those around them; and should see themselves as being part of society, and having something to offer society in return. (The Scottish Office, 1999)

For Scotland's Children

The policy document 'For Scotland's Children' recommends ways to better integrate services for children in Scotland. Policy, defining need, resource limitations and fragmentation of services were identified by children's services agencies as key problem areas (2001: 31). The report provides an overview of relevant Scottish Executive policy for integrated children's services. This includes childcare and pre-school initiatives; school education; family support; children's hearings; social justice and child poverty; social inclusion; roads and transport; health; and the planning and priorities guidance. Among many, a key recommendation is the consideration of children's services as a single service system requiring increased collaboration and co-operation by all service providers. As well, joint training and a standardised needs assessment form available to all children's services providers were recommended.

Department of Health Reports

A government report in England entitled 'Snapshot on Children in Need' in England (Department of Health, 2000A) provides an overview on how many children were categorised to be 'in need' by Social Services and the corresponding expenditures on 'children in need' in a typical week. The report

states that close to 400,000 children are 'in need' in England and on a weekly basis social services provide for approximately 230,000 'children in need'. The incidence rate of reported 'children in need' receiving services varied greatly between local authorities from a low of 4 children per 1000 to over 70 children per 1000.

Using a survey with pre-determined categories based on the development needs of the child, the parenting capacity of the child's carers and wider family and environmental factors, workers categorised children by the dominant characteristic which required services. These categories and their corresponding distribution of 'children in need' are:

- Abuse or neglect (35%)
 - Disability (12%)
 - Parental illness/disability (6%)
 - Family in acute stress (11%)
 - Family dysfunction (13%)
 - Socially unacceptable behaviour (6%)
 - Low income (6%)
 - Absent parenting (3%)
- (Department of Health, 2000A)

Two additional documents related to providing services to 'children in need' in England are also important to review (Department of Health, 2000B). These policy documents are part of the Department of Health's broader approach to the implementation of 'Quality Protects' the Government's 'programme for transforming the management and delivery of children's social services' (DH, 2000B: ix) and link with the government's wider commitments to end child poverty, respond to social exclusion, promote children's welfare and develop improved integrated service provision.

The government document, 'Framework for the Assessment of 'Children in Need' and their Families' and its companion volume 'Assessing 'Children in Need' and their Families: Practice Guidance' (DH, 2000C) provide guidance for policy and practice for professionals and other staff involved with 'children in need'. The stated objective of the guidance is to improve outcomes for 'children in need' and to "ensure that referral and assessment processes discriminate effectively between different types and levels of need, and produce a timely

service response" (DH, 2000B: xi). This guidance describes a framework to systematically analyse, understand and record the lives of children and young people within their environment and these provide the basis upon which professional judgements are made. Collaboration between staff of different departments and agencies and a common language are underscored as necessary to provide services to 'children in need' and their families (DH, 2000B: x).

The main basis for determining whether a child is in need is to consider what would happen to the child's health and development without the provision of services as well as the "likely effect the services will have on the child's standard of health and development" (5). This includes children at risk of suffering significant harm and children with a disability. This document states that safeguarding children and promoting children's welfare are "two sides of the same coin" and that promoting welfare aims to provide children with optimum opportunities in adulthood (DH, 2000B: 5).

RESEARCH ON 'CHILDREN IN NEED' IN THE UNITED KINGDOM

There are five principal findings from research examining the formulation of CIN policy in the United Kingdom: Variation in the definition of 'children in need'; difficulty planning for 'children in need'; gate-keeping as opposed to broadening service eligibility; child protection at the expense of 'children in need' and insufficient resources for 'children in need' (Audit Commission, 1994; Aldgate & Tunstill, 1995; Colton, Drury & Williams, 1995; Social Services Inspectorate, 1995, 1997; Sinclair, 1998; Hearn & Sinclair, 1998; Sinclair & Carr-Hill, 1997; Peyton, 1996; McCrystal, 1998, 2000; Tunstill & Aldgate, 2000).

There is great variety and little agreement as to how a child 'in need' should be defined and multiple categorisations of 'in need' have been reported. Research from England and Wales suggests that a result of a lack of specificity in definition is generally an inconsistency in interpretation of the Act and a

corresponding varied provision of service (Aldgate & Tunstill, 1995; Colton, Drury & Williams, 1995; Audit Commission, 1994).

A study by Aldgate, Tunstill and McBeath (1994) on the implementation of Section 17 of the Children Act 1989 in England found that many authorities 'banded' need into 'Low', 'Medium' and 'High' categories. The banding of 'High Need' was generally used as an alternative categorization for children at risk of abuse or neglect. They found that there was a wide variation in response to children and families seeking services due to the variety of meanings attached to the three levels of need and that the designation of 'in need' did not guarantee access to services. In another study Aldgate and Tunstill (1995) found 28 categories of 'children in need' above and beyond children at risk of abuse or neglect or disabled children or those leaving care.

Colton, Drury and Williams (1995) examined the operationalisation of the concept of need in local authorities in England and Wales and found it dependent on individual social workers' interpretation due to the difficulty of interpreting concepts such as 'significantly impaired' or 'reasonable standard of health and development'. Generally, social workers defined need as human rights, a healthy development and physical and emotional requirements such as food, and emotional support. Eight categories of need were identified (based on the Department of Health and the University of Leicester's suggestion) that vary from children with disabilities, to children who are abused, young offenders and children living in poverty. Variation in standards occurred as a result.

An index of 'children in need' was constructed by the Strategic Planning for Children's Services Seminar in England (National Children's Bureau, 1998) based on four circumstances associated with poor outcomes for children: 1) a family in receipt of state benefit; 2) overcrowding; 3) a large family size; and 4) a child in a lone parent family. Other researchers in England identified 108 different methods of categorizing 'children in need', and reported social workers interpret the concept based on their own value system (Sinclair, 1998: 61).

Need had also been defined based on a developmental model in which areas of a child's life should progress in order for the child to grow in a healthy

manner (A & A Records in the Seminar Report, 1998). Seven areas identified include: health, education, identity, emotional/behavioural development, family relations, social presentation and self-care.

Standardisation of service provision in relation to 'children in need' has also been identified as being problematic resulting in localised services (Social Services Inspectorate, 1997). A study of English Social Services Departments showed variation and inconsistency in eligibility criteria. As well staff non-compliance with department policies and poor communication between front-line staff and management occurred.

Peyton (1996) advocated for an agreement on the specific operational definition of 'children in need' to 'ensure a co-ordinated approach' in the implementation of Article 18 in Northern Ireland. Co-operation between HSS Trusts and other statutory agencies occurred although a more structured and coherent framework was identified as requiring further development.

McCrystal (2000) examined the implementation of Article 18 of the Children (NI) Order 1995. The research shows an increasing awareness of the Children (NI) Order and the concept of 'children in need', although social workers reported mixed opinions on the value of the definition of 'children in need': some social workers 'remain unconvinced of its value to professional practice' (McCrystal, 2000: 9). Social workers seemed more satisfied with the concept of 'children in need' in practice than child care managers. Homelessness was identified as difficult to respond to adequately. Evidence showed some interagency collaboration in the assessment phase and particularly in the service provision tasks for 'children in need', mainly between statutory agencies. However problem issues between service providers existed such as the need for role clarification, delineated responsibility and interagency competition.

Aldgate and Tunstill (2000) monitored and evaluated the provision of family support services to children in seven authorities in England. The authors maintained Sinclair and Carr-Hill's (1997) categorisation of need based on five categories: 1) need relating to the child's physical or mental condition; 2) need due to a parental illness; 3) need from family stress; 4) need because of offending

behaviour; and 5) need due to social deprivation. The majority of family with 'children in need' fell into the category of family stress, with social deprivation being the second most frequently reported category. There was a greater number of boys than girls reported to be in need. Children under six years of age were more likely to be in need due to family stress whereas children from ages seven to twelve also included social deprivation. Teenagers were considered to be in need due to offending behaviour, family stress and social deprivation. The authors also identified two types of problems, acute and chronic: acute problems were characterised as short-term whereas chronic problems required long-term social support.

A second key finding from research on 'children in need' identifies the difficulty for planning for 'children in need', especially from a manager's perspective. This is necessary to determine entitlement to family support services. The Audit Commission (1994) in England concluded that health and social services had failed to develop a co-ordinated approach to planning and providing for 'children in need'. The Report also found that local authorities had not implemented needs-led strategies and were continuing to provide service-led approaches. A nine-step approach was outlined as a means for local authorities to develop a joint children's strategy, which included defining needs as well as assessing the extent of needs within the community (Audit Commission, 1994: 13). Peyton (1996) advocates for mechanisms to ensure existing and new services are targeted towards 'children in need' and their families to 'ensure a coordinated approach' in the implementation of Article 18 in Northern Ireland. Insufficient information (Colton, Drury & William, 1995) 'significant variation' and a lack of 'a systematic approach' to planning (McCrystal, 2000: 9) also proved problematic in the estimation of 'children in need' in the population.

Findings from research also suggest that eligibility criteria were generally used to exclude people from access to services rather than make the services more widely available. An inspection undertaken on the quality of English Social Services Departments' provision of services to 'children in need' and their families found that eligibility criteria for family support services was of poor

quality in most authorities (Social Services Inspectorate, 1997). The results found that many families who were entitled to receive services did not receive them which resulted in a narrowing of eligibility criteria: people were excluded from receiving services rather than having an increase in service options.

Research also reports that SWDs continue to respond to child protection and looked after children to the exclusion of support to other 'children in need' (Audit Commission, 1995). For example the emphasis at the initial referral stage of a case into the English Social Services Departments was on child protection cases, rather than non-child protection issues (Social Services Inspectorate, 1997). This suggests that 'risk' to a child's safety is one method used to interpret the concept of 'need'. This was also evident in research in Northern Ireland which found that child protection takes priority often at the expense of family support (McCrystal, 1998: 93). However there is evidence that a transition within the child care system is occurring, with a "refocus of practice from protection to prevention" (McCrystal, 1998: 93) and a balance between prevention and protection was identified as necessary to ensure a coordinated approach to 'children in need' (Peyton, 1996).

Finally under-funding was seen as a chronic problem resulting in inadequate services to 'children in need'. Concerns exist about the ability of Social Service Departments in England, Wales and Northern Ireland to prioritise services for 'children in need' due to limited budgets and the high costs of meeting the needs (Colton, Drury & William, 1995; McCrystal, 2000).

These findings suggest that the lack of agreement as to what constitutes 'children in need' results in inconsistency in service provision, and great difficulty in determining service eligibility. The variation in interpretation of the concept of 'children in need' is also manifested in a fragmentation of services between and within Departments and lacks a coordinated approach to planning.

CONCLUSION

This chapter provides a historical overview of public policy responses to social need with a particular focus on children's need, reviewing major policy dating from the early Poor Law system, to the enactment of the Children (Scotland) Act 1995 and the legal category of 'children in need'. As a policy issue, both the conceptualisation of need and the methods of responding to it reflect the greater British social welfare transition from a crisis-response, residual model, to a state model of provision. The literature shows that the concept of need itself has been a debated phenomenon, limited to absolute poverty under the Poor Law system, broadening between the 1940-1960s, and becoming more restrictive in the 1970s-1990s.

Several policy trends were identified with corresponding implications for current CIN policy and planning. First governments and local authorities have struggled with the broader question of what is required for an acceptable standard of living and social cohesion (within the context of funding shortages). 'Children in need' policy reflects this struggle and is situated within a greater political and ethical debate regarding the role and responsibility of the state in the provision of welfare to meet need:

'Need' is a concept that keeps appearing in social policy debates. There is a continuing debate for example, over the extent to which the state should be responsible for meeting human needs. Should the state assume responsibility for providing social welfare services to all people in all need areas? (Walsh, Stephens, & Moore, 2000: 22)

Second, the literature and research in the U.K. demonstrate that the definition of human need and policy responses proposed to meet need are not self-evident. Need has been equated with widely diverging perspectives as individual moral failure to oppressive consequences of structural inequity in society. The variety of meanings assigned to the concept of need propose a variety of responses for need satisfaction.²² Nevertheless, generally, there has been an

²² Need satisfaction or satisfiers refers to all entities (goods, services, relations, self-expression)

individual versus structural theoretical basis to understanding and responding to human needs. This lack of consensus regarding the definition of needs and 'children in need' in particular raise a further issue, the role of assessment and concerns regarding equity in terms of the quality and quantity of service planning and provision to children and their families across Scotland.

A third notable trend is that public policy in response to need has been consistently formulated by those people not 'in need' (regardless of the current consumerist discourse). State (in the form of politicians, bureaucrats and professionals), Kirk and Voluntary service providers and planners have had the authority to define need and determine eligibility criteria. Need has been imbued with a sexist perspective on women and their role in society.

Fourth, the balance within welfare pluralism (mixed economy of welfare) remains changeable and contended. With the development of social work organisations and the rise of professional social workers, SWDs have been shown to play a special role in responding to needs through the determination of eligibility as well as the quantity and quality of intervention. In recent years social work has lost some of this prominence due partly to local authority restructuring and the greater role assigned to voluntary agencies since the 1990s. Tensions exist between who is responsible for planning and meeting need both within and outwith the local authority. This addresses issues of funding and service collaboration and co-ordination, issues that have been systematically raised since the inception of the Poor Law system, through local government reorganisation, inquiries and legislation.

The classification of 'children in need' also highlights a trend in consistency in categorising people since the early Poor Law system: poor people, people with a disability (mental or physical), people with a substance abuse problem, single mothers, abandoned children, people in trouble with the law or Traveller's children. Categorising children can result in a targeted approach to service planning and provision and a possible stigmatisation from such a

that are used to respond to human needs (Kamenetzky, 1981).

classification that implies 'not normal'. A question is raised as to whether 'children in need' is simply a new state categorisation of the deserving poor.

As early as 1848 children of undeserving parents were deemed eligible for relief. There continues to be a tension between paternalist, parentalist and liberationist perspectives and the balance between the state's right to intervene in a family, the parents' rights to determine their child's best interests and children's right to self-determination. Another evident shift is away from prevention, diagnosis and treatment of child protection to a focus on the criminal law and the gathering of evidence necessary for court in which surveillance and discipline take on a greater role: The socio-legal approach to child protection. Finally an area of debate encompasses the welfare versus justice models of welfare. For example, are young offenders in need? As early as 1854 the social circumstances of a child's life were identified as key elements in the rehabilitation of youthful offenders' behaviour. Tensions between punitive and reform approaches continue to exist. The strain between prevention and protection also continues to exist. Should need be responded to on a broader preventative or community level versus a focus on crisis work and protecting individual children from abuse or neglect?

There are five principal findings from research examining the formulation of CIN policy in the United Kingdom. First research has found that there is great variety and little agreement as to how a child 'in need' should be defined with social workers generally interpreting the concept. Second the planning for 'children in need' is a difficult process. Third, eligibility criteria for 'children in need' were a means to limit access to services. Fourth, findings reported that child protection and looked after children were prioritised over support to other 'children in need'. Finally under-funding was seen as a chronic problem resulting in inadequate services to 'children in need'.

The category 'children in need' reflects a politically contested area. Fraser identifies three 'moments' to the politics of need:

The first is the struggle to establish or deny the political status of a given need, that is, the struggle to validate the need as a matter of legitimate political concern or to enclave it as a nonpolitical matter. The second is the

struggle over the interpretation of the need, the struggle for the power to define it and, so, to determine what would satisfy it. The third moment is the struggle over the satisfaction of the need, that is, the struggle to secure or withhold provision. (1989: 294)

Since the inception of the Poor Law System contention over issues of entitlement, administration, funding and service provision have consistently been debated in the planning and responses to social need. The government's enactment of 'children in need' legislation reflects the outcome of a long struggle that validates children's needs as legitimate concerns in the political arena. This study addresses the issue of social work staff's interpretation of 'children in need' and the struggle for power to define it: What needs should be met for which people in which circumstances? Ultimately this has implications for the third moment, the struggle to access and provide services to meet need. The following chapter provides a review and analysis of the theoretical conceptualisations of need.

CHAPTER THREE

THE THEORY OF NEED

INTRODUCTION

As evidenced in the social policy review in Chapter Two need has been a key concept in service planning and provision for children and their families since the early Poor Law System (Percy, 2000; Clarke & Langan, 1998; Langan, 1998; Bradshaw, 1994; Doyal & Gough, 1991; Smith, 1980; Bradshaw, 1972). It is a concept rooted in how a society defines and responds to social issues through welfare provision.

This chapter shifts in focus to review and analyse theoretical conceptualisations of need applied to the context of social work services. A conceptual framework of need provides a theoretical basis for the understanding of planning, assessment and provision of local authority services. Questions addressed in the theoretical overview of the concept of need include:

- What is the definition of need?
- How is need assessed?
- Who defines need?

The policy and research overview provided evidence of a growing recognition of children's needs and the identification of categories of children 'in need'. The implications of not meeting children's needs were considered to be problematic on an immediate level but also included longer-term consequences such as survival to adulthood or difficulties in adulthood. Hence much of the discussion of human needs gives priority to children's needs.

The chapter begins by framing the concept of need within a paradigmatic

polemic and continues with a summary and analysis of theories of need drawn from theoretical literature and research. The review of the literature demonstrates that the concept of need is a contested area in both definition and assessment (Sheppard & Woodcock, 1999; Langan, 1998; Clarke & Langan, 1998; Bradshaw, 1994; Meenaghan & Kilty, 1994; Fraser, 1989; Smith, 1980; Bradshaw, 1972). There are a variety of meanings assigned to the concept of need and a variety of responses proposed for need satisfaction. This contest over the conceptualisation of need reflects a central paradox of social service provision. Needs-based planning and service provision is used on a regular basis within social service agencies, yet there is very little agreement over what constitutes 'need'. This chapter also provides a brief review of the relationship between needs and rights.

The chapter continues with an analytical discussion of the theoretical elements of the legislative category 'children in need' and concludes with a review of the contested areas, based on the theoretical conceptualisations of need. This is a critical feature of the study further developed in later chapters.

PART I. PARADIGMS OF NEED

The analysis of the multiple theoretical conceptualisations of need underscores competing ontological and epistemological paradigms and an ongoing division between subjectivist and positivist theoretical traditions (Sheppard & Woodcock, 1999; Doyal & Gough, 1991). There are multiple conceptualisations of human need with corresponding visions of social welfare which stem from this paradigm polemic. These conceptualisations reflect theoretical perspectives, values, and beliefs upon which different concepts are based and are categorised in the proceeding frameworks.

These two philosophical positions are woven within and between the three frameworks of need and are further evidenced by two contrasting theoretical tenets: 1) universality and objectivity versus social construction and subjectivity; and 2) normative standards versus relative standards. A schism is evident between

the belief that need exists independently of personal beliefs, perceptions or social interaction, and the perspective that need is a reflection of the personal and social context. These theoretical underpinnings to the conceptualisation of need reflect the pivotal crux of need definition and related implications for service planning and provision.

Selected theories are categorised into three frameworks to highlight key elements of differentiation in the conceptualisation of need in social services organisations (please refer to table 2). These theories are not intended to provide an exhaustive list on the theoretical writing of need but rather reflect highly influential contributions of selected authors and the diversity of issues associated with defining need. Their inclusion provides a presentation of key perspectives on the diverging conceptualisations of need.¹ The strengths and limitations associated with each framework are also reviewed. While elements of some theories are relevant across several frameworks (particularly Doyal and Gough, 1991), they have been categorised within a particular framework considered to reflect their essential contribution to the theoretical understanding of the concept of need.

The first framework is referred to as 'Universal Need' and includes theories that attempt to address the question of need as an object responding to the question 'What is human need'? Proponents of the 'Universal Need' framework view need as being common to all humans across cultures and argue that it can be objectively identifiable. The second framework incorporates theories that address the question of process, asking 'How is need identified?' This framework is titled 'Socially Constructed Need'. Authors within this framework call for a relative perspective on the concept of need. The third framework titled 'Need Redirected' combines theorists who either explicitly or implicitly encourage the use of a term other than need. Each framework provides a summary of the authors' key contributions to the development of the theory of need and offers a discussion of the respective strengths and weaknesses of the theories.

¹ Doyal and Gough (1991) in particular incorporate the extensive writings of Feinberg (1974) and Wiggins (1998) on this topic.

Table 2. Conceptual framework of 'need'

FRAMEWORK	CONCEPTUAL DIFFERENTIATION	POPULATION OR INDIVIDUAL ASSESSMENT
UNIVERSAL NEED		
Maslow (1943)	Objective	Individual
Kellmer Pringle (1975)	Objective	Individual
Doyal & Gough (1991)	Objective	Population
	Normative Standard	Individual
SOCIAL CONSTRUCTION OF NEED		
Bradshaw (1972)	Subjective	Population
	Relative Standard	
Smith (1980)	Subjective	Population
	Relative Standard	
NEED REDIRECTED		
Bradshaw (1994)	Universal and Objective	Population
	Relative Standard	
	Need = Health and Inequality	
Sheppard & Woodcock (1999)	Social Construction and Subjective	Population
	Relative Standard	Individual
	Need = Problem States	
Percy (2000)	Social Construction and Subjective	Population
	Relative Standard	Individual
	Need = Need & Demand & Supply ('Vulnerable')	

FRAMEWORK I. UNIVERSAL NEED

Traditionally, the concept of need can be traced to a general premise that stems from the recognition of biological requirements for human survival, (food, clothing and shelter), as well as elements of social need, for example interaction with others (Langan, 1998). Human needs are characterised as universal and independent from cultural ascription:

Needs do not depend on the value systems of specific social structures, nor are they conditioned by the natural environment in which a community evolves or by its degree of technical development. (Kamenetzky, 1981: 102)

From this perspective needs are considered common characteristics to all human being, distinct from desires or wants, which are viewed as superfluous to survival requirements. In contrast, human desires or wants reflect personal and cultural

contexts in which people live and are not considered 'needs' in the sense of basic requirements for survival (Kamenetzky, 1981).

Wiggins (1998) explains the difference between desires and needs based on the intentionality inherent in desires, wants or preferences. Needs however are independent of those wants, desires and preferences due to an external reality:

Again, if one wants something because it is F, one believes or suspects that it is F. But if one needs something because it is F, it must really be F, whether or not one believes that it is. (Wiggins, 1998: 6)

Within the positivist paradigm, there is an assumption that an universal definition of need is attainable, one that can be used to determine eligibility for service provision, policy and programme planning, social work services administration and evaluation purposes. At its base core, there is a belief that "human existence is possible only if there are sufficient material resources to enable individuals to fulfil certain social expectations and participate in a given lifestyle" (Hewitt, 1993: 215). If problems occur in need definition it is considered a result of inconsistency, a lack of clarity, or poor instrumentation on the part of those defining need. It is not considered due to the nature of need itself. The organisational context within which social service provision occurs is ignored.

This universal and objective approach to the conceptualisation of need is characterised by four features:

1. Need is viewed as an unambiguous and objective phenomenon;
2. Need is viewed as an attribute of the client or potential client as an individual or collectively;
3. A measure of need is obtained by performing a measurement operation upon the members of the client or potential client population since need is viewed as the property of an individual or collective;
4. Need is viewed as an essentially static phenomenon. (Smith, 1980: 66)

At the heart of the universal perspective on need are three central components which guide the analysis. First the issue of definition is raised. In this

approach to the conceptualisation of need, the goal is to provide a clear, distinct, and objective definition of social need (Smith, 1980: 67). Second, there is the issue of measurement and the necessity to have a specific set of operations available to measure need. A third component identified within a universal framework is the evaluative question: how is need evaluated objectively and independently? From a universal and objective perspective, need remains consistent over time. Need is believed to exist without relation to other criteria, independent of people's perceptions and interpretations. All humans have universal needs, although the cultural context can affect how they are met.

There are several potential benefits of an objective and universal framework of 'need'. Proponents proscribe a responsibility for government to meet specific levels of need (Hewitt, 1993). These goals provide a basis on which to evaluate social programmes and planning and to redistribute scarce resources within society (Gates, 1980), as in order for social progress to occur, there must be a belief that 'some modes of social organisation are better suited to satisfying human needs than others' (Doyal & Gough, 1991: 22). As a result, a critical aspect of the realisation of social progress is to demonstrate that social programmes or policies increase need-satisfaction. Without such evidence, the 'moral purpose' of the programmes or policies is unclear and arguments used to support them are empty. A clear perspective of objective need presents a method to evaluate social services planning and programmes. Proponents of this framework also point out that advocates of a subjectivist stance to the conceptualisation of need generally argue for a certain definition of need, based on some notion of universal needs and which results in advocacy for their preferred view (Doyal & Gough, 1991). Finally, concerns are raised that alternatives to a universal and objective approach to the conceptualisation of need risk creating a society bereft of any moral responsibilities:

The consistent 'relativist' one who regards the whole of social life as a 'construction' each aspect of which has no more or less veracity than any other - enters a moral wasteland into which few have feared to tread. (Doyal & Gough, 1991: 33)

Within the context of SWDs, this traditional conceptualisation of need was premised on two basic assumptions: Need was an objective and measurable concept; and the core function of social work organisations was focused on responding to certain needs (Langan, 1998; Smith, 1980).

The conventional model of welfare provision is one that treats needs as a set of conditions, states or properties that people - or specific groups of people - have. The main issue then becomes how best to meet these needs - both in the sense of what types of intervention or service are most appropriate or most likely to be effective, and in the sense of how to organize the most efficient provision of these services. (Clarke & Langan, 1998: 260)

In a 'universal' framework, need has been considered traditionally from an individualist perspective, in which social services are provided to individuals rather than groups or communities (Percy, 2000). Social work has broadened the concept of need to incorporate the physical, social, economic and psycho-social needs of people, generally working within an ecological model (Bonuck, 1996). As previously defined in Chapter Two, social need can be viewed as a subset of the larger category of human need, for example a middle area of Maslow's hierarchy (Langan, 1998) but also refers to a recognition of needs as existing on a social, versus simply an individual, scale (Mayer, 1985). There has been a shift from defining need individually, to a greater recognition of social needs. Thus the terms 'human needs' are interchanged with 'social needs' and refers to needs that exist on a societal level, or widely shared needs and a collective response to those needs (Mayer, 1985: 129).

A subordinate but connected debate revolving around the theory of need is based on the differentiation of normative (set) or relative standard of needs. A normative standard of need considers need as independently determined at a specific standard necessary for an individual, or a collective of people, to participate to their potential within society (Maslow, 1943; Kellmer Pringle, 1975; Doyal & Gough, 1991). A normative standard necessarily entails a deficit

discourse and a person or group of people are labelled as being 'in need' when they fall below a specified standard (Benn & Peters, 1958 in Sheppard & Woodcock, 1999: 69; Saraga, 1998; Meenaghan & Kilty, 1994). A person thus becomes 'in need' when she will suffer harm as a result of having unmet needs, and has fallen below an accepted standard (Feinberg, 1973). Need satisfaction, through the provision of resources, can restore people to a standard status.

This framework integrates the seminal work of Maslow (1943) and his hierarchy of needs, Kellmer Pringle's focus on psycho-social needs (1975), and Doyal and Gough's extensive and in-depth development of the concept of need (1991). Each of these works address, to greater and lesser degrees, the specification of human need, both its identification and its definition. These theories share commonalities in that each perceive human needs as universal and necessary components for individuals to reach their potential as human beings. Theories within this framework implicitly imply a societal moral obligation to ensure people are able to have their needs met. These theories also support the perspective that people who receive services from SWDs are 'in need' and that social workers are educated and trained to be able to meet these needs, generally through an intake and assessment process (Smith, 1980).

In 1943 Maslow devised a hierarchy of needs or 'drives', conceptualised as universal to all human beings as the basis for human motivation. Maslow's contribution has been and continues to be highly influential on the conceptualisation of human need in social service fields. Maslow thought that conscious desires or goals were relevant to satisfying basic needs as they were considered similar to basic needs. While not all needs are homeostatic, Maslow believed that most physiological needs serve as channels for other human needs and that the human organism is dominated by unsatisfied needs (9).

Maslow theorised that in order for human beings to grow and develop fully, human needs must be satisfied. This begins with the gratification of the most 'prepotent' needs: physiological needs (7). Human organisms are initially motivated to satisfy physiological needs in order to survive. When those needs are fulfilled other 'higher' needs emerge and dominate the human organism. When

these are satisfied, other still higher needs emerge. The gratification of needs is important in the understanding of human agency:

The organism is dominated and its behaviour organized only by unsatisfied needs. If hunger is satisfied, it becomes unimportant in the current dynamics of the individual. (Maslow, 1943: 9)

Maslow identified five levels of human needs which lead ultimately to self-fulfilment:

1. Physiological needs
2. Safety needs
3. Love needs
4. Esteem needs
5. Self-actualisation (Maslow, 1943: 6-18)

Using children and infants as examples, Maslow explained that safety needs include the need for a routine and a predictable world. If these needs are not met, or are inconsistently met, children feel anxious and unsafe, and their healthy development is hindered or harmed. Love needs must be gratified in order for children to become well adjusted and mentally healthy and if they are not, psychopathology is likely to result (14). Self-respect, confidence, appreciation, achievement and recognition are the main elements of esteem needs. Without these, an individual is likely to suffer from neurosis (15). Self-actualisation refers to the belief that 'What a man can be, he must be': human's need for self-fulfilment and the realisation of their potential (16). Maslow argued that people must be able to reach their potential in order to be fulfilled and without satisfying human needs, individuals would not self-actualise. Self-actualisation rests on the prior satisfaction of the physiological, safety, love and esteem needs. The hierarchy of needs is not considered to be rigidly fixed for all people, and the specific form of the needs vary from person to person. Nor do all the needs have to be completely satisfied in order for the next need to emerge. Maslow believed it was a useful method to understand human behaviour and defence or coping mechanisms as they reflect the body's attempt to satisfy needs (17).

Maslow's theory of need implicitly implies a moral obligation of society to ensure humans are able to fulfil their needs. He identified societal and individual preconditions necessary for the basic needs to be satisfied (such as the freedom to speak, to defend oneself, justice, autonomy) (17). Finally, Maslow identified perceptual, intellectual and learning as cognitive capacities that act as 'adjustive' tools in the process of attaining self-actualisation. One of their main functions is the satisfaction of basic needs. If there is a danger to them there is a resulting threat to the satisfaction of basic needs.

Drawing on her review of child development research, Kellmer Pringle (1975) identified four universal psycho-social needs necessary for the development of infants into healthy adults. These needs are premised on the assumption that children's physical needs were satisfactorily met. These four needs consist of:

1. The need for love and security;
2. The need for new experiences;
3. The need for praise and recognition;
4. The need for responsibility. (Kellmer Pringle, 1975: 149-153)

The need for love and security is considered the most important need to be met as it provides the basis for all later relationships, within and external to the family. The security of a familiar place and knowledge of a routine enable continuity and predictability in the child's growing world. A stable family life provides the child with a sense of personal continuity and enduring identity. New experiences are necessary as they ensure the child's intelligence, play and language are stimulated and develop satisfactorily. Fulfilment of praise and recognition make possible self-reliance and self-acceptance as an adult. Finally, the need for responsibility ensures that children develop and achieve personal independence. If these needs are not met, then children are viewed as 'in need'.

Kellmer Pringle warned that the failure to meet children's needs can have disastrous and costly consequences at both the individual and societal level:

If one of the basic needs remains unmet, or is inadequately met, then development may become stunted or distorted. The consequence can be disastrous (and costly later on, both for the individual and society). Symptoms of maladjustment are, like pain, danger signals, indicating intolerable tension between the personality and the environment. The range of possible symptoms is wide but basically they fall into two broad categories: fight or flight, attack or withdrawal. (Kellmer Pringle, 1975: 152)

In order to ensure that the needs of children are met, the author advocates for equality of 'opportunity' as being a basic right of every child and not just equality of means or outcome. Kellmer Pringle argued for preventive services to ensure the fulfillment of physical and psycho-social needs. Without prevention, society runs the risk of negative long-term results. As with Maslow's hierarchy of needs, Kellmer Pringle's theory of need implies a moral responsibility for society to ensure that these needs are met and the meeting of these needs is a '...hallmark of a civilised society' (148).

In their compelling book, *A Theory of Human Need*, Doyal and Gough (1991) presented a carefully developed theory of need in an effort to respond to perceived limitations of previous work. Their work warrants an extensive review as they provided a complex theoretical conceptualisation of need and contributed substantively to the ongoing conceptual development of a theory of need. The authors argue that a lack of clarity, consistency and rigour were evident in previous theories of human need and constructed a comprehensive theory of need that reflects a vision of world order in which individuals and the state interact in a mutually beneficial relationship. Doyal and Gough present a theoretical concept of needs as being universal and objective, the same for people within and across cultures.

Physical health and autonomy are the two basic human needs identified by Doyal and Gough. They must be satisfied in order for humans to avoid serious harm, for without their satisfaction, people are unable to participate fully in society.

Physical survival and personal autonomy are the preconditions for any individual action in any culture, they constitute the most basic human needs - those which must be satisfied to some degree before actors can effectively participate in their form of life to achieve any other valued goals. (Doyal & Gough, 1991: 54)

If people do not have these needs fulfilled then they are considered to be 'in need'. The authors define physical health in a 'negative' definition because it is the absence of biological disease which defines it. As a result the physical health needs of people are met if they '...do not suffer in a sustained and serious way from one or more particular diseases' (56). People with disabilities or people who are ill are categorized as not having their basic needs met if their participation is limited and are therefore considered to be 'in need' (57).²

Autonomy is presented as 'the ability to make informed choices about what should be done and how to go about doing it' (Doyal & Gough, 1991: 53). If a person's agency is restricted or impaired, then that person's autonomy is damaged. A person whose autonomy is limited is also considered to be a person 'in need'. This occurs because of physical or emotional disabilities, and includes any obstacles that limit a person's ability to participate socially or culturally. Participation provides opportunities for people to make choices and choice is necessary for the development of autonomy (61).

The authors enumerate eleven 'intermediate needs', necessary for the fulfilment of health and autonomy. These are:

1. Adequate nutritional food and clean water
2. Adequate protective housing
3. A non-hazardous work environment
4. A non-hazardous physical environment
5. Appropriate health care
6. Security in childhood
7. Significant primary relationships
8. Physical security

² The authors note that 'one can be physically diseased without one's ability to participate being impaired. This will depend on access to the appropriate social environment, aids and support networks' (p. 315). Doyal and Gough use the WHO's definition of disability: 'restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being' (p.174).

9. Economic security
10. Appropriate education
11. Safe birth control and child bearing (Doyal & Gough, 1991: 158)

These intermediate needs, necessary for the satisfaction of the two basic human needs, physical health and autonomy, are considered to be culturally relative. As a result variation will exist in needs satisfaction.

Doyal and Gough also specify that four societal preconditions must exist in order for the satisfaction of basic needs to occur. These are considered necessary in all cultures.

1. Production of need-satisfiers to ensure minimal levels of survival and health;
2. Reproduction and child socialisation;
3. Skills and values: necessary for production and reproduction to occur and communicated throughout a sufficient proportion of the population;
4. System of authority: must be instituted to guarantee adherence to the rules by which these skills are successfully practised.
(Doyal & Gough, 1991: 80)

In terms of need identification and the process of defining need for social policy planning, Doyal and Gough proposed that multi-member groups consisting of professional and community membership are necessary to ensure democratic participation in policy-making. This approach values contextual and grass-roots knowledge of people's experiences as well as knowledge from experts in a particular area in the planning, organization and provision of public services. The inclusion of people not considered 'experts' is a necessary component of social policy and service planning, as otherwise the bureaucracy and professionalisation of current welfare systems '...will become still more intrusive and oppressive' (300).

The authors believe social indicators from a 'basic needs' approach and human development theory can be used to assess need-satisfaction as empirical measures of welfare. The crucial task in constructing indicators of need-satisfaction is to ascertain '...the minimum quantity of intermediate need-

satisfaction required to produce the optimum level of basic need-satisfaction', measured in terms of the physical health and autonomy of individuals (164). This identifies the highest level of basic need-satisfaction that can be generalisable to the population (164).

This theory of need reflects a strong belief in the inter-dependence between democracy and welfare services and the view that neither can be effective or fair without the other functioning effectively and fairly. This co-dependent relationship between democracy and social services is ensured through a 'duality' of systems in which individuals have a right to need-satisfaction and a concurring right to participate in decisions regarding need-satisfaction as well as a duty to society (Doyal & Gough, 1991).

As with Kellmer Pringle's and Maslow's theory of human need, Doyal and Gough advocate that human need satisfaction is a measurement of society's granting of rights and freedoms to individuals:

Basic human needs exist and individuals have the right to optimal satisfaction of these needs and all human liberation should be measured by assessing the degree to which such satisfaction has occurred. (Doyal & Gough, 1991: 3-4)

Critique of Universal Need

All of the theoretical positions in the first framework posit that human needs are universal across all cultures and identify specific basic needs to fulfil in order for people to reach their potential. When these needs are not met, people are in need. These theories focus on preventive and rehabilitative social services and posit a clear moral responsibility of individuals and the state in order to confront and satisfy human needs which are essential for children to realise their potential, and develop into self-fulfilled adults within society. Doyal and Gough's theory of need in particular reflects an extensive attempt to address the questions of need definition and identification, as well as how need should be responded to by society.

Theories from the first framework stress quality of life issues, self-actualisation and 'being all that you can be' and the issue that childhood is a critical period in needs satisfaction (Maslow, 1943: 16). The theories address structural issues of society which are critical factors in fulfilling human needs. Doyal and Gough explicitly detail the political and economic system necessary to support human need satisfaction while Maslow and Kellmer Pringle implicitly advocate for some form of social, liberal democracy. These theories contextualise the experience of the individual within social structures. All of the authors emphasise the importance of physical and environmental needs in order for human needs to be met. Both Kellmer Pringle and Doyal and Gough emphasise that equal opportunity should be a focus of social service provision and not simply an equality of process or means or outcomes. Doyal and Gough's theory of human need advocates for a collective determination of need, represented by both experts such as policy or programme planners, as well as community people.

Within the context of social work planning and service provision, this framework provides a practical means to define and assess human needs, both on an individual level and on a community or collective level. An universal approach to needs allows for planning for unmet need, responding to changing needs and encourages a fair and equitable approach to need assessment and satisfaction irrespective of region or client.

There are limitations to the theoretical perspectives reviewed in the first framework. While these theories argue for an universal definition of human need and purport that they do not succumb to limitations of relativism, there nevertheless appear to be great difficulties in shedding a relative standardisation. In each of these theories there is a reliance on interpretation of levels of development required and desired. For example, how much love and security are necessary for needs satisfaction? When are physical health and autonomy attained? Doyal and Gough allow for different levels of needs satisfaction depending on the resources available in the culture. This raises issues of minimum versus optimum standards, which requires interpretation and can result in varying standards of need satisfaction, both cross-culturally and regionally. Concurrently,

issues of operationalisation remain open to variance and interpretation: how are concepts within these theories measured to ensure universal standards and consistency?

Another limitation of these theories is that they purport that need is a universal and absolute standard yet other terms and concepts are used interchangeably with need. Maslow uses the terms 'needs', 'goals', 'drives' and 'desires' interchangeably which raises confusion in terms of differentiating between these concepts. Maslow based human needs on a biological model in which needs are conceptualised as drives. People have little control or autonomy over their needs and there is a natural progression and ascension from lower needs to higher needs fulfilment. This can be viewed as a fairly deterministic model with needs as drives over which people have little control or autonomy.

Likewise Kellmer Pringle refers to 'vulnerable' and 'at risk' children, terms used in lieu of 'children in need'. As well, Kellmer Pringle outlines four psycho-social needs necessary for children to mature into healthy adults, based on the assumption that their physical needs are met. In many instances social service providers are simply unable to make this presumption. Finally while the goals of these theories are admirable in the extensive aim of maximising all areas of human life, there is a concern that these would be difficult theories to implement in practice. These are very complex notions and require commitment from governments and citizens to plan and provide services for human needs. Other limitations focus on Doyal and Gough's assertion that people with a disability are in need which medicalises and dichotomises disability (Oliver, 1990).

While the theories contained in this framework do not reflect all the theoretical writings from a universal perspective on social need (see for example Hewitt, 1993; Kamenetzky, 1981; Townsend, 1967), they nevertheless reflect the key conceptual contributions to a universal perspective.

FRAMEWORK II. SOCIALLY CONSTRUCTED NEED

The universal approach to need contrasts directly with an alternative view, the socially constructed need, in which need is considered to reflect the outcome of complex interactions of social phenomena (Smith, 1980). Most authors on need accept that the most basic survival needs, food, clothing and shelter, are relatively easy needs to define conceptually. Controversy begins when the focus shifts from this simple level of need to the definition, operationalisation and assessment of need (Fraser, 1989). In this second framework, need is neither objective nor easily measurable and the conceptualisation of need varies depending on the context in which it occurs.

The idea of social need is used in very different ways by different groups, at different times, in different contexts, for different purposes and with different effects. (Smith, 1980:1)

Need is conceptualised as a social phenomenon that is inseparable from the context in which it is defined, socially constructed and subjective. This perspective denies the possibility of 'real' objective knowledge and the corresponding possibility that one definition of need or any 'real' definition exists (Percy Smith, 1996). As a consequence, needs should not be considered objectively identifiable nor universally shared (Pratt, 1997; Wilson, 1997; Doyal & Gough, 1991; Culyer & Wagstaff, 1991).

The work of Bradshaw (1972) and Smith (1980) represents a conceptualisation of need as subjective and socially constructed. These theories posit that the definition of need varies depending on who defines the concept and argue that the context within which the social phenomenon of need occurs, also influences how it is defined and identified. These theories argue that there is 'no objective, universally applicable criteria on which to define need' (Smith, 1980: 196). As a result, need is considered to be a relative and subjective concept. The theories in this second framework generally address the procedural aspects of the concept of need: how is it defined and identified, as opposed to the definition of

need. In contrast to an individualist approach to need, theories in this framework are also more concerned with a population as the unit of focus, identifying groups' needs (Percy, 2000).

Bradshaw (1972) contributed several elements to the conceptual definition of need. He argued that the definition of need reflected differing perspectives and values of those who defined it, disputing the existence of an absolute or universal standard of human need. Second, Bradshaw identified types of need used by administrators and research workers, essentially outlining procedures used to define need for the purpose of providing services. As well, Bradshaw identified that 'in need' referred primarily to the state of falling below a standard.

Bradshaw classified a 'taxonomy of need' in which four categories of need are defined:

1. Normative needs
 2. Felt need
 3. Expressed need and
 4. Comparative need.
- (Bradshaw, 1972: 640-641).

'Real' need was believed to occur when the four categories converge. Normative needs are those needs defined by experts or professionals (including administrators or researchers), based on an agreed upon standard. This standard is compared with an individual's or group's actual experiences and if there is a shortfall in the resulting comparison then they are identified as being 'in need' (640). As this is not an absolute definition of need the standard may not correspond with need established by other definitions and is therefore relative and subjective in that its definition and identification were dependent on who was involved in the specification process. Defining need reflects the context within which it occurs and '...the decision about what is desirable is not made in a vacuum' (641).

So the normative definition of need may be different according to the value orientation of the expert - on his judgments about the amount of

resources that should be devoted to meeting the need, or whether or not the available skills can solve the problem. Normative standards change in time both as a result of developments in knowledge, and the changing values of society. (Bradshaw, 1972: 641)

Felt needs are identified by individuals themselves when asked if they feel they require a service. Felt needs are equated with want although they are not necessarily expressed publicly by the individuals. While Bradshaw believed that felt need is an important component of defining need in a democratic society, he asserted that by itself, felt need is an inadequate measure of 'real' need as it is too individually based (641). The individual may not be aware of a service, may have low expectations of service, or may not want to ask for services.

Expressed need or demand refers to needs that are expressed by individuals, essentially the verbalisation of felt needs. The demand for services by people is an example of expressed need. Comparative need is defined through studying and measuring the characteristics of people receiving a specific service. When other people with shared characteristics are not receiving the service then they are defined as in need.

Smith (1980) was particularly interested in the effect of organisation and structure on staff's interpretation and definition of need, for example Bradshaw's normative need. He believed social phenomena should be viewed as the outcome of a complex interaction pattern between clients and professionals, and not simply as properties of the individual client. Smith argued human need can be described via different subjective notions of need found in common discourses and the methods they are employed in specific social contexts. Need is a 'dynamic social construct', closely dependent on professional practice (19).

In his research in Scotland, Smith found that needs of clients were interpreted and constructed by different professional groups and the organisational structure (20). Smith found that the nature of need was differentiated based on three dimensions: the unit of need, beliefs about the causes of need, and the assessor of need. Smith suggested that social workers' views of need could be classified according to the unit of need and attributed

cause. This has direct implications for the operationalisation of need as most social workers considered the individual client as the primary unit of social need (181). This contrasts with two minority conceptualisations in which the community and the family were perceived as the main units of social need (181). In terms of identifying the individual as the basic unit of need, this implies a social work practice that is specialised and individualised to the client. This contrasts with a community view as the unit of need in which case social workers would be encouraged to become knowledgeable and specialised with the needs and problems of specific areas (182). Those who see the family as the basic unit of social need would respond through family services and intervention. Intervention in these cases is primarily family focused.

Three elements constitute professionals' beliefs about the causes of need. Social workers believed the causes of need are founded in psycho-dynamic factors, material factors or moral issues (181-182). These perceptions regarding the causes of needs have implications for the role of social services. The majority of social workers believed psycho-dynamic or interpersonal issues to be the cause of social need, in which presenting problems are considered to be symptomatic of underlying interpersonal needs. This perspective gives social workers a treatment function, and a main focus of assessment is to probe for greater, hidden needs when intervening with clients. For those professionals who viewed material factors as the cause of need, the main focus of intervention became ameliorating poverty. Unlike the dominant view in which needs are hidden beneath symptoms, needs from this perspective are self-evident and require minimal expertise of social workers in the determination of needs. The third perceived cause of need identified by Smith viewed need as created by a lapse in morality. Smith connects this view to the Poor Law's conception of the deserving and undeserving poor. From this perspective, the role of the professional is to investigate and social work functions as a method of social control and moral reform.

Finally, the third dimension of the nature of need developed by Smith is concerned with the assessor of need. This dimension is divided into three categories: those who see the professional social worker as the expert assessor of

need; those who perceive the assessor role as a task for experts, however delegated to other professionals who act as referral agents; and those (a small minority) who believe the client is an appropriate assessor of need (183). Smith links the three dimensions of the conceptualisation of need as being entrenched in the perceptions, beliefs and practices of workers and their organisation:

While 'meeting the needs of clients' remains the predominant requirement of professional activity throughout an agency, the ways in which 'the needs of client' are constructed by professionals' views with the practical and organisationally situated purposes for which the notion is being used at any particular time. (Smith, 1980: 191)

Within the context of social work, a social construction approach to the conceptualisation of need criticizes a universal and objective perspective of need on at least four levels. First embedded within a philosophical belief that reality is a social construction, need is thus considered to be a 'socially constructed reality' and consequently need is 'the objectification of a set of subjective phenomena' (69). This approach argues that a traditional view of need ignores or minimises the role of context in the conceptualisation of need. A second issue addressed by this framework is the corresponding interpretation and operationalisation of need on a practical level. The third issue situates need contextually in the social environment in which it is identified and defined and argues that the actions of different people within an organisation impact on the social construction of need.

So far as the study of social need is concerned, the implication ... is that we cannot expect successfully to study either the needs of clients or the administrative procedures of agencies for managing these needs, without also studying the concepts and ideologies of social workers about these needs. (Smith, 1980: 8)

Fourth, Smith also distinguishes between need as a 'topic' and need as a 'resource' (68). Need is viewed as a topic for research and as a resource for welfare professionals:

We should focus attention on the way in which professional social workers employ need as a resource and that need, as constituted by such activities of welfare personnel, should constitute the topic of needs research. (Smith, 1980: 73)

In contrast to a normative deficit perspective on need within the positivist epistemology, a relative view of need advocates that need should be measured not merely in terms of the individual's needs, but in relation to the rest of society. Need exists only by relation to something else and its significance and meaning depend on a relationship. There is no set standard or identified need fixed to all people. While relative need can employ a deficit model, it is not necessary, and remains firmly entrenched in a definition, both abstract and operational, based on the relation to another. Consequently standards of need and the state of being 'in need' vary, dependent on interconnections with other social phenomena.

Critique of Socially Constructed Need

The theoretical perspectives of Bradshaw and Smith contribute to the conceptual development of need in three main areas. First these theoretical works highlighted the difficulties associated with the practical application of need and the identification of 'real' need. Both authors concluded that the concept of need is situated contextually and is socially constructed and as a result, differences in its definition and identification of need exist, and in Smith's writings, they are particularly evident within the social work profession as well as between professionals and clients. The authors raised the issue that normative need cannot be considered objectively determined, as decisions are not made in a 'vacuum' (Bradshaw, 1972: 641). Third, these theories provided a framework that distinguishes between the processes utilized to identify and define need, whether it is experts, consumers of services or other service providers. Bradshaw also identified that if only half the population with 'expressed need' make it known to Local Authorities then the level of demand is half the 'true' felt need.

Issues identified as strengths of this framework also contribute to their limitations in both practical and theoretical areas. While these theories confronted subjectivity in defining need and reflected a relative approach to the

conceptualisation of need, they accordingly rejected any set standard. This approach runs the risk of avoiding moral issues of responsibility to real human suffering. Bradshaw's four types of need are poorly differentiated. For example, on an individual level expressed need equates to felt need and comparative need is essentially the application of normative need in a different context, at a different time or by different people (Clayton, 1983). No attempt is made to prioritise needs (Bradshaw, 1994), nor recognise that some needs are more inherently serious, damaging and of greater concern than others. Bradshaw's classification of need provided a means to determine needs-based service eligibility at a population level however made no attempt to look at causal or associated factors of need. With the exception of the identification of poverty (and its associated alleviation) Smith does not provide a definition of need. For example, in the examination of professionals' beliefs regarding the causes of need there remains a gap in the definition of need even though the majority viewed it caused by psycho-dynamic factors. Neither author attempt to explain causes of the social phenomena interpreted or defined to be 'need' and both were more concerned with the process, or how need is defined (Smith, 1980).

While the theories contained in this framework do not reflect the diversity of theoretical writings on the social construction of need (see for example Illich, 1992; Clark & Langan, 1998; Sagara, 1998), they nevertheless reflect the key conceptual contributors to this perspective.

FRAMEWORK III. REDIRECTED NEED

The third framework contains two theories important for the examination and development of the concept of need. These theories advocated for a redefinition and ultimately a rejection of the term need and are influenced by epidemiological approaches concerned with a population's health. This includes both individuals and populations as units of assessment.

In 1994, Bradshaw revisited his earlier work and found the concept of need '...too imprecise, too complex, too contentious to be a useful target for policy' (46). Bradshaw provided an alternative concept to need, one that stems from the World Health Organisation's definition of health which encompasses social, mental and physical well-being. Health is defined as:

The extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs and on the other hand, to change or cope with the environment. Health is therefore seen as resources for every day life, not the objective of living: it is a positive concept emphasising social and personal resources as well as physical capacities. (World Health Organization, 1985)

He argued that a more appropriate target for health and public services is 'inequality' and policies and programmes should be refocused on redistributive programmes and policies with goals to reduce inequities (Bradshaw, 1994: 54). This redirected approach to the concept of need implies a universality to health and inequality, although relative in terms of international standards.

Sheppard and Woodcock (1999) proposed a 'differentiated' concept of need and opted for the use of the term 'problem areas' (69). The authors rejected a universal and absolute concept of need in which 'in need' refers to the state of falling below a specified standard. Sheppard and Woodcock were concerned with the difficulty of implementing the concept of need on an operational level and proposed an alternative operating concept useful for practitioners and managers. This alternative provided both a means for the classification and differentiation of need. From this perspective need was differentiated based on three criteria: 1) a

problem identifier; 2) a support statement; and 3) a resource statement. These three categories contribute to both the cause and the remediation of the need. As a result need becomes defined in terms of 'problem areas'. The type of support required and resources necessary to alleviate need represent the 'active element of need' and what is 'needed to be done' to alleviate problems:³

Need, in this approach, is not a deficit state but refers to some thing or object which itself is an active ingredient in alleviating or resolving the condition of the individual. (Sheppard & Woodcock, 1999: 70).

The authors advocate that the individual's need is reflecting a particular problem that requires resolution with the example of a person needing therapy due to a depression. The conceptualisation of the problem state of those receiving services becomes a key element in a differentiated concept of need, as the classification of problems are the source of the 'need' for services. Using the example, need is evident in the problem state, which is the person's depression. Essentially this perspective promotes a method for service providers to identify need (based on problem areas) and to identify the resources necessary to meet the need. This approach to need definition stresses the importance of the interlocking link between resources required to alleviate needs and the problems that generate the need for those resources.

More recently, Percy (2000), drew on a health-economic definition, in which need, demand and supply interact to provide the basis of a needs-based planning process. The author builds on Sheppard's and Woodcock's differentiated conceptualisation of need and argues that needs-based planning is the 'effective development and use of available resources to achieve the maximum benefit for the local population' (Percy, 2000: 81). The author differentiates between 'need' of a general population 'a characteristic or circumstance which could benefit from the provision of a particular service' and people 'in need' as specified by legislation (82) thus envisioning 'in need' as a sub-group of 'need' in the

³ This approach is similar to Culyer's and Wagstaff's instrumental use of the concept need in which 'an entity should have a positive productivity in terms of moving an individual from his

population. Percy also employs the term 'hidden' need, defined as 'vulnerable children' who have not connected with social services, also referred to as 'unmet need' (82-83). He advocates for both the assessment of need on a population and individual level from which supply decisions can be made. Epidemiological research, risk factor research and evaluative research are identified as priorities for planning (94).

Critique of Redirected Need

The theories contained in the final framework contribute to the conceptual development of need in several ways. First, they identify ongoing difficulties with concept of need and limitations to being 'in need' and ultimately reject the use of the term 'in need'. Second, unlike limitations of some theories of need in the past, the authors attempt to provide practical alternatives for workers and managers who plan and provide social services and require an operational definition on which assessment can be based. This is particularly relevant for practice guided by legislation that requires needs assessments for planning and service provision. Finally, whether it is through the identification of problems and related solutions, or through the redistribution of wealth, theories in the third framework focus on actions necessary to respond to identified needs.

Unfortunately the perpetual problems of need identification, definition and setting standards remain. For example, a social worker confronted with an individual experiencing a particular issue must still identify and define the person's problem and the corresponding solution to it. Are the concepts of 'problems', 'health' and 'vulnerable' any less nebulous, complex and open to interpretation than need? These theories advocate for the use of the terms 'inequality', 'problem state' and population 'need', which simply replace the term 'in need'. Methods and means of providing services remain open to debate.

In Bradshaw's redirection, it is questionable whether the proposed outcome of greater resource equity satisfies all needs on both a conceptual and operational level, clearly limiting the interpretation and application of 'health'. It

current state to the desired end-state' or 'improving health' (1991: 3-6).

is not clear that redistribution is necessarily equal to needs satisfaction. Bradshaw himself acknowledges that two main problems with his redefinition of need relate to health being too large a definition for the NHS to sufficiently satisfy and effective interventions are not always available. While his ideal is to incorporate social and economic needs into a health definition, it nevertheless remains difficult to 'translate it into a theoretical and measurement reality' (Long, 1994: 164).

Woodcock and Sheppard's three dimensions of need appear very similar to case intervention approaches described as 'task focused', 'problem solving' (Compton & Galaway, 1989; Maidman, 1984) or 'interactional' models (Shulman, 1984). While the three dimensions provide an action based approach, it is debatable whether this theory of need presents any new knowledge in terms of service intervention with consumers. Finally, the differences in needs and demand, from Percy's perspective, are not so clear, predominantly when the operationalisation of the concepts are required.

Other authors also raise questions regarding the usefulness of the concept of need in the planning and provision of social services (see for example Barnes and his view that 'social rights' may be more helpful (1998: 119)). The topic of rights is discussed in the following section.

NEEDS AND RIGHTS

The concept of human needs is also related to the concepts of rights and closely related to issues of citizenship and social justice (Marshall, 1963; Rawls, 1973; Doyal & Gough, 1991; Feinberg, 1974; Wiggins, 1998). This section provides a brief summary of these theoretical interrelationships. The gradual inclusion of responsibility for family, friends and fellow citizens 'in need' reflect a prioritisation of obligations and ethical responsibilities. This is a reflection of the

belief that people share a common humanity.⁴ This recognition of sameness encourages a sense of compassion and responsibility for others. Rights are founded on the claim that people are from one species and that they share 'body, suffering and mortality' which requires responsibility and obligation (Ignatieff, 1984: 36). These rights are based on the 'universal human worth' as opposed to individual merit or value of a specific person.

Human rights, as a revolutionary idea, were associated with the idea of a single status society where the power of the high and mighty were limited everywhere by the right all persons derived from the 'status' as human beings. (Feinberg, 1973: 89)⁵

The alternative discourses of needs and rights are also related to the issue of citizenship. According to Marshall (1963), citizenship rights include civil, political and social rights. Civil rights ensure equality before the law and individual liberty. Political rights ensure a democratic political system, the right to vote and to run for public office. Social rights are necessary as they provide a material standard necessary for health and well-being, but also for the opportunity to participate in civil and political processes. These combined rights form the basis of citizenship and full membership in society. Even if citizens are enfranchised⁶ and equal before the law, if they do not have social rights, then they are unable to participate politically and exercise their civic rights.

Within this context, social rights can also be viewed as required, due to a claim of entitlement because of an existing unmet need: this provides citizens

⁴ The recognition of human rights has had a long tradition in Western civilisation beginning in Greek philosophy, through to contemporary times. For example the Stoic's Natural Law supports a premise that there is a higher order of universal and rational truths created by nature, or God (Greer, 1977). Natural Law considered that all human rules should conform to the higher standard of these laws and established the notion that government (or rulers') power is limited. The notion of the equality of people was supported through this belief. The belief in common humanity was further endorsed during the Renaissance and the Enlightenment with a growing belief that people required freedom from tyranny, founded the value of individual liberty. This perspective argued that citizens required natural rights against the state in order to protect them legally so that individual freedom was ensured.

⁵ Rights include passive negative rights (rights not to be done to by others in certain ways), active negative rights (rights not to be interfered with) or positive rights (rights to be done to in certain ways) (Feinberg, 1973: 88).

⁶ Adults.

with the legislative mandate for need satisfaction (Wiggins, 1998). If human beings are denied having their needs met, their rights are being violated. Feinberg links a person 'in need' with having a 'claim'⁷ from which rights grow (1973: 67). Obligation is thus correlated to the concept of human need, on both a moral and legal level, and legal rights reflect the obligations to needs. In this sense, positive rights, the rights to goods or resources are obligations to people in need and need becomes a method of implementing principles of equality (Feinberg, 1975). In more recent years, children's rights have received greater attention partly to respond to identified children's needs. The UN Convention on the Rights of the Child reflects a rights model of meeting children's needs.

Some social movements for example ethnic minority groups and people with disabilities raised concerns that needs based access to social welfare services were in effect resulting in the segregation of people and maintenance and reproduction of inequalities within society (Langan, 1998). The employment of the term 'special' needs implies different needs of 'ordinary' people resulting in a societal view of people with special needs as problematic or needy. This generally has a segregating effect on people (Barnes, 1998: 119). They also argue that the use of needs based eligibility to social service provision is a reflection of passive citizenship and results in the social exclusion of people. As a result a rights based access to services is advocated in order to promote social cohesion and inclusiveness and encourage active citizenship and corresponding citizenship entitlement (Oliver, 1996: 68; Barnes, 1998).

Rawls (1972) builds on the citizenship connection to rights and attempts to address the issue of optimal need-satisfaction integrating both negative and positive rights for a 'good' society. His vision of society is based on the premise that rights and liberties should be guarded to ensure a democratic political process as well as economic and social benefits for citizens. This theory attempts to balance basic freedoms and optimising 'access to primary goods for the least well off' (130). He argues that resources must be provided to the least-well off in

⁷ A position also reflected in Fraser's writing within the context of supporting the 'translatability of justified needs claims into social rights.' (1989: 312).

society in order that basic need-satisfaction is optimised, to ensure effective political and economic participation. As a result, the moral right of need-satisfaction should be legislated constitutionally. Rawls also puts forth the notion that a 'theory of justice' can be used to evaluate social services in response to the question: Is it fair or just?.

'Rights', as with needs, proves to be a difficult concept to define with any unanimity or finality. As with a needs discourse, a rights discourse reflects differing ontological and epistemological paradigms and corresponding visions of the role of the state in relation to citizens, including children, particularly in the provision of social welfare. Nevertheless, in order to articulate a rationale and basis for needs planning and provision, the closely connected topic of rights requires consideration.

'CHILDREN IN NEED' IN THE CONTEXT OF THEORIES OF NEED

When examining the legislative category 'children in need' within a 'needs' discourse, issues concerning prevention, equity, eligibility and stigma are raised. Within the context of the Children (Scotland) Act 1995, it appears that the legislation is ambiguous and at times contradictory. Children and their families 'in need' (including those who may be in the future) are to receive services in order for their welfare to be safeguarded and promoted. This legislation appears to support an 'objective and universal' view of the concept of need, although there are ambiguities in terms of the operationalisation of the concept. Section 22 suggests that there are two principal categories of children: those in need and those who are not in need. This is further supported by the four criteria of Section 93 stating a child is in need of care and attention because:

- (i) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development unless there are provided for him, under or by virtue of this Part, services by a local authority;

- (ii) his health or development is likely significantly to be impaired, or further impaired, unless such services are so provided;
- (iii) he is disabled;
- (iv) he is adversely affected by the disability of any other person in his family [Children (S. 93(4)a)].

The very fact categories for service provision are stipulated in legislation, underlies a perspective that 'need' exists in a non-relative and unbiased sense: that it can be identified, measured and presumably, used as a foundation for policy and service provision. This implies, at least on an abstract level, that need there are some children who can be identified as 'in need' to the extent necessary for the determination of service eligibility. This is particularly evident in the guidance with a focus on identification and assessment.

It is also clear that children 'in need' and their families, within the legislation, reflect a relative perspective of the concept of need. This is evident in at least four areas: 1) individual social worker's professional judgement; 2) the Councils' policies and procedures; 3) the local authorities' geographic context; and 4) the resources available to the local authority. In the guidance, the framework proposed for social work services stresses the need for the:

Skilful exercise of professional judgement, backed by management supervision and support, within the context of the legislation and the local authority's policies, procedures and standards. (SWSG, 1997: 2).

This raises the issue of consistency and fairness in relation to responding to needs.

For example, a broad interpretation and definition of the concept of 'children in need' used in policy formulation and intervention could be seen as a means of improving services to children. However, a more narrow interpretation of the concept of 'children in need' could also result, particularly due to limited resources and ongoing financial strains on local authorities. This could in turn limit the magnitude and type of service provided:

A broad definition, moving the emphasis of service away from protection towards an outreaching type of prevention, would be cost-effective in the

long term but would mean, in the short term, that resources would be very thinly stretched. A narrow definition would ensure adequate service to children in greatest need but would fail in its preventative function. A lack of any definition, while politically the safest approach, would lead to inconsistency in practice since social workers would be obliged to assess need on the basis of their own individual and different definitions. (Colton, Drury & Williams, 1995: 56).

The Act does not promote a universal welfare system and a corresponding access to services for all children. The category 'children in need' suggests service eligibility and provision based on selective or targeted categories of children as opposed to all children (Hill, Murray & Tisdall, 1998). Part of the reason for selective versus universal public service provision may be explained by the availability of finite resources and corresponding decisions by governments on all levels to target those with particular needs. One potential benefit of the identification of specific needs is a basis for standards and equity in ensuring needs are met, irrespective of geographic location, social worker assignment or other case particulars. On the other hand, certain dangers result from a targeted categorisation. For example, the ability of inter-professional to respond to unique or exceptional cases may be very difficult, and secondly, 'a defensive, routinised form of coordination may serve to accentuate the tendency towards conservatism' (Hallett, 1995: p. 345). This can result in a more defensive stance and restricted provision of services with minimal collaboration between professionals.

Targeting can also result in stigma being attached to the use of services as well as a greater focus on protection versus prevention or those children that are the most vulnerable (Hill & Aldgate, 1996):

In practice, this targeting tends to be directed towards children and families with significant difficulties and problems, which in turn may lead to stigmatisation of the service and its users. (Hill, Murray & Tisdall, 1998: 91).

The targeting of identified categories of need has implications for social inclusion. Although the 'children in need' category provides a legal basis for access to

services, there nevertheless remains a concern that it highlights differences from the needs of the general population and that this category constitutes a problem.

The enactment of the Children (Scotland) Act 1995 corresponded to the reorganisation of local government structure that resulted in the creation of 32 local authorities from the previous combination of regions and districts. While this structural change could result in an increase in inter-departmental collaboration and cooperation, there is an additional concern that 'children in need' can be interpreted differently both within and between the many local authorities across Scotland, as well as a possible lack of accountability in the planning and provision of services to children (Hill, Murray & Tisdall, 1998).

These points question whether Section 22 of the Children (Scotland) Act 1995 weakens the strong welfare component of the Social Work (Scotland) Act 1968 and reflects a trend favouring protective services to the detriment of preventive services (Hill, Murray & Tisdall, 1998; Hill & Aldgate, 1996; Gibbons, 1995). Eligibility for service planning and provision is based on criteria in which children are already deemed to be in a state of need:

Social work services to children and their families are arguably moving further away from preventive work, as the duty to promote the welfare of all children has been replaced by duties toward a specific category of children: 'children in need'. Other than those children with a disability, the future health and development of a child must already be in doubt to be considered a 'child in need'. Would not truly preventive work seek to prevent the need for any concerns in the first place? (Hill, Murray & Tisdall, 1998: 116)

CONTESTED AREAS OF NEED

The three theoretical frameworks outlined in the preceding discussion demonstrate the complexity and variety of thinking that exists around the conceptualisation of need. Interwoven with the core conceptual differentiation of need are contested areas. Fraser addresses the concept of needs through inquiring about 'discourses of needs', defined as 'the politics of need' (1989: 292). The

author identifies three key areas of struggle: the validation of a particular need as considered a legitimate political concern; the struggle over the interpretation, definition and decisions regarding requirements for need satisfaction; and the struggle to 'secure or withhold provision' in need satisfaction (294). The legislative category 'children in need' clearly reflects a legitimisation of political concern.

Clarke and Langan (1998) modify these struggles and list three areas of conflict that arise around the definition of need and the corresponding provision of social services.

1. Entitlement: who gets what? The definition of 'need' forms the crucial point of connection between welfare services and those who receive them.
2. Provision: how are needs met? The ways in which 'need' is defined imply sets of relationships between welfare services and those who receive them.
3. Contestation: who decides? Conflicts around need involve issues of power: both the power to define needs effectively and the power in relationships that are enmeshed in 'meeting needs'. (Clarke & Langan, 1998: 261)

These areas of conflict legitimise needs of particular people or groups of people, prioritise needs in terms of importance, and identify who has authority to define need. They also determine the method in which needs are to be met.

The first contested area, entitlement, is concerned with what is defined as need and who is defined as having needs or being in need. This is a critical area of contest as it sets the eligibility criteria for welfare provision. There is frequent conflict in this area between resource budgeting, rights associated with citizenship and professional assessment (Clarke & Langan, 1998: 262). The area of entitlement also comprises issues of legitimisation, priority setting, the attribution of needs and methods used to meet needs (266). The second contested area is focused on service planning and provision: the process utilised to meet needs. Finally, the third contested area revolves around who is authorised to decide, within or outwith organisations. This can include professionals, other 'experts', users of services or community people generally.

There are three main implications from Clarke and Langan's (1998) contested areas relevant to the conceptualisation of need. First, the authors support the subjective framework and argue that needs are not inherent characteristics of individuals or people. Second, the variation of the term need, historically, culturally and internationally, provides evidence that need is indeed a contested area. Finally, a contested perspective on need raises issues of power:

Central to this argument is that the power to define 'need' and the processes, practices and relationships associated with needs has been and continues to be central to the organization and provision of social welfare. Forms of economic, social, political and organizational power are involved - in different ways and at different levels - in constructing definitions of legitimate need. (Clarke & Langan, 1998: 270)

CONCLUSION

This chapter examined key theoretical contributions that have been influential to the development of the theory of human need. Need is a contested area in that there is no agreed upon assessor of need or definition of need. Assessing need is a process which involves taking account of information on several dimensions from various sources. It is unclear whether needs should be defined and assessed by a consumer of services, the provider of services, or other community members. The concept of need can be understood from an universal perspective or a socially constructed viewpoint. From the former standpoint need is an universal characteristic, common to all people across various cultures. When a person's situation falls below a certain standard, they are considered to be 'in need'. This is in contrast with an opposing position which conceptualises need as subjective, one which changes depending on the context and the assessor. Other theorists reject the concept of need and advocate for the use of an alternative term. Fundamentally, the conceptualisations of need reflect two paradigmatic domains: the positivist and the subjectivist.

The concept of need is foundational to social welfare institutions and influential in the development of human rights. People receive services from social welfare on some basis of need and need influences decisions on the type and level of service provision and the conditions for service eligibility. The discussion on the conceptualisation of need concluded that the concept of need represents a contested terrain. It is in essence a reflection of power areas concerned with who defines need, who is defined as in need, the quality and quantity of service provision and who assumes authority to make decisions in the contested areas. This again raises questions of rights, in particular citizenship rights, and the moral and legal obligation of society to ensure needs are met. The legislated category 'children in need' reflects these broad theoretical debates as well as power inherent in defining children 'in need'. The following chapter builds on the notion of contested areas and develops a theoretical framework of organisational power to examine 'children in need' policy.

CHAPTER FOUR

THE INTEGRATED POWER FRAMEWORK

INTRODUCTION

This chapter makes explicit the overarching theoretical framework of the study. Theory provides the structure necessary to examine and understand social phenomena (May, 1997). A theory of 'organisational power' provides the framework to analyse and understand 'children in need' (CIN) policy. This is specifically informed by the concept of policy as a reflection of power arenas and dimensions within an organisation. This chapter provides an elucidation of the theoretical framework proposed and the corresponding rationale for its application to the study.

The theoretical underpinnings which guide this framework draw on organisational literature from management and social service fields, in particular, organisational theory concerned with power (Hardy & Clegg, 1996; Reed, 1996). The theoretical base synthesises and integrates multiple perspectives: aspects of Weber's work on bureaucracy in modern society (Weber, 1978; Ray & Reed, 1994; Reed, 1994); Michel's 'iron law of oligarchy' (Michel, 1915); Smith's (1965) research and theory on front-line organisations; and Lipsky's seminal study on street-level bureaucracies (1980). Lukes' (1974) analysis of power dimensions is modified and incorporated to present the procedural contexts within which power is manipulated. Elements of these major works serve to locate the arena and dimensions of power within an organisation. As well, a feminist perspective is integrated within the organisational framework as feminist thought challenges and questions '...the traditional orthodoxy of organisations and practices, notably of their hierarchical structures' (Woodward, 1997: 89).

It is expostulated that CIN policy reflects different power arenas within an organisation (Hardy & Clegg, 1996) and that policy is formulated on all organisational levels, defined as: '...generally autonomous components operating in institutional conditions...' (Fulcher, 1989: 6). Levels can refer to staff in different job positions (for example social workers, supervisors and managers), as well as systemic levels such as national, local or community levels. The term arena is used to denote 'organisational forums within which power occurs' (Fulcher, 1989: 4). Finally, this framework is premised on the belief that practice is analogous with policy (Fulcher, 1989) and consequently managers, supervisors and front-line workers formulate CIN policy. Because of the integration of elements of these multiple sources of organisational power, the theoretical model applied to this study is referred to as the 'Integrated Power Framework' (IPF).

The following discussion begins with a brief summary of the development of organisations and an overview of an orthodox perspective on organisational power. This provides a historical context on organisational theory from which alternative views of power emerged and leads into a detailed elucidation of the IPF. While power in organisational structures and relationships exist in an orthodox model, the review highlights the inherent limitations of traditional organisational theory in the study of power, its one-dimensionality and bias. The IPF responds to these short-comings and provides a broader and more useful view of organisational power.

I. ORTHODOX PERSPECTIVE

The growth in organisations was created by industrial development in the late 19th and early 20th centuries. The word organisation stems from the Greek word 'organon' which means tool or instrument (Morgan, 1986: 23). Organisations developed as methods to respond to expanding needs of capitalism and industrialisation (Gummer, 1990) as the technological and market changes transformed previous forms of administration and production and required a new form of administration (Bendix, 1974). This new form of administration was believed to be able to overcome limitations of the past, particularly political influence, social order and irrationality.

The growth of an 'organisational society' was synonymous with the inexorable advance of reason, liberation and justice and the eventual eradication of ignorance, coercion and poverty. (Reed, 1996: 31)

The technological changes resulting from industrialisation created a new power base, founded on technical expertise, and not (as in the past) on political, economic or social connections. This new expert power was considered to be a stabilizer against political and social uncertainties, critical for a stable and functioning society (Reed, 1966). The expert power holders became a new 'élite' and legitimized a hierarchical structure within the organisation. Although this élite differed from a previous aristocratic élite, it nevertheless remained anti-democratic and anti-egalitarian (Reed, 1996: 35).

This hierarchical structure provided the framework within which people worked to meet the organisational goals (Smith, 1979). The growth in organisations corresponded with a differentiation of tasks and a specialization of skills in the labour force creating the division of labour (Hardy & Clegg, 1996; Reed, 1996; Smith, 1979). Labour became differentiated based on two criteria: those who managed through the use of mental abilities and skills; and those people who laboured physically. Mental labour was associated with supervisory

or management positions and the organisational élite, positions that included giving orders to subordinates. Administration was viewed as a means to co-ordinate the division of labour and assigned the organisational élite the role of planners (Reed, 1996). Of particular relevance to this study is that early organisational structure incorporated power within one forum, through the legitimisation of a top-down hierarchical approach. Power was considered a legitimate force for those at the top of the hierarchy to extract labour from those at the bottom and the use of discipline and rules were considered valid methods of enforcing labour (Hardy & Clegg, 1996).

Traditional organisational theory is often referred to as an 'orthodox' or 'functionalist' perspective (Reed, 1996). There are a variety of models within an orthodox perspective on organisational theory (for example rationalist and market); however they share common assumptions about organisations, particularly regarding power, hierarchical structure and the division of work (Hardy & Clegg, 1996; Reed, 1996). Efficiency, effectiveness, rationality and hierarchical structure are terms often used to characterise an organisation using an orthodox framework. Human emotions and values were excluded and considered unnecessary to organisation theory and individual values, culture, politics and morality of the work place were thought of as external to the organisation (Reed, 1996; Gummer, 1990).

An orthodox view of organisation focuses on the organisation's goals and consensus rather than difference (Smith, 1979; Clegg & Hardy, 1996). Goals were thought to be central to the study of organisations and were seen to be particularly important in order to evaluate whether or not the organisation functioned effectively. An effectively operating organisation resulted in goal attainment. Consequently, a major task of management within an orthodox framework is to define goals clearly and ensure that they are successfully realized. Social action within the organisation is ordered to realize the goal. According to this perspective, organisations are seen as instruments: '...rationally conceived means to the realization of a single, specific, stable and generally accepted group goal' (Smith, 1979: 3).

In the orthodox approach organisational design and structure were viewed as 'formal, legitimate, functional authority' and any resistance to this authority and structure was considered to be illegitimate and dysfunctional (Hardy & Clegg, 1996: 626). The interests of managers are sanctioned and considered representative of the organisation's needs and goals. Resistance, one form of power, is simply not considered valid organisational power. This is a narrow conceptualisation of organisational power as the only recognized form is used to dominate and quell dissent, '...power embedded in the hierarchy has been viewed as 'normal' and 'inevitable' following from the formal design of the organisation' (Hardy & Clegg, 1996: 624). The possibility of managerial 'self-or vested interests' is generally ignored or unacknowledged (Hardy & Clegg, 1996: 629). This approach is biased in favour of a managing élite, considered rational and logical in decision-making and the pursuit of organisational goals. An orthodox model of organisations legitimizes management power and presumes an acceptance of the hierarchical nature of power.

From an orthodox tradition, policy implementation was considered a hierarchical top-down process with the organisational policy determined by staff in administrative positions directing the implementation by lower level staff (Gummer, 1990; Van Meter & Van Horn, 1975). If formal policy was not successfully implemented, reasons were sought to discover obstacles to the policy implementation process and answer the question 'why did it happen this way?'

In its most general form, an inquiry about implementation...seeks to determine whether an organization can bring together men and material in a cohesive organizational unit and motivate them in such a way as to carry out the organization's stated objectives. (Van Meter & Van Horn, 1975: 448)

In summary, traditional organizations are characterized as having boundaries, rules and a shared history with : 1) A division of labour, (not random or traditionally patterned but deliberately planned to enhance the realisation of specific goals); 2) The presence of one or more power centres which control the concerted efforts of the organisation and direct them toward its goals; 3) Power

centres that review continuously the organisation's performance and re-pattern its structure, where necessary, to increase its efficiency; 4) Substitution of personnel: unsatisfactory persons can be removed and others assigned their tasks. Organisations can also recombine its personnel through transfer and promotion (Etzioni, 1964: 3).¹

II. HUMAN SERVICE ORGANISATIONS AND EVOLVING PERSPECTIVES OF POWER

Weber's theory of organisations was highly influential in the study of organisations and the ongoing development of organisational theory (Hardy & Clegg, 1996; Morgan, 1986). Bureaucracy is a specific form of organisational structure, systematically studied and originally identified by Weber (1947). Weber was interested in how power served the interests of a specific group and identified organisational structures as the means for certain groups or interests to dominate. He was particularly interested in the effect of bureaucracy over independent action, formalized through the hierarchical structure of the organisational élite. Bureaucracy ensured that power was embedded in the organisational structure and legitimised through organisational processes (Hardy & Clegg, 1996; Gummer, 1990). Conceptually, a bureaucracy could be illustrated as a pyramid, in which organisational power culminates at the top with supporting units filling out the base of the pyramid (Gummer, 1990).

There are four traditional bureaucratic attributes particularly relevant to SWDs:

1. A hierarchical authority structure based on official position rather than the individuality of the incumbent.
2. A system of rules governing the rights and duties of these positions.
3. A detailed system of rules and regulations for dealing with each

¹ Some would argue that (Clegg, Hardy & Nord, 1996) organisations are not limited to this definition of only empirical objects, but also include theoretical discourse (for example conversations about organisations in terms of representation, professional, academic, practice) and social process (public phenomenon, inter-subjective and shared).

particular case.

4. A clear-cut and highly specialized division of labour. (Smith, 1979: 24)

From a Weberian perspective, workers maintain some control over their ability for individual or collective agency and power through their own labour (Hardy & Clegg, 1996). Labour is defined as '...a capacity embodied in a person who retains discretion over the application of that capacity.' (Hardy & Clegg, 1996: 623). It is the capacity to exercise discretion which is the source of power as people decide whether or not they will submit to employer control and how they will employ their discretion. Staff always retain control over themselves and a coexisting source of power:

Always, because of embodiment, the people hired as labour will retain ultimate discretion over themselves, what they do, and how they do it. Consequently, a potential source of resistance resides in this inescapable and irreducible embodiment of labour power. (Hardy & Clegg, 1996: 624)

In this context, power is equated not only with a structural top-down hierarchical domination, but also the resistance to domination. Resistance is included as a form of power whose ultimate goal is liberation of oppressed interests: '...resistance was a good thing: it was an opportunity for creative human agency, particularly that associated with subjugated identities such as workers, women, ethnic minorities, to reassert itself against domination' (Hardy & Clegg, 1996: 632). This identification of resistance to top-down structural power contributes fundamentally to the development of other forms of organisational power.

Michels (1915), in his early, seminal work on power within organizations, Political Parties, asserted that power in organizations centralizes to a limited few, independent of a formal democratic process and coined this phenomenon as the 'iron rule of oligarchy'. Based on this law, policy decisions are made by an organisational elite, those positioned at the top of the organisation's structure. As a result, no matter how democratically formed,

organisations eventually result in a formal hierarchical structure, with a centralized power source of oligarchical power:

It is organization which gives birth to the dominion of the elected over the electors, of the mandataries over the mandators, of the delegates over the delegators. Who says organization, say oligarchy. (Michels, 1915: 418)

An orthodox perspective of organisations does not consider the characteristics and dynamics of human service organisations (HSO). While Weber's criteria of a bureaucracy are common to HSO these organisations are not as static with rigid boundaries and rules as originally conceived by Weber. With the growth of unionisation and modern technology, current organisations can be distinguished from traditional bureaucracies through the decentralization of tasks, less rigidity in authority-based boundaries between organisational relations, and a greater reliance on information technology (Clegg & Hardy, 1996; Gummer, 1990). These features result in HSO that are less tightly controlled by a central, hierarchical élite, with discretion devolving to other organisational staff.

Moreover in Smith's (1965) groundbreaking study of a state mental hospital, the author found that power is often dispersed away from the organisational elite and fail to comply with Michels' 'iron law of oligarchy' (382). Smith first coined the term 'front-line organisations' to describe organisations characterised by three distinct characteristics:

1. Locus of organisational initiative is located in front line units;
2. Unit autonomy;
3. Obstacles to supervision. (Smith, 1965: 389)

Social Work Departments' organisational structure impacts on policy formulation due to the structural presence of autonomy. Smith (1965) found that while formal power is evident at the top of the organisation's hierarchy, power is also dispersed in positions at lower levels in the organisation structure. The author emphasised that coordination of staff to attain organisational goals occurs through a

decentralization of the executive process and the locus of organisational initiative is located in front-line units:

Tasks are initiated for the organisation at the front line level rather than by directives travelling down the chain of command...Or the situation of action at the front line is so constantly in flux, and responses to its fluctuations must be so rapidly introduced, that decisions cannot be referred back to a centralized command. (Smith, 1965: 389-390)

The theory of front-line organisations was further developed by Lipsky (1980) with his creation of the term 'street-level' bureaucracies. Most street-level bureaucracies are identified by five characteristics, although not all conditions necessarily prevail:

1. Resources are chronically inadequate relative to the tasks workers are asked to perform.
 2. The demand for services tends to increase to meet the supply.
 3. Goal expectations for the agencies in which they work tend to be ambiguous, vague, or conflicting.
 4. Performance oriented toward goal achievement tends to be difficult if not impossible to measure.
 5. Clients are typically nonvoluntary; partly as a result, clients for the most part do not serve as primary bureaucratic reference groups.
- (Lipsky, 1980: 27-28)

Lipsky characterised the relationship between management and lower-level workers as 'intrinsically conflictual' and of 'mutual dependence' (25). This position creates a dependence on workers by managers since managers require social workers to implement their stated policies. This can lead to an ongoing source of conflict between managers and subordinates as staff in non-management positions are able to influence organisational policy due to the discretion associated with their work and the autonomy 'from organisational authority' (13). The discretion of street-level bureaucrats grants them 'positions as de facto policy makers' (25). Street-level bureaucrats are defined as public service workers who, 'Interact directly with citizens in the course of their jobs, and who have substantial discretion in the execution of their work...' (3).

Hasenfeld (1983) has also identified specific characteristics of HSO which differentiate them from traditional marketplace organisations. Human service organisations:

1. Involve people as the raw material with a principle function being to 'protect, maintain or enhance the personal well being of individuals by defining, shaping or altering their personal attributes.' Need is a central principle.
2. People are also the chief resource. They and their skills and knowledge are the technology.
3. They are mandated: There is some level of collective sanction.
4. The *raison d'être* and central purpose has welfare or meeting some need, unmet by the private market or best met outside of the private market. (Hasenfeld, 1983: 1)

Social work departments' functions are frequently discrepant and contradictory. This is evident in both the ideology and policy of an organisation:

These are all independent and there may be conflicts between them. Indeed it is only by understanding these conflicts that we can understand some of the most important features of an organisation's structure. (Smith, 1979: xi)

Additional characteristics of HSO include the existence of multiple, conflicting, ambiguous, vague, conflicting goals, that they operate in a turbulent environment and that they frequently work with indeterminate technologies (the means/methods to accomplish ends or goals) (Kettner, 2002; Gummer, 1990; Hasenfeld, 1983). Most HSO exist on scarce resources with frequent disagreement about resource allocation decisions and what are considered legitimate or illegitimate. In terms of structure, HSO generally are in a hierarchical pyramid format with multiple power centres due to a dispersion of power. Finally in HSO the role of the front-line worker is critical (Gummer, 1990). These characteristics are clearly reflected in SWDs.

Social Work organisations simply do not fit the pattern that an orthodox model prescribes:

The notion of 'organisational goal' is now seen as too simple to deal with the real complex of goals that exist in any organisation. The model is value biased. It is over rationalistic. (Smith, 1979: 4)

This study posits that a theoretical framework is necessary for the study of SWD policy to allow for an examination of power in greater breadth and depth when compared to an orthodox perspective on organisation theory. The IPF responds to two central limitations of the orthodox perspective on organisations. The first restriction is the belief that organisational goals are solely formulated by management. The second constraint of an orthodox framework for the study of policy in SWDs is the belief that there is one legitimate top-down hierarchical power structure and anything external to that is either non-existent or unsanctioned. A question posed concurring with these limitations asks 'in whose eyes is power deemed illegitimate, unsanctioned, or dysfunctional?' (Hardy & Clegg, 1996: 628).

The following section presents a detailed account of an 'Integrated Power Framework' (IPF) applied to the study of CIN policy in SWDs. It is divided into three parts. The first part describes the structural and agency arenas of organisational power, the 'what' and 'where' location of power, or 'sources' of power. This is proceeded by a description of three dimensions of power: the 'how' processes in which organisational power occurs (Lukes, 1974). The section concludes with an elucidation of CIN policy as reflecting power arenas and dimensions in SWDs.

III. AN ALTERNATIVE PERSPECTIVE OF ORGANISATIONAL POWER

Structure and Agency

Traditionally, a central divergence of organisational theory and analysis are based around issues of 'agency' and 'structure' (Reed, 1996: 46). Both are considered to reflect organisational 'forums' or arenas. Agency refers to human beings, relations and actions and their corresponding influences on an organisation (Reed, 1996), whereas structure is defined as 'consciously fabricated interactional networks' (Reed, 1996: 46). These networks evolve and change continually. Organisational structure demonstrates, '...the importance of the objectified external relations and patterns that determine and constrain social interaction within specific institutional forms' (Reed, 1996: 46). Larger, more powerful mechanisms influence and control individual and collective human behaviour within an organisation from a structural focus. This stresses the effects of structure on human action. A structural approach to the examination and understanding of organisational power allows for an analysis of the political, economic, legal and environmental context both within the organisation, and within which the organisation is situated, for example the council or national contexts (Reed, 1996: 46).

As an arena of organisational power agency entails a focus on: "An understanding of social and organisational order that stresses the social practices through which human beings create and reproduce institutions" (Reed, 1996: 46). An agency conception of organisational power focuses on the discretion of social actors, particularly social workers and their supervisors, in their organisational position and their implementation of policy. This includes agency over information or communication. Discretion, an inherent component of social work services, is the fundamental source of 'agency' power in policy formulation (Clegg & Hardy, 1996; Reed, 1996; Lipsky, 1980: 25; Smith, 1965).

It is the ability to exercise discretion, to have chosen this rather than that course of action, which characterizes power, both on the part of power holders, those who are its subjects, and on the part of those who are its objects. (Hardy & Clegg, 1996: 633-634)

Organisation power analysis within an agency forum does not identify a 'winner' or 'loser' in the struggles; it is to examine the multiple contested, competing or differing versions within an organisation:

The emphasis is on the play of meaning, signification and action through which all organisation actors seek to script, direct and position all others. In this way, the fragility of unified interest 'groups' is emphasized and the simplistic nature of pluralistic (much less dualistic) approaches to power relations is countered. (Hardy & Clegg, 1996: 633)

Accordingly, social work staff's (in various organisational positions) formulation of CIN policy reflects power arenas. These may organise in opposition to the dominant form and are important areas to study and understand:

A more concentrated focus on the micro-political processes through which power is attained and mobilized in opposition or in parallel to established regimes and the domination structures through which they rule. (Reed, 1996: 40)

By combining structural and agency arenas, a depth and breadth are brought to the analysis of power within SWDs. The theoretical framework defines power as embedded in formal organisational structure and authority. It is also interested in 'how groups acquire and wield power not granted to them under official arrangements' (Hardy & Clegg, 1996: 623). Power in an IPF is reconceptualised to include not only the traditional view of 'someone getting someone else to do something', but also social discourse and behaviour within an organisation:

Rather than being causally observable social episodes, they represent ways in which both individual and collectively organised bodies become socially inscribed and normalized through the routine aspects of

organisations. In this way, power is embedded in the fiber and fabric of everyday life. (Hardy & Clegg, 1996: 631)

This definition of power includes types and forms of power that acknowledge both structural and agency arenas of organisational power.

This perspective builds on the top-down hierarchical approach of an orthodox model but also includes recognition of power from a bottom-up structure (Hardy & Clegg, 1996; Reed, 1996). Organisational power is considered to flow vertically, horizontally and diagonally across organisations and is not limited to a top-down hierarchical relationship (Hardy & Clegg, 1996: 633). Moreover, the IPF integrates broader and more subtle views of power, particularly power infused in individual and collective agency within an organisation: 'The general but 'localized' organisational practices through which patterns of domination and control are sustained' (Reed, 1996: 41). These alternative conceptualisations of power emerged in reaction to critical limitations of the orthodox model (Hardy & Clegg, 1996). The contribution of the IPF is precisely its ability to include an examination of power embedded in both the structure and the individual agency of organisational actors (Clegg & Hardy, 1996; Lukes, 1974).²

Methods of controlling individual discretion are employed to control informal power and are important aspects to understanding organisational power (Hardy & Clegg, 1996). A system of rules and surveillance methods are often used to organise social relations within the organisation's structure, for example standards and the expectation of government for SWDs to employ performance indicators. These attempt to replace an external disciplining force (for example a manager) with an internal force, aimed at controlling agency discretion (Hardy & Clegg, 1996).

Surveillance, whether personal, technical, bureaucratic or legal, ranges

² While issues related to larger, global structures play an important role on social services (for example, globalization, environment), the focus in this study retains a localized context to Social Work Services in Scotland.

through forms of supervision, routinization, formalization, mechanization, legislation and design that seek to effect increasing control of employee behaviour, dispositions and embodiment. Surveillance is not only accomplished through direct control. It may happen as a result of cultural practices of moral endorsement, enablement and suasion, or as a result of more formalized technical knowledge, such as the computer monitoring of keyboard... (Hardy & Clegg, 1996: 631)

Thus, a hierarchy is prescribed within which legitimate power is defined (Hardy & Clegg, 1996: 624).

However, rules are often difficult to supervise and enforce due to their quantity, at times contradictory aspects (Lipsky, 1980; Gummer, 1990) and frequently ambiguous meaning (Hardy & Clegg, 1996). Consequently organisational rules play an important role in enabling power as it becomes necessary to have people provide an interpretation and meaning of rules. Discretion is rooted in the interpretation and sense-making process of rules and implies a source to power. Authority, rules and discretion are central to what Hardy & Clegg describe as 'the central paradox of power' (1996, 634). The paradox refers to the fact that the organisational élite has to delegate authority due to the very nature of the organisational structure, and in delegating authority, power is increased to the delegated positions:

The power of an agency is increased in principle by that agency delegating authority; the delegation of authority can only proceed by rules; rules necessarily entail discretion; and discretion potentially empowers delegates. From this arises the tacit and taken-for-granted basis of organisationally negotiated order, and on occasion its fragility and instability... (Hardy & Clegg, 1996: 634)

Often, those in dominant power relations develop methods to ensure their dominant position is protected.

This is particularly relevant for SWDs. In social work organisations, obstacles to supervision occur routinely. There is little constant or direct supervision of daily work activities in individual units partly due to the mobile aspect of the work. This resulting autonomy for social workers can again prove

problematic in terms of the transmission of information from a front line source to the rest of the organisation (Gummer, 1990). In the provision of social services, individuals, teams or units are highly autonomous and each unit performs its tasks and duties independently from other units. One social worker is typically assigned to work with each case. Discretion is a necessary part of a street-level bureaucrats' job as their work is usually complex and requires 'responses to the human dimensions of situations', which are not easily reduced to a set format of rules for service intervention (Lipsky, 1980: 15; Gummer, 1990). Discretion allows the staff person to 'deviate from prescribed agency policies' (Gummer, 1990: 104). Social workers make decisions based on individual cases and in crisis situations front line units work frequently without direct participation of superordinates (Smith, 1965).

Staff who do not work directly with clients are dependent on those who work directly with clients for information in order for supervision to occur (Smith, 1965; Gummer, 1990). This reflects a paradox of power: managers and supervisors are dependent on subordinates for the supervisory process as they do not work directly with clients. While formal power is invested in managerial positions, social workers wield their own power through the structure of the organisation as well as through their agency, which can include issues related to professionalism (Gummer, 1990) and information sharing.

Professionalism is also relevant to a discussion of the structural and agency arenas of organisational power as it often raises specific conflicts within social services organisations (Gummer, 1990). Professionalism is frequently in conflict with bureaucratic structures because social worker professionals are educated and trained to believe front-line staff should participate in and influence organisational goals and policies (Gummer, 1990). There are two main areas of professional and bureaucratic conflicts: 1) The separated structures for administrative duties and professional practice in social work organisations; and 2) A corresponding division of organisation labour between bureaucratic and professional standards (Smith, 1979). In consequence, conflict arises between the

professional and bureaucrat due to service delivery based on separate organisational structures:

In social work professionals make the casework decision while the administration maintains the files, makes financial arrangements, arranges office accommodation, and the like. But, in spite of this division of labour, there tends to be conflict and confusion at points of contact between the two structures as when a field social worker, for example, arranges payments to foster parents through the finance section of his department. While the bureaucrat tends to see the professional as undisciplined, the professional sees 'red tape' as restricting his specialized skills. (Smith, 1979: 26)

The fundamental difference between the bureaucratic and professional models is the difference between the bureaucratic and professional hierarchies of control. Generally within a professional structure, hierarchy is based on advisory relations and discipline is self-imposed or through a professional association as a last resort (Smith, 1979; Gummer, 1990). On the other hand, there is a greater control imposed within a bureaucratic hierarchy and a minimal amount of discretion exists for a bureaucrat.

Whereas the professional very much values his autonomy, 'bureaucratic autonomy' is a contradiction in terms. The principles of a bureaucratic organisation are often in conflict with standards of professional practice. Autonomy by the professional can be hindered or actively restrained by a bureaucratic organisation. (Smith, 1979: 26).

The IPF positions one location of power as embedded in the structural arena of SWDs. SWDs are front-line, street-level bureaucracies, with professionals comprising the front-line service provision. Because of the structural characteristics of SWDs, autonomy and dispersion of power results when practicing social work. This autonomy sets the stage for agency, the second arena of organisational power.

Other reflections of organisational power arenas include gender, identity and role in organisations (Hardy & Clegg, 1996). These areas are often conflictual or tense although none is necessarily more important than others and none occur

in isolation. Smith (1979) advocates for greater scope in the study of organisations to include organisational diversity and the effects of multiple interests on policy formulation:

In order to understand the complexities we must abandon the simple notion of organisational goal as a defining characteristic. We must adopt models which pay more attention to the interests of different groups within the organisation: field workers, clients, bureaucrats, inmates and residential staff. We must look at the way in which these groups define their own interests, pursue their own goals and, through professional training, communication, authority, bureaucratic, charismatic and other controls, implement their own definitions of the situation. (Smith, 1979: 15)

Dimensions of Power

This discussion has defined, expanded upon and located the structural and agency power arenas in SWDs. It continues with a synopsis of Lukes' (1974) analysis of power and his description of three dimensions of power within organisations. These dimensions are modified and incorporated within the IPF in order to provide a context of the power process, whether structural or agency arenas in SWDs.

Lukes (1974) studied the development of power with a focus on why workers accept subordinate status and why resistance within organisations occurred infrequently (Hardy & Clegg, 1996). The author theorized that power is used through societal and class mechanisms to prevent conflict by 'shaping people's perceptions, cognitions and preferences' in order that they cannot see options, or view the situation as 'natural', 'divinely ordained' or even beneficial. In this manner, the acceptance of the status quo is ensured (Lukes, 1974: 24 in Hardy & Clegg, 1996: 627).

Lukes (1974) identified three dimensions of power used to ensure submission of organisational actors. The first dimension referred to is the 'Episodic' power dimension. This dimension of power concentrates on observable conflicts of interest between identifiable social actors with opposing objectives, in particular decision-making situations. The second power dimension identified by

Lukes is termed 'Manipulative'. This dimension of power concentrates on the 'behind the scenes' activities through which already powerful groups manipulate the decision-making agenda to screen out issues which have the potential to disturb, or threaten, their domination and control. The final power dimension categorized by Lukes is the dimension of power that emphasises the strategic role of existing ideological and social structures in constituting, and thus selectively limiting, the interests and values, and hence action, available to social actors in any particular decision arena. This is referred to as the 'Hegemonic' power dimension (Reed, 1996: 41).

These dimensions are modified within the IPF to show upward and parallel flows of power within SWDs. As a result, the three dimensions of power incorporate the possibility of subordinate staff wielding power over superordinates. For example, an episodic power dimension with regards to CIN policy could be reflected in disagreements related to quality or quantity of service provision between social workers, supervisors or managers. An example of power from a manipulative dimension could be the use of specific screening procedures implemented by management to limit eligibility for services. Finally, legal mandates, issues of gender, socioeconomic status, professionalism or employment positions could reflect hegemonic power in relation to CIN policy. These dimensions of power contribute to an understanding of the process of power manipulation within the power arenas of SWDs.

IV. POLICY/PRACTICE AS REFLECTIONS OF POWER

The IPF situates CIN policy as a reflection of power arenas within SWDs. The IPF allows for the possibility that both competing and unified, cohesive and contradictory policies co-exist within an organisation at any given time, and that policies transform and change as a reflection of political alliances and power coalitions within the organisation. This definition has implications for the critical analysis of policy. Because of organisational structure, SWDs are immersed with

tension and conflict due to the very nature of their composition. One result of this structural arena of organisational power is policy formulation by staff on all organisational levels. As well, agency and corresponding micro-practices are necessary components of front-line organisations. This results in staff, regardless of organisational position formulating policy. Thus different actors from different organisational positions wield the ability to formulate policy due to the structural autonomy and individual discretion afforded them when they make decisions about client services:

Rather than superordinates and subordinates bound together in an integrated system with a single overarching goal, policy arenas consists of a number of semi-independent bodies pursuing separate and often contradictory ends, negotiating with each other from varying positions of strength. (Gummer, 1990: 104).

Policy assumes multiple formats and includes published policy documents, individual staff agency and verbal statements from organisational actors. Policy can encompass formal and informal discourse and action within an organization (Smith, 1979; Lipsky, 1980; Gummer, 1990). Formal policy includes written goals, objectives, mechanisms, rules and roles while informal policy includes goals, rules and roles as embodied in everyday interactions. Other relevant organisational policy includes legislation and central government agenda (for example guidelines) and consumer perspectives.³ Power is located in overt or subtle structures and relationships in organisations and is visible in multiple mediums: written policy documents, case supervision settings and committee work. This is consistent with theory binding policy to practice (Wharf & McKenzie, 1998; Fulcher, 1989; Lipsky, 1980; Wyers, 1991).

Social work staff in different organisational positions do not necessarily share the same goals (for example managers, supervisors and social workers), and policy can reflect these differences. Complex, multiple goals are characteristic of

³ Due to the constraints of this study, service users were not included, however the researcher supports the tenet that they are policy makers themselves and should be included in policy planning and provision.

SWDs and often act as the basis for policy (Gummer, 1990; Smith, 1979). As a result, organisational goals are not independent from the interests of a specific group:

To understand the real goals we have to understand the organisational conflicts, for the operative goals of the organisation depend upon which is the dominant group at any particular time. (Smith, 1979: 8)

'Multiple actors and multiple goals' reflect SWDs both internally and externally (Gummer, 1990: 9). Conflict within and outwith SWDs is an important aspect in the examination of policy. The IPF argues that conflicts and tensions may exist over the process and ownership of defining, formulating and implementing organizational goals in SWDs (Reed, 1996; Smith, 1979) and shifts the formalised and centralised power fulcrum within an orthodox perspective (Gummer, 1990: 9).

The structural arena of power impacts on policy formulation as traditionally in front-line organisations, management controls the process of formal or official policy making, with little involvement from peripheral or front-line units (Smith, 1965). Management is generally responsible for ensuring standards of practice performance within the organisation based on their formal policy statements (Smith, 1965). However it is difficult for those in management positions to ensure that official organisation policy is interpreted and implemented on the policy practice level as planned, since managers have little control over front-line workers' actual work (Gummer, 1990) due to the very nature of the organisational structure:

The dilemma of those occupying central positions is that they are responsible for making policy and maintaining standards of performance for the organisation as a whole, while occupying positions from which this responsibility can least effectively be exercised as authority. (Smith, 1965: 395)

Social workers are believed to hold a strategic position in relation to organisational policy due to the discretion inherent in their work (Wyers, 1991;

Lipsky, 1980; Smith, 1965). The process of formulating informal policy through practice falls under the control of the front line (Smith, 1965: 395).

The decisions of street-level bureaucrats, the routines they establish, and the devices they invent to cope with uncertainties and work pressures, effectively *become* the public policies they carry out. (Lipsky, 1980: xii)

Wyers (1991) identified five policy roles and related responsibilities for social workers. These differentiate the methods and ways that social workers influence and formulate agency policy.

1. Social worker as policy expert: conducts policy analyses, assists in planning policies; provides expert knowledge and skills pertaining to the policy process;
2. Social worker as change agent in external work environments. This does not assume specialized training in social policy; involves an activist role for the social worker where one advocates for or engages in change activities separate from one's primary work role.
3. Social worker as change agent in internal work environments. The social worker's policy-change focus is on the employing organizations. It may involve activities undertaken by the direct service provider to change organizational policies because the social worker is aware of their limitations or adverse effects on clients.
4. Social worker as policy conduit: the implementer of policies. As policies are converted to practice, the social worker must be conscious of their impact and communicate their effects to senior policy makers.
5. Social worker as policy maker: embodiment of the policy. The way in which discretion is exercised, how policy is carried out, and how decisions are made places the worker in the role of a policy maker, particularly in the eyes of clients. Social workers can respond to this role in at least three ways:
 - (i) They may decide differently about matters within their control;
 - (ii) Attempt to change agency policies or procedures;
 - (iii) Try to bring about more fundamental change. (241)

Of particular relevance to this study are the decision-making opportunities of social workers.

The IPF advocates a view of organisations as evolving, changing social phenomena, in which coalitions and relationships occur within the context of a

structural framework. As compared with the mechanistic and determinist view of individuals in an orthodox model of organisations, the IPF allows for the recognition of tensions, conflicts, spontaneity and instability that exist in human service organisations and the incorporation of these phenomena into policy analysis (Reed, 1996). It also recognises that policy consensus and difference can exist simultaneously in organisations. As a result, the traditional boundaries between policy and practice are dissolved and they are not considered distinct, dichotomous areas. The IPF refutes an orthodox view of policy formulation as a 'top-down' hierarchical process, made solely by management and implemented by front-line workers (Gummer, 1990).

CONCLUSION

Issues of organisational power are central to the understanding and the analysis of CIN policy in SWDs. An orthodox view of organisational theory does not provide a sufficient examination of power relations in SWDs and, as a result, the theoretical framework proposed for this study integrates multiple concepts of organisation power to reflect the complexity of these organisations. The IPF is an approach informed by the concept of two power arenas within an organisation, structure and agency, with corresponding power sources, authority and autonomy.

By combining considerations of structure and agency a depth and breadth are brought to the analysis of CIN policy within an organisation. A structural approach to organisational power identifies SWDs as front-line, street-level bureaucracies characterised by a formal hierarchical structure, with a dispersal of power away from authority through the provision of autonomy to those in non-management positions. An agency conception of organisational power focuses on the discretion of social actors, firmly fixed in their organisational position. This framework acknowledges the importance of micro-level actions within the macro-level structures of organisation. As well, the integration of Lukes' (1974) dimensions of power provides the basis for the conceptualisation of the process of

power. The union of these arenas and dimensions of organisation power allows for an in depth understanding of CIN policy as a reflection of power within SWDs vertically, horizontally and diagonally within the organisation.

The integration of theories of human service organisations (Gummer, 1990; Hasenfeld, 1983), 'street-level bureaucracies' (Lipsky, 1980), front-line organisations (Smith, 1965) and social work services (Smith 1979) provide an explanation on how social work organisations are structurally fraught with the potential for differing or competing interests and power. SWDs have policy consequences due to the very nature of the organisation. The IPF allows for contradictory and consensus based policies to occur simultaneously within an organization.

Based on the synthesis of this material into the Integrated Power Framework, the study proposes to use this theoretical framework as the primary analytical basis for CIN policy. This involves locating the policy's power arena, whether agency or structural, as well as its power dimension, episodic, manipulative or hegemonic. The following chapter provides a detailed account of the study's research methodology employed to investigate these issues.

CHAPTER FIVE

RESEARCH DESIGN

INTRODUCTION

This chapter provides a review of the research design including its rationale and methodological foundations. Throughout this discussion it is apparent that the phases of research are interrelated, and the corresponding rationales for specific approaches taken are interconnected, linked by the common aim of the study, to examine 'children in need' policy (CIN) in Scottish Social Work Departments (SWDs). As a result the research design and methods employed reflect the study's overarching aim and the corresponding research questions:

- How is CIN policy formulated in Scottish Social Work Departments?
- What is the abstract definition of 'children in need' employed by Social Work staff?
- What is the operational definition of 'children in need' employed by Social Work staff?
- Are there differences between social workers, supervisors and managers understanding and interpretation of CIN policy?
- Do differences exist in policy formulation in Local authorities?

A predominantly qualitative research approach was chosen for this study guided by the overarching goal to obtain in-depth information on CIN policy formulation. Three SWDs in Scotland served as the data collection sites with

thirty-three individual staff interviews constituting the study's primary data source. Seventy staff surveys and organisational documents provided secondary data sources.

Part one begins with a presentation of the epistemological rationale of the study and is followed by a discussion of qualitative methods in part two. Part three provides a detailed narrative of the study's design, including sampling issues, data collection methods, a description of the data collection process, strategies implemented to ensure rigour in the research, and ethical considerations. Part four presents the data management and analysis procedures from which findings were drawn. Social indicators from the participating local authorities and staff characteristics are summarised in part five. Finally the chapter concludes with a summary of the study's methodology.

PART I. EPISTEMOLOGICAL PERSPECTIVE

This study's methodology is entrenched in a realist epistemological perspective. A realist perspective accepts that it is possible to investigate the social world, aware that social phenomena are represented through symbols, behaviours and various discourses (usually words, both verbal and written, and more infrequently by numbers), and that these representations are fairly crude reflections of complex social phenomena. The researcher is thus situated within a social world and is influenced by the social world. While there are several branches of a realist epistemology, for the purposes of this study, realism is best described by researchers Miles and Huberman as meaning:

That social phenomena exist not only in the mind but also in the objective world- and that some lawful and reasonably stable relationships are to be found among them. The lawfulness comes from the regularities and sequences that link together phenomena. From these patterns we can derive constructs that underlie individual and social life. The fact that most of those constructs are invisible to the human eye does not make them invalid. (1994: 4)

Research methods from a realist perspective are not necessarily limited to empiricism and are not reliant solely on the 'observable and measurable' (May, 1997; Miles & Huberman, 1994). This allows for the inclusion of 'non-observable' social entities such as social order, patterns of social relationships and modes of thinking structures (Hart, 1998; Miles & Huberman, 1994; Harré, 1985). Underlying structural mechanisms of interactions in the social world are of interest: "The task of researchers within this tradition is to uncover the structures of social relations in order to understand why we then have the policies and practices that we do" (May, 1997: 12). People are not necessarily aware of these underlying structures. An individual's consciousness is of interest, particularly its connection to the reproduction of structures in the social world (May, 1997: 13). For these reasons, the predominant approach to data collection and analysis is qualitative incorporating non-discriminatory techniques.

Stemming from the realist epistemological positioning, the premise of this study is that it is possible to observe, define and measure certain social phenomena and that a qualitative research approach provides a valid means to investigate the social world (Padgett, 1998; May, 1997). A qualitative research approach with some quantification of data, works well within a realist framework as the inclusion of rich and diverse data encourages the investigation and examination of multiple aspects of the social world. The following section provides an overview and a definition of a qualitative approach to research methods.

PART II. A QUALITATIVE APPROACH TO RESEARCH METHODS

Qualitative approaches to the study of social phenomena are difficult to limit to one unitary type, as they can reflect both an epistemological positioning or the application of a specific research method. Qualitative approaches are often described as 'a family of methods' or techniques used to examine social phenomena (Padgett, 1998; Gray, 1995; Denzin & Lincoln, 1994; Guba & Lincoln, 1994; Miles & Huberman, 1994; Riessman, 1994; Van Maan, 1979) and reflect differences in epistemologies that range "...from accommodation with, to outright rejection of, logical positivism" (Padgett, 1998: 25). Because this variation can create confusion in terms of the epistemological positioning and methods used within qualitative research, further specification is required to describe the qualitative approach applied in this study.

Qualitative research is multimethod in focus...This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. Qualitative research involves the studies use and collection of a variety of empirical materials – case study, personal experience, introspective, life story, interview, observational, historical, interactional, and visual texts – that describe routine and problematic moments and meanings in individuals' lives. Accordingly, qualitative researchers deploy a wide range of interconnected methods, hoping always to get a better fix on the subject matter at hand. (Denzin & Lincoln, 1994: 2)

Qualitative research methods responded to concerns regarding the limitations of methods of traditional scientific inquiry methods and their limitations in the study of social phenomena (Bryman, 1988). Social research rooted in positivism values research requirements such as objectivity, replicability, quantification and prediction, limited in the contextual detail in which the phenomenon occurs (Padgett, 1998; Guba & Lincoln, 1994; Riessman, 1994; Fielding & Fielding, 1986; Van Maan, 1979; Williams & Popay, 1994). In consequence the study of social phenomena was considered incongruent with traditional positivist approaches as they often limited the inclusion of information

considered too subjective and beyond the control of the researcher (Fielding & Fielding, 1986; Williams & Popay, 1994) resulting in an established 'knowledge' that frequently excludes many valuable dimensions of the social world.

In contrast qualitative methods seeks to understand the production of social phenomena and the meaning imbued in it and facilitates the inclusion of information based on people's interpretations of events, experiences, concepts and the examination of meaning within those interpretations (May, 1997; Guba & Lincoln, 1994; Miles & Huberman, 1994; Fielding & Fielding, 1986). Proponents of qualitative methods argue that social phenomena are not the same as 'hard' natural data, and research rooted in the traditions of positivism results in a loss of richness of content and, as a consequence, does not study the actual phenomena (Padgett, 1998; Gray, 1995; Denzin & Lincoln, 1994; Bryman, 1988; Fielding & Fielding, 1986; Walker, 1985).

Inherently inductive; they seek to discover, not test, explanatory theories. They are naturalistic, favouring in vivo observation and interviewing of respondents over the decontextualizing approach of scientific inquiry. As such, they imply a degree of closeness and an absence of controlled conditions that stand in contrast to the distance and control of scientific studies. (Padgett, 1998: 2)

Process, descriptive detail, seeing through the eyes of the people being studied, understanding the context of the people being studied, flexibility and lack of fixed structure, are all aspects of qualitative research which are deemed important (Lofland & Lofland, 1995; Denzin & Lincoln, 1994; Miles & Huberman, 1994; Schwandt, 1994; Bryman, 1988; Van Maan, 1979). This approach believes that there are important phenomena which are not directly measurable yet are crucial to forming valuable hypotheses and theories, adding substantially to knowledge. Accordingly, research can examine connections between phenomena and that includes the study of underlying structures and mechanisms at work in the social world. Specific methods used in qualitative research reflect the fundamental differences between the natural and social sciences and allow the researcher to collect rich contextual information and

analyze data with greater flexibility, when compared with quantitative procedures (Miles & Huberman, 1994; Denzin & Lincoln, 1994; Schwandt, 1994; Glaser & Strauss, 1967).

Research objectives are relevant to the choice of qualitative methods (Padgett, 1998; Janesick, 1994; Walker, 1985). Padgett (1998) describes six 'research objectives' which support the use of qualitative methods in this study. These six objectives are presented and applied to the aim and objectives of this study.

1. You want to explore a topic about which little is known.
 2. You are pursuing a topic of sensitivity and emotional depth.
 3. You wish to capture the "lived experience" from the perspectives of those who live it and create meaning from it.
 4. You wish to get inside the "black box" of programs and interventions.
 5. You are a quantitative researcher who has reached an impasse in data collection or in explaining findings.
 6. You are seeking to merge activism with research.
- (Padgett, 1998: 6-8)

The first four of these points are of particular relevance, particularly when considering this study's aim and corresponding objectives. For example, the topic of 'children in need' has been researched in England, Wales and Northern Ireland (see Chapter Two), yet there is little information on CIN policy in Scotland. With regards to points two and four, while this topic is not addressing subjects that are considered taboo by society (for example experiences of incest survivors), it does examine staff's perceptions on CIN policy. These people work in a political environment with differing levels of power and sensitive information is discussed. The study attempts to delve into processes within an organisation, which have serious implications on resource distribution, programme agendas and interventions. The third point is particularly relevant to this study, as the aim of the study is to examine different staff's perspectives on CIN policy. A major piece of the study is to examine how staff understands CIN policy, and how CIN policy is formulated. As defined in chapter four, policy includes verbal and written discourse and is made at all levels of the organisational hierarchy.

Two additional components subsumed in this study's methodology include non-discriminatory approaches to research. As with qualitative approaches, feminist research varies in its tenets and approaches (Olesen, 1994). In the following paragraphs, basic elements of feminist research are identified and briefly summarised. Feminism posits that women's role within the social world reflect political, economic and religious oppression of women (Woodward, 1997; Callahan, 1993; Ursel, 1992). This 'supposed' natural order of gender divided roles is used to ensure women remain in subordinate positions to men (Woodward, 1997). With regards to social policy:

Feminist perspectives locate gender as a structuring principle of social policy and the provision of welfare. Feminism puts gender first when defining social problems in explaining their causes or exploring appropriate levels of state or voluntary sector intervention. It contains different perspectives from which to address questions of gender, but what unites all feminist approaches is their concerns with the question of how social policies affect women *in particular*. (Woodward, 1997: 88)

Feminist research focuses on women's experiences and 'hidden' knowledge (May, 1997). Feminism believes that traditional scientific research has perpetuated this gender inequality and, consequently, rejects male-dominated research assumptions and approaches, and refuses to be involved in the oppression of women. Gender related issues researchers should raise when practising research, particularly the relegation of women to a role based on female biology are critical for feminist research:

We should seek to avoid the age-old fallacy of a woman's reproductive capacity as being a hindrance to her participation in society. The important questions are first, how the fact of women's reproduction is manipulated in the organization of social life. Second, how women are marginalized in the public sphere. Third, a greater understanding of a fundamental contribution which women make to cultural, political and economic life. Fourth, the implications of feminist analysis for research in particular and social life in general. Fifth, a general challenging not only of androcentric thought, but also of heterosexist assumptions within our society. (May, 1997: 24)

The issue of race in social research is also frequently neglected and results in a dominance of white male research (May, 1997). Methods of practising non-racist social research include: the avoidance of racist stereotypes and ethnocentric approaches to research; a greater emphasis on the effects of racism and sexism and how they affect gender roles and opportunity; more studies that compare race, class and gender; and the framing of empirical studies within the social, political and economic contexts in which they occur. May also notes that researchers and those being researched should learn from the other (1997: 25). While feminism and race are highlighted as two anti-discriminatory practices, the research position advocates for general anti-oppressive approaches.

In summary, this study examines CIN policy in Scottish SWDs using a qualitative research method, based in a realist perspective. This study also incorporates feminist and non-racist practices. The study of social phenomena is a complex and difficult endeavour. These methodological choices reflect the nature of the topic and the requirement of flexibility in the actual research process. A qualitative approach 'fits' with research whose topic is focused on perceptions, interpretations and experiences of people. It encourages flexibility in data collection and analysis and advocates for the inclusion of diverse social phenomena in research. Qualitative methods also provide techniques for the collection of complex response scenarios simply not accessible through traditional quantitative methods.

PART III. DATA COLLECTION METHODS, SAMPLING AND RESEARCH DESIGN

All phases of the research are interconnected, building on decisions made in previous stages and linked by the common aim of the study, the examination of CIN policy. Rationales for specific methods employed were guided by the goal of obtaining the “richest possible data” within a restricted project framework (Lofland & Lofland, 1995: 16). The following discussion on data collection methods overviews sampling issues, an examination of the role of the researcher, followed by a presentation of the strategies utilised to ensure rigour within the study, and an examination of ethical considerations in the study process. The approach taken for data management and analysis completes this section. Throughout this section the rationales for specific choices are described, with critiques on strengths and limitations of specific aspects of the study methods included. Connections between research methods and the study of CIN policy are also interspersed throughout this section.

1. DATA COLLECTION METHODS

This section provides an overview of the data collection methods and process used in this study. Data was collected from SWDs in three Local authorities using three methods: individual interviews, questionnaires and document analysis. There are several reasons for the specific selection of data collection methods of interviews, questionnaires and documents for the examination of CIN policy. First, these methods allow for the collection of detailed information, reflecting complex social phenomena. In particular, the use of interviews as the primary source of data collection provides the research a depth of information and sets the foundation for data analysis. Second, the use of multiple methods is more likely to reflect a broader picture of CIN policy as they provide diversity to the data when compared with a sole collection technique.

A third reason guiding the selection of data collection methods is based on the potential existence of conflict within the organisation as the study examined social worker, supervisor and manager perspectives of CIN policy. The researcher was concerned that in a group setting information would perhaps be less forthcoming and frank as influence may be exerted by dominant members on other members' responses. Padgett (1998) advises the use individual interviewing in circumstances when familiarity and hierarchy are issues as familiarity can lead to routine ways of interaction between group members, and power differentials can result in an inability to speak frankly. This is a concern for both subordinates and superiors.

The fourth reason for the choice of data collection methods pertains to the issue of rigour within the research process through data triangulation. Triangulation can assist in securing validity in the research when findings from various data collection techniques complement each other (Padgett, 1998; May, 1997; Miles & Huberman, 1995; Janesick, 1994; Fielding & Fielding, 1986; Smith, 1980). Denzin and Lincoln (1994) state that triangulation is a method to secure breadth, depth and rigour within research.

Finally due to a pragmatic concern of limited resources and time, the researcher chose data collection techniques that ensured there was diversity in techniques and a sufficient amount of detailed information collected. An analysis of the strengths and limitations of each specific data collection method is provided. Some illustrations and experiences from the actual research experience are interwoven in this section.

Questionnaires

Questionnaires or surveys, were used as a secondary method of data collection, to complement the in-depth interviews, the main data collection method used in this study. The study's questionnaires included close and open-ended questions (please refer to Appendix A).¹ Questions included on the surveys the following:

- Demographic information from the respondent (local authority, job category, gender, employment background);
- Respondents' interpretation and definitions of 'children in need';
- Respondents' knowledge of local authority CIN policy;
- Respondents' participation in the formal policy-making process;
- Service issues;
- Examples which the respondents rated as 'children in need';
- A series of opinion statements related to 'children in need'.

The use of questionnaires as part of the data collection is a legitimate method of obtaining information on staff's perceptions and knowledge of policy on 'children in need' and complements the other two methods used in this study. The questionnaires were designed to tap the views of a larger sample (compared with interviews) of social workers', supervisors' and managers' perceptions of CIN policy with specific questions concerning 'children in need' policy. Responses from questionnaires provide a general overview of basic knowledge within a larger sample group. These assisted the researcher in identifying questions for follow-up in the individual interviews, as certain points raised required clarification or expansion.

There are many benefits to using questionnaires as a data collection method. Questionnaires or surveys are relatively easy-to-administer as they are less expensive, less time consuming and less labour intensive for both the

¹ The researcher pilot tested questionnaires with four volunteers: a researcher from another university studying the concept of 'children in need'; a contact person in one local authority SWD; and two University of Glasgow academics with many prior years experience working in local authority SWDs. Based on the comments received by the pilot-testers and the researcher's supervisors, the questionnaires were revised. This four person pilot study is considered an acceptable number for the purposes of this study (Weiss, 1994).

researcher and the respondents when compared with an interview or other qualitative method of data collection. Questionnaires allow for contact with a high number of people; provide respondents the opportunity to respond anonymously to questions that may be considered sensitive topic areas and to complete the forms at their own speed (May, 1997). Other advantages to using surveys include the ability to standardize questions which can then be quantified for statistical analysis (in this case descriptive statistics) and data can be compared between sub-groups, in order to identify emerging patterns of a specific phenomenon (May, 1997; Weiss, 1994). Limitations to the use of questionnaires generally concern low-response rates:

Unless people have an incentive, either through an interest in the subject which the survey is covering or some other basis, then response rates are likely to be low and the figure of 40 per cent, or four out of every ten people sent a questionnaire, is not uncommon. (May, 1997: 90)

The researcher distributed the self-completion forms to front-line social workers, supervisors and managers within the SWDs with a postage paid, addressed envelopes provided by the researcher. All participants in the research were voluntary. All questionnaires were attached to a covering letter describing the aim of the research, identifying the researcher (with contact telephone numbers) and stressing the participants' confidentiality. One section of the questionnaire collected information on respondents' characteristics however the main focus of the survey was on respondents' opinions on CIN policy. Staff completing the questionnaire identified their willingness to be contacted and participate in the interview phase of the study.

The supervisor and manager questionnaires were longer than the social worker questionnaire due to two additional questions which provided multiple tick boxes, and resulted in an increased length. These questions asked respondents about the processes used to determine the number of 'children in need' in their local authority in the previous year, and the awareness of respondents of existing plans, strategies or joint protocols to work with children in cooperation with other

service providers. Finally, the Supervisor questionnaire had an additional question, not included on the Manager's questionnaire (although included on the social worker's questionnaire) regarding the respondent's perception of ease in the implementation of the SWD's policy on 'children in need'. Thus, there was a total of 118 variables entered for the Supervisor questionnaire, 117 variables entered for the Manager questionnaire and 88 variables entered for the Social Worker questionnaire.

The target number for completed questionnaires was set at 90, however only 70 questionnaires were received. Generally, the response rate of managers in all three SWDs was high, and there was a gradual decrease in response rates for supervisors and social workers.² Although the spread between the low response rates and the higher response rates is great, there are two reasons for concluding that the final numbers are acceptable. The first reason is the fact that between the three local authorities, there are similar frequencies in the response rates of the questionnaires: the local authority of Kirkshire returned 24 completed questionnaires, Parkland had 24 completed questionnaires returned and Bridgetown returned 22 completed questionnaires. Generally a higher proportion of the managers responded than did the supervisor or social workers. This likely reflected the managers' knowledge and comfort level with the topic, and the fact that they were more easily identifiable, due to their fewer numbers. This latter issue may have also motivated the managers to participate. The following tables illustrate the return rates of the questionnaires from each local authority.

² The spread for response rates varied from approximately 15% - 100%. The accuracy of these rates, particularly those reported for the social workers, should be interpreted cautiously for several reasons. First, the researcher is aware of the total number of questionnaires she distributed to the SWDs however she was unable to control the distribution and it is likely that some were not received by staff and the final number of questionnaires actually distributed is unclear. The researcher would have preferred the opportunity to meet with all participating social work teams and distribute, allow time for completion and immediately collect completed questionnaires during a pre-determined meeting. This would likely have resulted in a higher return rate. It is also possible that response rates could have been improved if the surveys were shorter in length.

Table 3. Questionnaire response frequencies

Local Authority	Social Workers		Supervisors		Managers		Total Responses
	Distributed	Received	Distributed	Received	Distributed	Received	
Kirkshire	30	13	5	5	6	6	24
Parkland	40	18	10	3	4	3	24
Bridgeton	40	14	10	5	4	3	22
TOTAL	110	45	25	13	14	12	70

Interviews

The primary data collection method used in this study was in-depth interviews. Participants were selected based on positively responding to a request to take part in the interview phase after they completed a questionnaire. Interviews allowed for a more in-depth exploration of staff's perceptions of and experience with, CIN policy in practice, letting the researcher follow-up specific issues, requesting expansion or clarification. The researcher probed for greater information by asking respondents to provide more detail on a specific event, continue speaking about a certain incident, identify actors involved in the incident, describe the inner events (emotions, cognitions and perceptions) of the respondent (Weiss, 1994). Generally, the interviewer took the role of active listener, allowing the respondent to answer questions in her/his time, and 'probing' the respondents with questions eliciting deeper thoughts and perceptions (Padgett, 1998; May, 1997; Lofland & Lofland, 1995).

The interview format was in-depth and semi-structured, following a pre-designed interview schedule containing eighteen questions (please refer to Appendix B). The interview schedule was created to evoke information on social work's staff knowledge and understanding of CIN policy. Both directive and non-directive questions were posed throughout the interviews. Directive (or close-ended) questions are generally responded to with 'yes/no' answers while non-directive questions are generally open-ended and allow for a greater breadth in response (May, 1997). Interview questions focused around staff's knowledge, interpretation and experience of CIN policy within a corporate structure. As

opposed to a structured interview format, which parallels a survey or questionnaire, semi-structured interviews allow the interviewer to list general areas to be covered (Weiss, 1994; Jones, 1985), elicit greater detail or explanation, through the inclusion of some specific questions:

Questions are normally specified, but the interviewer is more free to probe beyond the answers in a manner which would appear prejudicial to the aims of standardization and comparability. (May, 1997: 111)

Semi-structured interviews can also act as a prompt for the interviewer (Weiss, 1994). As the interviews were semi-structured, the questions posed in the interview schedule allowed for more breadth and depth in response when compared to those posed in the questionnaires. These questions covered the focus of the research goals but did not become a 'straightjacket' impeding spontaneity and flexibility in the interview process (Padgett, 1998: 60). The interview guide was not strictly adhered to at all times, as certain questions would naturally overlap or be covered in other responses, but main themes were consistent in all of the interviews.

Weis (1994) identifies research aims that correspond with the use of qualitative interviews as the method of choice. The following five points are relevant to this study's goals and are discussed in more detail in subsequent paragraphs:

1. Developing detailed descriptions.
2. Integrating multiple perspectives.
3. Describing process.
4. Developing holistic description.
5. Learning how events are interpreted. (Weiss, 1994: 9-10)

With regards to the collection of detailed descriptions, this research aimed to study CIN policy, through detailed information, provided by social work staff, in various organisational positions.

Second, all of the respondents bring their own views of CIN policy to the research and all are considered equally valid and valuable to presenting a larger

picture. Third, one of the research's objectives is to examine the process of how CIN policy is formulated within the department. This examines respondents' perspectives on their involvement within a 'formal' policy making process, and within 'informal' policy making processes. Fourth, it is hoped that the inclusion of different data sources will provide a more holistic description of CIN policy in local authority SWDs than if only one source had been selected. This is reflected in the choice of different staff categories and different local authority SWDs. Finally, the specific interpretation of CIN policy by social work staff and local authority documents is of particular importance to the study. The individual respondents' understanding of 'children in need' creates policy. All of these points support the use of in-depth interviews as the primary data source.

There are many benefits to the use of in-depth interviews as a means to collect information. The interview method allows for a greater in depth study on this topic with a fewer number of participants (Padgett, 1998; May, 1997; Lofland & Lofland, 1995; Miles & Huberman, 1994; Weiss, 1994; Jones, 1985). While the total number of questionnaires amounts to seventy, thirty-three interviews were completed for the study. These interviews provide a deeper understanding of CIN policy, which would otherwise be absent if only survey data were collected, and due to the involvement of staff from various positions and different local authorities:

Moreover, in circumstances where the definition of the problems is potentially contested and where the population to be sampled is uncertain, these 'unreliable' methods are precisely those required to make sense of the situation. (Williams & Popay, 1994: 109)

Other benefits to using this research method relate to interviews as a data source that allows the researcher to obtain information on frequently difficult-to-collect information: peoples' perceptions and responses to events, personalities, personal and organisational relationships. This type of social phenomena is generally not recorded in documents, nor easy to quantify (Padgett, 1998; May, 1997; Weiss, 1994; Silverman, 1993).

There are potential limitations of using interviews as a source for data collection (Padgett, 1998; May, 1997; Silverman, 1993). First, the interview is a time consuming (for both the interviewer and the respondent) and a generally expensive method of data collection (Padgett, 1998; May, 1997; Weiss, 1994). The context of the interview can also be viewed as artificial and detached and not reflective of the naturally occurring social world (Silverman, 1993). Other limitations include the reliance on individuals' perceptions and beliefs of the question or situation. This relates to May's (1997) necessary conditions to ensure a successful interview and can result in an incompleteness of the issue being studied:

Several possibilities arise from this. First, accounts may simply be inaccurate for one reason or another. Second, while accounts may be a genuine reflection of a person's experience, there might be circumstances or events which surrounded these of which the person was not aware. Third, a fuller understanding can be achieved only by witnessing the context of the event or circumstances to which people refer. The only way in which the researcher could examine these is to be there at the time. (May, 1997: 130)

Power differentials within relationships may also be reflected in interviews. Control of the interview process and influencing of responses can reflect larger societal power relations. Language itself reflects power relations: it may be that a respondent answers a question because it is viewed as strategic but does not respond to other questions if perceived as neutral to the respondent or potentially damaging.

Initial contacts with, for example, managers, may elicit official responses reflecting how the organization ought to appear in terms of the rhetoric of its own image. We need to remember, therefore, that language is more than an act of speaking, it is also an act of representation. In this case, if researchers wish to move beyond official representation, to find out how things actually are, then they will have to seek the trust of the individuals being interviewed – assuming their willingness to enter into such a dialogue. (May, 1997: 118)

Memory unreliability or deliberate falsification of responses due to political or personal reasons can occur. Some interviewees may also limit their responses excessively or oversimplify an issue and another concern relates to the researcher looking for confirmatory results (Padgett, 1998; May, 1997). The researcher experienced one such interview when a manager in one local authority responded to most of the interviewer's questions with monosyllabic answers. Although this interview left the researcher feeling frustrated and self-doubting, there was fortunately only one of these experiences out of the thirty-three interviews completed. The interviewer tried to minimize preconceived ideas about how responses should be, and did not assume that certain respondents would hold particular positions. While aware that respondents' presentations of their thoughts, beliefs, feelings and understanding of CIN policy may be filled with gaps or only describe a piece of the picture, it is nevertheless their picture, and the one they chose to reflect to the interviewer. The interviewer approached the issue of potential incompleteness of the interview responses by respecting the integrity of the respondent and their 'right' to provide information they chose to, and by not adding or inventing "events that had not occurred" (Weiss, 1994: 148).

A decision was taken by the researcher not to include participant observation as a data collection method. The rationale for this decision follows with a brief overview of participant observation's strengths and limitations. Participant observation is a research method in which researchers 'immerse themselves in the day-to-day activities of the people whom they are attempting to understand' (May, 1997: 133) to lesser or greater degrees (Padgett, 1998). It is through the participation in the lives of the people of interest to the researcher that greater understanding results, due to the researcher gaining knowledge of interactions and meaning imbued in their culture (Creswell, 1998). Strengths of this approach include flexibility in data collection, a decreased likelihood that the researcher will impose personal views on the research issue; the opportunity to understand the process of action (for example observing CIN policy formulation with service users or other corporate partners); and ability to include subjective

experiences of the researcher throughout the process in the data analysis (May, 1997).

While the method of participant observation shares similar limitations with the use of interviews (for example researcher bias or reactivity), there are additional limitations to this approach worthy of mention that provide the rationale to employ qualitative interviews as the main data collection method. First, participant observation is a timely endeavour (Creswell, 1998; Maxwell, 1996; Lofland & Lofland, 1995) and would limit the total number of participants involved the study. This would have narrowed the study's focus to only a few individuals' formulation of CIN policy and confine the breadth of data collected and corresponding findings. Ultimately external validity is of greater uncertainty due to the concern that findings are "local, specific and not generalizable" (May, 1997: 154). Second, access to the study group on both a physical and analytic level is a key aspect of participant observation (May, 1997). Due to the confidential nature of the work of front-line staff in SWDs, consent for access to the group, in order to examine CIN policy formulation in direct practice, would have required consent from service users. While this is not an impossible task, for the aims of this research it seemed an unnecessary request at the time. As there has been no research conducted on CIN policy formulation in Scotland this study provides initial data based on three sample sites and three positions in SWDs aiming for breadth and depth in data collection. Future research would likely benefit from the inclusion of participant observation methods.

In order to ensure an accurate representation of the interview, the researcher tape-recorded all of the interviews. Taped interviews can guard against the interviewer substituting words for those used by the interviewee and encourages the interviewer to remain as loyal to the respondents' comments as possible, when compared with long notes taken in interviews (Padgett, 1998; May, 1997; Weiss, 1994). This allowed the researcher to focus on the respondent throughout the interview and not concern herself with writing responses, although the researcher did write brief thoughts or comments on paper during the interviews. These were eventually filed as field notes. Once the interviewer

returned to her office, the tapes were transcribed into Word software formatted documents. They were also saved as Text only documents and imported into the NUDIST software programme.

Because a tape recorder was used during interviews, a review of the limitations of this practice follows (Padgett, 1998; May, 1997; Weiss, 1994). Limitations include forgetting to depress the record button, and the time-consuming aspect and expense related elements of transcribing the taped recordings. As well, some participants may find the use of a tape-recorder during the interview to be an inhibiting factor and, as a result, influence the quality and quantity of information obtained (Padgett, 1998; May, 1997). A third limitation on the use of taped recordings is the filtering process the responses go through when being interviewed and then transcribed. Taped interviews do not reflect many complexities of the actual interview process: speech patterns, behaviour, facial expressions (Lofland & Lofland, 1995; Weiss, 1994). During the transcribing of the interviews the researcher attempted not affect the overall meaning or nature of the respondent's reply when editing.

The study's goal was to obtain a total of forty-five interviews, fifteen from each local authority SWD (approximately ten social worker interviews, three supervisor interviews and two manager interviews). Unfortunately, fewer social workers volunteered to be interviewed, although managers were generally willing to be interviewed. In one local authority only one supervisor agreed to be interviewed. A total of thirty-three interviews occurred. Table 4 presents the response frequencies.

Table 4. Interview response frequencies

LOCAL AUTHORITY	SOCIAL WORKERS		SUPERVISORS		MANAGERS		TOTAL INTERVIEWS
	Goal	Actual	Goal	Actual	Goal	Actual	
Kirkshire	10	4	3	1	2	4	9
Parkland	10	7	3	3	2	2	12
Bridgetown	10	6	3	3	2	3	12
Total Sample	30	17	9	7	6	9	33

Documents

In this study, CIN policy was accessed through local authority and national policy documents as well as staff's opinions. Thus different actors from different organisational levels are considered to formulate policy and the traditional boundaries between policy and practice are dissolved and are no longer considered distinct, dichotomous areas (Fulcher, 1989; Clegg & Hardy, 1996; Smith, 1965; Lipsky, 1980). From this perspective policy encompasses formal and informal discourse and action within an organisation.

The use of National and local authority documents pertaining to CIN policy provided a third and valuable source of data on policy formulation (Padgett, 1998; May, 1997; Lofland & Lofland, 1995; Miles & Huberman, 1994). All relevant policy documents within the SWDs and the local authority were included, although the main source of document information is the local authority's CSP (a summary of the participating local authorities' CSP is available in Appendix C).

The use of documents as secondary data provides written evidence of CIN policy. Texts are often used to present 'official' versions of past, current or future events or social phenomena. May states that the document must be examined not only within its social, political and economic context, but also in terms of its 'process of production', "what people decide to record is itself informed by decisions which, in turn, relate to the social, political and economic environments of which they are a part" (May, 1997: 164). Documents reflect the corporate perspective as well as environmental factors.

May states that documents reflect and construct 'versions of events': "Documents are now viewed as media through which social power is expressed" (1997: 164). Subordinated positions within organisations can be reflected in documents and documents reflect a given position.

It is not then assumed that documents are neutral artefacts which independently report social reality (positivism), or that analysis must be rooted in that nebulous concept, practical reasoning. (May, 1997: 164)

The information omitted from the document is as important as the information within the document. Padgett (1998) notes that documents may be incorrect, incomplete and inconsistent. These limitations may be inadvertent, due to insufficient time or knowledge or purposeful, aiming to hide or distort information: "...minutes of meetings may be 'doctored' to cover up embarrassing revelations about an organization..." (Padgett, 1998: 68).

There are several benefits to using documents as a data collection method. First, the use of documents as the third data source complements the primary data source of in-depth interviews as well as the use of questionnaires. Documents enable the researcher to examine a different perspective on CIN policy, often presented as the local authorities' formal position. Second, the use of documents is not as time consuming, nor as expensive as using interviews for collecting data. Third, and arguably the most important, documents do not react to the researcher's presence or approach as interview respondents may when being observed or interviewed:

For all of their potential flaws, documents and existing data have one clear advantage over interviewing and observation – their lack of reactivity. In contrast, the presence of an ethnographic observer or an interviewer has an obvious impact on the natural course of events no matter how unobtrusive one tries to be. (Padgett, 1998: 68)

2. SAMPLING ISSUES

Sample Site

The choice of research sites reflects the study's goal: the examination of CIN policy formulation in Scotland. There are multiple reasons for the use of three sample sites. First, the Children (Scotland) Act 1995 placed duties to provide services to 'children in need' on local authorities and while the Act espoused a corporate approach, in practice SWDs took the lead. As a result, SWDs are considered key planners and providers of substantial government services to children and families (apart from health and educational services). Nevertheless further

research on CIN policy would benefit from the inclusion of all corporate departments as well as other service sector planners and providers, for example medical, police and voluntary.

Approval to contact local authority SWDs was granted from the Association of Directors of Social Work. Local authorities were initially approached based on approximate similarity in size, their socio-economic mix and their rural and urban make-up. As well the local authorities were all located within a sixty-mile radius of the researcher's office. This latter choice also reflects the goal to reduce costs to the research and address the researcher's accessibility needs.

A decision was taken by the researcher and her supervisors to approach only the number of SWDs necessary for the study, as it would be an undue burden on SWDs to grant access, only to be informed by the researcher that their participation was no longer necessary. Beginning in August 1998, three local authorities were approached requesting agreement from the authority for the researcher to seek participation in the study. None of these local authorities agreed to participate. A further three local authority SWDs were contacted: one agreed to participate; one refused (due to time and staff involvement); and the third local authority approached provided the researcher with neither a refusal nor agreement. As the research period was time-limited, a decision was made to approach a seventh and eighth SWD. Again, one decided not to participate due to the study's time-frame however a third SWD agreed to participate.

Based on the responses of the local authority representatives, there is no evidence to suggest bias in the final site selection. One common characteristic of the three participating SWDs were that all responded to the researcher's request quickly once the initial request was made. These local authorities were provided with pseudonyms and are referred to as 'Kirkshire', 'Parkland' and 'Bridgetown'.

The decision to collect data from three sites (as opposed to a fewer or greater number) also reflects a methodological criterion of triangulation (Padgett, 1998). Triangulation (discussed in greater detail under the sub-heading 'Strategies for Rigour') supports the use of three sites to provide a potentially more

representative sample of the general population and to increase response rates for the study's sample. Practical realities such as the scope of this study also influenced the choice of three SWDs staff and not employees in the larger, local authority. Three SWDs were deemed a sufficient number in order to obtain diversity and depth in the accounts of this topic, while respecting a practical reality of completing research within a limited time schedule and budget.

Social Work Departments provided the researcher with access to CIN policy through staff and documents. It is worth noting that the contact people were very supportive of the research. This contact person became what has been referred to as the 'orienting figure' (Weiss, 1994) or 'gatekeeper' (Padgett, 1998). An orienting figure or gatekeeper can be a great resource for the researcher in order to efficiently access the data sources. All of the contact people proved to be invaluable in assisting the research process. Each arranged for the researcher to introduce herself to helpful contacts within the SWD. They assisted in the distribution and collection of questionnaires and arranged meeting rooms for the interview phase of the research. They also provided the researcher with local authority policy documents on 'children in need'.

The inclusion of different job classifications (managers, front-line supervisors and front-line social workers) from the three different settings was to collect data that potentially reflect a broad sense of policy across SWDs and to "...secure an in-depth understanding of the phenomenon..." (Denzin & Lincoln, 1994: 2). As discussed in chapter four, staff formulation of policy can reflect the translation of abstract policy into practice, and practice into policy. The inclusion of different staff positions perspective on 'children in need' policy could also result in data that is more representative of SWDs as opposed to one position's perceptions.

Sampling Strategy

The method used for sampling selection is described as 'purposive' sampling as the research included all respondents willing and available to participate in the study and participants were selected based on membership to a group (social worker, supervisor or manager in local authority SWDs) (Padgett,

1998; May, 1997: 88; Miles & Huberman, 1994; Weiss, 1994). The use of different staff categories provides the research with possible variation in accounts of CIN policy.

The sampling strategy endeavoured to obtain a sample reflective of the general staffing of social workers, supervisors and managers in SWDs in Scotland. This was reflected in the initial request for a higher number of social workers' involvement in the study, with decreasing numbers of supervisors and managers. It was hoped that a total of ninety questionnaires would be completed, thirty from each SWD (approximately 20 social worker questionnaires, 5 supervisor and 5 manager questionnaires).

Due to the lower numbers than hoped for of volunteers for the interviews, the researcher latterly resorted to snowballing as a technique in order to garner a greater number of interviews. Snowballing is a sampling technique in which the researcher depends on contacts and participants to connect her with other potential participants in the population (May, 1997: 88). The snowballing attempt however did not result in more people volunteering for interviews.

The purpose of the research was to examine themes and processes pertaining to CIN policy, and not to ascertain distribution or statistical causation. The researcher is aware that the statistical generalisability of the findings is limited due to the lack of randomness in the sampling techniques and the small sample size participants. It is important to note however, that goal of the research is not to obtain statistical probabilities. As a result, generalisations in the form of probabilities from sample to population are not used and only descriptive statistics in the form of frequencies and percentages are provided (Padgett, 1998; May, 1997; Weiss, 1994).

A research concern related to the response rate is the issue that the sample reflects employees who 'know' something on the research topic versus those who perceive they have little knowledge to contribute. For example, when the researcher asked respondents for feedback as to why greater numbers of people were not volunteering to be interviewed, many respondents answered that social workers did not want to appear 'dumb' or 'ignorant' about the topic, or were far too busy trying

to cope with daily work schedules. A number of respondents stated they had participated in the research due to their commitment and belief in the need for social science research. May describes this as possibly 'systematic bias' in one area of the population, as "it is possible that only some groups will reply and not others" and thus the findings reflect a qualitative difference between those who did and did not participate (1997: 90). It is possible that those respondents who participated in the research were more likely to have an interest or knowledge in the topic compared with those who did not participate. These responses could reflect perspectives atypical of general CIN policy in SWDs. There is also a possibility of bias built into this research in that qualitative research favours 'social and verbal' respondents (Padgett, 1998: 50).

Similarly the rate of response may reflect skepticism or resistance to the actual research or the policy CIN policy (Padgett, 1998). It may be that people who did not respond to the questionnaire or volunteer for interviews were reacting to the political context in which the policy occurs. It became apparent to the researcher throughout the interviews that many social workers feel overworked and believe their work is de-valued within the organisation. Some raised the issue that front-line work is not considered a priority in budget decisions and that many 'soft' service positions, such as administrative support or information technology, are being funded at the expense of front-line social work positions. For example, the reasons offered as to why a higher response rate was not realized (too busy, not wanting to appear ignorant or dumb) could easily be interpreted as people not viewing the policy as valid or worthwhile and non-respondents were 'voting with their feet'. It is possible that social workers chose not to participate in the research due to their perceived time constraints, job responsibilities and lack of remuneration/recognition/incentive for participation.

Sample Size

The strategy used for sampling corresponds with the aim of qualitative research: to gather a depth and richness of information necessary to examine CIN policy in SWDs. As a result, the focus of data collection is not to obtain

mathematical probabilities as necessary for quantitative research methods (and the corresponding requirement of large data sets), rather it is to provide a deeper understanding of CIN policy, in multiple positions and settings.

There were two main criteria that guided the researcher's decision to stop data collection. The first criteria is based on the qualitative research tenet that there are no 'hard and fast rules' about how much data is enough data: there is no definite required number for an appropriate sample size (Padgett, 1998: 52; Lofland & Lofland, 1995). Padgett stresses the focus should be less on the goal of attaining a specific number of responses, but rather on the quality of data obtained:

Because the emphasis is on quality rather than quantity, qualitative researchers sample not to maximize numbers, but to become "saturated" with information about a specific topic. (1998: 52)

Saturation is achieved when additional data collection provides no new information. Using this approach as a guide, a total of seventy questionnaires were collected and thirty-three in-depth interviews were completed out of a maximum of 150.³ These results are considered acceptable for the production of credible findings, as the information obtained was detailed and full.

The second main criteria that guided the termination of data collection related to time and resource constraints. If a higher number of responses were to be obtained, more time would have been required in order to conduct a greater number of interviews. The researcher simply could not have completed further interviews within the specified research schedule unless the data collection period were extended. It is also important to note that all of the participants who volunteered to be interviewed were accepted. The number of respondents was roughly equivalent across the three different SWDs, reflecting a comparative response rate. As the completed interviews produced a high quality of data, when

³ There was a total of 71 respondents in the total data set. One interview respondent (a manager from Bridgetown) did not complete a survey.

follow-up telephone calls and letters yielded no further responses, the saturation point was deemed attained.

3. ROLE OF RESEARCHER

The researcher takes on a role of 'witness and instrument' in qualitative research (Lofland & Lofland, 1995: 3; Fontana & Frey, 1994; Punch, 1994). Personal issues of gender, ethnic background and class can affect the acceptance of the researcher by the research participants when collecting data and can also increase the likelihood of comprehension by the researcher (Padgett, 1998; May, 1997; Lofland & Lofland, 1995; Weiss, 1994). In this study the majority of the respondents were female in both the questionnaires and the interviews. This may have encouraged an acceptance of the researcher in that there was an immediate shared commonality between many of respondents and the researcher. The researcher's age was comparable with some of the social workers and was generally younger than supervisors and managers. Ethnic background was not self-identified by respondents although those that participated in the interviews appeared to be Caucasian and there were no language barriers.

These areas are likely beneficial commonalities between the researcher and the participants as no concerns regarding gender, ethnic background or language were raised by respondents. It is important to note that respondents to the questionnaires may have represented a more diverse background compared with respondents from the interviews; however information pertaining to ethnicity was not included in the questionnaires.

The researcher had a shared commonality with the respondents and likely positioned the researcher as an 'insider' in terms of her experience and knowledge of social work as she was educated and worked in front-line positions as a social worker in Canada in two child welfare agencies.⁴ Sheppard (1995b) believes that social workers, because of their skill and knowledge in assessments, are similar to

⁴ The researcher has graduated with B.S.W. and M.S.W. degrees.

qualitative researchers. The 'insider/outsider' role of the researcher can be both beneficial and limiting to the interview process (Lofland & Lofland, 1995; Weiss, 1994) and overlaps with the researcher being in familiar/unfamiliar territory (Padgett, 1998). The main researcher trait which clearly differentiated the researcher from the respondents and is considered beneficial to the study was related to culture, that of accent, as the researcher is from Canada. While this may limit one aspect of shared commonality for the purposes of data collection, it provided the researcher with a certain independence, and she was not slotted into a specific British class category nor viewed as an ally to some and not to others. The 'outsider' role was quickly apparent to respondents when they spoke with the researcher and this allowed her to present a neutral position during the interviews. For example, no concern was raised that the researcher was linked to a 'quality control' authority and autonomous from all child care service organisations in Scotland. Benefits of 'studying the familiar' include the provision of easier access to a source, the acceleration of the rapport building phase and the provision of the researcher with a head start in her/his knowledge base of a topic area. The unfamiliar can be particularly beneficial in an arena that is highly political.

During the interviews, due to her being an 'outsider' and being in unfamiliar territory, the researcher was offered information as to 'how things work' and was not perceived to be working for a hidden agenda. This provided the researcher with the role of being able to ask 'why' to certain situations unaware of historical or political background. It encouraged some respondents to voluntarily 'explain' reasons for certain phenomena assuming that the researcher would be unaware of the context. At the same time, the insider role allowed the researcher to demonstrate a working knowledge on the child care system in Scotland, knowledge about the Children (Scotland) Act 1995, and knowledge about clinical social work practice. This seemed to give credence to her role. It is important to note that the topic of this research is not of a highly personal nature and as a result, individual traits of the researcher may be less likely to impinge on the study.

4. STRATEGIES FOR RIGOUR

This section begins with a definition of rigour, and explains its relevance to social research. A discussion of the various strategies employed to enhance rigour within the study ensues, highlighting issues surrounding the use of quantification. The issue of subjectivity embodies limitations for the research process as a whole. At times a qualitative approach can be perceived as lacking in rigour within research methodology. Rigour refers to "...the degree to which a qualitative study's findings are authentic and its interpretations credible", and reflects an attempt to control bias in a study (Padgett, 1998; Fielding & Fielding, 1986; Lincoln & Guba, 1985). A study without rigour is highly unlikely to be relevant (Padgett, 1998: 88). There are basic tenets that can be followed when producing qualitative research in order to maintain rigour in the process. Methods of validation and reliability can also be referred to as 'trustworthiness' (Padgett, 1998; Guba and Lincoln, 1985).

A trustworthy study incorporates a fair and ethical process and reports findings that reflect the described experiences of the respondents, as closely as possible (Padgett, 1998). The main threats to trustworthiness are reactivity (the effect of the researcher's presence in the field), researcher biases (emotional over-involvement or preconceptions and opinions that distort the research) and respondent biases (hostility or over-compliance in responses) (Padgett, 1998: 92). Three strategies were employed to enhance rigour within this study and will be discussed in the following section. These strategies are: the use of triangulation (Padgett, 1998: May, 1997; Miles & Huberman, 1995; Denzin & Lincoln, 1994; Janesick, 1994; Fielding & Fielding, 1986; Smith, 1980); peer debriefing and support; and providing an 'audit' trail (Padgett, 1998; Janesick 1994; Morse, 1994).

Triangulation

Triangulation emanates from the tradition of navigation methods and surveying, whose premise is that a combination of methods or data sources provides confidence to a study if they support similar findings:

Knowing a single landmark only locates one somewhere along a line in a direction from the landmark, whereas with two landmarks one can take bearings on both and locate oneself at their intersection. (Fielding & Fielding, 1986: 23)

This approach stems from a concern that using one source or method of data collection is insufficient or limited in its ability to validate findings and provide confidence that the topic being pursued is accurately caught: "Like binocular vision in humans, reliance on multiple sources of information yields clearer and deeper observation" (Padgett, 1998: 96). A triangulated approach to research encourages the researcher to question the data, to be discriminating in terms of process and interpretation, to be clear on the rationale for processes used and to describe both the strengths and the weaknesses of the research:

Triangulation puts the researcher in a frame of mind to regard his or her own material critically, to test it, to identify its weaknesses, to identify where to test further doing something different. The role of triangulation is to increase the researcher's confidence so that findings may be better imparted to the audience and to lessen recourse to the assertion of privileged insight. (Fielding & Fielding, 1986: 25)

The validity of the research question can be considered successful if the use of multiple approaches leads to similar findings or if differences between data types contribute to a broader picture of a phenomenon (Fielding & Fielding, 1986). This study applied a multi-method design for data collection and analysis within a multi-source format. The primary technique for data collection was semi-structured interviews, while questionnaires and documents were used as secondary methods. Individuals and documents in three SWDs provide multiple sources of information and questionnaires elicit initial data from a high number of social work staff on CIN policy:

Quality control is strongest when our sources are of the most varied quality, because this means that we are most likely to discover systematic bias. (Fielding & Fielding, 1986: 91)

Fielding and Fielding encourage research studies to incorporate one method of data collection that describes the context in which the interaction occurs, as well as another method that describe the process of 'interaction' (1986: 35). In response to this suggestion, local authority CSP were used to reflect different discourse of formal CIN policy, while interviews and questionnaires elicit responses from staff, those who actively formulate and implement policy. Both interviews and questionnaires elicit information on the process and the context of CIN policy. Similar findings obtained in different settings support the use of generalization in the analysis (Fielding & Fielding, 1986). This type of triangulation used to ensure rigour in the research process is referred to as 'data triangulation', as multiple sources are used to study CIN policy:

Data of different kinds are brought to bear upon the same question. Events are studied through a combination, for example of interviewing, participant observation and the analysis of files and records. In that way we have more chance of eliminating the distortions that may be inherent in any one type of data and which may be particularly misleading because they are not fully understood. (Smith, 1980: 10)

A second type of triangulation used in this research is referred to as 'methodological triangulation' and validity of research findings can be corroborated when results from different methods confirm the other (Padgett, 1998; Bryman, 1988; Fielding & Fielding, 1986). In this study both quantitative and qualitative data was collected through the three data sources: interviews, questionnaires and documents. The quantitative data obtained from the questionnaires is 'nested' within the primary qualitative interview data and provides a secondary data type. Some quantification of interview responses occurred with the use of frequencies of respondent characteristics and documents provided additional qualitative data.

The collection of qualitative and quantitative data through different data collection methods can be viewed as complementary methods in the study of CIN policy. Padgett (1998) notes that both approaches to the study of social phenomena are empirical, in that each use sensory collected data and both have a systematic approach to research. Both methods represent phenomena through the use of symbols: usually words or numbers, based on interpretations of definitions thought to represent the actual phenomenon. However, qualitative and quantitative research methods have different approaches to the methods used to study social phenomena. Quantitative research represents social phenomena through numerical symbols as a result of either a counting or measuring process, based on a stated operational definition, while qualitative research is a process of continual interpretation of phenomena, construction of phenomena and redefinition of phenomena. Some researchers state that the ultimate goal of all research should be the authentic (as much as possible) depiction of the social phenomena, no matter whether qualitative or quantitative methods are used, and the methods used to meet that goal are of secondary importance (Fielding & Fielding, 1986).

Although quantitative studies are based on measurement and quantification, Fielding & Fielding argue that "ultimately all methods of data collection are analyzed 'qualitatively'" in that they require interpretation by the researcher (1986: 12). Whereas qualitative studies generally use textual discourse as their base, at times they quantify qualitative data. This allows greater versatility in using the data:

This capacity to transform qualitative data into numeric data affords a degree of choice and flexibility in writing up the findings of a study not available to quantitative researchers (because their data cannot be converted into true qualitative data). (Padgett, 1998: 2)

The combination of the two methods used for data collection can provide congruence to the research: validity of research findings can be enhanced when results from one method confirm the other (Bryman, 1988). Quantitative findings

can complement or challenge qualitative findings: for example, the presentation of general patterns that correspond with specific experiences (Padgett, 1998; Miles & Huberman, 1994). These provide a 'snapshot' or a general overview of the composition of the respondents' views on a specific topic. Triangulation can also be used to identify gaps in knowledge or conflicting issues or explanations regarding CIN policy:

If and when conflicts emerge between two data sources, we are faced with a decision about which version to rely on. Or we might view these discrepancies as an opportunity for new insights. (Padgett, 1998: 98)

Peer Debriefing and Support

A second method used to enhance the study's rigour is through the use of peer debriefing and support (Padgett, 1998; Lofland & Lofland, 1995). Peer support groups are a method of ensuring trustworthiness in the research process by providing not only emotional support throughout the process, but by also "debriefing and guarding against bias" (Padgett, 1998: 99). Lofland and Lofland (1995) also identify these forums as opportunities to motivate and reduce anxiety in the researcher, all of which contribute to the rigour of the research. This researcher participated in three main debriefing and support forums: the supervisory relationship; a PhD seminar series; and discussion with colleagues. All three forums contributed to the researcher's awareness of, and attempt to ensure, rigour within the research.

Auditing

The third method used to enhance the study's trustworthiness and rigour is 'auditing'. Auditing refers to leaving a trail, allowing for the possibility of others to confirm the study's findings (Padgett, 1998: 101; Janesick 1994; Miles & Huberman, 1994b; Morse, 1994). This is an approach that requires honesty and organisation of the researcher:

Leaving an audit trail means adopting a spirit of openness and documenting each step taken in data collection and analysis. The components of an audit trail include the raw data – fieldnotes, interview transcripts, and so forth, along with the journal and memos noting decision made during data collection, coding, and analysis. (Padgett, 1998: 101)

By providing an audit trail, all non-confidential information is made available to other researchers in order that they may examine, reproduce and verify the findings (Padgett, 1998). Procedures implemented, decisions made with regards to coding and analysis, research notes, thoughts and rationales for certain choices made during the research are documented and filed in binders, also available for scrutiny. The researcher attempted to be clear and consistent in the connection between the research design and the methodology. Finally, all findings reported are grounded in the data.

The application of these strategies contributes to the ongoing requirements of rigour and trustworthiness within the research process, while not sacrificing the issue of meaningful relevance. Research without rigour results in doubtful and ambiguous interpretations of findings, while research without relevance lacks significance:

We must find the comfort zone in balancing rigour and relevance. Just as rigour without relevance produces research that is mechanistic and devoid of meaning, relevance without rigour is a dead end when it comes to knowledge building. When qualitative studies soar too far above the clouds and neglect rigour, they risk the ultimate form of irrelevance – research that is misleading or even harmful in its impact on people's lives. (Padgett, 1998: 103)

5. ETHICAL CONSIDERATIONS

The following section provides a discussion on the ethical aspects of the research. Ethical issues reviewed address consent, confidentiality, anonymity and dissemination (Padgett, 1998; Punch, 1994).

Consent

Many researchers stress the importance of informed consent when conducting research (Padgett, 1998; Lofland & Lofland, 1995; Miles & Huberman, 1995; Fontana & Frey, 1994; Weiss, 1994). They believe that a brief description of the study, full identification of the researcher, voluntary participation (along with the right to withdraw), an assurance of confidentiality and the identification of risks or benefits associated with the research process ensure that the elements of informed consent are met (Padgett, 1998: 35; Wiess, 1994). This research met those standards. An introductory cover letter provided all participants with a brief written description of the study, the data collection methods, the identity of the researcher, the support organisation with the names and telephone numbers of the researcher's supervisors, and a contact address and telephone number of the researcher. The cover letter and the questionnaires also informed the participants that confidentiality was assured and that participation was voluntary. The researcher practised open and full disclosure with participants and provided respondents with information when requested. All respondents were told they could read the research proposal if requested (none did).

Anonymity and Confidentiality

The issue of anonymity and confidentiality is important in research practice (Padgett, 1998; Lofland & Lofland, 1995; Weiss, 1994). All participants in the research were assured anonymity in the presentation of the data. Participants who completed questionnaires and opted not to participate further in the research remained anonymous to the researcher. However those respondents

who completed the questionnaires and agreed to participate in the interviews identified themselves to the researcher and names were coded numerically. Results are reported based on the classification of respondents (managers, front-line supervisors and front-line social workers) and the local authority. No personal identifying data is reported. All research data is kept in a secure (locked) room. At the end of the research process, written documentation will be shredded and audio documentation will be erased. The applicant followed all standards as set out in the Code of Ethics for the Centre for the Child & Society.⁵

Other identifying information was either deleted or changed in order to ensure confidentiality and anonymity in the presentation and dissemination of research results. Padgett states that in the writing up phase of the research it is appropriate to change responses that may contain identifying information:

We use pseudonyms and may change inconsequential facts in the vignettes to prevent the reader from discerning who we are talking about. We may do this when referring to the research site as well. (1998: 39)

Feedback to participating local authorities will also be provided in a presentation format with a document summarising the research findings.

PART IV. DATA MANAGEMENT AND ANALYTIC PROCEDURES

The following section describes the data management and analytic procedures used in the research. Data refers to all the information collected from interviews, questionnaires and documents. It also includes field notes written by the researcher during the data collection phase. This approach allows for a broad, contextual analysis of the information, inclusive of multiple accounts of CIN policy. The primary data analysis applied a qualitative approach to responses obtained from interviews, documents and long answers on the surveys. A quantitative component to data analysis was used with the closed-ended responses

⁵ Available on request.

from the questionnaires. This section describes the process used to manage and analyse the data obtained, followed by specific descriptions of techniques used to analyse each data method.

Data Management

Data management focuses on the organisation and storage of information for efficient retrieval and analysis purposes (Padgett, 1998: 75; Miles & Huberman, 1994b). Computer software programmes used for the storage, analysis and presentation of data included Excel, SPSS, Microsoft Word and Nudist. The merits of using a personal computer and specific software programmes include the assistance of storage, management, retrieval, presentation and communication requirements of the research (Padgett, 1998; May, 1997; Lofland & Lofland, 1995; Miles & Huberman, 1994; Pfaffenberger, 1988). In particular, the richness and quantity of information generated through qualitative research can be referred to as a 'bane' of the analysis process due to the difficulty in making sense of it all, as well as the time and energy required to sort through it (Pfaffenberger, 1988). Benefits of the use of computers in analysis respond to the issue of data mass. They are twofold: 1) the ability to work with larger amounts of data more quickly; and, 2) to apply sophisticated analytical techniques (Lofland & Lofland, 1995; Miles & Huberman, 1994; Richards & Richards, 1994; Pfaffenberger, 1988: 13).

Computer software programmes do not, however, do the 'thinking' required of the researcher, and are limited in how they retrieve, as only specific information requested is brought forth. Information retrieved in a computer is based on text recognition of a 'string' of numbers (computer programming), and it is unable to retrieve text even if it is semantically connected or meaningful (Pfaffenberger, 1988).

Instrumentation is the process by which variables are measured (Sproull, 1988). Each questionnaire question was coded into categorical or ordinal numerical response variables and variables were quantified as discrete or ordinal

data.⁶ Raw data responses from the questionnaires were coded numerically and entered into the SPSS programme and were also saved in Excel format. Questions posed which allowed 'long' written answers (not tick box responses) were recorded and saved in a Word file.

The policy documents collected from the three Local authorities were managed and stored under a 'document summary form' (Miles & Huberman, 1994: 54). This form collected information that included the name of the document, the significance of the document, a brief summary of its contents and additional comments considered pertinent by the researcher. For example, when the information was available the author and the intended audience of the documents were listed (May, 1997).

While written responses, interviews, fieldnotes and document summary forms were transcribed and stored as Word documents, only the interview documents were saved in Nudist format. As a result, the researcher 'cut and pasted' information stored in Word files and used the more specific computer software for qualitative data analysis on the interviews. The use of Nudist proved to be helpful for the researcher: however it is worth noting that it did not replace the researcher's role of visually reading all the discourse collected, drawing out themes and categories, and linkages between. Nudist served mainly as a helpful sorting and retrieval tool: it was efficient in searching the data for specific words or terms inputted by the researcher, it provided a helpful method to retrieve specific, requested information, and it displayed the results in a readable and accessible format to the researcher. A key difference between the retrieval abilities of Nudist versus a word processing programme is that Nudist allows the researcher to retrieve text simultaneously in multiple documents. This is more difficult in a word processing programme (the documents must be linked).

This data management section described the processing of raw data (Miles & Huberman, 1994). Once the questionnaire data and interview data were sorted and stored in easily retrievable formats, they were gathered together with the

⁶ Discrete measures yield numerical responses arising from a counting process and ordinal measures yield numerical responses arising from an order within the data (Berenson, Levine &

document summary forms and the multiple sources were ready for further, in-depth analysis. The following section describes the process used for data analysis.

Data Analysis

Although there are several methods appropriate for the analysis of findings in qualitative research, there are certain shared characteristics of qualitative data analytic techniques: they are inductive, systematic and volume reducing (Padgett, 1998; May, 1997; Lofland & Lofland, 1995; Janesick, 1994; Miles & Huberman, 1994; Pfaffenberger, 1988). Qualitative approaches are inductive because the analysis moves from a specific case to the more general, and they are systematic as they incorporate a planned and rigorous process (Padgett, 1998; Lofland & Lofland, 1995). A third important aspect to qualitative data analysis is the volume of data generated and its subsequent reduction through the process of analysis (Padgett, 1998; Pfaffenberger, 1988; Walker, 1985).

The researcher's "reflections on the meaning and interpretation of the study's findings" are considered primary contributions of a qualitative study (Padgett, 1998: 84). 'Interpretation' as a concept and process suggests that there is more to the data than what is on the surface, and part of the researcher's role is to discover the meaning through a critical examination of the data (Fielding & Fielding, 1986).

Due to the volume of information obtained through the data collection, a thematic approach was used to sort and manage data, searching for evolving and emerging categories within the data. This approach includes the analysis of discourse collected from all data sources and combines suggested techniques of qualitative data analysis by multiple researchers (Padgett, 1998; May, 1997; Lofland & Lofland, 1995; Janesick, 1994; Miles & Huberman, 1994; Weiss, 1994; Pfaffenberger, 1989; Jones, 1985). While the research aim and objectives influence the research, Miles and Huberman (1994) state that it is the meaning within the discourse being coded which is of particular interest to the researcher during the analysis phase.

Goldstein, 1983; Hoel, 1960).

The initial focus of data analysis is to become thoroughly familiar through identifying and making note of certain responses that are eventually categorized under various codes and themes. Codes are defined as, 'labels that classify items of information as pertinent to a topic, question, answer, or whatever' (Lofland & Lofland, 1995: 186).

Coding qualitative data is a process of identifying bits and pieces of information (meaning units) and linking these to concepts and themes around which the final report is organized. (Padgett, 1998: 76)

These 'meaning units' may change after initial and subsequent readings of the data. This is a process of subdivision and classification, referred to as 'separating the wheat from the chaff', as the quantity of data collected is far greater than ultimately required (Padgett, 1998: 77). Commonalities or patterns emerging from the data are noted and the process is one of continuing reiteration (Padgett, 1998; Lofland & Lofland, 1995; Fielding & Fielding, 1986). The specific discourse from the data collection is linked with other emerging categories (Weiss, 1994).

After the transcription of the audio-tapes, the researcher listened to each of the taped interviews to get an overall sense of the interview. This was followed by an individual reading of each interview described as mapping out the interview's 'structure and its themes' and included observation notes made by the researcher during the research process. Potential categories and themes were written in margins on individual interviews. The researcher's thoughts on these categories or themes were also jotted down during this reading. The researcher also identified and created a category of 'issues raised' that corresponded to specific categories or themes.

This initial review of the transcripts and coding creates what Padgett refers to as a 'fragile web', the basis for a later revision of categories or the addition of further information to the identified categories (1998: 77). This process is also described well by Weiss, whose suggestions to coding data were emulated in this study:

The code categories...are efforts to capture the interview material. I don't try to make sense of every "meaning unit" – every utterance that provides a complete thought – nor of every sentence or paragraph. But as I go through the material I do ask myself what I am seeing instances of, what I am learning about, and what questions the material raises. (1994: 155)

This is a lengthy process with a focus on detail and becoming thoroughly versed in the data.

The research also applied an 'open coding' approach to data analysis and pre-existing concepts or theories were not the dominant basis for the selection of categories. However, 'a priori' categories also existed and influenced the coding and sorting of the data as the data collection methods contained general thematic categories, based on the questionnaire formats and interview schedule (Padgett, 1998; Lofland & Lofland, 1995; Miles & Huberman, 1994; Pfaffenberger, 1988).

Lofland and Lofland (1995) suggest the researcher begin by 'framing' the data based on eight types of propositions. Framing of the data develops generic propositions, defined as "...an answer to a question posed about a topic" (Lofland & Lofland, 1995: 182). These propositions are: type (what is the phenomenon); frequencies and magnitudes (how often we observe something and its strength or size); structures and processes (how something is organized and how it operates over time); causes and consequences (what factors bring something into existence and what effects something has); and finally, agency (how people strategize their actions in and toward situations and settings) (Lofland & Lofland, 1995: 123). These authors stress that there is no single method of achieving analysis and that these propositions should be used as guides only. Lofland and Lofland also identify other methods of obtaining 'generic propositions' through

forming a hypothesis, developing a thesis, formulating a concept, making an assertion, putting forth an idea, propounding a theme, addressing a problem, specifying a story line, constructing general principles, and providing a general interpretation. (Lofland & Lofland, 1995: 182).

The analysis also employed a technique referred to as 'constant comparative analysis' (Lofland & Lofland, 1995; Miles & Huberman, 1994b;

Strauss & Corbin, 1994) and, "as categories and subcategories unfold..., we will continue to refine our concepts and return to the data to verify them" (Padgett, 1998: 79). This combines inductive and deductive approach in a repeated process:

In practice, it is iterative, beginning as inductive, then becoming deductive, then returning to an inductive approach. As themes emerge from initial coding (inductive phase), one goes back over the data to ensure that it is coded in accordance with these themes (deductive phase). As one combs back through the data, new codes often emerge (inductive phase). (Padgett, 1998: 77)

The researcher integrated these approaches to the data analysis and categories were created that were congruent with the overall research. The initial analysis of the questionnaires provided a summary of descriptive statistics of the responses. As the main focus of the research examined CIN policy, its formulation and interpretation by social work staff in three different SWDs, the total data set was divided into subsets based on three key variables: job category, local authority and gender. The result is the creation of eight data subsets. Under the variable job category, the data subsets created depend on whether the respondents are managers, supervisors or front-line social workers, irrespective of local authority or gender. Under the local authority category, the data subsets 'Kirkshire', 'Parkland' and 'Bridgetown' were created. This divided all respondents, irrespective of job category or gender into subsets based on the local authority for whom they are employed. The seventh and eighth data subsets divide the total data set into categories based on gender, irrespective of job category or local authority affiliation. Frequencies of responses for each variable in the eight data subsets were calculated and organized into tables and charts.

Certain variables were dropped from further analysis due to overwhelming response patterns: 90% of the respondents have worked in Scotland; only certain respondents answered specific questions; the questions on familiarity with Section 22 and Section 93 received generally similar responses (leading the researcher to believe that the questions were perceived as the same); and variables specific to job categories. There was no further attempt to analyse the questionnaire data on

any more complex statistical level primarily due to concerns regarding the lack of randomness employed in sampling and the resulting ambiguous statistical significance and the interpretation of the findings.

The researcher then reviewed the collected discourses, with the categories, possible themes and corresponding 'issues raised', and revised, deleted or added new categories or themes. This included a retrieval and emergence of diverging or converging categories and themes from the interviews through the assistance Nudist. This was a continual iterative process of re-examination, building on the previous readings of themes and categories generated, through the researcher's visual reading of printed text, as well as through the use of computer retrieval of text (Padgett, 1998; Miles & Huberman, 1994b; Weiss, 1994; Pfaffenberger, 1988).

This process attempted to incorporate both coherence and consistency within its application. Coherence is important in unifying the research, while consistency in findings can be used as an argument to support specific interpretations of the research (Weiss, 1994). Findings from the analysis were linked back to current knowledge on the topic, both theoretical and empirical (Padgett, 1998: 84) and the researcher further reflected on the themes and categories created. The researcher then began the process of 'focused coding', selecting a few categories from those created based on "...winnowing out less productive and useful codes" (Lofland & Lofland, 1995: 192). Some categories were added to, others combined, while others were deleted.

One technique that the researcher found to be particularly helpful in sorting the emerging codes was to use a visual diagram to represent the current categories as well as to present alternative possibilities in sorting. The researcher used a concept/flow chart and a tree index as formats for diagrams to assist her in the sorting of codes and themes. This strategy is considered integral to a sound data analysis (Lofland & Lofland, 1995; Miles & Huberman, 1994).

This analysis process resulted in five initial 'sections' with multiple subcategories, classified by shared themes. The basis for creating these sections was based on the research questions posed (which in their creation had been

loosely ordered into sections based on themes) and the multiple examinations of the discourse, revising and changing as themes emerged or remained constant. For example, general information obtained from respondents about their professional qualifications, employment history and gender were categorized under the 'Agency Context Theme'. Questions and responses posed in the questionnaires and in the interviews that focused on recorded policy (legislation or CSP), were categorized under the heading 'Knowledge and Use of Policy'. Upon revision of the information, this category was combined with another previously category labelled 'Service Provision', as there were various overlapping concepts and issues. These combined sections were renamed the 'Policy in Practice' category. One emerging theme contained a sub-category of typologies defining 'children in need'. Types are helpful in that they "...imply that the type captures essentials shared by all the instances it embraces" (Weiss, 1994: 175). This emerged partly through a priori categories from questions posed to the respondents, but also through the respondents' use of examples, identifying significant characteristics of 'children in need'.

The researcher terminated this iterative process upon 'saturation'. Saturation is reached when 'new information tends to confirm our existing classification scheme and discrepant cases stop appearing' (Padgett, 1998: 79; Lofland & Lofland, 1995; Weiss, 1994). By the end of the analysis, data seemed to 'fit' into the created categories and further reviews of the discourse no longer provided new, nor profound additions to current categories and themes.

Bias within the research process affects whether or not findings can be considered authentic, and whether the interpretations of finding are credible (Fielding & Fielding, 1986). There are two main sources of bias in qualitative analysis: the selection of data to fit an ideal of a phenomenon, and the selection of 'exotic' data versus mundane, but more representative, data (Fielding & Fielding, 1986: 32). As a result, the goal of the analysis is to present patterns or unique instances of CIN policy based on the information obtained, that reflects, faithful to the aim of authenticity, the phenomena studied.

While the majority of themes generated (and discussed in the findings chapters) were based on commonality within the discourse, certain themes were retained due to their uniqueness, unusualness or contrary positioning. Padgett (1998) states that arguments are generally strengthened by numbers, although unique examples of beliefs or behaviours can be reported as long as the researcher identifies it as being an unusual response. In fact, these 'outliers' can be beneficial to the study:

Deviant cases bring into sharper relief the very norms they flout. By defining the perimeter, they help us understand the center. Because qualitative researchers do not usually assert that their findings are representative or generalizable, this approach is not a problem. (Padgett, 1998: 81)

CONCLUSION

In order to examine CIN policy in Scottish SWDs, a qualitative research approach was chosen for this study. The decision to use a qualitative approach to study CIN policy is based on several reasons guided by an overarching goal to obtain detailed and diverse information on CIN policy. Reasons include issues related to the study's epistemological orientation, the compatibility between a qualitative approach and the nature of the subject, and the actual data collection methods employed to examine CIN policy. A qualitative approach allows for the inclusion of detailed information that would traditionally be excluded from research on the social world, information that is required to examine CIN policy.

Individual staff interviews constitute the study's primary data source, while staff surveys and organisational documents provide complementary, secondary and tertiary data sources. Respondents volunteered to participate in an interview after completing a questionnaire which allowed the researcher to follow up their written responses. By including three methods for data collection, with differing sources, a broader picture is attained of policy on 'children in need'. The use of in-depth interviews as the primary data collection source produces detailed perspectives on

CIN policy, respectful of the context in which the data emanates: the respondents' world of SWDs. This approach also allows the researcher to maintain a level of control in collecting the data in contrast to the use of questionnaires or documents. Questionnaires provide a useful 'snapshot' of perspectives on CIN policy from a higher number of respondents, while documents reflect a different, more formal, organisational perspective. These three approaches to data collection balance and enhance each other, and by offsetting the other's limitations.

Additional issues reviewed within this chapter focus on the role of the researcher, the issue of rigour within the research process, ethical considerations and general issues related to strengths and limitations of the research process. The analysis of the collected discourse incorporated a thematic approach, synthesising responses from questionnaires, interviews and documents.

CHAPTER SIX

FINDINGS: THE AGENCY CONTEXT

INTRODUCTION

This chapter begins the presentation of the research findings highlighting the context of the participating SWDs. Chapters Seven, Eight and Nine report on research findings related to three general topic areas: 1) staff's knowledge of, and perception of, the relevance of CIN policy; 2) staff's abstract conceptualisation of CIN; and 3) staff's engagement with CIN policy.

This chapter begins with a summary of general socioeconomic information of Scotland and the three participating local authorities ('Kirkshire', 'Parkland' and 'Bridgetown'). The chapter provides Scottish and local authority population counts for 1998-1999 as well as projected population estimates. The data is also divided into age categories with a particular focus on children and young people. Other social indicators highlighted include factors likely to affect 'children in need': national and regional unemployment rates, the percent of children in lone parent families, the percent of children in receipt of free school meals, the number of children from ethnic minority groups, the number and percent of children in out of home placement, the number of children's names on the Child Protection Register, and the number of children with disabilities.

The second section of this chapter provides descriptive summaries of characteristics of SWDs in Scotland, with a particular focus on the three participating SWDs. These summaries provide data on SWDs' expenditures, the number of staff employed in a specified social work activity, the number of staff in management and front-line positions, the number of staff with professional social work qualifications, and the length of time research participants have

worked with children. These findings are highlighted and comparisons are made between local authority SWDs to national data where appropriate. The specific characteristics of staff who participated in the research are also examined. Staff characteristics such as job category, gender, length of time employed in child welfare and qualifications are included. This chapter concludes with a review of the organisational structure evident in the three participating SWDs.

Where available, the figures provided reflect 1998-1999 data, as the research collection period covered this year.¹ Tables and information attempt to provide as much comparable information as possible between the three Local authorities; however due to variations in categories and data collection methods, some of the information presented reflects these differences and are noted where applicable.

I. SOCIOECONOMIC CHARACTERISTICS OF LOCAL AUTHORITIES

The population of Scotland in 1998/1999 was approximately 5,120,000 people, a slight decrease (-0.1%) from 1996 (Government Statistical Service, 2000: sa01-04.htm). This reflects a predicted trend of a continued decline in Scotland's population in the future (General Registry Office, 2000: 98). Children under sixteen years of age account for approximately one million of the total population (General Registry Office (Scotland), 2000: 98), for those under 18 years of age, 1,145,000. Of particular note, the number of children under sixteen years of age is expected to fall to 85% (866,000) of the 1998 level by the year 2021, while the population of people of pensionable age is predicted to increase by 8 per cent by 2021 (General Registry Office (Scotland), 2000: 98). The dependency ratio provides a summary measure of the age structure within a population. This ratio is calculated by the number of people under 16 years of age or those over pensionable age, to the number of people of working age. There is a

¹ Figures were collected from a variety of sources: Scottish Economic Statistics, General Register Office (Scotland), the Scottish Executive and Local authorities' CSP.

slight change expected in future trends, from 32 child dependents per 100 population of working age in 1998 to 27 estimated in 2021. The dependency rate for those of pensionable ages is predicted to increase from 29 people per 100 of working age in 1998 to 31 in 2021 (General Registry Office (Scotland), 2000: 98). The child population for all three participating local authorities was between 23%-24% of the total local authority population. Scotland's child population is 25% of the total (General Registry (Scotland), 2000: 98).

The unemployment rate in Scotland for 1998 was recorded at 5.8% or approximately 141,500 people. Seventy-five percent of dependent children in families in Scotland were below the mean income while 34% were below the half mean income (Scottish Economic Statistics, 2000: 43).² Twenty point five percent of children in Scotland were in receipt of free school meals (Scottish Executive, 2000).

Table 5. Socio-economic profiles by local authority

Variables (%)	Scotland	Kirkshire	Parkland	Bridgetown
Unemployment Rate ³	5.8	6.1	6.5	4.8
Children in Lone Parent Families ⁴	6 ⁵	12.4	17.3	12
Children in Receipt of Free School Meals ⁶	20.5 ⁷	34	21	16
Children from Ethnic Minority Groups	0.8 ⁸	0.7	1.0	0.9
Children Looked After ⁹	9.4	10	8	10
% of children with Disability	/	1.6	1	2.1
Number of children's names on Child Protection Register ¹⁰	2.3	1.4	0.9	2.1

² Information available for year 1996/97.

³ People who are claiming unemployment-related benefits at Employment Service local offices and who have declared that they are unemployed, capable of, available for and actively seeking work during the week in which their claim is made (Scottish Economic Bulletin No58:55).

⁴ Information collected from CSPs.

⁵ Scottish Household Survey. December 11, 2001:

<http://www.scotland.gov.uk/stats/bulletins/00115/00115-04.asp>

⁶ Scottish Executive, 2000: [releas99_6/nrsm-01.htm](http://www.scotland.gov.uk/releas99_6/nrsm-01.htm). This is the percentage of pupils recorded as being entitled to free meals.

⁷ Crown Copyright (Scottish Executive): December 11, 2001:

http://www.scotland.gov.uk/news/releas99_6/nrsm-01.htm

⁸ Based on data available of ethnic minorities in Scotland 1998/1999 by age (0-16 years).

<http://www.scotland.gov.uk/library3/society/equality/esem-01.asp>

⁹ Number of children looked after per thousand population of children 0-17 years. Scottish Executive, December 11, 2001: <http://www.scotland.gov.uk/stats/sources/swsgdat5.csv>

Kirkshire

This local authority reported a population of under 200,000 and covers a mainly urban region with some small villages in rural areas. This area has experienced heavy industrial and manufacturing decline over the years and a slight decrease in population in 1996-1997. Kirkshire is expecting a further decline in population in the future (2014), with a decrease expected in the number of children under five years of age, however an expected increase in the number of children aged 12-15 years.

The unemployment rate in Kirskshire for 1998 was recorded as 6.1%, higher than the national average (Government Statistical Service, 2000: sa01-04.htm). There were 12.4% of children in lone parent families and 34% of children in Kirkshire were entitled to free school meals. Fewer than 1% of children were identified as being from ethnic minority groups (0.7% of the child population) and 0.5% of the child population was looked after away from home. There were 1.6% of children in the child population identified as having a disability. The unemployment rate in these areas is nearly twice the local authority average.

Parkland

The second participating local authority is larger than the other two participating local authorities. It has a combination of both rural and urban populations. There has been a slight decrease in the population in this area in the 1996-1997 year and estimates suggest that the number of children under 18 years of age will continue to decrease in the years to come.

The unemployment rate recorded for this area in 1998 was 6.5%, higher than the national average (Government Statistical Service, 2000: sa01-04.htm). In the Parkland local authority, 17.3% of children were in lone parent families and 21% of children were identified as entitled to receive free school meals. Just under one percent (.97) of children were identified as being from ethnic minority

¹⁰ Per 1,000 population aged 0-15. Scottish Executive. December 10, 2001:

groups and .2% of the child population was looked after away from home. One percent of children was identified as having a disability.

Bridgetown

The third local authority contains a combination of rural and urban dwellers with a population just over 150,000 people. This is a growing population within a growing economy (Government Statistical Service, 2000: sa01-04.htm). Unemployment has dropped dramatically over the past years to 4.8% in 1996-1997 (Government Statistical Service, 2000: sa01-04.htm). Twelve percent of children reside in lone parent families and 16% of children were entitled to receive free school meals, a much lower figure than for Kirkshire and Parkland. Less than one percent (.92) of the child population was identified as being from ethnic minority groups. Bridgetown recorded the highest percentage of children looked after away from home: 0.6% of the child population. There were 2.1% of children identified as having some type of disability in the child population, notably higher than Kirkshire or Parkland.

In 1998-1999 1,050 million pounds were provided by the Scottish government for SWDs (The Scottish Office, 2000, sswp-04.htm). Kirkshire's SWD expenditures accounted for over 10% of the total local authority expenditures. In contrast, the SWDs' expenditures for Parkland and Bridgetown were less than 10% of the total local authority expenditures in 1998-1999.

II. SOCIAL WORK DEPARTMENTS: ORGANISATIONAL STRUCTURE

The organisational structure of local authority SWDs impacts on the agencies' formal policy and service planning processes, as well as decision-making in social service provision (Kettner, 2002). Based on information provided by the local authority contact people, Diagram A provides an organisational model of SWDs for Children and Families' Services structure. While the three SWDs have their own specific organisational structures and

characteristics, they were similar in their substantive forms, and Diagram A reflects a generic organisational structure based on the SWDs combined characteristics. The diagram has a particular focus on children and families services and excludes details related to other social work provision. Social work assistants are not included on the diagram as they were not involved in the research. The diagram provides the basis on which the general structures of the participating SWDs can be examined, and the arenas of management and front-line service provision identified.

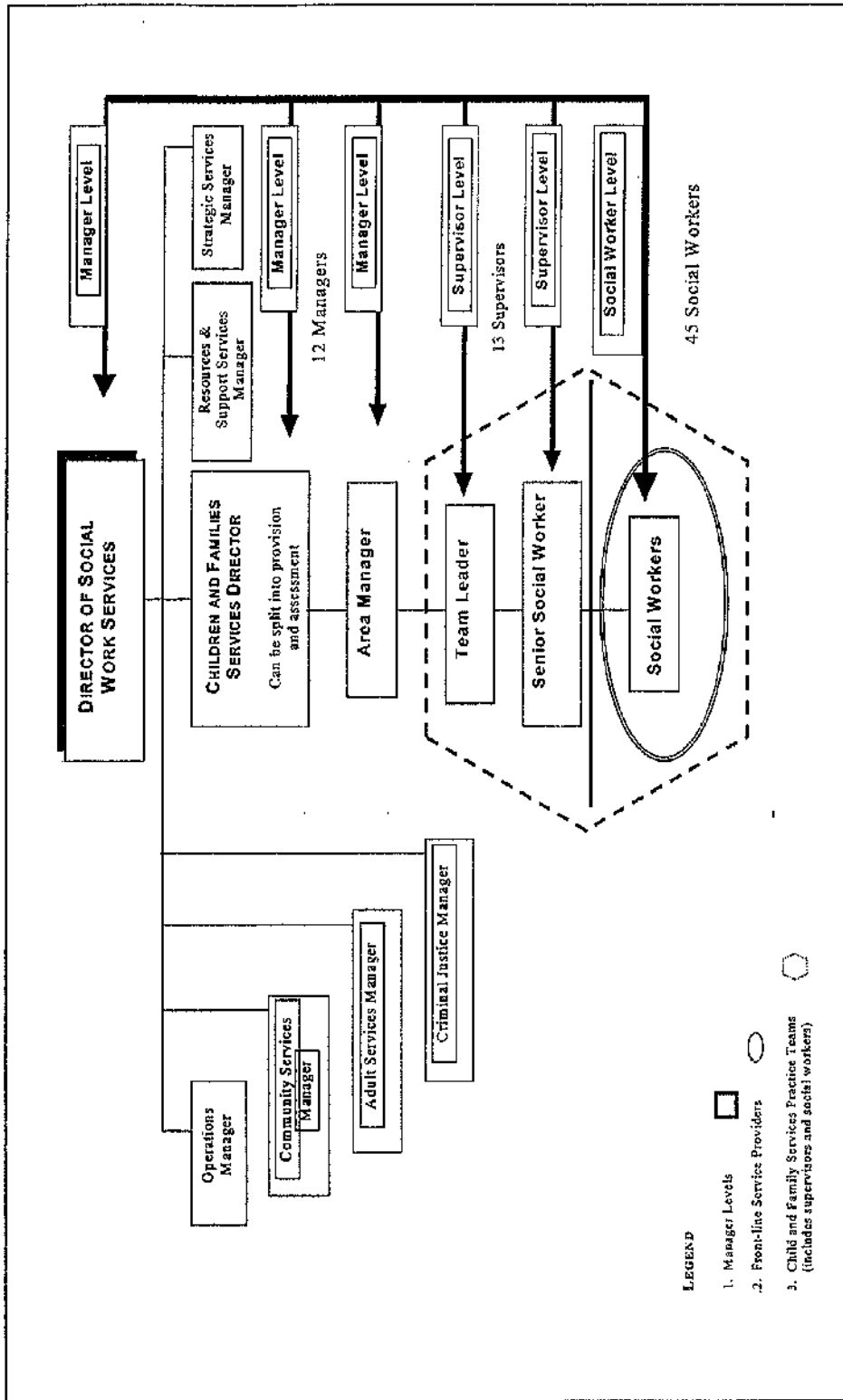
All three of the participating SWDs Children and Families Services were characterised by a hierarchical configuration, with multiple layers of managers, supervisors and one layer of front-line service providers. These layers of management begin with a Director (or Head) of SWDs.¹¹ Beneath this top executive is a layer of managers responsible for overseeing a particular department area: for example, operations, adult services, criminal justice, resources and support, strategic services, and, of particular interest to this research, children and families services.

The next management level subordinate to the Manager of Children and Families Services were termed Area Managers. The Area Managers are essentially responsible for social work service provision in a specific geographic area and managing the Child and Family Practice Teams (in one SWD there was also an Assistant Area Manager). These teams are usually comprised of a Team Leader, one or more Senior Social Workers, many social workers (between 3 and 17) and fewer Social Work Assistants.

As evident in the diagram there are three management levels and two supervisor levels. There is one level of front-line service providers, the social workers.

¹¹ None of these managers participated in the research.

Figure 1. Organisational chart of social work departments



III. STAFF POSITIONS

The ratio of social work staff to every thousand people in the local authorities' population ranged from a high of 6.4 per 1000 population in Kirkshire, to a low of 5.2 per thousand population in Bridgetown. Parkland's local authority reported a rate of 5.7 staff per thousand population. All of these SWDs are below the national average of 6.9 per thousand population.

Kirkshire had a greater number of managers responding to the questionnaires (twice as many as the other participating local authorities): Managers accounted for one quarter of the respondents and social workers accounted for just over half of respondents. Managers and supervisors were split equally in Parkland, while social workers from Parkland accounted for three quarters of the participating staff. In Bridgetown, social workers comprised the majority of the respondents, supervisors comprised the next largest category, in turn followed by a smaller number of managers.

Table 6. Questionnaire and interview respondents by local authority and position

DATA COLLECTION METHOD	LOCAL AUTHORITY	POSITION			TOTAL
		Managers	Supervisors	Social Workers	
I. Questionnaires	Kirkshire	6	5	13	24
	Parkland	3	3	18	24
	Bridgetown	3	5	14	22
	Total	12	13	45	70
II. Interviews	Kirkshire	4	1	4	9
	Parkland	2	3	7	12
	Bridgetown	3	3	6	12
	Total	9	7	17	33

Professional Qualification

All respondents (with the exception of one social worker from Bridgetown) responded affirmatively that they have a professional qualification in social work. This reflects a higher proportion of social work qualification when compared with the national data, which nevertheless reported that an overwhelming majority (85%) of Social Work Service staff in Scottish Local

authorities have a Diploma in Social Work, CQSW (or equivalent) (Statistical Bulletin – Social Work Series, Scottish Executive, 2000: sb921-12.htm).

Length of Time Employed in Child Care

Most of the questionnaire respondents reported working for local authority services five years or more. Seventeen of the respondents stated they had worked for under five years, 15 for over five years but under ten years and 38 responded they had worked in child care for over 10 years.

Table 7. Questionnaire respondents, length of time employed in child care

LOCAL AUTHORITY	JOB TITLE	LENGTH OF TIME IN CHILD CARE			TOTAL
		>1<5 years	>5<10 years	>10 years	
KIRKSHIRE	Manager			6	6
	Supervisor		2	3	5
	Social Worker	2	3	8	13
	Group Total	2	5	17	24
PARKLAND	Manager			3	3
	Supervisor			3	3
	Social Worker	13	2	3	18
	Group Total	13	2	9	24
BRIDGETOWN	Manager			3	3
	Supervisor		1	4	5
	Social Worker	2	7	5	14
	Group Total	2	8	12	22
Table Total		17	15	38	70

When examining the interview respondents, all of the managers and all but one of the supervisors reported working for local authority services for more than ten years. Approximately one third of social work staff stated they had worked for local authority services for more than ten years. Of interest is the high number of social workers from Parkland who have worked in the local authority between one and fewer than five years. This local authority also had the lowest number of long-time social work staff and likely reflects its status of being recently created. Kirkshire reported the highest number of long-term social workers (eight) and Bridgetown had the majority of social workers between five and ten years

experience. These findings may also reflect differences in local authorities' staff comfort and knowledge level of CIN policy and their willingness to participate in the research.

Table 8. Interview participants, length of time employed in child care

LOCAL AUTHORITY	JOB TITLE	LENGTH OF TIME IN CHILD CARE			TOTAL
		>1<5 years	>5<10 years	>10 years	
KIRKSHIRE	Manager			4	4
	Supervisor			1	1
	Social Worker		2	3	5
	Group Total		2	8	10
PARKLAND	Manager			2	2
	Supervisor			3	3
	Social Worker	6	1		7
	Group Total	6	1	5	12
BRIDGETOWN	Manager			2	2
	Supervisor		1	2	3
	Social Worker		3	3	6
	Group Total		4	7	11
Table Total		6	7	20	33

Gender

Responses were further divided and analysed based on gender. Forty-eight or 68% of *questionnaire* respondents identified themselves as female, with greater numbers of female supervisors and social workers than male reported. Approximately 73% (33 respondents) of social workers were women and close to 75% of supervisors (9 respondents) were female. Five out of 7 managers were female and there were no female managers participating from Bridgetown.

Table 9. Questionnaire respondents by local authority by position and gender

LOCAL AUTHORITY	JOB TITLE	GENDER		TOTAL
		Female	Male	
KIRKSHIRE	Manager	3	3	6
	Supervisor	4	1	5
	Social Worker	11	2	13
	Group Total	18	6	24
PARKLAND	Manager	2	1	3
	Supervisor	2	1	3
	Social Worker	11	7	18
	Group Total	15	9	24
BRIDGETOWN	Manager		3	3
	Supervisor	4	1	5
	Social Worker	11	3	14
	Group Total	15	7	22
Table Total		48	22	70

These differences in gender composition and job category shifted with *interview* respondents. For example, of the total interview participants, 18 out of 33, or 55% were female. The gender division noted in the questionnaire respondents remained similar for the proportion of female and male supervisors interviewed: roughly 70% were female and 30% were male. There were fewer female managers interviewed (approximately 33%), and a decrease in the number of female social workers interviewed (59%). Differences based on local authority affiliation also emerged upon closer examination of gender divisions in job categories particularly with social workers. Bridgetown was the sole SWD with a higher frequency of male respondents in the interview phase. Kirkshire had only female managers participating.

Table 10. Interview respondents by local authority, position and gender

LOCAL AUTHORITY	JOB TITLE	GENDER		TOTAL
		Female	Male	
KIRKSHIRE	Manager	1	3	4
	Supervisor	1		1
	Social Worker	3	1	4
	Group Total	6	4	9
PARKLAND	Manager	2		2
	Supervisor	2	1	3
	Social Worker	4	3	7
	Group Total	8	4	12
BRIDGETOWN	Manager		2	2
	Supervisor	2	1	3
	Social Worker	3	3	6
	Group Total	4	7	11
Table Total		18	15	33

There is no immediate or definitive explanation for these observed differences based on gender, particularly the higher proportion of male social workers continuing with the interview phase of the research. Studies have linked gender division in the workplace to women's experiences of juggling career and family responsibilities which may be relevant to the personal experiences of some participants (Meyers, 1999; Lyons et al, 1995: 188).

The Scottish Office Statistical Bulletins for Social Work do not provide a breakdown of professional social work staff by gender (Scottish Executive, 2002) and therefore there is no national data gathered on the gender of staff employed in local authorities. Based on correspondence with the three participating local authority SWDs, a rough estimate on gender divisions was provided. Generally, women account for 80% of front-line and supervisory positions, whereas this phenomenon is reversed for managers of teams. Approximately 70%-90% of team managers are men (Bell, personal correspondence: May 17, 2001; Prentice, personal correspondence: April 23, 2001). These figures correspond with a survey of Scottish local authorities conducted in 1997 which found that women compose 16% of senior management in Scottish Local authorities (Breitenbach et al., 1999:

Scottish Executive, 2002).¹² In 1998 based on information from the Directory of Scottish Local Government, women comprised 32% of senior posts in SWDs (Scottish Executive, 2002).¹³

Many of the frequencies recorded of participants' characteristics are low due to the limited sample size and as a result, variable comparisons between positions and local authorities possibly reflect no more than coincidental groupings. Identified differences based on gender create difficulty in meaningful interpretation, particularly due to the greater decrease of female respondents in phase two of the research, which provided the primary data source. While there were sub-sample differences (managers, supervisors and social workers; local authority affiliation) no sub-sample differences based on gender emerged distinct from responses linked to staff position or local authority affiliation. Again, this may be a reflection of sample size, especially the lower frequencies of interview respondents. Because of these reasons findings presented in the following chapters are based on position and local authority affiliation analysis.

CONCLUSION

Data profiles show that the three participating SWDs are similar in socioeconomic characteristics and organisational structure to warrant comparisons within the research, although there are differences with some demographic trends and characteristics. Sample findings also highlight specific data that is potentially relevant to the certain child populations considered to be 'in need'. These differences clearly have implications for service planning and provision for 'children in need' both currently and in the future.

All of the participating SWDs combined both urban and rural populations. The Parkland local authority had the largest population base and Kirkshire and Bridgetown local authorities were very similar in population number. All three

¹² This data includes only 22 out of 32 councils.

local authorities had a child population between 23% and 24 %. Kirkshire had a higher percentage of children in receipt of free school meals and the highest percentage of local authority expenditures on SWDs. Kirkshire and Parkland experienced economic and population decline, a population trend expected to continue in the future. In contrast Bridgetown was experiencing a population and economic growth, which is expected to continue in the future. It had the lowest unemployment rate of the three local authorities. Parkland had the highest percentage of children in lone parent families. Bridgetown had a higher proportion of children identified as disabled, of children in care and number of children's names on the Child Protection Register.

The organisational structure of the three SWDs is hierarchical in format, with multiple layers of management and one level of front-line service providers. These figures set the local authority and organisational context for the presentation of findings in Chapters Seven, Eight and Nine, concerned with staff's understanding and policy formulation of 'children in need'.

¹³ This figure is considered a maximum due to double counting for those having dual or multiple responsibilities.

CHAPTER SEVEN

'CHILDREN IN NEED' POLICY: KNOWLEDGE AND PERCEIVED USEFULNESS

INTRODUCTION

As described in Chapter Two, the Children (Scotland) Act 1995 introduced a new category of service eligibility through the legislation of 'children in need' in Section 22 of the Act. Under Section 19 of the Act, Local Authorities have a dual requirement to publish a Children's Services Plan (CSP) and a document outlining services for children provided within their area. All three of the participating local authorities produced a CSP in response to this legislated requirement. As the data collection process occurred only two years after the enactment of this legislation, one goal of the research was to examine staff's familiarity with formal policy and to determine whether respondents were knowledgeable of, and familiar with, formal CIN policy. For the purposes of the research formal policy included the Children (Scotland) Act 1995, Sections 22 and 93 of the Act, Guidance related to children in need, and the local authorities' CSP and definition of children in need. The first section of this chapter introduces the study's findings about staff's general knowledge of formal CIN policy. Responses from the questionnaires provided crude indicators of staff's familiarity with CIN policy. The interviews allowed for exploration of this topic.

While the examination of staff's familiarity and knowledge of formal policy was one objective of the study, the research also sought to elicit staff's perceptions of CIN policy and whether they considered it to be relevant to their work. Based on the results of the questionnaires and interviews concerning staff reported knowledge of, and familiarity with CIN policy, the interviews also

allowed for a deeper probing of staff's perceptions of relevance of the policy. Section two presents findings related to staff's perceptions of the relevance of CIN policy to their work. The first part of section two provides a brief overview of the interview respondents who considered the policy relevant for social work planning and practice. As many of these findings are connected to staff's abstract conceptualisation of, and engagement with CIN policy they are also inter-woven with findings presented in Chapters Eight and Nine. The second part of section two shifts its focus to the participants who considered CIN policy to be neither useful nor relevant to their work and alternative terms used in practice are presented.

I. 'CHILDREN IN NEED' POLICY KNOWLEDGE AND FAMILIARITY: A SUPERFICIAL UNDERSTANDING?

Most questionnaire respondents reported familiarity with Sections 22 and 93 of the Act. However a different scenario emerged during the interview phase of the research. Familiarity and knowledge of formal policy were essentially related to the organisational hierarchy reflected in positions within the organisation. Most respondents were familiar with general elements of the law rather than specific details. Managers reported the most knowledge of and familiarity with formal policy while supervisors and social workers presented a picture of minimal staff knowledge of formal CIN policy. Responses from questionnaires and interviews are presented to illustrate these findings.

The majority of questionnaire respondents reported that they consulted the Children (Scotland) Act 1995 on a daily basis. All of the participating supervisors stated that they consulted the Children (Scotland) Act 1995 in their daily work and just over half of the social workers responded that they consulted the Act daily. Approximately two thirds of the managers reported that they consulted the Act on a daily basis.

Table 11. Questionnaire respondents consultation of the Children (Scotland) Act 1995 in daily work

LOCAL AUTHORITY	Position	Yes	No	Total
Kirkshire	Manager	4	2	6
	Supervisor	5		5
	Social worker	2	10	12
	Group Total	11	12	23
Parkland	Manager	1	2	3
	Supervisor	3		3
	Social worker	11	7	18
	Group Total	15	9	24
Bridgetown	Manager	3		3
	Supervisor	5		5
	Social worker	12	2	14
	Group Total	20	2	22
TABLE TOTAL		46	23	69

Upon closer examination of responses categorized by local authority affiliation, differences are evident in managers' and social workers' responses. A very large majority of social workers from Kirkshire responded that they do not consult the Children (Scotland) Act 1995 while a majority of social workers from Parkland reported they consult the Act in their daily work. This difference may be partly explained by the relatively less experienced workers in Parkland as compared with Kirkshire. In Bridgetown, the overwhelming majority of all staff (with the exception of two social workers) responded they consult the Act in their daily work. There were two managers in both Kirkshire and Parkland who reported they do not consult the Act in their daily work. Examples given of when the Children (Scotland) Act 1995 was consulted include:

- Preparation for a Children's Hearing
- When dealing with child protection cases such as emergency child protection measures or referrals to the Reporter
- Referring to the Act for report writing purposes
- In circumstances requiring clarification of terms or responsibilities
- When determining grounds for referral or intervention
- In reference to the provision of financial assistance

- In conjunction with management information

The overwhelming majority of questionnaire respondents reported that they were familiar with Section 22 of the Act. The rate of familiarity with Section 22 of the Act increased from 70% for social workers (who reported the least familiarity), to supervisors who recorded a familiarity rate of 77%, to 100% for managers. This pattern of reported familiarity applied across the three participating Local Authorities.

With regards to staff referring to Section 22 of the Children (Scotland) Act 1995 in their daily work, differences between the local authorities were present. The majority of respondents from Parkland and Bridgetown showed that they refer to Section 22 daily. However, the majority of staff in Kirkshire stated they do not refer to Section 22 in their daily work. Managers and social workers from Kirkshire overwhelmingly reported they do not refer to Section 22 in their daily work, while supervisors were equally divided between those who refer to it in their daily work and those who do not. Half of the supervisors in the sample reported they do not refer to Section 22. Examples of the contexts in which Section 22 was referred to were mainly in relation to the provision of financial support to families and not other services. Section 22 was overwhelmingly considered the replacement of Section 12 of the Social Work (Scotland) Act 1968.

¹ Note that figures do not total 13 as one social worker from this agency did not respond to the question.

Table 12. Questionnaire respondents: Referral to Section 22 in daily work

Local Authority	Position	Yes	No	Group Total
Kirkshire	Manager	1	5	6
	Supervisor	2	2	4 ²
	Social worker	4	8	12 ³
Group Total		7	15	22
PARKLAND	Manager	2	1	3
	Supervisor	1	2	3
	Social worker	12	6	18
Group Total		15	9	24
Bridgetown	Manager	3		3
	Supervisor	3	2	5
	Social worker	9	5	14
Group Total		15	7	22
Table Total		37	31	68

There are no definitive explanations of the differences in reporting rates across the three local authorities. It is possible that referring to Section 22 in daily work reflects either little knowledge of the policy, a comfort level with the policy, or simply no interest in the policy. Interviews allowed for a deeper exploration of this topic with social work staff. The majority (29) of the interview participants considered Section 22 a replacement of Section 12 from the Social Work (Scotland) Act 1968. While some staff, mainly managers were able to easily discuss Section 22, many staff were less clear on their comprehension of the Section. For example this supervisor was quite frank in admitting to being uncertain about her understanding of the concept of 'children in need' and identified Section 12 as used for financial payments. This was a common response when asked to discuss Section 22 in detail.

Is this child eligible for services or this family?, probably more than children - it depends on the context, a lot of the work we do is in terms of families rather than children and thinking more in terms of duty where parents come in the door with no funds and no food. So we still tend to

² Note that figures do not total 6 as one supervisor did not respond to the question.

³ Note that figures do not total 13 as one social worker from this agency did not respond to the question.

see it under Section 12. I guess we haven't got used to the new concept of children in need and what it actually is, I'm not sure that I've grasped that yet. I know it's there, I know there's some sort of interlining between Section 12 and children in need, but I don't think I'm particularly clear and I also don't think it's clear what our agency's definition would be - so really, the whole thing is open to other kind of interpretations depending on whether you are a worker, a voluntary agency acting on behalf of the client, the client themselves, or whatever. (Supervisor 6, Bridgetown)

There was a general trend of less familiarity with Section 93 and Scottish Office Guidance reported by respondents when compared with Section 22 of the Children (Scotland) Act 1995. Although the majority of questionnaire respondents stated they were familiar with the Guidance, approximately one third of social workers and one quarter of supervisors stated they were unfamiliar with the Guidance categories of children in need.

Questionnaire responses varied greatly in response to the question concerning staff's knowledge of the local authority's or SWD's formal CIN policy. The majority of staff stated they had read their CSP, although most reported they did not use it readily. When asked to discuss it in detail during the interviews, most respondents were generally unfamiliar with its content. Almost all of the social workers and managers surveyed answered affirmatively that their SWD had a definition of 'children in need', while fewer than a quarter of the surveyed supervisors agreed. Approximately one third of surveyed supervisors stated that there is no SWD definition of children in need, and just under one half stated they were unsure as to whether or not their SWD had a definition of children in need.

When examining questionnaire responses based on local authority affiliation and hierarchy, differences clearly emerged. The majority of staff in Parkland reported that there was a SWD definition of children in need. The majority of social workers in both Kirkshire and Parkland stated that their SWD has a definition and only one social worker in these two Local Authorities stated that there was no SWD definition of children in need. However in Bridgetown,

the majority of social workers were unsure as to whether or not a departmental definition existed, and only a minority stated that one existed.

All of the supervisors in Kirkshire and Bridgetown stated they were either unsure as to whether or not a definition on children in need existed, or they responded that there was no definition. This contrasts with the responses from supervisors in Parkland who stated there was a definition. The managers from Parkland and Bridgetown all stated that there was a local authority definition whereas more than half of the managers in Kirkshire stated that there was not a local authority definition.

Table 13. Questionnaire respondents knowledge of SWD definition of CIN

LOCAL AUTHORITY	Position	Yes	No	Unsure	Total
Kirkshire	Manager	2	4		6
	Supervisor		2	3	5
	Social worker	8		5	13
	Group Total	10	6	8	24
Parkland	Manager	3			3
	Supervisor	3			3
	Social worker	12	1	5	18
	Group Total	18	1	5	24
Bridgetown	Manager	3			3
	Supervisor		2	3	5
	Social worker	4	1	9	14
	Group Total	7	3	12	22
Total		35	10	25	70

The majority of social workers and managers responded in the questionnaires that formal CIN policy took a written format, in the form of the CSP. One third of supervisors stated it took a written format, and one quarter of supervisors identified the format as 'other'. Of those respondents who identified 'other' as a form of SWD policy, many respondents wrote that they did not know or were 'unsure' as to what the 'other' form took. Only four categories were identified for the 'other' format:

1. The Children (Scotland) Act 1995;
2. Eviction reports;
3. Working parties discussing issues related to children's need; and
4. Booklets or training material.

Responses from questionnaires also reported mixed responses when questioned as to whether or not they had actually read the formal policy. Approximately fifty percent of social workers and managers stated they had read the policy while only one third of supervisors stated that they had read their SWD's written policy. When responses are examined based on local authority affiliation, differences emerged from the data. For example in Parkland, all of the managers and the supervisors stated that they had read the local authority policy regarding the interpretation of the definition of children in need, as did the majority of the social workers. Supervisors from Kirkshire and Bridgetown overwhelmingly stated that there is no written CIN policy and managers from these Local Authorities were generally split between having read the policy and stating that there is no such policy. Social Worker responses from Kirkshire and Bridgetown were divided across the three categories.

Table 14. Questionnaire responses regarding staff reading of CIN policy

LOCAL AUTHORITY	Position	Yes	No	No Policy	Group Total
Kirkshire	Manager	1	1	3	5
	Supervisor			3	4
	Social worker	3	4	3	12
Group Total		4	5	9	21
Parkland	Manager	3			3
	Supervisor	3			3
	Social worker	8	5		13
Group Total		14	5		19
Bridgetown	Manager	2		1	3
	Supervisor		1	4	5
	Social worker	3	5	2	10
Group Total		5	6	7	18
Total		23	16	16	58⁴

These responses suggest there is some confusion as to the content and format of formal local authority CIN policy. Findings may partially reflect the relative newness of the implementation of the Act, the creation of local authorities' CSP and staff's corresponding initial stage in a process of familiarisation with new policy.

Interviewees frequently reported a general unfamiliarity with the concept perhaps in part due to its newness. For example a social worker from Kirkshire believed that staff do not use the concept partly due to social workers not wanting to appear ignorant due to their lack of knowledge. She referred to the questionnaires from the research as prompting discussion about CIN policy. This response is reflective of many respondents' perceptions. When queried about staff's differences in defining 'children in need' this worker responded:

I think it's one of these statements that's used a lot but people don't really say, you know you are working with a child in need, and people don't actually really, people are too scared to say, because it's one of these things that people should know, but they possibly don't know what it means. (Social Worker 31, Kirkshire)

This response also raises questions as to why social workers are unable to acknowledge their lack of knowledge regarding CIN policy within the organisation. Findings suggest that social workers protect their professional image through avoiding the topic, a perspective echoed by other social workers and some supervisors (regarding social workers).

Staff also stated that CIN policy was not well known due to the volume of policy being written and heavy workload demands. Interview respondents described feeling 'swamped' by the quantity of policy being written and simply unable to keep up with reading. For example a supervisor from Bridgetown stated that due to workload pressures, teams do not discuss theoretical concepts such as children in need. As a result, staff are ignorant about formal policy and it is not implemented in daily work. Many respondents appeared surprised when asked why the concept is not used in practice.

Why isn't it? I don't know why it isn't. Some of it is perhaps because a lot of the time we don't actually have the space or the time to get into theoretical discussions about concepts and stuff like that. We have, at our team meeting we have a slot which is practice issues. But usually, the practice issues that come up are sparked by something. (Supervisor 3, Bridgetown)

⁴ Numbers do not add up to seventy due to missing data.

Managers appeared genuinely comfortable with interview questions regarding CIN policy and considered their local authority's CSP as the main CIN policy document. Children's services plans were viewed as more than simply their content areas and considered a key process document with regards to service planning and change. Children's Services Plans were considered key policy documents at the management level particularly in terms of joined-up planning. A prime example of managers' familiarity is reflected in the following response when a manager discussed the connection between the local authority's CSP and CIN policy and identified relevant services at the management level:

Absolutely connected, at least I see the absolute connection – I'm not sure my colleagues sometimes in the front line see the connection but I can understand that. But the thing about it is...The plan is a document, but the whole planning process that goes into it has thrown up so much in the way of helpful activity in terms of joint and inter-agency activity. It has thrown up and got people round the table, discussing about needs, areas of service difficulty, areas of services shortfall. It is beginning to look at perhaps even pooling resources. I don't think much of that's happened yet but people are beginning to be a little less precious about that and saying – maybe we can do a little bit, we could put our resources together and we could do rather more. So I think all those things have made for a changing scene. I see there's better identification of needs generally, and there's beginning to be a more common language about who are children in need and I think that has been a problem between agencies in the past. I think opportunities for new ideas and being able to look at new ways of responding to needs. (Manager 29, Kirkshire)

From his perspective, the CSP promotes major changes in the way the local authority identifies and responds to need. The creation of the CSP implemented a corporate and consultative approach to service planning considered to be particularly helpful. Its importance in bringing various service agencies together was highlighted as was the potential for sharing of resources identified. As well, the process included the identification of unmet need, or poorly serviced need and the document was considered to provide a basis for a 'common language' between service agencies.

The analysis of the data suggests that while many staff affirmed the existence of formal policy on children in need in the form of the CSP, there was little familiarity with the details of the policy in its content. A lack of understanding of formal policy has been identified as a component of unsuccessful policy implementation (Van Meter & Van Horn, 1975).

Children's Services Plans are the means to plan, manage and evaluate services and refer to general policy rather than individualized plans for children. Table 17 provides a brief summary of the three participating local authorities' CSP.⁵ The plans lay out the local authorities' commitment to children and their families, and list current services available as well as goals for future services. Each of the participating local authority CSP provides a definition of 'children in need' based on Section 93 of the Act. Bridgetown's local authority expands with five additional 'needs' of children: physical, emotional, social, intellectual and cultural/moral echoing Maslow (1943, 1970), Kellmer Pringle (1975) and Doyal and Gough (1991). Kirkshire identified a task of 'establishing a commonly applied definition of 'children in need'' as a corporate responsibility (77) as well as the standardisation of a form for the assessment of 'children in need' to be used for different ages, within multi-disciplinary assessments and service users. This CSP also has a greater emphasis on inter-agency and intra-agency joint staff training in areas such as assessment of children and young people with special needs, child protection and housing needs. In the following table, check marks refer to the existence of the category within the local authority's CSP.

⁵ Appendix C provides a more complete summary of various elements contained in the CSP.

Table 15. Summary of local authorities' Children's Services Plan

CATEGORIES	LOCAL AUTHORITY		
	KIRKSHIRE	PARKLAND	BRIDGETOWN
1. Aims of plan stated	<ul style="list-style-type: none"> ▪ To promote the best interests of children throughout childhood ▪ To provide a range of services that help all children in Kirkshire achieve their full potential ▪ To identify children in need and intervene positively to help them and their families ▪ Where appropriate, to provide a coordinated range of supports to help families care for their children, unless the best interests of the children dictate that an alternative course is necessary 	<ul style="list-style-type: none"> ▪ Focus services on the needs of children and young people ▪ Secure a high standard of co-ordination and collaboration between services within the Council and between the Council and other organisations involved in the planning and delivery of services to children and families ▪ Ensure decisions about future priorities and the development of services reflect the views of children, young people and their families as well as service providers ▪ Make the best and most effective use of the resources available to all those operating in the field of children's services 	<ul style="list-style-type: none"> ▪ To ensure services focus on the needs of children and young people ▪ To ensure services reflect the views of children, young people and their families ▪ To secure a high standard of co-ordination and collaboration between services ▪ To make the very best use of the resources available
2. Emphasis on CIN	✓	✓	✓
3. Definition of CIN	✓ (Section 93)	✓ (Section 93)	✓ (Physical, emotional, social, intellectual and cultural/minor needs)
4. Entitlement based on assessment & available resources	✓	✓	✓
5. Reference to consistency in service provision	✓	✓	✓
6. Reference to corporate responsibility for CIN	✓	✓	✓

II. PERCEPTIONS OF RELEVANCE OF 'CHILDREN IN NEED' POLICY

The exploration of staff's perception of CIN policy's relevance to their practice was an additional component of the research. Perceptions of relevance of CIN policy can impact attitudes regarding implementation of the policy and may affect staff's propensity to accept, integrate and apply the formal policy in their daily practice (Gummer, 1990; Lipsky, 1980). Van Meter and Van Horn (1975) emphasized that should implementers of policy reject the goals of the policy, policy implementation will suffer. While the perception of usefulness is distinct from actual reported use of CIN policy, the findings suggest that staff's perceptions of CIN policy's relevance impact policy implementation. Findings presented in this section are based on interview responses as they provided the researcher with the opportunity to explore this topic area in depth with staff. Appendix D provides a summary table of these thematic categories. The key research question guiding the exploration of this topic queried interview participants: Is 'children in need' policy useful and relevant to their practice of social work?

1. 'Children in Need' Policy: Relevant for Work

Although many of the interview respondents (particularly social workers) reported limited familiarity with CIN policy, most of the interview respondents (25) considered CIN policy as useful and relevant to their work.⁶ These findings are highlighted in the first part of this section and are explored further in the final two findings chapters as reasons for staff's perception of CIN policy's relevance are inter-connected with staff's engagement with CIN policy and its reported application.

Of the 17 social workers who participated in the interviews, 14 clearly responded that CIN policy was relevant and useful to their work supporting McCrystal's (2000) finding that social workers reported some satisfaction with

the concept. Six of the 7 supervisors stated that CIN policy was relevant to their work and seven managers considered CIN policy relevant to their work. These findings are notable as 16 interview respondents stated that CIN policy is not used in practice (in contrast to its perceived relevance).

Staff who considered CIN policy as beneficial to their practice of social work essentially perceived CIN policy as the basis for social work services which underpins much of their work. They also identified its provision of clarity in service eligibility and provision resulting in as a key relevant element relevance to social work practice.

These staff noted the legislated entrenchment of the policy as a key aspect of service eligibility and provision. For example, the following social worker linked CIN policy's relevance to a legal basis for resource access. He compares CIN policy to Section 12 from the Social Work (Scotland) Act 1968 because of the success of Section 12 in accessing financial support for children and families.

Because it's incorporated in the Act, I think it's extremely useful. For instance on the experience of the 1968 Act, in terms of Section 12, we have to obtain monies to prevent - preventative work. Those legal definitions were the opening and closing of huge doors, financial doors, service doors to children and families and if we can argue that a child falls in the category of a child in need, it opens doors, it opens services. (Social Worker 8, Bridgetown)

Another example of responses by those participants who viewed CIN policy as relevant to their work is evident in a supervisor's belief that CIN policy clarifies the local authorities' responsibilities to children and provides a focus for planning. She believes that CIN policy is important in order to focus on who should be receiving services, irrespective of whether a local authority is able to fulfil its duties to children in need.

⁶ The corresponding figures may not total 25 due to some respondents being unclear in their answers and responding affirmatively to contradictory questions. As well, three social workers and one manager did not respond directly to the question.

I think it's helpful in terms of focusing whom the council should be working with. In reality, I mean that's not the case. Because of, obviously because of the budget constraints...But I think it's important that the council still has that an awareness that there is need out there and it's not fulfilling that by providing any services. (Supervisor 3, Parkland)

The perception of staff was that clarity in children in need policy not only makes the local authority accountable to the community and service users, but also provides direction across departments and between various service providers. Some respondents connected the relevance of CIN policy to the corporate aspect of legislation and the encouragement of inter-agency approaches to service provision: 'I think it's helped focus the notion of need especially on an interagency basis' (Manager 24, Parkland).

A manager from Bridgetown echoed previous comments and stated that the concept of 'children in need' is particularly useful as it provides a statutory basis for service eligibility and provision and allows for the inclusion of children who are assessed as 'in need' but who might otherwise not be eligible for services:

I think it's useful. I think it's very useful. I think it's a catchall, but to have a wide embracing term to acknowledge that for all sorts of different reasons. Children are in need and need support and they may be provided by the local authority under this statute, is very helpful. And I think if we didn't have that then a lot of kids who benefit from the services, actually don't get those services. I mean rightly or wrongly, I think local government has moved into a statutory service and if the services are not underpinned by statutory, then they're vulnerable because of financial, budget constraint. It's easier for me to go and argue with colleagues in community care and elsewhere and to go and argue with elected members that this isn't an optional extra, this is something we should be providing because it's underpinned by statutory. (Manager, 4, Bridgetown)

Within this context, CIN policy is also a means to advocate to other service providers for service eligibility based on legislation.

Findings related to staff's perceived relevance of CIN policy and their reported implementation of the policy are further presented in Chapters Eight and Nine which describe staff's abstract conceptualisation of, and engagement with,

CIN policy. In the following sub-section, the discussion continues with findings related to staff who did not perceive CIN policy as relevant to their work.

2. **'Children in Need' Policy: Irrelevant for Work**

This sub-section presents findings from the minority, approximately eight, interview participants who considered CIN policy to be neither useful nor relevant to their work and identified alternative terms used in practice.⁷ These responses varied from the equivocal and doubtful in nature to outright rejection of CIN policy, and reflected opinions of social workers, supervisors and manager from the three participating local authorities. While these numbers constitute a minority of participants' views, they are nevertheless important to examine, particularly given the context of limited familiarity of CIN policy. Five social workers (two from Bridgetown and Parkland and one from Kirkshire), two supervisors (Bridgetown) and one manager (Kirkshire) clearly stated that CIN policy was not useful to their work.

There were five general viewpoints reflecting a perception that CIN policy is irrelevant for social work practice. First some staff considered CIN policy irrelevant due to its 'vagueness' and a lack of a clear definition. Second, certain staff stated that CIN policy reflects a semantic change, but not of a substantive order, to policy planning and service provision. Third and fourth, some respondents considered CIN policy to be too narrow, in contrast with other staff who perceived it as too broad. These perceived limitations have associated consequences in the eyes of the respondents as one works to exclude children and families from receiving services, while the other is simply too broad to be helpful and opens a 'Pandora's Box' in which there are insufficient resources available to meet the demands of service users. Fifth, CIN policy was thought to create an additional effect of raising community expectations for services and lowering staff morale as they are unable to meet the demands.

⁷ The totals in the five sub-sections do not total to 8 as some respondents identified more than one problem.

Respondents also identified alternative terms employed, which were considered to better 'fit' with their work: 'at risk', 'special needs' and 'having needs'. Alternative terms identified possibly impact the willingness of formal organisational policy implementation in practice due to perceived superior relevance or comfort with specific terms when compared with 'children in need'. Examples of these positions are included in the second part of this section with quotations from staff interviews interspersed within the discussion to exemplify these positions.

Lack of Definitional Clarity

In the previous section findings showed that staff's familiarity with CIN policy, with the exception of managers, was generally on a minimal level. While most staff identified the CSP as the local authority's formal CIN policy they frequently presented limited knowledge of the specific details contained in the document. This reported ignorance of CIN policy may impact the perception of its relevance. Three respondents identified the vagueness of CIN policy as allowing for misinterpretation and inconsistency in assessment and service provision due to its lack of specificity. For example a social worker stated that he did not believe the concept of children in need was relevant to his work as there was no clear definition of CIN policy. This opinion is rooted in the lack of knowledge of the policy:

To be honest I don't know how relevant it is...I guess I was struggling to see if there was anybody from Bridgetown that would actually define what we mean by 'children in need'. You know we talk a lot about what needs are, and you know, when we can see that needs aren't being met, but you know, there's no sort of clear definition. (Social Worker 1, Bridgetown)

This perception of irrelevance, due the complexity associated with defining 'children in need', may ultimately result in limited implementation of CIN policy. This response also reflects the circularity to the policy formulation-implementation cycle: no clear definition results in ignorance about the policy and

a perception of irrelevance. This in turn may result in CIN policy not being employed in practice.

Semantic Change

Children in need policy was also considered to be irrelevant due to a perception that it was essentially a semantic change and had no impact on the actual practice of social work. These respondents (four) explained that when people receive services from Social Work 'it's already, very, very abundantly clear that they're in need' (Manager, 30, Kirkshire). The question becomes not 'are they in need?' but rather 'what kind of need?' In effect the receipt of services precedes a label of 'in need'. This perspective reflects another order of circularity in the assessment of service eligibility: children who receive services are implied to be 'in need' because they are receiving services. As a result, CIN policy is superfluous to practice.

I think, as we said earlier, if we accept that there is a reason for social work involvement with a child or family, then we are accepting that there is a need within that child or family and that the ones of whom we never hear to begin with are the ones where arguably there is no need, other than those which are being satisfied by their parents or people who already know them. So, I don't feel that a specific label is needed or you know, children in need, if that's what you're asking. (Social Worker 25, Kirkshire)

It is worth noting that the social worker did not perceive 'unmet need' to exist within the community.

This perspective was also reflected by a supervisor who compared the formal policy implementation process with a filtering system that begins at the top of the organisation structure, and slowly drips down to the front-line service providers. When questioned about the utility of CIN policy, the supervisor responded that he did not perceive CIN policy useful, as practice had not been influenced by it and it was the 'terminology' that changed rather than the service: in effect, a semantic change. When asked why he believed service provision had not been affected by the policy, he responded:

There's not been a need for it yet. We are still doing the same things, you know. And as I said, it's basically a change in terminology. We still take kids into care but we don't call it - kids into care - we struggle and say it's not 'in care' - it's 'looked after', you know. So the terminology takes some time to filter through. In ten years' time workers that are qualifying just now won't think of Section 12 and won't think of kids in care but the ones that have been used to it for 20 years like me, are dinosaurs, find it very hard. (Supervisor 6, Bridgetown)

The response also underscores the control front-line workers maintain in formal policy implementation; unless there is a perceived 'need' for the policy and it reflects a new approach to service planning and provision, there is no incentive for it to be implemented. At the same time it allows for the evolution and the incorporation of new policy, particularly with new workers.

Narrowness: Gate-keeping and Control

The concern regarding the potential exclusionary effects of a narrowly defined definition of children in need was clearly identified as a limitation to CIN policy by two respondents. Concerns were raised that formal CIN policy could be used as a rationing device to exclude children from accessing services who would otherwise require assistance and that a definition should not be formulated based on financial constrictions. Some staff identified other concerns regarding a narrow interpretation of CIN policy and perceived it to be a means of limiting individual front-line autonomy by management in assessing service eligibility as it is a social worker's assessment that ultimately determines eligibility. A supervisor expanded on these perceived limitations of CIN policy and its role in defining service eligibility. She provided a thoughtful perspective on the pros and cons of CIN policy.

I mean in some ways I think it would, I mean it's quite difficult because it's kind of, of like a two edge sword. You wouldn't want the social work department or the council to come up with, a you know, a policy which is too tight and would exclude certain categories and would then become, you know, senior management would then be able to use in terms of: 'that's not in our policy so they don't fit'. So, you wouldn't want it too

prescribed. On the other hand, you could have it vast, but it would, that's all it would be. It would just be a statement on paper. It would never be implemented or have any kind of you know, real meaning if it was too broad. But it would if it was too narrow because then that could be used against in terms of well this council doesn't deem them to be in need, therefore, they don't get a service. (Supervisor 3, Bridgetown)

These concerns demonstrate the potential for formal policy to be perceived as being used as a control mechanism for managers to narrow and restrict eligibility criteria, and limit front-line workers' discretion in decision-making.

Breadth

Five respondents expressed doubt in relation to the relevance and utility of CIN policy due to its potential breadth. Some raised the concern that CIN policy would be used as a 'catch-all' that was not useful to determine eligibility criteria for service provision as '...the terminology is so wide ranging, you can use it to argue your case for anything' (Social Worker 20, Parkland). A supervisor commented that CIN policy was not useful for practice due to its breadth:

I think it is probably too vague to be too useful. I mean it's a very wide range. You could argue, depending on your point of view that anyone who needs something is a child in need. You could argue that whole populations, like say, an area who are on supplementary benefit or income support and therefore all children in need. So it's very broad and social work service is only accessed by specific families as opposed to groups of individuals and therefore it is hard to sort that out as everyone as the questions indicated in the questionnaire. Is everyone in a certain area classified as that? The demands are so vast for the kind of resources that it is almost meaningless, you need to turn 95% of them down I guess... It is very vague and we require clarification of some things. Otherwise it's an open door that you could drive coach and horses through. So therefore it would be subject to I suppose - who's going to pressure, who's going to shout the loudest and get the biggest claim. So it's not one that we can really do fairly. (Supervisor 6, Bridgetown)

Her response raises issues of the definitional limitations of CIN policy, particularly her belief that it appears to be directed by pressure versus guided by principals of social justice or equity. This perception reflects a sense of unfairness

with CIN policy. As well the response presents a view that CIN policy is a contested area and people who 'shout the loudest' access greater resources.

Another supervisor perceived that the breadth of the concept of children in need limited its usefulness when compared with other terms used in SWDs. When asked whether all children who receive services from the SWD in need the supervisor responded:

The answer to that I would think would have to be yes, actually. It's very, very broad. And then, I wonder then the usefulness of it. I don't know if it's as useful as differentiating in terms of child care or child protection, or children with a disability. (Supervisor 16, Parkland)

Staff Morale: CIN & Insufficient Resources

Limited or a general lack of resources was identified as a limitation to CIN policy by some respondents (5) due to a chronic tension between service demands and limited resources. This view generally found that CIN policy is irrelevant or unhelpful as there are simply insufficient funds to meet identified needs. These participants regarded CIN policy with cynicism and doubted its benefits due to concerns about resource-led services. For example, a social worker from Bridgetown believed that there is an inherent conflict within CIN policy due to the inability of local authorities to meet demands. Consequently, CIN policy raises community expectations through needs assessments when service provision is essentially resource-led. When asked to discuss the relevance of CIN for her work she replied:

I think I'm quite cynical actually, I've really got a cynical view. I think the concept of need and what is actually available is actually in conflict with each other...You know, identifying the need and actually being able to meet that need, is in conflict. And I think more and more the priority now is what we can provide, not what the need is. Resource led. Essentially service is resource led, in general...I think children with disabilities receive a poor service. We've got to do Section 22 assessments so it's a real bee in a bonnet, and the bonnet at the minute...Because, the Children Scotland Act talks about how we have to assess children with disabilities and the family's needs. But, we don't have the resources to meet the needs.

So, we're actually going out there and raising false hopes and expectations, so people get angry with us. I was actually at a group for children with disabilities and there were parents there who asked, what is the point of assessing us, so you can come out and identify the need, and then write it in the report and then nothing happens? (Social Worker 2, Bridgetown)

From this perspective, CIN policy is creating additional stress for front-line workers as well as falsely raising hopes for services within the community. She raised the issue that there is no guarantee of resources to meet assessed need and concerns focused on CIN policy as supporting the assessment of need, but not resulting in meeting need.

The lowering of staff morale was an identified limitation of CIN policy given the reality of providing services in a context of scarce resources. When queried as to whether the CIN policy was useful, this supervisor acknowledged its usefulness in theory; however on a practice level it was detrimental as it would negatively impact on staff morale, due to the reality of providing services within the context of limited resources:

In practice, it would perhaps just depress social workers even more in terms of the huge number of people, you know, who could be empowered or have their lives enhanced by services, or, you know, some kind of involvement that we're just never going to be able to touch. (Supervisor 3, Bridgetown)

Social workers' individual coping responses to the restrictions of resource-led services were perceived as another negative consequence of CIN policy. For example a social worker from Parkland raised a dilemma of having assessed 'children in need', and being unable to provide services due to a lack of resources. This could result in social workers selectively targeting with whom they provide services to in order to limit their workload while at the same time advocating for greater services:

I think overall people are saying we might be able to identify children in need of support services, but the resources are not always there. And that goes down to, an individual social worker saying, 'I don't accept doing

direct work with clients that are only to do with certain children', to 'where are the external resources that we need to meet the needs of this family and this child?' (Social Worker 23, Parkland)

This issue is relevant for all services in which children have been assessed as in need, but sufficient resources are unavailable to meet those needs. Lipsky (1980) has identified coping mechanisms used by street-level bureaucrats to cope with organisational demands, including service user needs, beyond the individual worker's control. This finding has also been noted in earlier policy implementation theory which argued that rejection of formal policy is likely to occur if drawbacks to implementation outweigh benefits:

However, where limited resources are made available, individual citizens and organized interests may choose to oppose the policy on the grounds that the benefits of participation are few compared to the potential costs. (Van Meter & Van Horn, 1975: 476)

This finding is also pertinent for children with a disability as Section 24 of the Act states that Local Authorities have a responsibility to assess the needs of children with a disability or affected by disability. There is no corresponding requirement for provision other than under the general duty in Section 22.

The perception of resource limitations is supported by both interview and survey participants who overwhelmingly stated that services provided by their local authority are resource-led. Only one interview respondent, a manager from Kirkshire, responded that services are needs-led. This finding is consistent with prior research that identified scarce resources as creating a tension with the definition and implementation of CIN policy (McCrystal, 2000; Colton, Drury & Williams, 1995). More recent national data identifies a shortage of resources as working against integrated service delivery (Scottish Executive, 2001). This concern also raises issues of prioritization within Local Authorities, particularly in terms of budget allocation.

Concerns raised regarding the availability of resources are congruent with CSPs from the three local authorities. Entitlement to services in the three Local Authorities is based on two general criteria: assessment and available resources.

Bridgetown's CSP identifies one of its objectives as 'ensuring that children in need have an assessment undertaken by the appropriate service or group of services' and 'where appropriate, providing or arranging services to meet the assessed needs of children' suggesting that the possibility of completed assessments of children will not necessarily be followed up with service provision (9). Parkland's CSP is explicit in this regard to children in need and states: 'The level of service to be provided will be determined by the outcome of the assessment and linked to available resources' (20). Kirkshire's CSP refers to one objective of 'ensuring that an appropriate range and level of services for children in need exists' (9), but does not provide a definition of 'appropriate'. As well it also provides a qualification to future planning stressing that caution is necessary 'to specify targets which are felt to be realistic and achievable' based on 'the financial resources available' (35). In their provision and development of services for children and families they also state that resources should be targeted to 'children and areas of greatest need' based on the resources available (37).

3. Alternative Terms Used

Twenty-two interview respondents identified alternative terms used to 'children in need'. These staff perceived these terms as either interchangeable or more relevant to their practice than 'in need'. The dominant alternative concepts used by staff which emerged from the data analysis are: 1) 'At risk' (11); 2) 'Special needs' (9); and 3) Having 'needs' (2). These findings suggest a correlation to the third conceptual framework of need, 'Need Redirected' as presented in Chapter Four.

At Risk

Many interview respondents (11) stated that the main concept when working with children and families related to whether or not a child is 'at risk'. While some respondents differentiated between 'in need' and 'at risk' and related risk to protection cases requiring an immediate response due to greater severity of

harm to a child, these respondents believed that the two concepts could be used interchangeably. For example a social worker from Parkland clearly explained that the term 'children in need' is not used in practice, he considered 'in need' too broad and the focus was whether the 'child is at significant risk of harm' (Social Worker 22, Parkland).

Another social worker identified that 'risk' rather than 'need' is the basis for deciding service eligibility. He expanded on the differentiation between 'in need' and 'at risk' and explained that it was essentially a matter of semantics. However there appeared to be a contradiction in his response as he identified the seriousness of the situation as being relevant in differentiating the two concepts. When asked how he would determine eligibility for services she responded:

Core risk would be the biggest criteria. A child not so much 'in need', but a child 'at risk' would be the first priority. And risk, whether physically or emotionally, I think that due to numbers the ability of social workers to provide anything to these children is very limited and it comes down to prioritizing risk before need...I mean 'in need' is, we'd prioritize 'in need' as being the same as at risk. At risk would be more serious but then, it depends how you want to define 'in need'. Vulnerable, it's the same as at risk, it's the same as 'in need'. (Social Worker 17, Parkland)

A manager initially qualified how he would identify a child 'in need' in terms of the SWD's responsibilities and abilities in service provision, as well as the influence of legislation and professional training. He explained that children with disabilities are easily identified as 'children in need' and concluded that the essential determination of 'in need' is based on an evaluation of the degree of risk in a situation (Manager 29, Kirkshire).

While the Act requires local authorities to develop services for children in need in their area, it also expects local authorities to protect children from harm. The definition of 'children in need' in the Act includes a child whose 'health or development is likely significantly to be impaired, or further impaired...' [(S. 93(4)a, ii] which implies risk. As well, risk is evident under specific orders (for example a Child Assessment Order (S. 55(1)a and similarly under the Child Protection Order, S. 57(1)a&b and an Exclusion Order S. 76(2)a): a child who 'is

suffering, or is likely to suffer, significant harm'. These Sections entail an element of risk, likely contributing to staff's confusion with 'in need' when compared with the term 'at risk'. There is a clearly implied, although not explicit distinction, between 'in need' and 'at risk' of harm. This is a critical distinction as it could reflect a switch away from supportive or preventive intervention to a focus on the protection of children: '...It marks the boundary between support for families and the requirement to intervene to protect children from their families' (Saraga, 1998: 144).

These findings may reflect distinctions between front-line practice and public health approaches to at risk populations. Sheppard and Woodcock state that the difference between the concepts of serious and significant harm in the Children Act differentiate between 'in need' and 'at risk'; 'it is merely the seriousness of their situation which distinguishes the two groups' (1999: 68). In discussing the 1989 Children Act in England and Wales, Hardiker (1996) states that a child is at risk if she or he is suffering, or is likely to suffer, significant harm. The author argues that the shift to the notion of significant harm simply causes another definitional problem and that 'significant' is considered to be a lower standard than serious or severe.

However Meenaghan and Kilty (1994) argue that risk is not necessarily based on severity or degree of seriousness of a certain condition. Risk is used to determine the 'likelihood' of a condition that will occur, or that 'a given case has a particular problem or outcome' and is connected to incidence and prevalence rates of specified cases in a population, generally associated with a research or population health focus (111). These authors base this understanding on the work of Rossi and Freeman (1989) that differentiates between 'at need' and 'at risk' in targeted populations. 'At risk' refers to a group of people who 'may have a problem or be likely to develop' one. This group is limited by people with certain specified criteria. Social services can then be provided to 'target populations'. In contrast, a population 'in need' targets populations of people who 'currently manifest a given condition' (1989: 68). This is a subtle but relevant and useful distinction to identify between the two terms. However none of the respondents

who reported using 'at risk' articulated a difference based on the current or potential condition of children and focused instead on differences based on severity of harm.

Special Needs

Some staff (nine interview respondents) linked the concept of children in need to that of 'special needs' and children with disabilities. A supervisor from Kirkshire identified that the term 'special needs' is often linked to the concept of 'children in need'. She defined special needs as 'children possibly with a record of need or some sort of disability' (Supervisor 28, Kirkshire).⁸ A manager responded that the terms 'at risk' and more frequently 'special needs' are applied in practice as opposed to children in need. When asked about the most recent time he used the term 'children in need', the manager responded.

Well I think it's quite interesting because the concept of need in social work has been more, in recent years has been more related to community care. And in the process of needs led assessments etcetera and also in the concept of children with 'special needs'. So I would have thought, from my experience in the actual discussion about needs and children with 'special needs' and meeting that child's needs, would take place more often in relation with children with 'special needs'. (Manager 27, Kirkshire)

Another manager stated that on a practical level, social workers do not use the term children 'in need' and are more likely use alternative concepts, including 'special needs'. He was asked to explain his understanding of the difference between 'special needs' and 'children in need'. This quote exemplifies many elements related to the use of CIN policy.

The difference is, that a child with special needs, and these are not the legal terminology, would probably be the sorts of children who are affected by or children with disability. And I think we've been so used to for so many years talking about children with special needs, I think if you speak to social workers on the topic of 'children in need', that the first thing that they would put their head around probably children with special

⁸ Related to the the Education (Scotland) Act as amended.

needs, until they realise that what you're talking about is just 'children in need'. And 'children in need' would encompass all of those children. (Manager 10, Bridgetown)

Having 'Needs'

Two staff reported that they used the concept of having 'needs' in practice as opposed to 'in need'. There was an apparent reluctance to divide children or families into 'in need' and 'not in need' and from this perspective all families were viewed as requiring services. When probing for further detail of individual understanding and meaning attributed to the concept of 'children in need' during the interview phase of the research, staff frequently used the term having 'needs', not distinguishing it from 'in need' and considered the two as indistinguishable in practice. The resulting question is: 'are the needs sufficient to necessitate social work services?' This is succinctly stated by a worker from Kirkshire:

Every human being has needs, children or otherwise. There may be situations where you could differentiate between the severity or, you know, the complexity of these needs and you might say that certain people are in need of certain particular things. But no, I would generally say that having needs and being in need is very much a semantic difference. (Social Worker 25, Kirkshire)

Need applied in this manner appeared to describe a child's or family's 'needs' or having 'needs' and respond to the question: 'what needs for services does a child or family have?'. Several staff stated that 'in need' was implied although no respondent was able to articulate the reason for its implication.

A key issue raised by the category having 'needs' is whether or not the difference between the abstract definition of 'children in need' is qualitatively different than the operational definition. Are these findings simply reflecting a semantic difference as articulated by a respondent or are they representative of an alternative or opposing approach to policy in practice? Findings regarding the conceptual definition of 'children in need' suggest that staff do perceive a

conceptual difference between 'children in need' and having 'needs'. These are discussed in the following chapter.

These alternative terms to 'children in need' reported by staff reflect a rejection of CIN policy due to the belief that 'having needs', 'at risk' and 'special needs' are of greater relevance to their work.

CONCLUSION: SUPERFICIAL KNOWLEDGE BUT RELEVANT?

While the overwhelming majority of respondents reported familiarity with formal CIN policy, upon deeper exploration in the interview phase of the research, this knowledge appeared to be fairly superficial with limited understanding or awareness of the specified policy's content. Generally, managers were more likely to demonstrate a thorough knowledge of formal CIN policy and were very comfortable discussing different aspects of formal policy. This finding was consistent across the three local authorities. Supervisors and social workers were less likely to be aware of the content of formal policy and most were generally unfamiliar with the content of the CSP.

Findings also show that there are differences reported between and within local authorities. Generally Kirkshire social workers reported less use of referencing to formal policy when compared to Parkland and Bridgetown social workers. The majority of social workers from Kirkshire stated they do not consult the Act on a daily basis and a majority of staff in Kirkshire stated they do not refer to Section 22 from the Children Scotland Act in their daily work. Kirkshire also reported the greatest proportion of social workers identifying themselves as less familiar with Section 93 of the Act and the continued use of Section 12 of the Social Work (Scotland) Act 1968 as the means to provide financial assistance to families, which is supported by Guidance. This finding does not necessarily mean they do not know this policy nor does it reflect an outright rejection of the policy. It could reflect greater comfort with the new legislation. Another difference that was evident in the data was Kirkshire and Bridgetown supervisors report that

there is no written CIN policy in their SWD. It is difficult to interpret this finding due to the limited number of supervisors who participated; however it may be reflecting less organisational awareness of CIN policy.

Findings regarding the lack of familiarity with CIN policy on any detailed level could also reflect the relative newness of CIN policy and the relatively early implementation phase of the 1995 legislation as opposed to a general informed rejection of CIN policy. However this conclusion is not definite. The lack of familiarity of CIN policy is likely evidenced in some respondents' views on the perceived relevance of the policy to their work. The majority of interview respondents perceived the policy to be useful for social work practice (discussed in the following chapters). However a vocal minority considered CIN policy irrelevant to their work. Key issues were raised from this minority's opinions. First, many staff connected their perception of CIN policy's relevance to work to a lack of conceptual clarity defining 'children in need'. As well, the perceived narrowness of CIN policy was identified by some respondents as a means of limiting potential users of services and as a means of controlling front-line staff's discretion in assessment. This position contrasted with other staff who believed the breadth of CIN policy to be problematic for their work and resulted in chronic resource problems in response to identified children in need and a decrease in staff morale. Finally findings showed that many staff reported using alternative terms to children in need within their practice such as 'having needs', 'at risk' and 'special needs'. These alternative terms to 'children in need' suggest a connection between staff's familiarity and perception of relevance of CIN policy. If staff is unfamiliar with the policy, they may be more likely to perceive it as irrelevant and less likely to implement it.

Multiple questions and issues are raised based on these findings. First, staff raised concerns about the policy's breadth and vagueness within the context of SWDs and restricted resource availability. Is a broad policy that incorporates all children of benefit to service provision and planning? It is possible that the raised expectations of the community will result in frustration and anger directed at the local authorities with front-line workers as conduits? Ultimately this could

result in lowered staff morale. Will staff be motivated to implement CIN policy on an operational level?

Staff responses also raised the issue of whether the category 'children in need' is new conceptually or whether it is reflecting a change of a semantic nature. Is the difference between the abstract definition of children in need qualitatively different than the operational definition? Are these findings representative of an alternative or opposing approach to policy in practice? The following chapter shifts in focus and presents findings related to staff's conceptual definition of children in need policy in an attempt to address some of these questions.

CHAPTER EIGHT

'CHILDREN IN NEED': ABSTRACT CONCEPTUALISATION

INTRODUCTION

This third findings' chapter presents staff's understanding of 'children in need' on a conceptual level. This component of the research wanted to investigate how social work staff conceptualise, understand and interpret, in essence, define 'children in need'. As an abstract definition frequently forms the basis of the operational definition of a concept, staff's personal interpretation and definition of 'children in need' directly impacts issues related to service planning, eligibility and provision for children.

Subsumed in this conceptual exploration is staff's reported use of pre-existing categories that automatically assign the label of 'children in need'. The Children (Scotland) Act 1995 identifies two pre-determined categories of children automatically in need: 1) children with a disability; 2) children adversely affected by a disability of a family member. As previously noted in Chapter 2, the Guidance to the Children (Scotland) Act 1995 provide multiple categories of children who could be defined as 'in need'. The research sought to find evidence within the data as to whether or not respondents reported employing pre-determined categories in their conceptualisation or definition of 'children in need'. The following questions set the thematic tone for findings presented in this chapter:

- What does the concept of 'children in need' 'mean' to staff on an abstract level?
- How is 'children in need' conceptually understood by social work staff?

- Do staff apply pre-existing categories which automatically define children as in need?
- What is the unit of assessment applied when conceptualising 'children are in need'?
- Are there commonalities or differences that emerge between staff or between local authorities?

Staff surveys and interview data were analysed to determine whether patterns, commonalities, unusual responses or differences exist within the data. As discussed in the previous chapter, many staff were unfamiliar with CIN policy on a detailed level, a minority of staff rejected the term, and some staff favoured other concepts in their work. However findings demonstrate that most of the interviewed staff considered the concept relevant to their daily work (25 respondents) and all of the staff, with the exception of one manager from Bridgetown, were able to articulate some element of an abstract definition of 'children in need'.

Based on the analysis, one principal definitional category emerged. The findings' first thematic category comprised of a deficit model within which social work staff conceptualised 'children in need'. The deficit model was the dominant model, reported by the majority of staff, 24 interview respondents. The deficit model presents the status of 'in need' as falling below a standard, whether set or relative. The second thematic category to emerge from the data analysis presents findings regarding staff's perception of, and reported use of predetermined categories. The third section of this chapter presents findings related to the units of assessment used by staff to determine children as 'in need'. The analysis showed that within the deficit model, three units of assessment were identified: 1) the individual child; 2) the family; and 3) the collective, based on a shared characteristic. These findings are reported in the following sections and a summary table is provided in Appendix E.

I. DEFICIT MODEL

During the interview phase of the research the difficulty and struggles that many staff experienced with this topic were evident. Nevertheless evidence demonstrates that the deficit model is the dominant mode within which social work staff understood and interpreted the concept of 'children in need' on a conceptual level. Twenty-four interview respondents appeared to conceptualise 'children in need' as a deficiency or shortcoming in some aspect of a child's life (from a child's environment to a genetic composition) which ultimately results in a negative consequence for the child. When staff were asked to comment on the difference (if any) between 'having needs' and being 'in need', most staff described a deficit as essentially being the criteria that differentiated between the two concepts. For example a social worker articulated that 'being in need' differed from 'having needs' as the former indicated a deficiency that is not being adequately responded to, '...the ones that are in need, is where you've assessed some kind of deficit and it's not being met' (Social Worker 31, Kirkshire).

The opposite of being 'in need' was perceived by respondents when a child's developmental, educational, social and emotional needs were 'met': in this case a child would not be 'in need'. Generally, staff expressed their individual conceptualisation of children easily from within this model.

The deficit model reflects a belief that children share common characteristics and needs, and if they fall short of reaching this standard, they become 'in need'. The overwhelming majority of respondents implied in their responses, that a certain standard of needs satisfaction was envisioned irrespective of the context in which a child lived and, if that standard were not reached, the child was considered to be 'in need'. While the majority of staff's responses reflected this approach to conceptualisation of 'children in need', respondents struggled with perceived complexities of the concept. Staff discussed their conceptual process to define 'children in need' and identified various angles from

which needs were assessed: unmet need, what was considered 'normal' in terms of an ability to provide care as well as the child's developmental level, and rights.

Unmet need was frequently identified as a means of defining children 'in need'. Unmet needs provided a standard to judge whether children were 'in need'. For example a supervisor acknowledged that the process of defining 'children in need' was a difficult exercise due to individuals' variations in interpretations; however she defined 'children in need' as children having unmet basic needs:

I mean all children have basic needs clearly and those basic needs need to be met and below that standard clearly children fall into a different kind of category which is clearly a defined need. (Supervisor 18, Parkland)

Variations of the definition of 'children in need' stemming from 'unmet need' were evident and included the perspective that a child was 'in need' when physical, emotional, social or educational needs of a child were not met. For example a manager from Kirkshire referred to Maslow's 'hierarchy of needs' as the standard, and if that standard was not being met, then the classification of 'in need' followed. A shortcoming to this standard became the means of defining 'children in need'. This response is atypical because of its direct link to a theoretical foundation of need.

I suppose if you go back to Maslow's hierarchy of needs, everyone has got needs, and it's to what extent those needs are met. I don't know, maybe the definition of 'in need' means that some of those identified needs are not being met. So maybe what, you know the concept of 'in need' is that a child has needs that are not being met. (Manager 27, Kirkshire)

Unmet need satisfaction in the areas of love, security, safety, protection and education were other examples of how staff defined 'children in need'. A worker stated that those children whose basic needs were unmet were classified under the category of 'in need'.

I think it's almost getting back to basics and saying well, what needs do children have? And children have a need for love, security, safety, protection, education, you know all that sort of thing and it's when, for

whatever reason, those needs aren't being met. They then become 'children in need'. (Social Worker 12, Bridgetown)

This perspective reflects Kellmer Pringle's identified needs (1975) and in this case unmet refers to a deficiency on the part of the child's family which required social agencies to become involved.

'Normal' inter-linked with 'acceptable' and 'appropriate' were other terms used to explain set standards required to meet children's needs and provided a conceptual basis for defining 'children in need'. 'Normal' was used in two senses. The first referred to a general standard of care provided to the child while the second use of 'normal' referred to the child's developmental standard. For instance a social worker conceived of 'appropriate care' as the standard and if obstacles impeded this from occurring, then that was the basis for defining 'children in need':

Well, I suppose if somebody comes to your attention that's not known to you already, because of, family relationship problem, further assessment of that and an explanation of that, an assessment of that might conclude that, the parents' problems, whatever problems they have, whether they are substance misuse problems, or heroin, or you know mental health problems, something like that, disability, they, you know, they're getting in the way of them providing, appropriate care for their children. (Social Worker 14, Parkland)

The role of assessment (discussed in the following chapter) was also identified as key to the determination of a child is 'in need'.

A supervisor linked the concept of being in need to assessing an unacceptable level of disadvantage in a family. While she initially acknowledged that there is potentially disadvantage in all families, she was clear that there was some sort of standard set by which 'normal' and 'acceptable' disadvantage is differentiated:

Well I think it is something that we debate quite a lot, you know, and I think the level that we are looking at it is at - does this child need a social work service? Is the need one for the social work department to intervene usefully and productively in? I think we all realise that no child has every

met and you know, there are disadvantages in all families, so I suppose it is trying to distinguish between what is the normal and what is acceptable and what is not acceptable. (Supervisor 28, Kirkshire)

Her response also typifies respondents' acknowledged difficulty of defining 'children in need' by stating that staff 'debate' its definition.

Normal was also identified as a conceptual framing for a manager from Parkland who identified the 'mainstream of life' as the standard for child functioning, and children become in need when their position, generally in relation to development, is threatened. Again, the importance of assessing multiple criteria was considered critical in determining whether or not a child is 'in need'.

I suppose that's about assessment, it's about the range of what's normal and acceptable in terms of performance across a whole range of criteria, like how they're functioning, fitting in with their family, how they're coping with school or nursery, any behavioural issues, anything at all that threatens a child's position in the mainstream of life could render them to be a child in need. But somewhere in the middle there's a kind of core group that we're working intensively with...Not attaining normal milestones in terms of the development, if they're failing educationally, if they're failing socially, emotionally. (Manager 24, Parkland)

The child's health and development were again raised as standards upon which to determine whether or not a child is 'in need'. This supervisor stated that if children do not develop normally and healthily, and require supportive services to do so, then they are considered 'in need'.

I think very broadly it's a question about whether they will make their normal health and development milestones, without support, or whether, unless services are provided that's not likely to happen. (Supervisor 4, Bridgetown)

Rights were also identified as a means to define 'children in need'. A manager discussed various elements that have influenced his understanding of the concept of 'children in need' and children's rights were central to his perspective. Again, this position reflects a deficit model of conceptualising 'children in need',

as this manager believed that if there is a shortfall in basic survival rights or in education and health, then the child is 'in need':

If you started with the most basic rights, the rights to food, shelter and safety, have they been met? There's the right to education and health and development - are they being met and to what degree and if there's a deficit, what's the extent of the deficit. If they are disabled, how can they be helped to achieve their maximum potential - never mind what that is - how can they be helped to achieve their maximum - what's needed to make that happen for comfort, stability, stimulation, happiness. (Manager 29, Kirkshire)

He stated that the UN Convention on the Rights of the Child was the legal basis of his perspective. It is interesting to note that he raised the issue of intervention being provided in order for a child to reach his 'maximum'. This is an unusual comment as most respondents perceived services to be providing at best a 'basic minimum'. Generally, these responses reflect a deficit model that implies a normative response to 'children in need' as presented by Doyal and Gough (1991).

Some respondents defined 'children in need' in relation to the community, other professionals' perspectives or social workers' experiences, reflecting a more relative definition. For example a supervisor from Bridgetown stated that any children whose development fell below a certain standard would be considered to be 'in need' and qualified his statements by stating it was important to localise the concept to a specific area: "You would need to have that standard set for that particular locality, that area and the rest of it" (Supervisor 6, Bridgetown).

Certain social workers viewed the interpretation of 'children in need' as dependent on individuals' experiences and values and multiple definitions of 'children in need' were the outcome of this individual interpretation. Variation between individual and professional standards was identified due to differences in experience, both professional and personal. For example, a social worker discussed the difference between having 'needs' and being 'in need' and identified a shortfall in meeting basic needs as the criterion for being 'in need'

which reflects a deficit model of conceptualizing 'children in need'. He also raised the issue of variation of standards:

The difficulty with that is that it's all very, very individual. I mean what might be good enough for some people might not be good enough for others. And we find that with other agencies because I think social workers especially can, maybe our standards drop a wee bit because maybe we see a bit more of the, the kind of unpleasant things. So maybe compared to a teacher, what they might think is appalling and unacceptable we might think well, you know, it's not great but it's maybe good enough...I don't know that you can resolve it. I don't know that you can. Because I think it depends on people's own values and stuff as well. You know people's own experiences and I guess they're own life styles and what's acceptable and you know, some people go into a house where there are no carpets and that would just be...But you know for us, you know, lots of families don't have the money to go out and buy carpets. (Social Worker 1, Bridgetown)

The following response raises two further issues. First, it presents a perspective that a variety of interpretations and understanding of the concept of 'children in need' exist in SWDs. Second, the comment suggests a process of re-conceptualization of 'children in need', as a consequence of increased experience as a social worker: The respondent stated that less experienced workers would initially hold a communal perspective on the concept of 'children in need', and redefine it after gaining practice experience. Subordinated within that process is having the 'idealism knocked out' of social workers' conceptual approaches to their work. Taken from this perspective, a relative standard for the conceptualisation of 'children in need' is evident, one which narrows in relation to the greater number of years of practice:

If you speak to social workers I suppose that their concept, all that would be different depending on how long they've been in the social work department and who they are sort of thing...I think it would be over time. I would hesitate to say that you have the idealism knocked out of you, in the social work department, but it's probably the case. You probably have, if you're a new social worker, you define a child, a child in need as being everybody. 'Children in need' - as you spend more time in the social work department, you start to narrow that definition. A new social worker would probably have a wider definition of 'children in need' and someone

who's been practicing for a long time, would have a very narrow, as the years go on would narrow the definition. (Social Worker 17, Parkland)

The worker also explained that the definition would 'narrow' depending on whether the social worker was a 'specialist' or 'generic'. A 'generic' social worker would employ a broader conceptualisation to 'children in need' which would include 'emotional, financial deprivation'. In contrast, a social worker who 'specializes in working with child protection cases or child abuse investigations' would narrow the definition of 'children in need' to 'physical and risk, child protection cases' (Social Worker 17, Parkland).

Lipsky (1980) has noted that street-level bureaucrats cope with job stress by redefining the scope of their work to take on a more narrow and more manageable focus. This response may be reflecting this phenomenon in which 'children in need' narrows with the increased demands for services within limited budgets.

Another supervisor made a connection between 'need' and 'rights' when describing her understanding of the concept of 'children in need'. From this perspective, the standard is rights; however it has the potential to vary based on the geographic region or nation:

Well they would be in need of the most basic human rights...I think all human beings have basic human rights which means the right to live in safety, the right to have adequate food, shelter, warmth or heat, and, well in this country certainly the right to an education and the right to, I mentioned shelter, a decent place to live...Well I think if those very basics rights aren't being met then a child is in need, or an adult for that matter. (Supervisor 3, Bridgetown)

The qualification of the phrase 'well in this country' suggests a relative standard to both needs and rights of children in which the definition of 'children in need' varies, depending on the area in which the children are located.

II. PREDETERMINED CATEGORIES

The research explored staff's use of predetermined categories as a means of defining 'children in need'. Generally staff were uncomfortable with the use of predetermined categories as the sole means to automatically define children as 'in need'. Staff stated they usually did not apply categories of 'children in need' in defining 'children in need' even though they recognised that children in certain groups were more likely to be considered 'in need'. Seventeen interview respondents stated that they employ both predetermined categories and individual assessments to define children as 'in need' (listed in Appendix F). This finding is consistent with findings published in the report 'For Scotland's Children' which found that many respondents found the use of categories based on specific characteristics to be 'stigmatising and labelling, contaminated by inappropriate value judgements' (2001: 100). As well Jagger's (1997) research on 'glue-sniffing' found that social workers were reluctant to fit children into one category as 'it was symptomatic of other problems' (369). This affected social workers' ability to implement government policy.

Staff was able to discuss the limitations and strengths to predetermined categories. For example a manager from Kirkshire identified children with disabilities or those who have been abused as predetermined groups of 'children in need'. He identified benefits of identifying predetermined groups for service provision but noted that individual eligibility became associated with stigma:

I think there are some that present and prioritise themselves in significant or profound disabilities, child victims of abuse are clearly at risk of coming to harm...I would say so. I would say after, that you are probably getting to look at individual circumstances and characteristics. What I am actually opposed to, and I think you can show where there's likely to be areas of greater need and demand of those services. But I am opposed to having - because you live in a certain area, being a determining characteristic. It might be one you take into account and assessment but I wouldn't put that as one of the more satisfying criteria, if you like. It is helpful if you know there are areas of greater deprivation and greater general community need and distress. That's helpful for us on the one hand but it is not helpful to the people who are perhaps living there,

because to be able to focus on that, in terms of prioritising initiatives or services or what have you - but I don't think from an individual point of view that stigmatising an individual: 'because you live you there, you are in need'. (Manager 29, Kirkshire)

This response is reflective of the many responses elicited from staff who were surveyed regarding their use of predetermined categories in their conceptualisation and definition of 'children in need'.

Similarly, another social worker from Bridgetown believed that children from minority groups formed a predetermined category of children 'in need' because of discrimination and that it was beneficial to target services that specific group. When questioned whether he utilised predetermined categories of children in need he answered affirmatively:

Yes I do because usually you can identify services, even services that include some groups which are we know that children tend to, obviously not all children, children tend to have a greater need than others. So, for instance, children from black families suffer greater racial discrimination and therefore may well need to target services recognizing that they are more likely to be 'in need' than children from white families. (Social Worker 7, Bridgetown)

During the questionnaire phase of the research, staff was requested to classify possible 'children in need' categories on a scale which ranged from 'never' to 'always'.¹ Results show that most responses centered around the 'usually' or 'sometimes' items. Very few respondents considered these categories to 'always' identify 'children in need' and very few respondents identified the categories as 'never' 'children in need'. Only one category, children who require protection from abuse was overwhelmingly considered to identify 'children in need', with sixty-three respondents selecting the 'always' scale item. Based on the low frequencies reported of the items at opposite ends of the scale, the researcher collapsed and combined the 'always' and 'usually' categories creating a second 'usually' category and collapsed and combined the 'rarely' and 'never' categories to create a new 'rarely' category. Results are displayed in Table 18.

¹ Aldgate & Tunstall (1995) employed 11 categories in their study.

The majority of the respondents reported that the first twenty-three categories 'usually' identify 'children in need'. Other than children who live in poverty, these categories suggest a focus on individual or familial characteristics when defining 'children in need'. When considering potentially broader, macro environmental conditions, fewer respondents agreed that these categories automatically identified children as being in need. For example, between one third and a half of respondents reported that children who live in poverty or poor housing, or who reside in a multiply deprived neighbourhood are 'sometimes' 'children in need'. Categories that received the highest frequencies of 'rarely' or 'never' as identifiers of 'children in need' included adopted children, children in lone parent families, those belonging to a minority group and children whose parent is unemployed. Even within these categories however, the majority of staff reported that these categories 'sometimes' identify 'children in need'.

Table 16. Questionnaire responses: Predetermined categories of children in need

CATEGORIES ²	Always or Usually	Sometimes	Rarely or Never	Total
Children who need protection from abuse.*	69	1	0	70
Children who are homeless.*	63	7	0	70
Children who are looked after by the L.A..*	63	5	2	70
Children who have emotional, behavioural or mental health problems.*	61	9	0	70
Young children left alone.	61	8	0	69
Children who are in conflict with the law because of offending behaviour.	61	8	0	69
Children who live in violent households.	60	9	0	69
Children who misuse substances/alcohol.	60	8	0	68
Children who are affected by HIV/Aids.	55	13	2	70
Children who are in the process of adoption.	52	17	1	70
Children whose health or development is poor.*	51	19	0	70
Children who are in households affected by disability or chronic illness.	50	20	0	70
An unborn child of a substance-using parent(s).	49	17	2	68
Children who have physical or learning disabilities.*	48	21	1	70
Children whose basic hygiene is problematic.	48	19	3	70
Children who frequently miss meals.	47	22	1	70
Young carers.*	45	19	4	68
Children whose educational development is poor.*	43	25	2	70
Children who used to be looked after by the L.A..	42	27	0	69
Children who are bullied.	42	26	2	70
Children who live in poverty.*	41	28	1	70
Children whose parent(s) misuses substances/alcohol.*	41	28	0	69
Children whose parent(s) has a mental health problem.*	37	33	0	70
Children in poor housing.*	35	30	4	69
Children who reside in a multiply deprived neighbourhood.*	33	35	2	70
Children in large families with low incomes.	29	38	3	70
Adolescent parents.	22	46	0	68
Children whose parent(s) follows a criminal career.	21	48	1	70
Children who have been adopted.	13	46	11	70
Children in lone parent families.	7	54	9	70
Children belonging to a minority group.*	5	54	10	69
Children whose parent(s) is unemployed.*	4	50	15	69

² Interview respondents identified categories marked with an asterisk (*) as predetermined categories of CIN.

It is noteworthy that respondents did not identify one single category as automatically classifying children as 'children in need'. Of particular interest, due to the definition of 'children in need' provided by legislation in the Children (Scotland) Act 1995, the categories that refer to children with a disability or those affected by a disability were not viewed as immediately identifying 'children in need'. Approximately one third of respondents stated that children within these categories are 'sometimes' in need. Even the categories referring to children experiencing poor development were not considered to be 'always' in need. While clearly these categories identify potential 'children in need', none were considered to automatically categorise children as 'in need'. Interview responses provided in-depth examples of this belief. For instance, a social worker's interview response typified many staff who stated that there were no predetermined groups that necessarily categorised children 'in need'. She explained her belief that children with disabilities were not automatically 'in need' and were considered to be 'in need' only if the carers were unable to provide their child with a certain standard of care:

Well I suppose like, if you're talking about children with disabilities, I don't think they are necessarily in need. Unless there's, again, unless there's some deficit and the carers aren't able to provide them with the level of care that others could for example. (Social Worker 31, Kirkshire)

She perceived her role to assess whether the carers were able to provide the child with an appropriate level of care. This response is contrary to the legislation as well as the local authorities' CSP in which children with disabilities are defined as 'children in need'. Additional predetermined categories of 'children in need' identified by respondents during the interview phase corresponded to many from the questionnaire but also included: children whose basic rights are not met and children who ran away from home.

When examining the participating local authorities' CSPs all three define 'children in need' using Section 93(4) a of the Act which is focused on the individual child:

- (i) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development unless there are provided for him, under or by virtue of this Part, services by a L.A.;
- (ii) his health or development is likely significantly to be impaired, or further impaired, unless such services are so provided;
- (iii) he is disabled;
- (iv) he is adversely affected by the disability of any other person in his family.

Bridgetown expands on this definition and adds that children have 'five fundamental needs': physical, emotional, social, intellectual and cultural/moral needs usually satisfied within their own families and communities. This appears to reflect a combination of Maslow's (1943) and Kellmer Pringle's (1975) definition of needs.

Bridgetown also identifies that a child is 'in need': when his or her needs are unmet over a long period which includes children who are disadvantaged by social or economic situations, emphasizing a broader welfare focus than child protection issues; when needs are unmet in the short term requiring more intensive services (including child at risk of or who have experienced abuse, offending behaviour, truanting and 'looked after' children); and 'where a disability of the child or another member of the family is such that services from outwith the family are needed' (70). In this latter scenario, disability is defined as including parents with mental health problems, with drug or alcohol abuse and chronic physical illness. In these situations responses to children in need include a range of services to 'support them in the community and promote their welfare' and are more preventative type services.

Parkland's CSP identifies that a child with 'particular' needs who require additional supports in addition to those received from traditional universal services such as health and education, becomes a 'child in need'. The CSP quotes from Section 93(4)a directly to define 'children in need' and expands on the four categories. As with Bridgetown, the authority also promotes welfare of: children who are 'disadvantaged by their social, economic or environmental situation'; children at risk or who have been abused or neglected, offending, truants and

'looked after'; children who are disabled; and children affected by a disability of a family member. This category also includes children whose parents are disabled due to addiction issues, mental health, or physical illness (20).

In Bridgetown, the CSP stipulates that the needs of the family 'as a whole' should be considered in the assessment and intervention, as opposed to simply individuals (77). Parkland's CSP notes that children adversely affected by the disability of any other person in their family require family needs assessments as opposed to individual assessments (21). Whereas Kirkland's CSP stipulates that objectives of the local authority include ensuring 'children in need have an assessment undertaken by the appropriate service or group of services' suggesting both an individual and collective assessment of children in need (8). As well Kirkland's CSP allows for both individual and family assessments as it states that services for 'children in need are normally provided on the basis of a professional assessment' and 'children and families may be subjected to different assessment processes as they come into contact with separate agencies and services' (40).

Table 17 provides a summary of potential categories of children in need identified within the local authorities' CSP. These are noted with a check mark symbol (✓). All of the participating local authorities consider similar categories of 'children in need' with only a few differences between them. Further, all three CSP stipulate that assessments are necessary in order to determine whether a child is 'in need'.

Table 17. Children's Services Plans and identified categories of children in need

CATEGORIES	CHILDREN'S SERVICES PLAN		
	Kirkshire	Parkland	Bridgetown
Children who need protection from abuse.	✓	✓	✓
Children who are neglected.		✓	
Children who are homeless.	✓	✓	✓
Children who have emotional, behavioural or mental health problems.	✓	✓	✓
Children who are in conflict with the law because of offending behaviour.	✓	✓	✓
Children who misuse substances/alcohol.	✓	✓	✓
Children whose health or development is poor.	✓	✓	✓
Children who have physical or learning disabilities.	✓	✓	✓
Children whose educational development is poor.	✓	✓	✓
Children who live in violent households.	✓	✓	✓
Young carers.	✓	✓	✓
Children who are affected by HIV/Aids.	✓		✓
Children who are in households affected by disability or chronic illness.	✓	✓	✓
Children whose parent(s) misuses substances/alcohol.	✓	✓	✓
Children whose parent(s) has a mental health problem.	✓	✓	✓
Children who are bullied.		✓	✓
Children whose parent(s) is unemployed.	✓		
Children who live in poverty.	✓	✓	✓
Children in lone parent families.	✓	✓	✓
Children in poor housing.	✓	✓	✓
Children who reside in a multiply deprived neighbourhood.	✓	✓	✓
Adolescent parents.			✓
Children who are in the process of adoption.	✓		
Children who are looked after by the I.a.	✓	✓	✓
Children who used to be looked after by the I.a.	✓	✓	✓
Children who have been adopted.		✓	
Children belonging to a minority group.	✓		✓
Refugees		✓	
Young Children, Early Years Services	✓		✓
Gay and Lesbian Youth			✓
Social Inclusion/exclusion	✓		

It is possible that the use of pre-determined categories is more relevant for the child protection term 'at risk' versus 'children in need' and the general reluctance to categorise any child as automatically 'in need' based on group characteristics may be reflecting some staff's reported comfort with the term 'at risk' than 'in need'. If the definition of 'at risk' is based on the likelihood that a condition will occur, it may be that predetermined categories, as outlined in the local authorities' CSP, in fact, reflect children 'at risk' (Meenaghan & Kilty, 1994; Rossi & Freeman, 1989). In this sense risk is not based on the severity or degree of seriousness of a certain condition but simply groups of children who may become 'in need'. Part of the reluctance of staff to use predetermined categories may also be their concern of stigmatising children who are not 'in need' in that the individual children are not experiencing a 'deficit' whether in care or in their development.

III. UNITS OF ASSESSMENT

The research also attempted to elicit who is the object of assessment when staff defines children as 'in need'. The analysis suggests that most staff from the three participating SWDs conceptually refer to three units of assessment within a deficit model: 1) the individual child; 2) the family; and 3) the collective (groups of children based on shared characteristics or their community). The majority of staff (28 interview respondents) responded that individual children or families are assessed even if they are members of a predetermined category (such as children with a disability). The unit of assessment most frequently reported was the individual child (17 respondents), followed by the family (11 respondents) and lastly, the collective (6 respondents).

Individual Child and Family

The first and most widely reported unit of assessment is the individual child. Seventeen social work staff (10 social workers, 3 supervisor and 4 managers) stated that irrespective of the existence a particular characteristic, an individual assessment of the particular child was required prior to defining a child 'in need'. This finding was consistent across all three local authorities (although neither manager from Parkland fell in this response category). Staff spoke of groups of children with 'significant needs' or who could have 'potential needs', but were definite in the belief that children were not automatically 'in need' and required an individual assessment in order to determine whether they were 'in need'. Staff presented different reasons for identifying the unit of assessment as the individual child. A previously discussed, some staff believed that automatically assigning a label 'in need' to children with similar characteristics or experiences, potentially stigmatised the children and their families and did not discriminate for compensating characteristics within individual children and that the individual's needs could get lost within a collective category. Others simply believed that an individual assessment was the sole means of determining whether or not a child is 'in need' and that specific characteristics such as poverty or disability should not be used.

A social worker was clear in her belief that children must be assessed individually in order to determine whether or not they are 'in need' as each child has different needs:

I think it's difficult to...Because each child's separate and each child is an individual. So you know, you just can't use a chart and let's tick off...It's about individual's, it's about assessing a child's individual needs. I suppose it's very wide. You know, within the context of the law, it's quite wide, it brings in a whole host of different things to it. And it is about assessment of children's individual needs. (Social Worker 19, Parkland)

An additional perspective representing the individual child as the unit of assessment is evident in another social worker's comments. She considered predetermined categories of 'children in need' to exist only when there were

insufficient resources to meet their needs, not on the carers', child's or environmental characteristics. In some ways, the response defines 'children in need' based on a lack of resources necessary to meet needs; nevertheless she also clearly stated that individual children require an assessment in order to determine whether or not they are 'in need'. She further provided a case example in which children with disabilities were not necessarily 'in need'.

I think that's done. I think that every child should be assessed on it's own individual merit... I've got a family with four kids that have quite severe disabilities and, I mean, in terms of the fact that there's a lack of resources for them, then yeah, they could be determined as 'children in need', but certainly not in the family unit. There's a lot of support, help and they've got good education placements and I certainly wouldn't see them as 'children in need'. (Social Worker 20, Parkland)

This quotation also exhibits some confusion in the legal and local authority definitions of 'children in need'. Both state that children with a disability are 'in need'.

Individual children's characteristics were also described as reasons for the child as the unit of assessment. For example, a supervisor from Bridgetown responded that he defined 'children in need' based on an individual assessment of a child as well as the use of predetermined categories. Even though he listed many categories that could be considered as automatically classifying a child in need, he clearly explained that due to individual children's personalities, they may respond differently to similar situations which require individual assessments.

It's got to be a combination of the two of them because children's reactions to situations will be different. You could take a certain situation which could maybe indicate that the child might be in need and an assessment will show that whatever the indications are in terms of potential in need, in this particular circumstance the child is not in need: So, something like children who are homeless, or children whose parents are unemployed and suffering financial difficulties, or children who are carers, or even suffering from disabilities I guess. There are kids who would have what could be regarded as a chronic illness, but they're managing that and therefore wouldn't be regarded as somebody who needs services. (Supervisor 4, Bridgetown)

The child's individual characteristics or the parents' support system also determined whether or not a child was 'in need' by a manager from Bridgetown who initially stated that children of substance abusing parents would likely be considered automatically 'in need'. However, upon further consideration, he emphasised that an individual assessment of the child was necessary in order to determine whether or not the particular child was 'in need'.

I think children where the parents are drug users, I can't really see how you can be a drug user and parent your children satisfactorily...Oh you would still do an individual assessment because - I would have thought well, that's a group where you get quite a high percentage of children but you still wouldn't get all of them because you might have some parents where their drug use was well controlled and they had lots of other supports. And their children had certain characteristics that made them quite resilient and able to cope with it. So you could still get children who were functioning quite well but I think they would be a very, very small minority of drug using parents. (Manager 9, Bridgetown)

The second reported category identified the family as the unit of assessment. This finding reflects perspectives from 11 staff across two local authorities in all positions. While the data analysis shows that many managers viewed the child as the unit of assessment, results suggest only one manager (from Parkland) reported focusing on the family as the unit of assessment. This category comprised supervisors' (3, 2 from Parkland and 1 from Bridgetown) and social workers' (7, 4 from Parkland and 3 from Bridgetown) responses and may reflect differences within the focus of their work when compared with managers as they are in direct contact with children and their families in the provision of service. No respondents from Kirkshire reflected the family as the unit of assessment in their responses. This perspective is succinctly summarised by a supervisor who clarified that their staff '...tend to focus on families and family need' (Supervisor 18, Parkland).

Collective

The third category of assessment unit which emerged from the data analysis pertains to a collective, or group focus. Generally responses reflect a perspective that service provision should occur on a population or community level. This category reflects a minority of respondents' views (6), 3 managers and four social workers (2 from Parkland) from each SWD. No supervisors' responses reflected this perspective.

A collective unit of need encourages social workers to become knowledgeable and specialised with the needs and problems of specific areas (Smith, 1980: 182). The collective approach for defining 'children in need' reflects a population's health approach for identification and assessment, stemming from epidemiology in which identified populations with shared characteristics are considered to be 'in need'. Needs-based planning and service provision would define broader population needs as advocated by Percy (2000), Sheppard and Woodcock (2000) and Bradshaw (1994) and intervention would occur on a community level. This unit refers to those respondents who stated they automatically categorized children as 'in need' based on shared characteristics, such as children with disabilities, ethnicity, or their area of residence. Even within this unit of assessment, staff responses revealed levels of complexity in understanding the concept and highlighted various reasons for defining 'children in need'.

There were several examples of staff defining 'children in need' based on a collective model. Some staff stated that they simply could not give an example of a child who was not in need indicating that all children were 'in need' 'because every child needs something' (Social Worker 20, Parkland). Another worker expressed initial difficulty with the concept of 'children in need', but stated that because of a training course she found that it was 'very helpful in giving me a better understanding of the 'children in need' concept' and defined 'children in need' based on 'disadvantage'. She stated that any child is in need as long as they are disadvantaged in some circumstance, whether economically or in relation to their environment.

From a personal point of view I always think children are 'in need'. Young people are 'in need', we all have needs that can or cannot be met. And I think children in today's society are quite disadvantaged especially in the area team I work in. There is a high instance of poverty and drug related instances, so I can only speak to the other one, and any child I've come across has always been disadvantaged, so there's a scale of how high or how low that disadvantage is. I don't think I've ever come across a child in the 4 and 1/2 years I've been in this area I would categorize as not being a child in need. (Social Worker 15, Parkland)

This response clearly reflects a collective approach to defining 'children in need'. The role of training and education within SWDs and local authorities was also highlighted as influential on the interpretation and definition of the concept of 'children in need'.

A manager defined the concept of 'children in need' based on its connection with social inclusion, prevention rights and justice. This is a very broad conceptualisation of 'children in need' and again reflects a collective perspective.

I think the concept of prevention is about, preventing children becoming 'children in need'. It's about, you go back to all children have needs. And it's making sure that the needs children have are addressed, so that in the long run, so that we don't have a situation where we have to step in. You know that is about promoting health, promoting good parenting, it's about lifestyles, it's about adequacy of lifestyles, issues of poverty, and housing, and all the things that affect the life chances of children. You know, it's not the, you know, it's a much wider concept than I think the Children Scotland Act. It's a concept between needs and not having them met, ties into things like social inclusion. I mean you could argue that social inclusion is synonymous with prevention. The child welfare, as I see it, in Scotland is probably much more welfare oriented in tradition towards childcare than in England. I think there's been an awful lot of heated debate about the you know, welfare versus justice models, you know, welfare versus rights models. I think because 'children in need' has more resonance with the children's rights agenda as well as concepts of welfare, I think that's probably for me good. And I don't know if that's just my association, because I associate the Children Scotland Act with rights, but for me it's about life chances. I think there's evidence for it in the fact in the Children Scotland Act, because it includes children affected by disability, for me that says something about a right, as well as something

about their needs. So I think 'children in need' perhaps, in a way that traditionally concepts of child welfare doesn't, has a basis in rights and justice. (Manager 11, Bridgetown)

Another staff member from Bridgetown, a social worker, provided a case example regarding a collective unit of assessment of 'children in need'. He explained that due to the poverty and other social problems in a specific village in which a family lived, all of the village children could be considered to be 'in need'.

So I would say that there is an argument that you would define that village as become a village that has more and more children who are 'children in need'. I think if we analysed the census state over a six year period, we would see that the children who fell into a new category would have grown up...It's not a simple issue but I would say that all the children in that village suffer because they have got to cross a dangerous main road to go to school. All those children suffer because the community centre shut down. All those children suffered because their parents have to allocate a lot more money for bus fares than other families would have to. So anyone who is on, say, benefits for instance, has a large proportion which is going to be consumed in bus fares. So yes, all those children are marginally more in poverty than other children. (Social Worker 8, Bridgetown)

Of note is that when stating that he considered all the children in the village to be 'in need' he answered affirmatively and identified the reason as 'poverty', with the suffering of the children as a result.

In a similar vein, a social worker identified children with disabilities as automatically 'in need'. However he also advocated for individual care plan assessments to address specific needs of these children. This is a very different perspective from those staff advocating individual assessments of the child prior to determining whether or not she is in need. In this example, the worker believed that pre-existing categories automatically classify those children as in need, and an individual assessment is necessary to prioritise and formulate a care plan for the individual child.

I think you have to start initially with the broader aspect, the more generic aspect that you do, in the beginning look at groups of children you know.

And then within the groups you say, right, fine, if we have disabled children, whatever, these cases need to be allocated for such and such a reason or whatever. And that's where it becomes a matter of priority, about what are the actual needs of the specific families or specific children within these broader groups. And that's when each, you know...As an office we may feel we should have a responsibility towards for example disabled children or whatever, but having decided that we will take on a case, and then allocate it to a specific worker, the specific worker will very much look at the nature of that individual family and make their own assessment of what services could and should be provided in that. So within the context of the broad sweep of the type of cases which we may take on, there has to be that fine tuning and individual assessment of each family and the needs that they have. Therefore, I would say that you need both aspects. (Social Worker 25, Kirkshire)

The collective unit of assessment presents an alternative method of conceptualising and defining 'children in need' when compared to the individual or family units of assessment. While the analysis of the data suggests this model is supported by only a minority of social work staff, it was nevertheless evident in the collected discourse across the three SWDs.

The three units of assessment identified through the data analysis present three different foci of service planning, eligibility and provision by social work staff. These findings echo Smith's (1980) units of need and have implications for the operationalisation of need. Most staff considered the individual client as the primary unit of assessment for need and implied a social work practice that is specialised and individualised to the client with a child or family focused intervention. This reflects an individualist approach to need definition as described by Doyal and Gough (1991), Keller Pringle (1975) and Maslow (1943) and is consistent with the local authorities' policy.

CONCLUSION: CONCEPTUAL DIVERSITY IN DEFINING 'CHILDREN IN NEED'

This chapter presented major findings pertaining to social work staff's personal conceptualisation and definition of 'children in need', based on the analysis of the collected discourse. Of particular interest was respondents' individual understanding and meaning of the concept of 'children in need', in effect, what is their reported basis for defining children as 'in need'. Topics addressed to elicit staff's conceptualization and interpretation of 'children in need' revolved around respondents' abstract and operational definitions of 'children in need' and their use of pre-determined categories.

While these thematic categories from the analysis provide the basis for sorting and presenting the data in an organised and coherent manner, it is important to stress that seeking to grasp the core of staff's conceptualisation and individual definitions of 'children in need' proved to be a difficult task. Staff struggled within the interview to articulate their own understanding and definition of 'children in need'. Although there are general commonalities in the data, particularly in terms of the emergence of the deficit model and the individual child and family as the primary units of assessment, it is also apparent that great divergence, ambiguity and ambivalence exist in staff's definition of 'children in need'.

Staff generally reported a variety of definitions of 'children in need' that ranged from the child's developmental stage, to the care provided to a child, to children at risk of harm, to the child's socioeconomic status. These findings are consistent with other research in the U.K. (NCB, 1998; SSI, 1997; Colton, Drury & Williams, 1995; Aldgate & Tunstill, 1995). As with Colton, Drury and William's findings (1995), rights, development and care were key methods of defining 'children in need'. Based on the data analysis two principal thematic groupings were evident: 1) A deficit model for the conceptualisation of 'children in need'; and 2) Units of assessment used to define 'children in need'.

A deficit model, which conceptualized 'children in need' as being deficient of certain criteria, reflected the majority of social work staff's

perspectives on the definition of 'children in need'. The common characteristic of a deficit model is a deficiency with respect to a child's care, development or socioeconomic status which ultimately results in a negative consequence for the child. Some respondents implied a normative standard, such as physical or psychological developmental milestones, provision of care or poverty level. Whereas a few respondents used a relative standard where the abstract conceptualisation of 'children in need' changes, dependent on potentially multiple criteria, such as socioeconomic status of a community, the years of experience of a social worker, or the laws of a country.

Within this relative approach, there is no fixed standard (however abstractly), and the existence of other criteria, whether on a micro or macro level, affects whether or not a child is deemed to be 'in need'. For example, a child's intra-psychic resilience in the presence of parental shortcomings, or the socioeconomic status of a community in which the child resides could determine whether a child is defined as being 'in need'. In practice, this could result in one child being classified as 'in need' and another child not considered to be 'in need' due to different community standards.

Alternatively a normative approach is more likely to be is conceptually fixed, with little variation based on micro or macro variables. In essence, a child would be considered 'in need' irrespective of the poverty level of the community in which the child resides and irrespective of their ability to cope with difficult family circumstances. The basis for defining a child as 'in need' is the level of care the child is receiving: If the care is deficient in some manner, then the child is 'in need'. An implication of this perspective is that two children from greatly differing communities or families could be viewed as equally being 'in need'. The common tenet these two frameworks share is an acknowledged deficiency in the child's standard of care, whether fixed or relative.

Overall, staff reported general caution about defining 'children in need' based on membership to a pre-determined category. Findings demonstrate that staff employed the individual child and the family as their unit of assessment in order to determine whether or not a child is 'in need'. The third unit of

assessment identified by managers and social workers in the participating SWDs, is the collective, in which 'children in need' are defined based on a shared characteristic, such as a disability or community. This unit of assessment was the least evident within the data.

The research difficulty of trying to grasp respondents' conceptualisations of 'children in need' corresponds with the theoretical difficulties presented in Chapter Three. These findings conform to the division between the theoretical ontological and epistemological perspectives of need and likely reflect the influence of the positivist and subjectivist paradigms in staff's abstract thinking in which social phenomena can be viewed as socially constructed or universal with fixed or relative standards of need. Responses seem to mirror these broad perspectives and reflect two epistemological theories in social work as identified by Gray (1995), positivism and 'constructivism', referred to in this study as 'social construction'. The deficit model of a set standard contrasts with a relative standard in defining 'children in need' and entails a fundamentally different approach to service planning, eligibility criteria, and provision.

A collective unit of assessment also differs from an individual child and family unit and differences between the two possibly reflect greater ideological differences stemming from polemics regarding models of welfare. For example, a collective model for the conceptualisation of 'children in need' suggests a connection to a normative, or social development concept of social service provision as defined by Hardiker, Exton and Barker (1991). The units of individual child or family assessment identified within a deficit model may suggest a more residual, or institutional concept of social welfare. The limited prevention role of the child welfare system can be partly attributed to the theoretical approaches to social work provision within which the system operates. Local authority approaches to service provision encourage a focus on individual casework and theories of child abuse and neglect that support individual or familial pathology and inhibits the development into a preventive service (Hardiker, Exton & Barker, 1991; King, 1997; Gough, 1993; Moss & Petrie, 1997). Explanations of dysfunctional behaviour explained by oppressive societal

structures and other forces outside of an individual's or family's control are generally avoided. If responsibility and blame reside with parents, particularly mothers for children's problems, the solutions to deal with problems also lies with parents/mothers. This avoids any acknowledgement of structural problems such as poverty, which contribute to needs within society. As a result, social interventions, whether legislation or services, are individualistic in approach, not comprehensive, and reflect a selective and ad hoc approach with a residual role of welfare provision for the state. In this context, need is considered to arise from individual pathology of a child or a family and society's responsibility to deal with this need is minimal. Society's focus on the family minimises societal and state responsibility toward children (Moss & Petrie, 1997).

Needs are frequently defined on an individual level, of the child or family, rather than at a structural level, despite the evidence on links between material circumstances and children's educational attainment and health, as well as their likelihood of entering the care system (Saraga, 1998: 139).

These findings have at least two important implications regarding 'children in need' policy. First, the role of training was raised as being influential for some staff regarding the definition of 'children in need' (discussed in the following chapter). This points to a potential area for greater development, both within the corporate organisation and with inter-agency relations. Second, the conceptual model used to define 'children in need' on an abstract and on an operational level may imply one of the following ideological approaches to social welfare provision: residual, institutional or social development. Depending on the conceptual model applied, it is probable that variation and inconsistency in service planning, eligibility and provision will result. As well a relative standard framework within a deficit model is likely to result in variation in defining 'children in need', due to its dependence on micro, meso and macro variables when setting a standard. Again, unfairness and inconsistency in all aspects of local authority service planning, eligibility and provision, are probable. The following chapter presents findings related to staff's reported engagement with CIN policy.

CHAPTER NINE

'CHILDREN IN NEED' POLICY IN PRACTICE: REFLECTIONS OF POWER

INTRODUCTION

As presented in the previous chapter, most of the interviewed social work staff employed some form of abstract framework to conceptually understand 'children in need' even though, as presented in Chapter Seven, most respondents reported a general unfamiliarity with details of formal CIN policy. This chapter concludes the presentation of research findings and reports on social work staff's use of CIN policy: the conscious engagement with CIN policy on an operational level. The exploration of staff's practice with CIN policy in their daily work provides further understanding of this legislative category and its transformation from an abstract conceptualisation to an operational use.

The study aimed to compile a picture of SWDs' examples of CIN policy in practice and elicited information from respondents that represented their personal experience with CIN policy in practice: how is CIN policy implemented in social work practice? Interview respondents were asked to describe in detail how the concept was used and to what extent in their everyday work. This concerned staff's actual, conscious use of CIN policy as reported directly by social workers, supervisors and managers and addressed areas such as quantity (i.e. frequency), quality (i.e. in what context), the agent (i.e. who uses the policy), and the method (i.e. process, how it was used). Questions that guided this piece of the research centred mainly on interview respondent's reported application of CIN policy in their daily work and included:

- What is staff's reported use of the term 'children in need' in their work?
- Which staff report using it?
- In what context is it used?
- What process is used in its application?
- How frequently is it used?

This chapter presents findings predominantly from interview responses although related questionnaires findings are noted and included where appropriate to provide a broader picture of staff's engagement with CIN policy. After a thematic analysis of the data, findings were analysed within the Integrated Power Framework (IPF). Examples of agency and structural power are provided as well as the corresponding episodic, manipulative and hegemonic dimensions. Findings show that the reported application of CIN policy reflects power arenas and dimensions, which has implications for service planning, eligibility and provision. Findings also suggest that there is a discontinuity between the abstract conceptualisation and the operational use of CIN policy.

Chapter Seven presented initial findings from interview respondents who stated that formal CIN policy was relevant to their work. However only a minority of interview respondents, 12 staff, reported CIN policy is used in their SWD and 16 staff stated that CIN policy is not consciously used in their work. This section presents findings from the respondents who reported the conscious application of CIN policy in their work (a summary is available in Appendix G). Results show that managers reported the most frequent use of CIN policy (7 out of a total of 9), followed by supervisors (2 out of 7) and social workers (3 out of 17). No social workers from Parkland reported using CIN policy when initially queried, however interview responses provided examples of engagement with CIN policy across the three participating SWDs and by all positions.

Four key contexts were identified in which CIN policy was implemented, engaging various agents and methods: 1) planning; 2) assessment; 3) advocacy; and 4) training. These contexts are divided into sections within this chapter. These

results present a fairly consistent picture of staff's reported responses of CIN policy in practice across the three SWDs and positions. While the latter three contexts were reported on an infrequent basis, these are nevertheless exciting findings and reflect a potential area for increased use of CIN policy, to the benefit of children and their families in the community.

Table 18. CIN policy implementation: Interview responses, context, methods and agents

CONTEXT	METHOD	AGENT		
		Manager	Supervisor	Social Worker
I. Planning	Formal authority	6	1	
	Working group membership	5	3	6
	Line management flow			5
	Document feedback		2	1
II. Assessment	Basis for service eligibility		1	3
	Unmet need	3	2	
III. Advocacy	Corporate responsibility	4	2	1
	Resource access	1	1	
	Public accountability	1	1	
IV. Training		5	5	9

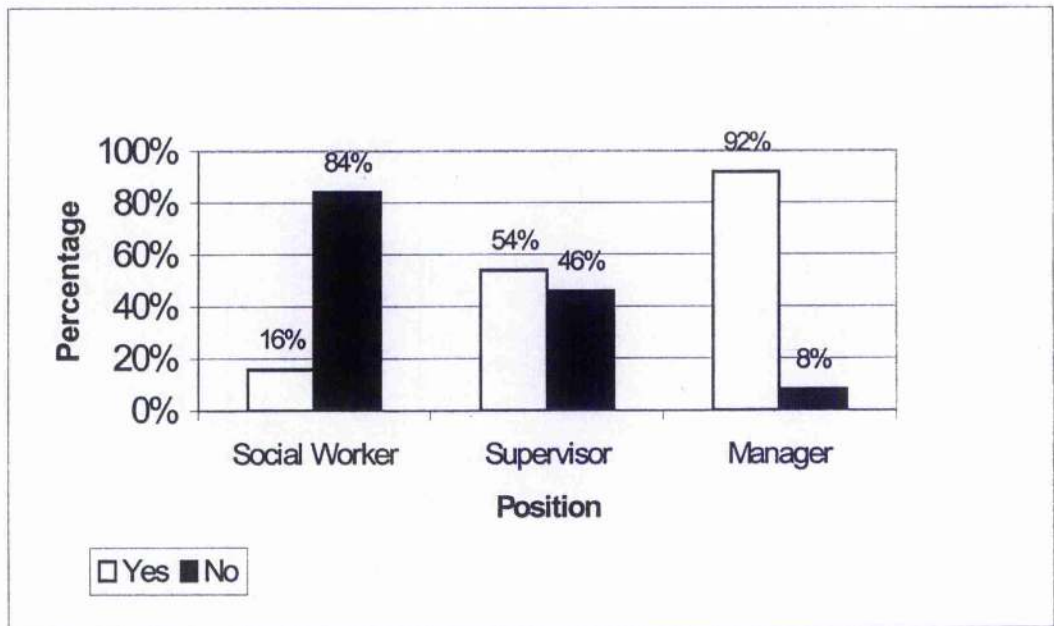
I. ENGAGEMENT WITH 'CHILDREN IN NEED' POLICY: PLANNING

Planning was identified as a key context of CIN policy implementation on a strategic level, which included the development of the CSP. Both questionnaire and interview respondents provided examples of CIN policy implemented through planning. This context was dominated by managers. This operational use of CIN policy reflects power embedded within the structural arena as managers' work encompasses responsibility for CIN policy, due to their hierarchical position within the SWDs. This section provides an analysis of the planning context examining the processes, agents and frequency of implementation. The section continues with a discussion of the five reported obstacles for non-managers' involvement in the planning process, provides an overview of contributors to the

local authority CSPs and concludes with a consideration regarding the rhetoric of inclusiveness.

In response to questions concerning the use of 'children in need' policy and involvement in local authority planning, respondents considered the CSP as a main planning context. When examining questionnaire responses (a total of 70), over 80% of managers (9 out of 12) reported that they implemented CIN policy in a strategic planning context and just over 60% (7 out of 13) of supervisors stated that they were involved in strategic planning for 'children in need'. This is in sharp contrast to 65% (29 out of 45) of social workers who reported no involvement in strategic planning. Nearly all the managers reported that they had contributed to their local authority CSP and many stated that this was part of their job description. Just over half of the supervisors reported contributing to the CSP and a small minority of social workers stated they had contributed to the CSP.

Figure 2. Questionnaire responses: Staff's contribution to the CSP



In the context of planning, there were four identified processes used to implement CIN policy: 1) Formal authority; 2) Working group membership; 3) Line-management communication flow; and 4) Document feedback.

1. Formal Authority

Managers stated that they participated in strategic planning, and identified CSP as a key part of their job responsibilities. The organisational structure delegated managers the formal authority for planning and because of the very nature of manager's position, it is not surprising that the primary agents within this context were managers. Planning reflects a management domain as authority and formal responsibility for planning are built into the position. A distinction was evident between planning for the strategic development of services and planning for the allocation of existing services to particular families.

Managers reported that their position included responsibilities for the planning, development and co-ordination of the CSP, as well as its implementation, monitoring and review. Most stated that their involvement was far more than a contribution of views and ranged from over-viewing the layout, design, editing, consultation and production of the CSP, to chairing working groups. The majority of managers responded that CIN policy was used in their daily work and one stated that she retained the concept of 'children in need' in her head when working on a planning level both within the corporate structure and with other service professionals (Manager 13, Parkland). From this perspective the use of CIN policy was directly linked to her organisational position and expectations, particularly in relation to other departments and organisations. This typifies the responses of the integration of CIN policy within a manager's role. Managers' responses suggested they were generally positive about the concept.

Another manager emphasised the importance of the planning process to identify 'what children need'. This occurred in the context of quarterly planning days and using management information upon which to base decisions. Her response describes the process of determining 'children in need' within the

community through shifting trends to determine target groups within the child and youth population:

For example we have a management quarterly planning day on Friday and that will be looking at the management information, looking at the referrals coming through and identifying trends. So, if you see you know like the kind of traditional type of group work if you like was tackling young people with offending behaviour. There's a shift away from that towards looking at the needs of a smaller, younger group of children, who are becoming vulnerable because of family background. And looking at how they address those needs which are different from the needs of young offenders and how we address the parenting issues with them. Or looking at the trends in terms of drug or alcohol related issues within families and whether you separate that out. (Manager 24, Parkland)

When analysing this response from the IPF it reflects a structural power arena as authority is granted to managers through hierarchy. Agents involved in this policy context are managers and membership is restricted, based on organisational hierarchical structure. Managers are granted responsibility for planning which is an ongoing event. The response also suggests a manipulative power dimension as decisions are made behind closed doors.

The CSP was also identified as a principal method to incorporate seniors' and social workers' involvement. The following dialogue provides another typical example of managers' views on planning for 'children in need', particularly the importance of community consultation. When the manager neglected to mention whether social workers and seniors were part of the consultation process he emphatically affirmed that they were involved:

Yes, of course we do! The Children's Services Plan was a means for that. But it wasn't the only one. Consultation is a big method. It's crucial, I mean, it's the only way to do it. I mean, one of the things we're trying to achieve and at the moment it's mainly negative, but I would say that at the moment, you know, we've developed services it's a fairly participatory style, people who use services do get able to contribute to service development, children included. But we don't, we're nowhere near really, working in partnership with them for example: it's still the professionals who set the agenda, who set priorities and options. And you know, they do listen. But I would say the influence of service users, consumers, is more about the shape of services and I think the major agenda is far wider than

social work and the issue really is the whole concept of community planning. (Manager 11, Bridgetown)

In terms of frequency, the response typifies the ongoing temporal aspect of planning in a manager's work. It also identifies multiple agents involved in the planning process: parents, community and other professionals, but the respondent only included social workers and supervisors when prompted by the researcher. While his response stressed the goal of a 'participatory style', he acknowledged that it is limited in its current application, and redirected his comments to partnerships with users of service. The response also suggests a shift from the 'expert' determination of need to one of 'expressed' need, as defined by Bradshaw (1972). While the outcome of this response may be rhetoric, there is an implication of power of another nature ebbing away from the local authority professionals to the community. In this circumstance, CIN policy is fixed in managers' domain due to the structural hierarchy that ascribes positions and authority within the organisation.

2. *Working Group Membership*

The second most frequently identified method of staff participation in policy planning was via membership in a working group. Membership comprised of a variety of agents including people from other agencies, other local authority staff as well as supervisors and social workers. All three staff positions reported being involved in working groups.

A supervisor provided some detail in terms of her involvement in a working group when asked to give an example of identifying new areas of need.

Well, through the working group that was set up to look at the Children Services Plan, I was involved in the protection part of it, children's safety, and through that we were able to look at, there's a major issue, a problem with domestic violence. And that was incorporated into the Children Service Plan. So that's an area, there's an objective for this authority to address that. And through that then, the services will be provided. (Supervisor 16, Parkland)

This planning context had a targeted focus on CIN policy. Membership to working groups was also temporary as opposed to ongoing.

On occasion social workers seemed somewhat vague about their involvement with working groups. For example, when asked during the interview phase of the research whether he had contributed to the CSP a social worker demonstrated a fairly typical response denoting uncertainty: 'I probably did as part of the working group' (Social Worker 17, Parkland).

Working groups focused generally on strategic reviews as well as operational and corporate planning and were perceived as a means of reviewing "the way social work service is delivered" (questionnaire, Social Worker 63, Bridgetown) and as a method of focusing on specifically targeted groups. For example this questionnaire respondent described her participation:

This local authority is currently going through change. I participated in a workshop/seminar when ideas were sought in relation to which services would be best suited or could be improved on for children in need. (Social Worker 70, Bridgetown)

Only a couple of questionnaire respondents in a social worker position identified involvement. The contrast between this response and that of the managers' is noteworthy. In terms of frequency, non-management participation usually involved an episodic 'one-off' or time-limited engagement with the context being a feedback session. The policy process was not ongoing (as compared with managers' frequency) and the membership base was open. As well, social workers' input was 'sought' as opposed to required, with no corresponding enabling support to participate or authority to integrate feedback provided into policy.

These responses provide examples of CIN policy reflecting power embedded within the organisation's structure with role restrictions and specific authority for planning based on staff position.

3. *Line-Management Communication Flow*

Line management communication flow refers to an organisational process in which social workers raise issues or concerns regarding social services with their supervisors, who in turn take these comments and opinions to managers. This structure again reflects the power ingrained in the organisational hierarchy, with senior management at the top, supervisors in the middle and social workers at the bottom. However it also reflects power embedded in front-line workers' positions over some information. All of the respondents who identified this as a method of engaging with CIN policy were social workers from Kirkshire and Parkland (none from Bridgetown).

A manager explained that the method to involve social workers in the planning process is through a line-management communication flow. When asked whether social workers are consulted she replied:

When the team leaders and seniors come, we have an expectation that they bring that information about what the demand is within the team, that they've had within their team meetings a discussion with their workers about what their needs for services are. (Manager 13, Parkland)

This response reflects an acceptance of the line-management communication flow as an appropriate method to include social workers' input in the planning process. Again, based on the hierarchical division of labour, team leaders are expected to reflect the opinions of social workers. However it also suggests that the policy process reflects a contested power area as social workers control policy implementation on a practice level.

Most social workers reported they felt excluded from the planning process (to be discussed further in greater detail) in part due to the line management communication flow. A social worker stated that that the line-management communication flow is the only process available for social workers' involvement in policy planning. When asked about his involvement with the CSP he responded:

To be perfectly honest I'm far too low a level in the chain of things that I would expect to be involved in any policy or decision making. And that's something which, you know, with the best will in the world, that you should take up with those higher up the management chain or whatever...I would suggest that any social work involvement by the basic grade workers is very much on the periphery, that you may occasionally be asked for your opinions, so that, up the management chain, the social workers' opinions can be taken by the senior to the area manager, and then all the way up to those who actually do make the policy decisions which is over at headquarters, which is into stratospheric realms of deputy directors and directors and things. (Social Worker 25, Kirkshire)

The response reflects a perception of subordinate status within the organisation and social workers' limited authorised power in formal policy planning. This is explained by the power structurally enmeshed in the hierarchical division of labour which inherently grants the planning role to the organisation's élite, managers. Social workers' opinions are 'occasionally' asked for on an episodic basis. However once feedback is provided there is no guarantee that it is integrated into policy decisions and there is no formal mechanism within the organisation to enforce integration of subordinates' opinions. The worker perceived the line management communication flow positively. He perceived the process to allow workers to have input and influence planning as they are able to inform supervisors, who inform managers of problematic policy and ultimately influence change in that manner. When pressed for an example of such a situation in the past, the worker could not provide one to the researcher: 'it's a matter of you follow the rules, you follow the dictates'. Rules and 'dictates' can be a means of minimising and controlling front-line workers' discretionary power exerted.

Another social worker described a more informal process in which CIN policy was implemented on a planning level. She explained that front-line workers through 'chat in the office' would discuss issues about a need in the community. This identified need would then be 'picked up' by team leaders or managers who then determine whether there are sufficient resources available to meet the need.

Yes, the area managers or team leaders would pick that up and say you know, if there are any resources...It's taking it's time, but with the likelihood that it's going to happen, so I mean, yeah, general chit chat, but I think it's something that a lot of people have been aware about, even as high up as you know, the manager that supervises this office. (Social Worker 15, Parkland)

This approach reflects a line-management communication flow, hierarchical in process and nature. Information drawn from an informal discussion involving social workers as agents is then transmitted to managers via supervisors. Ultimately the decision-making and authority rest with the managers who determine the priorities and allocate resources to needs.

4. Document Feedback

Some respondents (2 supervisors and 1 social worker, none from Parkland) reported that participation in policy planning also occurred through the provision of their views on draft copies of CSP. The typical scenario entailed a draft copy of the CSP sent to teams by management as a means of soliciting feedback. As one supervisor wrote in the questionnaire "...Workers and senior social workers were consulted while the plan was being drafted and asked to comment on its proposals" (Supervisor 49, Kirkshire).

While several respondents identified this as a process, only 3 staff stated this is a means to participate in policy formulation. One supervisor raised the lack of involvement of team members in planning as it was a senior management responsibility, completed by headquarters with little input from social workers or supervisors. When asked to discuss the team involvement in the CIN planning process, she replied that workers and supervisors were "...presented with a draft service plan for comments and consultation". She added that the team considered their involvement in policy planning as insufficient (Supervisor 28, Kirkshire).

Social workers' contribution to policy planning generally paralleled supervisors' involvement, albeit to a lesser degree. This is a reactive contribution to policy as opposed to directing or creating new policy and reflects a structural

episodic power axis as subordinates' input is provided on an infrequent basis, with little authority for decision-making.

Van Horn and Van Meter's (1975) model of policy implementation warns against communication messages that pass through networks. The authors argue that information that is communicated via third parties is likely to result in "contradictory directives, ambiguities, inconsistencies in instructions and incompatible requirements" (478).

REASONS FOR LACK OF INVOLVEMENT IN THE PLANNING PROCESS

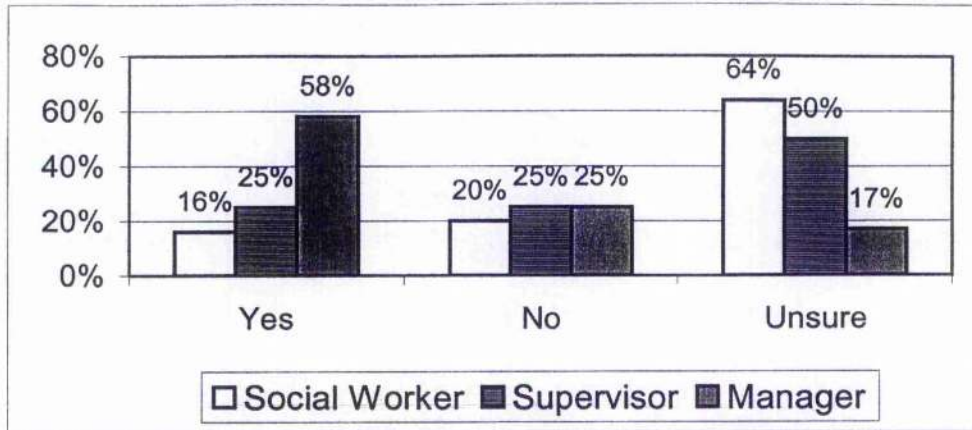
Many supervisors and social workers expressed an interest in being involved in policy planning and identified reasons for their lack of involvement. Five obstacles to participation in the planning process emerged from the analysis: 1) Uncertainty about process; 2) Lack of invitation to process; 3) Perception of a rubber stamp process; 4) Lack of time and organisational support; and 5) New employee status.

1. Uncertainty About Process

Findings show that many of the front-line workers were unsure as to whether a process exists to involve social workers in organisational policy planning. When staff were surveyed as to whether a process existed for social workers to identify new categories or types of 'children in need', the majority of social workers (29) stated that they were unsure.¹ Only a minority of social workers (8) stated a process exists and nine stated there was no process. Half of the supervisors (7) reported that they were unsure as to whether a process existed and the remaining supervisor responses were split evenly between one quarter (3) stating there was a process, and one quarter (3) stating there was no process. In contrast, a majority of managers (7) stated there was a process for social workers to identify new categories or types of 'children in need'. One quarter of managers (3) responded that no such process existed, with the remaining managers (2) reporting that they were unsure.

¹ Figures do not add up to the total (70) due to missing responses.

Figure 3. Questionnaire responses: Is there a process for social workers to identify new categories or types of 'children in need'?



When responses are compared based on local authority affiliation and job category, some differences emerge. For example, the majority of managers in Kirkshire stated that there is no process. In contrast, all the managers from Parkland and Bridgetown stated a process exists for social workers to identify new categories or types of 'children in need'. Supervisors' understanding of whether or not a process exists varied across the three local authorities. Supervisors from Parkland stated that a process exists whereas supervisors from Kirkshire and Bridgetown were either unsure or did not believe a process exists. There is a general pattern of responses from social workers in all three local authorities in which a few respondents stated a process existed, slightly more stated that there is no process, and the overwhelming majority were unsure as to whether such a process existed.

Table 19. Staff's knowledge of process for social workers' input into policy planning

Local Authority	Does a Process Exist?	Managers	Supervisors	Social Workers
Kirkshire	Process exists			
	Process does not exist	✓		
	Unsure		✓	✓
Parkland	Process exists	✓	✓	
	Process does not exist			
	Unsure			✓
Bridgetown	Process exists	✓		
	Process does not exist		✓	
	Unsure			✓

2. *Lack of Invitation*

Six of the survey respondents who provided an explanation regarding their lack of involvement in planning were social workers, although at least one third of supervisors reported being not included. Most respondents stated they had not been asked to contribute, nor consulted about any policy, including the CSP. The following comment is typical of both questionnaire and interview responses and reflects the majority of responses from social workers: 'I wasn't asked, and I know nothing about it' (Social Worker 19, Parkland).

While being interviewed, a social worker identified a circular problem to the lack of involvement of workers on working groups. She stated that because of social workers' infrequent involvement with planning, social workers are less knowledgeable about the CSP. This is further complicated as the CSP is the basis for a substantial amount of service provision: due to their lack of involvement, social workers are ironically the least aware of it. She identified that managers implement a corporate approach on the management level:

Well, the meetings which you know, basic groups at the moment which are met at the moment between health, social work and education, tend to be you know, it's all management, and it's not workers. And I think what I find in the headquarters, from my contact with the area team, I find that example is our Children's Service Plan...And I don't get the feeling that it's trickled down to area teams, and the demands which we're making of the area teams are because of the Children's Services Plan. (Social Worker 26, Kirkshire)

The worker perceived a division between the front-line and management levels within the change to a corporate approach. Meetings between managers from the different departments excluded area team members. Again, this process reflects power embedded in the structural arena based on role division and formal authority.

A supervisor from Bridgetown reported that supervisors and social workers are generally not included in the planning process and that policy decisions are made by management groups which include: the chief social work officer, the service officers for service assessment and provision, and the group managers. Even in situations where supervisors or social workers are included in working groups, the focus is not on policy, but rather on administrative issues.

I think the supervisors as far as I can tell haven't had a voice in policy but I think they are trying to change that by having extended management groups and they are also trying to get main grade workers as well. But it's not on policy, it's on organisation of the department, you know...They just get all tied up in - What sort of teams are we going to be in? Who's going to manage them? It's not about, they don't start from - "What's my client - What's the need in the community - What do we want to be doing with the service?" (Supervisor 9, Bridgetown)

From this perspective, when supervisors and social workers are included in management groups, there is a shift in the nature and content of their involvement from broader open planning to a more narrow focus on practical service issues. This suggests a manipulative dimension of power in that management controls the agenda of 'inclusive' meetings.

Jones (2001) reported that social workers in England experienced managerial initiatives aimed at organisational change with the goal of service improvement, however failed to involve "...consultation with those who actually attempted to provide the services" which resulted in increased stress for social workers (2001: 552).

3. Rubber Stamp Process

A third obstacle identified to front-line staff involvement in the formal policy process was the perception that social worker involvement was trivial, essentially a rubber stamp to support management views. A worker from Parkland presented his involvement in a working group as being part of a rubber stamp process one in which managers made all the decisions. While the researcher tried to encourage the worker to expand on this experience, he was succinct in the discussion of the experience. When he was asked about his involvement in the working group he stated: "It was a foregone conclusion I think. Yes, a bit of a lip service" (Social Worker 17, Parkland). While this perspective is a unique response from the staff, it is nevertheless important because of its implications regarding staff's input into organisational policy. If there is a perception that social work membership is included to confirm management views, social worker involvement in the policy planning and implementation process may be compromised.

4. Lack of Time and Organisational Support

Several social workers stated that they would like to participate in a planning process, but could not due to a lack of opportunity. A lack of opportunity included a lack of available time to enable involvement due to work commitments and little organisational incentive. Social workers generally viewed the main impediment to participation as constant workload pressure, particularly high caseloads and chronic understaffing of front-line positions. Social workers reported that there was no provision of case coverage for time expended on committees, reading and providing feedback on draft proposals or participating in working groups. Although a draft document could have been circulated many worker reported insufficient time to read and respond to it.

A social worker identified part of work pressure resulting from an increase in the catchment area and when asked how management could ensure greater participation from social workers he responded, "I guess give us time to do it. You know, folk just have so little time. Even to get on with bits of their job, it's

really hard to spend time doing other things you know" (Social Worker 1, Bridgetown). This response was echoed by most social workers participating in the study: "I would volunteer and it would be interesting for me, but I just don't have the time. And you wouldn't get time off. They say, oh yeah, you'll get time off, but you wouldn't" (Social Worker 14, Parkland).

Another front-line worker discussed social workers' unwillingness to participate in research. A picture of chronic understaffing with a high level of staff absenteeism due to illness emerged. This organisational issue clearly affected and impacted social workers' ability to be involved in policy planning, or any other additional workload commitment.

They just don't have the time...I think last summer out of a team of ten, there was two of us on, out of six, seven workers, just two of us. It's the backlog of work: I have never caught up from that period. You know, I have never managed to catch up with reports because stuff keeps coming in. I think we had full positions that weren't filled and two people off sick and then of course people taking holidays. And that's the norm. (Social Worker 20, Parkland)

These responses reflect the structural division of labour within the organisation which results in a formalised hierarchy. Staff at the top of the hierarchy managers, are allotted workload time for policy planning; those at the bottom of the hierarchy, the front-line workers are given little opportunity for involvement in a planning process.

These findings are similar to those identified in prior research in which shortages in staff resources were identified as problem in quality service delivery (Scottish Executive 2001; Scottish Executive, 2000) and correspond to national data on staffing in SWDs. In 1998 there was approximately 47,700 full and part time staff employed by Scottish local authority SWDs, or a total of 35,197 Whole Time Equivalent (W.T.E.)² social work staff. The W.T.E. figure represents a ratio of 6.9 staff per thousand population in Scotland. This figure reflects a consistently

² Whole Time Equivalent (WTE) is an addition of the number of full time staff and the total number of hours worked by all the part time staff in a week, divided by the number of hours considered to be the standard full time week for a member of staff (usually 39 hours).

decreasing trend of approximately 3.4 per cent in staff levels since 1995 (Scottish Executive, 2000: se0128.htm). The W.T.E. for the number of social work staff in all categories of department activity for 1997 and 1998 dropped from 36,600 to 35,200. Differences in this trend are notable when examining specific job categories. While the number of social worker positions is in steady decline, there has been a concurrent increase in the W.T.E. for managers, leaders and senior social workers between 1996 and 1998. For example, in 1998, the ratio of social workers to managers³ was 1.8 to one, a marked increase compared with 2.3 social workers to one manager in 1996, and 2.4 to one in 1993 (Scottish Executive, 2000: sb921-02.htm). This may partly reflect the decentralization of local authority services in Scotland in 1996 that could have resulted in an increase in management positions. Vacancy rates continue to be problematic in social work in the U.K. to date and signal a 'recruitment crisis' of a systemic nature (Jones, 2001: 551; Jordan, 2001).

Table 20. Managers and social workers numbers (WTE) of Scottish Social Work Departments and annual percentage change, 1996-1998

Position	Year: Number (WTE) and Percentage Change					
	1996 ⁴		1997		1998	
	No.	% Change from prev yr.	No.	% Change from prev yr.	No.	% Change from prev yr.
Directors, Managers, Leaders & Senior Social Workers	1,571	3%	1,605	2%	1,794	12%
Social Workers (Assistants & Trainees)	3,691	7%	3,314	-10%	3,297	-1%

In the provision of services specific to children, Bridgetown had the highest percentage of management staff recorded at 21%, compared to 13% for both Kirkshire and Parkland. Bridgetown also has the highest percentage of social workers compared when compared with the other local authorities: 29% (Bridgetown), 26% (Parkland) and 20% (Kirkshire).

³ Social workers includes assistants and trainees and Managers includes Directors, team leaders and senior social workers.

⁴ 1995, 1996 and 1997 figures include estimates for The Scottish Borders.

Sufficient resources necessary for organisations to support policy implementation have been identified as key in determining whether or not formal policy is successfully implemented.

The ability to implement policies may be hindered by such factors as overworked and poorly trained staffs, insufficient information and financial resources, or impossible time constraints. (Van Meter & Van Horn, 1975).

Unless the organisation makes a concerted effort to support their staff with necessary resources to participate, it remains likely that involvement in activities above and beyond their caseload responsibilities is unlikely to occur.

5. *New Employee*

The fifth identified obstacle to staff's involvement in the policy process was the understanding that as they were a new employee they had missed an opportunity to provide input into policy process. For example this social worker reported that he had recently joined the local authority and had not been involved in the policy process. He added "...I do not recall any consultation with social workers with regards to CSPs in any of the authorities I worked for" (Social Worker 23, Parkland). Parkland reported the highest number of new social workers when compared with the other local authorities which may have impacted staff's involvement in policy planning.

CHILDREN'S SERVICES PLAN AND ENGAGEMENT WITH 'CHILDREN IN NEED' POLICY

The reported experiences with the policy planning process are supported by the local authorities' CSP. In the three participating local authorities, steering group composition for the CSP consisted of senior managers, representatives from other agencies and the Chief Executive of the Council. Supervisors and front-line staff were included in work groups and consultation meetings. All the plans identified the necessity of including service users, particularly children and young people, in the consultation process and identified the methods implemented to

ensure broad consultations occurred. However the evidence of the commitment to include views of front-line staff is less apparent. An example reflecting this issue is evident in Kirkshire's CSP. The preface states, "We have also committed ourselves to listening more comprehensively and systematically to the views of children, young people and those involved in providing services", however it is unclear who is intended to reflect 'those providing services' (1). In examining the working group composition, only supervisors and managers were listed from SWDs with no evidence that front-line social workers were included.

In Parkland's CSP there is no reference to the inclusion of social workers in the consultation process, and the information regarding membership was unavailable other than 'representation' from the different local authority departments. Similarly, Bridgetown's CSP refers to the Task Groups having been 'informed by service providers and users' although there is no further information to identify the process for this consultation, nor any names identified of social worker involvement. The CSP generally focused the consultation process in terms of its breadth of involvement with other service providers and users, as opposed to staff in various organisational positions. The CSPs show that within the local authorities managers are formally and publicly recognized as responsible for CIN policy and managers and are considered representative of the corporate viewpoint, albeit with some input from supervisors. This is consistent with findings on the creation of CSPs in Scotland in which strategic groups "retained overall control over decision-making" (Wheelahgan, Hill & Tisdall, 1999: 36).

The hegemonic power dimension emphasises the strategic role of existing ideological and social structures in constituting, and thus selectively limiting, the interests and values, and hence action, available to social actors in any particular decision arena. When viewed within the structural arena, this dimension could account for the proportionately fewer women in management positions and the greater proportion of women in front-line social work positions in SWDs. A summary of the planning context of the participating local authorities' CSP is provided in table 21.

Table 21. Process in Children's Service Plans

EVIDENCE OF:	LOCAL AUTHORITIES CHILDREN'S SERVICES PLAN		
	KIRKSHIRE	PARKLAND	BRIDGETOWN
Flow Chart of Structure	✓	✓	✓
Primary Group Composition	'Parent Group' Chief Executive of Council Chief Officers: Social Work Education Housing Leisure Health Board Children's Reporters' Administration Children's Panel Police	'Interagency Group' Enterprise Resources Social Work Resources Education Resources Housing and Technical Resources Community Resources Health Board NHS Trust Reporters Administration Children's Panel Policy Voluntary Organisation Council	'Steering Group' Elected members Chief Executive of the Council NHS Trust Service Manager Health Board Head of: Social Work Development Manager Children's Panel Education Officer Planning and Co-ordination Officer Who Cares? Corporate Policy Manager Barnados Children's Rights Officer Head of Learning and Support Service Manager Police
Sub-Groups Composition	'Core Co-ordinating Group' Senior staff members from council departments Service agencies Voluntary sector	'Implementation Groups' Representation from Interagency Group Representatives from voluntary organisations	'Task Groups' Education Services Community Services Economic Development Corporate Services

	'Working Groups' (short-term) Agencies Voluntary sector S.W. supervisors		Health NHS Trust Police Health visitors Carers groups Career development Voluntary organisations Independent providers Service users Young people Managers
Methods for Consultation	Consultative meetings Work groups	Consultative meetings Questionnaires	Surveys Interviews Work groups
Reference to user input	✓	✓	✓
Other key agency involvement	Health NHS Trust Police Reporter Voluntary Sector Parents groups School boards Reporters' Administration Children's Panel Who Cares? YMCA Housing Assoc. Head teachers Foster carer	Health boards NHS Trust Policy Reporters' Administration Children's Panel Voluntary Sector	Health Board HNS Trust Police Reporter to the Children's Panel Chairperson of the Children's Panel Barnardos Who Cares?

INCLUSIVENESS: CHANGE OR RHETORIC?

An implication of the exclusion of front-line staff from the policy process is that non-management staff will likely feel removed from the resulting policy created. This can ultimately contribute to feelings of "powerlessness and isolation" within the organisation (Davies, 1989: 196). In particular, this can result in social workers having no sense of ownership of the policy and lead to their own distinct policy formulation. Agencies that are structured based on top-down hierarchies "usually fail to produce the changes they espouse" (Cohen, & Austin, 1994: 2) unless policy initiatives take into account the many views within an organisation.

Findings suggest that there is a growing awareness and effort made by managers and supervisors to include front-line staff in the policy planning process. This demonstrates a possible shift in managers' control and authority over the planning process and a corresponding relinquishing of power. For example a supervisor implied that managers are motivated to involve front-line staff, as without such involvement, staff will not implement management plans:

I think basically they're learning very, very slowly that if you want to take people along with you in the process of change you actually have to involve them in that, and let people take some responsibility as well for that change and get involved and actually out there, because if people think it's imposed on them then, maybe not, not really, really up front, but they will sabotage it. Our people will undermine it if they don't feel involved and if they just feel it's going to impose and change has to happen for a reason. And we've had so many changes over the last few years in the social work department that people just think that it's like managers hobbies; well, yes, six months since we've had a last major organizational, let's have another one. And people just get cynical like that in terms of change, unless they're involved and have a part in it. (Supervisor 3, Bridgetown)

This response recognises the power embedded in social workers' position due to the structural division of labour which provides workers with the necessary autonomy in their positions to apply discretion. While the structure gives the authority to managers for formal policy planning, there is an awareness that the policy can nevertheless be rejected by social workers. Rejection can be on an

episodic power dimension (for example open disagreement about a certain policy) or on a manipulative power dimension, as described, through sabotage or undermining.

This recognition of a desire to change the exclusionary nature of the planning process was also evident in responses by managers. When asked if that approach to planning was currently being implemented, a manager stated that there was room for improvement as social workers had not been involved in CSP planning with negative results:

Aye, that is to say, what we did when the plan came out first year, was these briefing days on it, consultation plus a briefing: here's the plan, what do you think, let's refine it, on the basis of what people have said back. But, there was a lot of emphasis put on the interagency bit, about getting people in from the housing department and whatnot so that we were saying, this is a local authority plan, it's not just a social work plan. But I think what we felt, that what we actually did in doing that, we missed out our own workers. You know, we had an expectation that it would have filtered down, and for some reason we felt that there's been quite a gap. The team leaders haven't been able to filter it down quite in the way that we thought. So that's why, when we did the consultation this time, we made sure that we got social workers involved in the consultation. (Manager 13, Parkland)

His response clearly acknowledges the issue that without the support of front-line workers and supervisors, CIN policy is not going to be implemented as planned. Even though these responses reflect a change toward greater inclusiveness of front-line staff within the policy planning context, the process nevertheless remains in the control and authority of the managers. This response provides evidence that the responsibility and administration of policy planning is under managers' authority with limited front-line involvement. As well, social worker involvement seemed partly motivated by poor implementation results, as opposed to the value of inclusive policy planning. Social worker input occurred in a 'consultation' capacity suggesting a time-limited event. Finally, social worker involvement was subordinated within an inter-agency emphasis.

McGrath and Grant advocate for greater involvement of front-line staff as well as consumers in the planning process to 'enable the concept of needs-led planning to become more of a reality' (1992: 95). The integration of front-line and supervisory staff in the planning process reflects a move from a traditional to a transitional model of management as described by McGrath and Grant (1992). A traditional model allows for little involvement of subordinate staff in the planning process while a transitional model of management allows for a more consultative framework for policy planning with managers maintaining an overall control of the process. Both of these management models have consequences for staff's and consumers' involvement in the policy planning process as a shift to greater power sharing with subordinates results in 'resistance to change' on the part of the organisational leaders. Since managers have the most formal power to lose in a shift to a participatory approach to planning, they are more likely to resist change (McGrath & Grant, 1992: 78).

II. ENGAGEMENT WITH 'CHILDREN IN NEED' POLICY: ASSESSMENT

This section continues with a second identified context for CIN policy in practice, assessment. Assessment plays a major role in determining service eligibility and identifying unmet need. Parkland's CSP stipulates that entitlement to services for 'children in need' "will be established on the basis of an assessment" (20), while Kirkshire's states "services to children in need are normally provided on the basis of a professional assessment" (40).

Evidence shows that CIN policy was implemented in multiple assessment contexts to determine service eligibility: team meetings, supervision sessions and individual assessments. Used in these contexts, CIN policy was considered to provide breadth, clarity and consistency in determining service eligibility. Another method in which assessment was used was to identify unmet need which has a potential for encouraging a preventative focus in practice. The main agents reporting these methods for implementing CIN policy on a practice level were social workers and supervisors. This context generally reflects an agency arena of

power due to the discretion front-line workers and supervisors practice in their daily work.

1. 'Children in Need' as a Basis for Service Eligibility

Four staff believed formal CIN policy provided a framework for social work assessments and acted as the basis for service eligibility. CIN policy within this context reflects power located in the autonomy of workers' positions and the discretion involved in making assessments. The following examples highlight the role of agency power in the implementation of CIN policy in the context of social workers' assessments. Power is also rooted in the hegemonic dimension of professionalism. Ultimately this is a powerful process as it can determine entitlement to service.

A social worker from Parkland described how the concept of 'children in need' helped to determine the basis for service eligibility, when responding to referrals.

Because I think it gives you a sort of basis to work on. It sort of clearly identifies what is appropriate in terms of if people come through the door looking for service you know, it gives you a gauge to say okay, this is an appropriate referral and this is not an appropriate referral, this is appropriate for further assessment or it's not appropriate for further assessment. So it sets down the sort of basis of where you're starting from.
(Social Worker 19, Parkland)

Benefits of implementing CIN policy in this manner include the inclusion of children who might otherwise be ineligible for services. In this context 'children in need' is used as "...a way of getting your foot in the door for some of these children" (Social Worker 20, Bridgetown). Ultimately these assessments determine eligibility criteria.

Other respondents identified CIN policy as a central tenet of social work provision, based on statutory criteria for eligibility. For example, a supervisor expressed her belief that the strength of CIN policy lies in its delineation of

responsibility for service provision. This provides a category for assessment, case allocation and involvement with a family.

I think it is useful if we are thinking about whether children need to be referred to the reporter, etc. I think we are maybe thinking in legal terms, you know, is it within the remit of our work with the child? Do we have a legal responsibility to provide a service to this family? There are plenty files around the room, many cases awaiting allocation. (Supervisor 28, Kirkshire)

A social worker from Bridgetown remarked on the legislative entrenchment of CIN policy as the key basis for service eligibility. His response emphasises the complexity of casework that social workers encounter daily and the assessment of 'children in need' as a means of providing services. Initially the social worker responded to questions about staff perceptions of CIN policy:

Yeah. I mean if I felt that there was a family need and they really needed the service and our authority was refusing it, I would risk my job by saying to them - I mean I have said that in relation to a child who had Asperger's Syndrome - a form of autism, high level autism and four children had been placed for adoption with this family, three from the same family. The adoptive parents said they would never be able to cope with a child with disabilities. It wasn't apparent at the time but as the children grew up it was quite clear that at least two of them had this very severe form of autism. The couple are cracking up, they are not easy people to work with, they complain and change their minds and all sorts of things but at the bottom of it all, their children are undoubtedly children in need in terms of the Act and legislation. And we have not provided, at points, a particularly good service because the duty is not simply on social services. The new legislation places the duty on the local authority and that's a completely different legal definition. (Social Worker 8, Bridgetown)

Within the IPF the social worker's response can be analysed on multiple levels. First, on a micro-practice level, this response identifies the implementation of CIN policy within the agency arena and episodic dimension of organisational power. The worker stated 'I would risk my job' clearly connecting the individual worker's implementation of CIN policy to potential conflict with other local authority policy limiting eligibility for services. As well, the worker argued that

the CIN legislation acts as the legal mandate which identifies 'children in need' as a non-discretionary category eligible for service. Within the advocacy context (discussed in a later section), this reflects the acknowledgement of structural-hegemonic power as the legislation directs policy planning and delivery. It also acts as the basis to enforce a corporate provision of services. Ultimately the social worker assessed the children as 'in need' and links his assessment to the legislation as a mandatory basis for service eligibility.

2. *Gaps in Service*

Identifying and recording unmet need was also raised by 5 staff (3 managers and one supervisor) as an method on engaging with CIN policy in practice. For example this manager from Kirkshire stressed the relevance of CIN policy in strategic planning, particularly in clarifying priorities related to service provision. He also characterised CIN policy as a 'developing' concept, one which evolves.

I think it's very relevant. My work as you know is on the kind of strategic and planning side. But to be able to plan services you have to have a concept of need which is going to give you an indication of what the priorities are - what gaps there are in services, what services are adequately addressing the needs there and what needs are unmet. So I think it is invaluable and I also think it is developing, it doesn't stay static. So perhaps if you've filled a gap by developing services, then the emerging needs help there and you can begin to attend to them. (Manager 29, Kirkshire)

'Children in need' policy was considered an important tool to track and record gaps in services in the community.

III. ENGAGEMENT WITH 'CHILDREN IN NEED' POLICY: ADVOCACY

Advocacy was identified as the third means of implementing CIN policy in practice by social workers, supervisors and managers both within and outwith the corporate setting. Implementation of CIN policy in the context of advocacy was used as a means to ensure a corporate responsibility, access to resources and public accountability. This context reflects power in both the structural and agency arenas, particularly on an episodic power dimension.

1. *Corporate Responsibility*

The majority of respondents who reported they used CIN policy framed it within the context of advocating for a corporate approach to service provision. This was a dominant theme to emerge from the data and seven interview participants provided examples of this use. Within the context of advocacy, there were several methods that applied CIN policy to a corporate environment. CIN policy was implemented to argue for a commitment by other local authority departments to uphold legislated responsibility and to provide services to children and their families in a holistic manner. As succinctly summed up by a questionnaire response explaining why CIN policy was relevant to her work: "so that it can be quoted to other council departments who also have a responsibility but shirk it" (Social worker 38, Kirkshire). There was a general perception of SWDs as being the 'underdog' within the corporate setting with other local authority departments not taking on their legislated responsibilities. As well, some staff applied CIN policy as a means to advocate for local authority accountability to the community and service users.

Respondents frequently identified housing and to a lesser extent education as not taking on their corporate responsibilities as outlined in the legislation. Implementing CIN policy in the context of advocacy to prevent eviction was identified by a significant number of respondents. Social work staff considered children who were homeless as 'children in need' even if they have parents caring for them, irrespective of whether the parent was in rent arrears. This position was often in conflict with the Housing Department, who considered a family with rent

arrears as basis for eviction. This finding was evident in all staff positions and across the three local authorities. Policy implementation in this context reflects a power struggle within the local authorities' departments and the corporate responsibility to 'children in need'.

A manager from Bridgetown reflected on the complexity of the CIN policy and its inter-connection with multiple aspects of local authority service planning and provision. When asked for his opinion of the usefulness of the concept of 'children in need', he replied it is the basis for all service provision within a corporate context. In particular, CIN policy allows children to access services when they may not have been able to do so otherwise and embraces a corporate approach in the planning and provision of services. CIN policy also acts as a means to advocate for those not receiving services.

Well I think where it will be valuable, is that it will allow social work - I do think we should make the point that we shouldn't think just in terms of social work, I think you have to see it in terms of interagency context and the corporate context. And I think within a corporate context and within an interagency context it's going to be helpful because it's going to allow us to raise awareness and to more proclaim the needs of groups of children and families that previously maybe wouldn't have got services. And I think that's maybe where it's going to be most useful... It's been a bit of a battle but in three years we do make quite a lot of progress, demonstrable progress, in getting our education service to accept that they have special responsibilities toward the children in need with and to act on it and do it. (Manager 11, Bridgetown)

A supervisor from Parkland also identified social workers' use of CIN policy as a means to advocate the Housing Department to take on greater responsibility for 'children in need'. She also highlighted the dilemma that exists due to two legislative Acts which are the bases for different policies and influence practice.

Yes, well, sometimes it's more that it's about, it's quite confrontational. I think the Housing Department being, very, very singular in their approach. And social workers, I can just think of a couple of examples of social workers pointing out in terms of homelessness in particular, that they have

a responsibility to the child....Sometimes I think there's quite a lot of resistance to it. And the difficulty is because we're working with two different pieces of legislation. The Housing Department have got the Housing Act and we've got the Children Act, and I don't think it's very clear as to which one takes precedence. (Supervisor 16, Parkland)

In this context, the two different types of legislation reflect the hegemonic dimension of power within both the structural and the agency arenas. The legislation provides the legal mandates which reflect different goals and approaches to respond to identified social issues. These pieces of legislation are reflected in different practice approaches by individuals or by different departments within the corporate setting. As well, the legislation and corresponding policy is contested within the episodic power dimension in the example provided, as individual social workers argued that Housing had a responsibility for the child.

Certain managers also identified CIN policy as a means to provide consistency in corporate planning and service provision. Consistency was believed to result in a reduction of unfairness and misinterpretation, limit individual discretion in defining 'children in need', encourage standards in approach to assessment and service provision, and ensure children's rights to services were being met. When asked how she perceived the usefulness of CIN policy this manager identified benefits as providing a common language for corporate and inter-agency collaboration:

I think it's helpful from the point of view when you're working across departments and with other agencies. That you're able then, to clearly, everybody understands who you're talking about, because, you know, children in need has been defined. So, hopefully you're talking the same language, we're talking about the kids, so I think that's really helpful. (Manager 13, Parkland)

This position was reflected by another manager, stressing the importance of CIN policy in practice. He believed that the implementation of CIN policy ensured consistency in the application of policies:

Well I think I would say, I do find it useful, because I think we have to have a specific framework, to work from and I think if we didn't have some sort of even legal definition of what a child in need was, then we'd be open to far too much variation. So from my point of view as a manager, I would like to be able to think, that, the policies that I am applying are consistent across all the children that we would be dealing with. (Manager 10, Bridgetown)

Having a unified definition of CIN policy can encourage consistency in its application. From the IPF, this also can be understood as the manager's attempt to control variation through the implementation of a 'specific framework'. Clarity in formal policy has been identified to effective implementation of policy in practice (Van Meter & Van Horn, 1975).

These responses present examples of interagency conflict and the context in which tensions arise over interpretations of CIN policy. While social work staff generally presented themselves as being viewed as the main providers for 'children in need', interpretation of CIN policy appears to occur from different departmental perspectives. This reflects power embedded within CIN policy on a structural arena within an episodic dimension. As well, the existence of conflicting legislation or corporate policies reflect contested power on a hegemonic power dimension that affects both the structural and agency arenas of power. 'Children in need' policy may reflect tension between conflicting duties and priorities of other policy.

The issue of corporate responsibility for 'children in need' was addressed in other research in Scotland examining CSP (Monaghan, Hill & Tisdall, 1998) and relates to concerns of insufficient funding as prohibiting cooperative approaches to planning and providing services for 'children in need' and their families within a corporate environment (Aldgate & Tunstill, 1995; Colton et al., 1995; S.S.I., 1997; Sinclair, 1998; Peyton, 1996; McCrystal, 2000). Interdepartmental conflict and inadequate service provision for 'children in need' is a likely outcome in a competitive environment with limited resources.

2. *Accessing Resources*

A second method of advocacy focused on accessing resources. The agents involved in this method of advocacy were managers, supervisors and social workers requesting approval for specific services for children and their families. Managers frequently accessed resources on a strategic, planning level (for example, programs) whereas other staff was generally advocating for resources on a case basis. For example, a supervisor stated that CIN policy provided a means to access funds on a strategic, corporate level. She stated that by proactively classifying certain children as 'in need', it allowed her to 'access funds for them' (Supervisor, Bridgetown).

Social workers reported that CIN policy was used as a means to advocate for specific services based on a worker's assessment and intervention plan. When queried about differences of opinion regarding service eligibility, the worker responded affirmatively and provided an example about a specific case decision. He stated that he had argued for services for a child based on his assessment of the child's need however management determined that there were insufficient funds for the services and refused to support his assessment plan.

I had to go along to a hearing and say, that we had a placement at this school for this child, this is what I thought was best for him, but I have been told that we didn't have the money to pay for it, therefore he was to go somewhere else that wasn't appropriate. And well the hearing members just said, 'we're not interested in your department's budget problems, we'll just make an order, saying that the child is to go to where he should go to and that's it'. So that's what they did and I was instructed by senior management that I wasn't to take him. So, it was ridiculous, I think that after about a fortnight they backed down and said he could go and that was it. He went in the end. But you know it was interesting because, the parents, you know if they had gone and sought legal advice we would have been in so much trouble. (Social Worker 1, Bridgetown)

The response provides substantial evidence of power embedded in the implementation of CIN policy across both arenas and through the three dimensions. Based on the worker's professional assessment of the child, he identified that a specific resource was necessary. However this intervention plan

was contrary to management's allocated budget. Policy used in this context exemplifies power conflict on an episodic dimension, within the agency arena as there was open conflict between senior management and the social worker. While in the short-term the decision-making authority of management dominated because of the positions within the organisation in the structural arena, in the long-term the social worker's assessment and intervention plan was implemented. The example also suggests a hegemonic dimension of power in the agency arena due the influence of professionalism in the social worker's assessment and the corresponding conflict encountered with the organisation's budget. There is also a suggestion of the manipulative power dimension as the social worker presented her position at the Children's Hearing, countering management's direction. Finally, the last comment referring to the parents seeking legal advice clearly demonstrates the power of legislation from a structural-hegemonic or agency-hegemonic axis.

The label of 'children in need' was identified as a means to access resources by other staff as well, in relation to eligibility requirements for Section 22 payments. For example a supervisor acknowledged that by providing children and families with a label such as 'in need', they then become eligible for services. The claim for resources required legitimacy which CIN policy provided. His response also underscores the process of accessing resources for 'children in need' through the organisational hierarchical structure. In this instance, social workers implemented CIN policy through the authorisation of the supervisor. When asked whether he would actually use CIN when speaking with social workers he responded affirmatively and provided an example.

It's used primarily I suppose, when workers come to me and say I've got an issue with a family, it might be about particular resources required or it money's required or a particular activity a child can't be involved in, or contributing towards a group, group work activity...To quite an extent it is, yes. And also to an extent resources as well in terms of coming through a data resource book for instance and looking for resources. Whether group work or individual work. (Supervisor 21, Parkland)

He explained that having the label of 'children in need' provided a 'passport' to service eligibility.

The supervisor explained further that he used the argument of a child being 'in need' as the basis for service eligibility for all casework, in particular with the provision of financial services to families. Of note is that he jokingly told the researcher not to 'tell anyone that' (in reference to applying CIN policy to eligibility for services) suggesting that the application of CIN policy is not condoned and occurs on a manipulative power dimension. He defined CIN policy in response to the question 'are children going to suffer'? This is a broad interpretation of the policy for implementation purposes and he gave an example its implementation in practice:

But don't tell anyone that. Yes. Yes....There's a family that we've been involved in and I knew that there were addiction issues. And the individual who'd been to the agency for the fourteenth time, and the worker's come to me and said, look, they don't get paid until next Tuesday, I think there may be a drug issue here, but at the end of the day I think the children are going to suffer. Me thinking there are more general grounds for saying no, and send them over to financial services. But, I've got personal moral standards, where I would suggest that we would help out to some degree, and it may be a limited way, but I would tend to go for that.
(Supervisor 21, Parkland)

While this category, a child of a parent with an addiction issue, falls under the local authority's definition of 'children in need', the response provides evidence of a division between departments within the corporate authority for 'children in need'. From the corporate perspective, the supervisor considered the issue to fall under the jurisdiction of financial services versus social work, however from a 'personal, moral' standard, he viewed the situation as within his department's remit because she could answer affirmatively the question 'are the children going to suffer?'

3. *Public Accountability*

Public accountability was also identified as a context in which CIN policy was implemented. A supervisor identified the issue of openness and public accountability to service users as an important aspect of the policy practice relationship. When asked her opinion on the utility of written policy for the social work department she answered:

Yes because I think some of these things that I've been describing are actually based on things that we read and but have become ingrained as part of the practice so I think there has to be some sort of declaration there to be bonded, but there are never identical circumstances and situations but I think they have to have some sort of basis. And I think also just explaining to families why they are involved with them, it is good to have some sort of written down explanation. (Supervisor 28, Kirkshire)

This is a fairly unique perspective of a perspective in which policy is used to shift greater power into the clients' control and implies rights of citizenship. Explaining the reason for social work involvement focuses a greater emphasis on working in partnership with families' through sharing of information. This approach is respectful of the civic rights of the service users.

A manager from Parkland raised several points in terms of CIN policy and its utility to social work practice. She explained that the concept of 'children in need' was helpful in encouraging clarity for service provision and accountability on corporate level and service user levels. She also identified the benefits of CIN policy as its emphasis on interagency service provision. Overall she perceived the benefits of CIN policy on a practice level as related to process issues as opposed to direct practice involvement. She stated that CIN policy provides clarity on how tasks are approached, particularly on assessment procedures as CIN policy prompts questions within the assessment process. Ultimately this improves the accountability of the work performed as it clarifies the specific needs of service users.

It's clearer in terms of filing and assessment and recording. What's the problem here, what are we in here to tackle? Why is this particular child in need, and there might be one child in the family who is in need and not

others...If you were working with Mrs. Bloggs and her family, you'd have the six weens on your case list and maybe the real focus of work is the boy who is just going into secondary schools and is in danger of, you know going out of mainstream and you would target him and then maybe at another stage, the preschool child might need services, but they won't all need services all of the time. So we need to be more accountable, both to families and you know professionally about the work we're doing. (Manager 24, Parkland)

IV. ENGAGEMENT WITH 'CHILDREN IN NEED' POLICY: TRAINING

Training was raised as the fourth context in which CIN policy was operationalised by staff (19 interview respondents). Some staff noted that it was through training that they became aware of formal CIN policy. Other respondents perceived training (including 'joint' and inter-agency training) as a means to better engage with CIN policy within a corporate and inter-agency approach.

The following quotation exemplifies respondents who engaged with CIN policy due to a training process. A social worker identified one occasion in which she had consciously implemented CIN policy in her work because of her training experiences with the policy. She stated she used CIN policy in her work to advocate to housing for better services for a family:

Well I have done. On one occasion. There was a single parent situation with a father who was caring for his two children and it was really about, his child was on supervision and there were a number of concerns that he had behavioural difficulties. And the father was living with them in a one room and kitchen, basically it was like one bedroom, and the housing department was refusing to do anything, and they were saying well they're not overcrowded. Which was an absolutely outrageous statement to me given their particular circumstances, and what I did, was I got legal to send a letter and basically highlighted the legislation in relation to his son being a child in need by virtue of the fact that he was involved with us and he was subject to a home supervision requirement. (Social Worker 31, Kirkshire)

She explained that it was her training that prompted her to use that approach:

Well I did because I just happened to be doing my module, I was doing the child protection course at the time and was actually doing the law module and thought, that in terms of the joint responsibility of the council because again, quite often social work gets left to deal with everything and takes responsibility for everything, and I felt that they had a responsibility towards that child as well, to basically make his life as comfortably as possible. (Social Worker 31, Kirkshire)

This response highlights the contest over policy evident in both the agency and structural arenas on an episodic dimension. The worker advocated for a corporate approach to service for this family on the basis that this was a child 'in need' again raising the issue of tension between the two departments. As well, the legal mandate reflects the hegemonic power dimension in a structural arena, influencing the responsibility for service as well as the quality of service provision. These examples highlight potentially positive developments in terms of accessing resources for children and their families based on the legislation pertaining to 'children in need'. It also shows the importance of training and education of staff in the legislation and making the policy-practice connection.

SUMMARY OF ENGAGEMENT WITH CIN POLICY

Based on the findings, engagement with CIN policy reflects power within local authority SWDs. Table 25 provides a summary of the different methods, contexts and agents involved in the implementation of CIN policy on both the arenas and dimensions of power. The integrated power framework provides a theoretical framework to examine and understand the dynamics involved with CIN policy implementation. Each box within the table presents two examples of analysed responses reflecting power arenas interconnecting with power dimensions. These responses (not exhaustive) exemplify different agency and structural arenas as well as episodic, manipulative and hegemonic power dimensions.

Table 22. CIN policy in practice: A reflection of power

POWER DIMENSIONS	POWER ARENAS	
	I. AGENCY	II. STRUCTURE
Episodic	<ul style="list-style-type: none"> ▪ Open disagreement between staff over eligibility assessment ▪ Conflict between social worker and manager regarding specific services or resources 	<ul style="list-style-type: none"> ▪ Authority automatically granted to managers related to quality or quantity of service provision between social workers, supervisors or managers (role restriction) ▪ Conflict between departments re. responsibility for children in need
Manipulative	<ul style="list-style-type: none"> ▪ Closed doors and restricted membership to policy meetings ▪ Social worker presenting case to Children's Hearing 	<ul style="list-style-type: none"> ▪ Resource distribution (including staffing) decisions by L.A. ▪ Formal authority for policy decisions granted to managers
Hegemonic	<ul style="list-style-type: none"> ▪ Professionalism and moral influence on service planning, assessment and provision ▪ Targeted versus universal legislation for individuals 	<ul style="list-style-type: none"> ▪ Legislation on corporate responsibility ▪ Institutional/residual focus of service provision on corporate level

CONCLUSION

This chapter presents findings on CIN policy in practice. Findings show that the application of CIN policy is occurring, in four contexts, with a variety of methods and by a number of staff. The emerging picture of staff's involvement in the formal policy process is one of a 'top down' hierarchical approach to formal policy planning within the three local authorities. This is a consistent pattern across the three SWDs. Four key contexts were identified in which CIN policy was implemented, engaging various agents and methods: 1) planning; 2) assessment; 3) advocacy; and 4) training. Managers reported the highest rate of engagement with CIN policy within a planning context and reported this to be an integral part of their job description. Supervisors and social workers reported less involvement in the policy planning process and their involvement was of a more temporary nature.

Five obstacles to participation in the planning process were drawn out of the data: 1) Uncertainty about the process; 2) A lack of an invitation; 3) The perception that involvement is a rubber stamp process in favour of management's

views; 4) A lack of time and opportunity; and 5) New employee status. This finding supports Sinclair's (1998) research that reported limited front-line involvement with CSPs.

There are many dilemmas posed by findings related to planning. First, formal organisational policy formulation seems limited to management discourse. Second, while the line management structure available to involve social workers in the policy process provided social workers with the opportunity to give supervisors information, (who in turn pass the information on to managers), it also has a possible effect of limiting and controlling the quantity and quality of information. In effect, it can exclude social workers from involvement in the formal policy process. This method provides at best an 'indirect' involvement with the policy planning process, at worst little or no opportunity to contribute. There is no mechanism to ensure that social workers' views were carried upward in the structural hierarchy, nor any organisational process to provide social workers with feedback in terms of their thoughts/suggestions as to new unidentified need. Nor is there a procedure to ensure that social workers' views were accurately reflected to management or included. The quality and quantity of information is questionable under this method.

Third, even if an invitation is extended to include front-line staff in a policy planning process, it will not result in social worker participation without providing the opportunity for social workers to do this. This opportunity must address the everyday workload pressures social workers experience. This includes the alleviation of workload responsibilities to limit anxiety resulting due to high case load responsibilities, and the knowledge that time spent in a committee burdens the worker with 'catch-up' time. The current system essentially has disincentives for workers who participate. This also has repercussions for supervisors whose own interest in participating in committees and having team social workers participate is limited due to the actual constraints of their resources. Finally, if social workers perceive that their input into the policy process is de-valued and not taken seriously there will be little motivation to participate in the formal policy making process.

Of great significance, findings also show that CIN policy in practice was not limited to management staff, but was also used by supervisors and social workers. All three staff categories reported implementation of CIN policy within the three SWDs and examples were provided based on personal experience. Of interest, findings suggest that there is a divergence in staff's conceptual definition of 'children in need' and their operational definition. In practice, CIN policy is not employed as a means of classification. Most prominently, efforts to implement CIN policy focused on other departments and agencies to take responsibility for services and resource provision. The major CIN policy application reported was in the context of advocating for a corporate approach for 'children in need' from other local authority departments. The crucial element of CIN policy was viewed not as the precise legislative meaning, but rather the emphasis on a corporate responsibility.

Other contexts of the implementing CIN policy included advocating for resources for services users, and as an eligibility basis for service access. These examples suggest that CIN policy in practice is being used as a basis to improve the quantity and quality of service eligibility, widen accessibility of children and families to service provision, particularly in a corporate context. The importance of training as a means of transferring policy knowledge to implementation is particularly relevant as respondents reported that CIN policy was often not used in practice due to ignorance (as discussed in Chapter Seven).

Findings presented in this chapter contribute to the overall picture of CIN policy by providing an understanding of SWDs' staff engagement with CIN policy, distinct from staff's reported familiarity or abstract understanding of the concept of 'children in need'. These findings show that within the context of an initial phase of CIN policy implementation in Scotland, staff reported using CIN policy in practice in different contexts, with different methods and by different agents. This chapter concludes the presentation of the research findings. The following chapter provides a summary of the study and a discussion of the implications of the findings for policy, practice and further research.

CHAPTER TEN

SUMMARY, IMPLICATIONS AND CONCLUSION

REVIEW

The Children (Scotland) Act 1995 introduced a new service category for children and their families, 'children in need' with subsequent implications for service eligibility criteria and service provision responsibility. This study responded to an identified gap in knowledge regarding the implementation of 'children in need' policy in Scottish Social Work Departments (SWDs) and sought to answer a key question: How is 'children in need' policy formulated by social work staff on a conceptual and operational level?

The research approached this question from a perspective that policy includes written and verbal discourse as well as practice. It covers both formal and informal organisational policy. The study applied a theoretical analysis of CIN policy as a reflection of power within SWDs. Both the content and the process of policy formulation were analysed.

'Children in need' policy formulation in Scotland is in the early stages of development and findings showed there is a considerable divergence between formal and informal CIN policy. Issues contested under the Poor Law System remain relevant to the current examination of 'children in need' policy; such as issues of funding, administration, entitlement and service provision (Sheppard & Woodcock, 1999; Langan, 1998; Clarke & Langan, 1998; Bradshaw, 1994 & 1972). Multiple categories of potential 'children in need' were identified by respondents and evidence shows that regular implementation of formal CIN policy was generally limited to the management domain.

However, while the application of formal CIN policy was limited, especially at the front-line service level, the research identified that social work

staff's perception of the relevance of children in need policy was positive. The study's findings also demonstrated that, when CIN policy was used, it was frequently a means to advocate for a corporate approach to service planning and provision as well as for better services for clients. The corporate duty to 'children in need' was considered particularly important by staff across the participating SWDs.

There were certain observable differences among the three participating SWDs as regards CIN policy. While the selection of the sample sites was not random, there is no evidence to suggest they are atypical which permits a wider applicability of the findings. First there was a higher proportion of female respondents who chose not to continue with phase two of the research compared with their male colleagues. Bridgetown was the sole SWD with a higher frequency of male respondents during the interview phase and all of the managers participating in the interviews were male. In contrast, all of Parkland's interviewed managers were female. There is no clear explanation for these gender differences.

Second, Kirkshire social workers reported less use of referring to formal policy when compared to Parkland and Bridgetown social workers. A majority of social workers from Parkland reported they consult the act in their daily work. This difference may be partly explained by the relatively less experienced workers in Parkland as compared with Kirkshire as a high number of Social Workers from Parkland reported the least length of time having worked in child care (between one and fewer than five years). This may also reflect Parkland's status as a newly created local authority. In Bridgetown, the overwhelming majority of all staff (with the exception of two social workers) responded they consult the Act in their daily work.

Knowledge of a local authority definition of CIN policy was generally varied. The majority of social workers in Bridgetown were unsure as to whether or not a department definition of CIN policy existed. As well, all of the supervisors in Kirkshire and Bridgetown stated they were either unsure as to whether a definition on children in need existed, or there was no definition. This

contrasts with the responses from supervisors in Parkland who stated there was a definition. The managers from Parkland and Bridgetown all stated that there was a local authority definition whereas more than half of the managers in Kirkshire stated that there was not a local authority definition.

Ignorance regarding the existence of formal SWD policy may have reflected poor implementation of formal policy within the organisation, the relative 'newness' of the policy and the experience of overloading staff with other social service related policy. Caution however is advocated in any interpretation due to the limited number of respondents involved in each position, particularly for supervisors and managers. Nonetheless it may provide a focus point for policy training and communication within the local authority and departments.

The majority of staff employed a deficit model in their conceptualisation of 'children in need'. No staff from Kirkshire reported the family as the unit of assessment and no supervisors used the 'collective' as the unit of assessment. Finally, in terms of noted difference among participating SWDs, no social workers from Bridgetown identified 'line management communication' as a means of engaging with CIN policy.

The results have implications related specifically to: 1) defining 'children in need'; 2) a collaborative approach to integrated children's services; 3) CIN policy planning; 4) Children's Services Plans and unmet need; and 5) training. The remainder of the chapter provides a summary of the findings' implications integrated within the context of two major government policy directions: 'For Scotland's Children' (FSC) (Scottish Executive, 2001) and 'Social Inclusion – Opening the Door to a Better Scotland' (SI) (Scottish Office, 1999). The chapter concludes with an overview of central research themes for future directions.

DISCUSSION OF RESEARCH FINDINGS

For Scotland's Children and Social Inclusion

Two policy directions, 'For Scotland's Children' (FSC) and 'Social Inclusion – Opening the Door to a Better Scotland' (SI), were developed during or after the fieldwork period of this thesis. The reported findings add depth to these policy directions. The value base reflected in FSC refers to the social inclusion agenda – the commitment that *every child matters* in Scotland (Scottish Executive, 2001: 2). 'For Scotland's Children' is particularly concerned with 'vulnerable' children. It recognises that children, at various times in the course of their life, require social services and one goal of this report is to promote a positive childhood and successful transition into adulthood:

Each of the 1 million children in Scotland is engaged on a journey from birth to adulthood. By its end the child should have realised his/her potential in terms of emotional and social maturity, be in good health, and have attained a level of academic achievement and other skills.

For Scotland's Children is particularly concerned about those children who are still 'born to fail'. Referring back to an influential 1970s publication with this title, FSC declares that, despite service changes over the last 30 years, some children are still 'born to fail' in Scotland.

The document FSC identified certain problem areas in children's services that directly parallel those found in this research: 'insufficiently integrated' policy (72), problems in defining 'children in need', resource limitations and fragmentation of services (Scottish Executive, 2001: 31). In an effort to better integrate services for children in Scotland, key recommendations include (as well as others related to funding):

- 1) The publication of a child impact statement in relation to legislation, policy and other initiatives;
- 2) Workforce planning for children's services staff (including training);
- 3) The resolution of boundary issues at the macro planning level;
- 4) Best value methods to identify long-term service partner relationships between voluntary organisations and local authorities;

- 5) Provision of education services to those excluded;
- 6) The development of a modular information and assessment format for use by all agencies;
- 7) The establishment of a change support agency to support integrated children's services;
- 8) Arrangements to identify good practice and dissemination of information;
- 9) Arrangements for the collection, analysis and reporting of information in relation to children's services (Scottish Executive, 2001: pp. 106-112).

In order for children to reach their goal FSC advocates for 'inclusive access to universal services' (such as health, education and housing) for all children (Scottish Executive, 2001: 84).

Social inclusion policy became a fundamental concept for social policy in Britain with the election of the Labour Government in 1997 and its re-election in 2001.¹ With the devolved administrations of Scotland, Wales and Northern Ireland, Scotland has its own policy and strategies for responding to social exclusion and the promotion of social inclusion which are the focus of this discussion.² Social exclusion is defined as:

A shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown. (Scottish Office, 1999: 10)

The Government advocates full participation of all members of society, to have the opportunity to reach their full potential. Scotland's government identified five key elements underlying the promotion of social inclusion:

¹ In December of 1997 The Prime Minister created the Social Exclusion Unit in England within the Cabinet Office which reports directly to the Prime Minister. Four key elements in social policy advanced by the prior Conservative government were identified as contributing to social exclusion: 1) A lack of investment in preventative policies to deal with social problems; 2) Poor reintegration of people who were socially excluded; 3) A lack of basic services for those people who needed them the most; and 4) Structural weaknesses such a minimal collaboration and co-operation across departments as well as with other service providers within a welfare pluralist model including charities, business or church (S.E.U., 2002: 6).

² In December 1997, the Secretary of State for Scotland created the Social Inclusion Network. This network tried to develop an inclusive and corporate approach to policy development to promote social inclusion and published a consultation paper 'Social Exclusion in Scotland' in 1998. In 1999 the report, 'Social Inclusion: Opening the Door to a Better Scotland' (Scottish Office, 1999) was published.

integration, prevention, understanding, inclusiveness and empowerment. Integration refers to the inter-connection of social problems and requires a co-ordinated, collaborative response on an individual, familial and community level. Prevention occurs through the targeting of children, young people and families to prevent the occurrence of social exclusion. All planning and service provision to promote social inclusion should be based on knowledge of effective and evaluated best practice. This is the basis of understanding necessary to promote social inclusion. Inclusiveness refers to the use of partnerships in the development and implementation of policies and services. This includes engaging with communities. Empowerment refers to services which promote individuals and communities to take control of their situations (The Scottish Office, 1999).

The Government specifically targets children and young people as part of their policy to promote social inclusion. Social inclusion policy aims to ensure that 'every child, whatever his or her social or economic background, has the best possible start in life' (Scottish Office, 1999).³ Examples of socially excluded children include: rough sleepers, young runaways, young offenders, adolescent girls who are pregnant, students excluded from school, children growing up in low income households, those living in homes with family conflict, children or youth in care, living in a deprived neighbourhood. Services targeted at social exclusion are many and include a focus on education, employment, poverty, health, targeting groups such as children, older people, people with a disability, issues of gender and race, homelessness, crime, substance abuse and prostitution (The Scottish Office, 1999).

Arguably, CIN fall within the foci of these policy papers, in the planning, co-ordinating and targeting of service provision. Findings from this study provide evidence in support of the recommendations outlined in FSC and the aim of SI, which may prevent children and youth experiencing social exclusion and result in success in transitioning to adulthood.

³ In the U.K. concerns about social exclusion policy stem mainly from the government's focus on employment in the paid work force as the main means to promote inclusion (Jones, 2001; Jordan, 2001). This leaves a very high number of citizens without the possibility of paid employment in considerable need of state support.

Defining 'Children in Need'

An identified element of integrated work was the necessity for a 'shared understanding amongst partner agencies' of the definition of 'children in need' (Scottish Executive, 2001: 145). Social work staff in the three SWDs reported difficulty in abstractly defining 'children in need' which resulted in a great variety of meanings assigned to the concept. There was no evidence of an organisation-wide consensus on a specific definition in any of the participating SWDs. Of particular relevance was social workers and supervisors' perception that there was very little guidance on how to interpret the concept in practice, which caused them to rely on their own personal values, education and experience for interpretative purposes. These findings support previous research in the United Kingdom which found the category of 'children in need' to be difficult to define, with an inconsistency in its application (Aldgate & Tunstill, 1994, Tunstill & Aldgate 2000; Higgins & Pinkerton, 2000; Colton et al 1995; Colton et al 1996; Peyton, 1996; NCB; 1998; McCrystal, 2000).

The main conceptual model that emerged from the data defined 'children in need' as a deficit concept. Criteria reportedly used by social work staff to assess 'children in need' focused on individual, family or collective assessments. Staff who advocated for a standardised approach echoed theorists (Doyal & Gough, 1991; Kellmer Pringle, 1975) genuinely concerned with the overarching issue of equity in the distribution of social resources, regardless of a child's context, whether geographic or familial. The underlying tenet guiding their interpretation of CIN policy was to ensure equal accessibility and treatment for all 'children in need' in Scotland regardless of location or socio-economic status of a community.

Other staff reported a conceptualisation that reflected more flexible boundaries, allowing for service provision dependent on community standards and arguing that children in need in different areas in Scotland should very likely receive different services, both in quality and quantity. This approach reflects theorists such as Bradshaw (1994) and Langan (1998) and theoretically rejects the

notion that social planning and provision is solely under the authorisation and determination of government, university and professional experts. This suggests an approach which is more ideologically relativist. These findings also suggest that differences exist in terms of staff's ontological or epistemological approaches to defining and understanding social reality with some staff reflecting a more positivist paradigm and others' opinions representing a social constructionist view of need.

The abstract definitions have serious implications for social service planning and provision and demonstrate the complexity involved in formulating children in need policy. The deficit model and individual child, family or collective units of assessment suggest a residual, or institutional or developmental approach to social welfare provision, types of intervention and levels of prevention (Hardiker et al, 1991). These approaches also reflect broader ideological questions regarding public welfare and the state's role and responsibility for the funding, administering, planning and provision of services, both in terms of quality and quantity. These questions raise complicated issues concerning decisions about entitlement to services, methods of provision and decision-making authority (Clarke & Langan, 1998, Gates, 1980) and the role and responsibility of SWDs (and local authorities) in these decisions. These organisations, and importantly the staff within them, are powerful actors whose definition of needs and provision of services to meet needs impact society on a very personal level (Clarke & Langan, 1998).

Ultimately these definitional and process issues impact on government policy of social inclusion. Depending on the conceptualisation applied, it is highly probable that variation and inconsistency in service planning, eligibility and provision will result. These findings highlight the difficulty in defining and operationalising the concept of need and reflect the paradox of that SWDs find themselves in: 'Children in need' planning and service provision is required by law, yet there is very little agreement over what constitutes 'children in need'. Regardless of whether supervisors' and social workers' individual interpretation of 'children in need' policy is due to ignorance, problems in communication, poor

training, or outright rejection of the formal policy, the outcome is likely to contribute to inconsistency and variability in service provision within and between different local authority departments.

Collaboration and Integrated Children's Services

'For Scotland's Children' recommends integrated children's services through co-ordinated and collaborative planning, provision and funding. Findings reported disagreements over the division of departmental responsibilities towards 'children in need' and their families within the corporate organisation. Social work staff identified an inter-connectedness between CIN policy and a corporate approach to service planning and provision; however most staff reported that other departments did not share their corporate responsibilities for 'children in need'. Social work staff experienced feelings of frustration with other local authority departments due to the perceived unwillingness to share responsibility and resources for 'children in need'. On all organisational levels, social work staff perceived themselves as being the main provider of services for children in need in their area contrary to what they believed the intent of the Act.

These findings suggests some limitations to the implementation of a corporate approach outlined in the Children (Scotland) Act 1995 and the local authority Children's Services Plans. Moreover, the findings have implications for collaborative and cooperative approaches to work within a corporate environment, particularly if competition for resources occurs between departments. Similar difficulties were identified in Northern Ireland (Higgins & Pinkerton, 2000).

Improved interagency collaboration is a requirement stemming from the Children (Scotland) Act 1995 and highlighted as a key means to deliver integrated services (Scottish Executive, 2001). 'For Scotland's Children' argues that integrated services require a shared vision by service providers, increased collaboration and co-operation among service providers, including role and responsibility clarity. These changes are considered to result in improved service outcomes for children and family and increased morale among service providers. Five action points provide the foci for change:

- 1) Consider children's services as a single service system
 - 2) Establish a joint children's service plan
 - 3) Ensure inclusive access to universal services
 - 4) Co-ordinate needs assessment
 - 5) Co-ordinate intervention
 - 6) Target services
- (Scottish Executive, 2001: 73).

Within integrated services children and their families become the 'centre of the service network' with staff collaborating and co-ordinating in the planning and the provision of services. This includes initiatives aimed at sharing resources between agencies as well as assessment tools: 'For Scotland's Children' recommends a co-ordinated approach to needs assessment and the development of a 'single, modular assessment format' for all children's service agencies to implement (Scottish Executive, 2001: 91). Implementation of this recommendation would likely encourage consistency and fairness for those receiving services as well as provide evidence on which organisational decisions can be partially based.

In order for social work to provide family support and become 'supporters' to families (Robinson, 1996) local authorities and other service providers require organisational change to allow for this type of support. Within the meso context, flexibility with the structure of an agency and its delivery of service would encourage a more socially inclusive and integrated approach to planning for and responding to 'children in need'. Working in partnership with service providers both within and external to the local authority would allow for the development of a corporate and inter-agency level of common understanding necessary for administration, determining eligibility requirements, assessment, planning and service provision. This can be referred to as finding a 'common language' to ensure that collaborative work occurs between and within various agencies with children and their families (DOH, 2000: x). This includes sharing of information between hierarchical levels, the inclusion of various staff from different organisational levels and programme units on planning committees.

Channels of communication could be opened and directed between organisational actors to allow for pertinent information to be shared upwards, downwards and laterally within the organisation.

Inclusive Policy Planning Process

In the three participating SWDs, the organisational division of labour authorised responsibility for formal policy formulation to managers. Based on the evidence, findings suggest that formal organisational policy reflects mainly management views with little inclusion of differentiated views within the SWDs. Across the three SWDs managers reported the highest rate of involvement in the policy process and overwhelmingly reported this to be an integral part of their job description. For example managers reported being key formulators of the local authority's CSP. Managers were more likely to demonstrate knowledge of formal policy while supervisors and social workers were less likely to be aware of the content of formal policy. Both supervisors and social workers reported that they felt left out of the formal policy making process and reported having limited familiarity with CIN policy. When they reported involvement in the planning process it was of a limited, short-termed nature. 'Children in need' policy implementation was prominent in service planning at the strategic level, but not particularly consciously employed at the service provision level. This structural division of labour separated formal policy making from front-line staff and created a division between formal and informal organisational policy. This has implications for policy formulation, awareness of policy and policy implementation.

These findings may partly be explained by the 'initial' implementation stage of the policy and reflect a reported lack of involvement in the policy planning process as opposed to a conscious rejection of CIN policy, or differences due to role. However an alternative explanation is possible. In McCrystal's (2000) research in Northern Ireland, some staff rejected the category 'children in need' in favour of alternative terms perceived to be more relevant and useful. As a result rejection of CIN may be due to a thoughtful consideration of the reported

limitations: potential for narrowness and limited resources, and the concern that the potential breadth results in irrelevance due to its impracticality in operationalisation. In this study some staff rejected the term outright. Rejection of the policy may also be reflecting a perception that other terms are of greater benefit for front-line practice, terms such as 'having needs', 'at risk' and 'special needs'.

As well, managers control over the formal policy and planning process may be reflecting the influence of 'managerialism' on social work administration that emerged in the late 1980s and 1990s (Harris, 1998: 854) which gives in strategic managers greater control over 'defining and measuring needs' (Harris, 1998: 855).

The analysis of CIN policy within the Integrated Power Framework provides a useful and insightful theoretical framework for understanding and sense making of policy formulation in organisations. It allows for the examination of policy within the context of organisational power arenas and dimensions and provides a theoretical understanding of power embedded in the definition and implementation of CIN policy. This power reflects issues of funding, administration, entitlement and service provision.

Findings indicate that CIN policy reflected power arenas and dimensions by three levels of actors: managers, supervisors and social workers. Social Work Departments and, more broadly, local authorities, represent centres of contest over the distribution of scarce resources to manage and respond to human needs. For both the content and the process of defining children in need, the study showed that SWDs are the stage in which debates surrounding the definition of need are formulated, the process used to define need and the assessment of need, are enacted.

Jones (2001) reported serious divisions between front-line social workers and managers resulting in a polarised environment and partially explained by a neo-liberal, managerialist value system by management. Combined with the inherent discretion in front-line organisations, inconsistent and divisive interpretations and implementation of CIN policy will likely result (Smith, 1965;

Lipsky, 1980). The fact that many staff was unsure of existing CIN policy raises issues of accountability and whether staff implemented authorised service provision. The data suggest that social workers and supervisors have little sense of 'ownership' of CIN policy which potentially leads to their own separate policy formulation, or the sabotaging of formal policy. Some staff reported manipulative techniques when implementing CIN policy. For example some social workers reported extending services to a family without the knowledge of their supervisor. Furthermore strategic planning decisions were made by managers without the input of other staff. If staff in non-management positions perceive their input in the policy process as de-valued and minimised, there will be little motivation to participate and formal policy will likely remain in the management domain with distinct informal policy occurring by social workers and supervisors. Ultimately if staff is unfamiliar with the policy, or consider it to be irrelevant, they will be less likely to implement it.

'For Scotland's Children' explicitly states that staff responsible for children's services planning should listen 'at the grassroots – to children, parents and frontline staff' (Scottish Executive, 2001: 83). Most social workers and supervisors involved in the research stated they would like to be included in the formal policy planning process. The organisational structure has been identified by the analysis to limit policy formulation and implementation. Wharf and McKenzie advocate for a policy-making process that is built from practice and as a result incorporates 'the knowledge not only of practitioners but also of the people they serve' (1998: 3). All three local authorities consulted with service users in the development of their CSP. This approach could continue with the inclusion of social workers and supervisors.

Changes in policy initiatives should take into account the many views within an organisation; otherwise ignorance or a general lack of commitment to formal policies may occur. Processes should be in place to allow for staff to provide input in the formal policy process and to raise issues regarding informal policy formulation. As McGrath and Grant (1992) advocate, greater involvement of front-line staff as well as consumers in the planning process would encourage

needs-based rather than resource based, services and planning. Organisations should incorporate mandated membership on policy planning to staff in various positions, a requirement of their job. Support must also be provided to ensure that all staff are able to take part in the process if they chose to do so.

While some respondents were aware of the need for greater inclusiveness in policy formulation, unless the organisation makes a commitment through resources and ongoing membership, inclusiveness in policy formulation risks being seen as management rhetoric, reflecting managers' unwillingness to share or relinquish formal power. In order to effectively respond to needs in the community, there should be flexibility and creativity within the organisational structure, as well as within the process of policy planning, assessment and service provision. If organisational changes occur to include greater representation in the planning process, they may result in increased familiarity and implementation of CIN policy by staff.

Children's Services Plans and Unmet Need

'Children in need' policy was identified by respondents as an important context to assess unmet need, emerging need or gaps in services within the community. The service planning process tasks identified in FSC include the assessment of need, monitoring and evaluation (Scottish Executive, 2001: 77). The report provides a framework to consider the characteristics of 'children in need' in order to target services: 1) children sought out by agencies; 2) children coming to the attention of agencies; 3) emerging issues; and 4) predictability (Scottish Executive, 2001: 95). However based on examples provided in the report, it is unclear how the identified characteristics are differentiated within each category (for example drug using parents) and how these categories actually improve service targeting in practice.

It is highly relevant to note that the SI document highlights the important role that CSP can have in the promotion of social inclusion through planned and coordinated services that meet parents' needs, and by extension, children's:

A key challenge will be to ensure that the various elements of this new investment - pre-school education, childcare and family centres - 'fit' together and meet parents' needs. This is part of the more general challenge of ensuring that services are planned in a co-ordinated way and that services themselves work effectively on the ground. The statutory requirement upon authorities to prepare Children's Services Plans is already based on the clear understanding that such plans must reflect the range of services that children and families can expect from local authorities and relevant agencies. The Plans should indicate clearly what action is being taken to deliver services as effectively and efficiently as possible. They should also have straightforward objectives and performance indicators or targets so that authorities and those receiving services can be assured about quality and expectations. (The Scottish Office, 1999: 6.9)

Based on findings and recommendations in FSC (Scottish Executive, 2001) needs and assets assessments, also referred to as a 'community needs profiling' (Green, 2000: 287) could be incorporated as a necessary part of the local authority's strategic planning process and (as some do already) included in local authority's CSP. The implementation of ongoing needs/assets assessments could assist the local authority to identify, qualify and quantify the type and level of social need within a community. Needs and assets assessments serve as a basis for establishing service priorities, funding allocations, evaluative techniques and inter-agency service issues (Gates, 1980: 100) and rely on community input to ensure the community's voice is heard in determining need and responses to need (Mcenaghan & Kilty, 1994). Social indicators are particularly helpful to identify social needs within a local authority's area and the identification of 'children in need' through a systematic needs assessment could provide a solid basis on which to determine necessary responses to need as well as the organisation's capacity to respond effectively. A regular use of needs/assets assessments also allows for the inclusion of evolving or newly developing needs.

Training and Education

An additional implication for CIN policy drawn from the findings is concerned with the role of training and education of staff. The overwhelming majority of social work staff considered CIN policy relevant to their work, but were limited in their formal knowledge and use of it. Training and education were raised by many staff as being influential in filling this gap. This is consistent with other CIN research in which training and educational efforts are considered conducive to distribute knowledge throughout organisations (McCrystal, 2000).

Recommendation four of FSC endorses a centralised planning system for 'recruitment, training and professional development' established by the Scottish Executive for all of children's services in Scotland (Scottish Executive, 2001: 108), including the use of joint training for children's services staff (Scottish Executive, 2001, 81). An example of a training focus identified by FSC is the recommendation that children's services staff treat the family, as opposed to strictly the individual child, as the unit of assessment. The report found that staff believed they were poorly trained in this approach (2001: 80). The development of training, could perhaps be promoted by the newly created Scottish Social Services Council (SSSC). The SSSC has taken on regulatory requirements after the long-standing Central Council for Education and Training in Social Work (CCETSW) was terminated (Orme, 2001). The SSSC could play a leading role in connecting and unifying the diverse voices across Scotland to ensure children's services staff are meeting those 'in need' in a fair, consistent and professional manner. Training and education could include the formulation of a common language on need, as well as developing procedures for a common process to respond to CIN. The SSSC could also work closely with academic institutions to develop and coordinate knowledge based education and skill based training.

This points to a potential area for greater development, within the departments, within the corporate organisation, between other social service providers and interdisciplinary training. Systematic, regular and ongoing professional training may provide a solution to concerns raised in this research, in particular issues related to a common definition, and fairness and consistency in

assessment, service eligibility and provision. Effective training requires adequate, stable funding and regular, ongoing availability, for all corporate staff as well as for other non-profit agencies.

Under this systemic use of regular and ongoing training, local authorities could become 'learning organisations', encouraging the perspective that learning is an ongoing process, both on a personal and organisational level (Lewis, Lewis, Packard & Souflee, 2001: 318). Organisational learning is defined as:

The process through which an organisation continuously improves its performance over time, and through experience. The learning process is interactive and purposeful, not simply the receiving of information or ideas from a central source. Learning takes place as the parts of an organization struggle to make sense of current practices or conditions that are considered problematic, and to invent more effective practices. (Cohen & Austin, 1994: 13)

Staff empowerment can occur through shared decision-making within the context of a learning organisation.

On a cautionary note, the future role for social work in service provision for 'children in need' is unclear. Although social work has historically played a key role in planning and providing services for people 'in need', certain developments suggest that support for social work as a separate profession is questionable (Jordan, 2001). For example, the report FSC makes no clear commitment to the social work profession in the delivery of services and a suggestion is raised regarding the need for a 'new profession' (Scottish Executive, 2001: 80). Some social work departments have been subsumed under education or merged with housing and community care and 'some director of social work posts have disappeared', resulting in a lessened role for social work within the local authority (Cheetham, 2001: 627). As well, the prominence of a mixed model of welfare provision results in little standardisation of practice across different domains. An emphasis on a mixed model of welfare to social service provision may also reflect a conscious decision on the part of government to limit social work as a profession in order to allow for others to plan and provide services to

CIN and their families (Orme, 2001).

IMPLICATIONS OF THE FINDINGS

The study's findings revisit substantive questions about social service provision for those in need within the context of limited resources. This includes both outcomes and process dilemmas:

- How does one identify, measure, and assess categories of need in a consistent and fair manner (particularly if taking a universal position)?
- What level of human development is the goal? Or what is the minimal level of health, nutrition and shelter required in society? (Bradshaw, 1994)

Related debates surround the value of selective or targeting resources versus universal coverage in social welfare planning and provision. 'Children in need' service entitlement currently targets children and their families. In order for children to reach their goal 'For Scotland's Children' advocates for 'inclusive access to universal services' (such as health, education and housing) for all children (Scottish Executive, 2001: 84). However it is unclear why the category of CIN is subsumed under targeted services and how 'children in need' are differentiated from specified universal services, particularly if the World Health Organisation's definition of health is implemented.

Jordan (2001) argues that New Labour has rejected the aim of 'equality of outcome' in favour of 'equality of opportunity'. Yet without universal access to services for CIN, equal opportunity to 'a best start in life' is unlikely and social inclusion will remain a hollow pledge to Scotland's children. Universal access would ensure that CIN policy is integrated into broader government policy which promotes social inclusion. A national policy on the welfare of children should safeguard 'children in need' and services should be available for their optimum development as well as protecting them from harm (Dingwall, 1989; Doyal & Gough, 1991). A universal approach would reduce demands on the current child protection system, prevent unnecessary suffering for children and their families,

de-stigmatised the experience of being in receipt of services, and be cost effective in the long-term (Sinclair, 1996; Titmuss, 1968). In practice this would result in all CIN receiving services to alleviate the identified need, irrespective of the categorisation of 'need'. 'Children in need' could arguably be incorporated as socially excluded and require universal service eligibility and provision with the aim of promoting equality within society and ensuring children are given a best start in life so that they can reach their potential.

This approach to responding to CIN would offset limitations of the 'marketplace theory of choice' (Hudson, 1998: 452) in which alleged consumer choice is provided at the cost of citizenship based social rights. Social rights are necessary to realise the goal of social inclusion as they provide a material standard necessary for health and well-being, but also for the opportunity to participate in civil and political processes (Marshall, 1964), reflecting priorities as specified in the U.N. Convention on the Rights of the Child.

A review of formal policy documented a chronic gap between the demand for social services and available resources. While there is a finite amount of funding available for public resourcing, planning and responding to need requires a thoughtful, collaborative and co-ordinated response by the community, service providers and all levels of government to ensure that resources are effectively administered for long-term results that allow children to realise their potential.

CHILDREN IN NEED POLICY: FUTURE DIRECTIONS AND CONCLUSION

All people receiving social services do so on some basis of need. Why and how society attempts to deal with social issues is linked to the concept of need and pervades all aspects of social work policies and practice. The concept of need has been used as a basis for the allocation of scarce resources since the inception of the Poor Laws and the response to social need is not a new phenomenon in Scotland. However, with the implementation of the Children (Scotland) Act 1995, children in need policy became a main basis for service provision for children and their families. This category for eligibility raises issues of fairness and consistency in application, process and outcome, legal requirements, social exclusion, societal structure, power and moral responsibility in the planning and provision of social services.

The research provides an important initial understanding of how some social work staff in three local authority Social Work Departments in Scotland formulate policy on the concept of 'children in need'. Future research on 'children in need' policy should address the following:

- The effectiveness of 'children in need' policy in reaching identified populations of children and their families. As of yet there is no systematic national research that has been commissioned to examine how 'children in need' is working in practice.
- The creation of a national data base that collects information on 'children in need' and their families. This should include epidemiological research identifying the incidence and prevalence of 'children in need' on a local, and national level as well as data on those accessing services, those receiving services and those determined to be ineligible for services.
- Further studies on 'children in need' should incorporate a greater diversity in data sources for example, rural Scotland and other local authority departments (i.e. Education, Housing). Future research should also examine children in need policy from an inter-agency perspective (i.e. voluntary organisations,

health) and should involve people from the community from various socio-economic backgrounds including those in receipt of services. Children's perspectives in particular should be included.

- Other conceptual definitions should be examined and compared with 'in need' to define a common language within the corporate authority but also with other social service providers. Concepts such as at risk, vulnerable, social exclusion/inclusion and special needs require further explanation and definition and should be compared with meanings assigned to in need.
- Research should investigate the role of training at distributing and contributing to knowledge within and without organisations.
- Further research on the relationship between structure, decision-making and outcomes in social service organizations would also be advantageous to more deeply understand implications for service delivery models (Alaszewski & Walsh, 1995). The IPF should undergo further refinement as well as multiple applications to determine its utility in broader social service organizations.

Ultimately, 'children in need' policy should serve the best interests of Scotland's children and their families, and ensure an integrated, coordinated and cooperative children's services system, working together for the greater well-being of children. The promotion of social inclusion is a stated goal of the Government to work against the oppression of children. 'Children in need policy' has the potential to provide a comprehensive and dynamic framework to realise this goal for three principal reasons. First 'Children in need' policy can be a dynamic tool as it provides a legal basis to advocate on behalf of children and their families to receive appropriate services. Second, on a planning level, 'children in need' policy can reflect a process that is inclusive and flexible to respond to emerging need. Finally, 'children in need policy' has the potential to be comprehensive in its inclusiveness and ensure that services across Scotland are provided fairly and consistently through a common language to all of Scotland's children.

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APPENDIX A

QUESTIONNAIRE ON THE CONCEPT OF CHILDREN IN NEED¹

INSTRUCTIONS

Please read each question carefully before answering. The researcher is interested in your personal perspectives on these questions. Please answer based on 'day to day' work experiences as opposed to theoretical 'ideals' (unless appropriate). Questions can be answered by ticking boxes ✓ , circling choices, or by writing your own answer in the space provided. This questionnaire should take a maximum of thirty minutes to complete. Information provided will be used solely for the purposes of this research. The names of all participants will be kept confidential.

SECTION I.

GENERAL INFORMATION

I.1 What Local Authority do you work for?

I.2 Are you?

Female

Male

I.3 Are you raising or have you raised children?

Yes

No

I.4 Do you have a professional qualification in social work?

Yes

No

Another qualification? (Please specify): _____

I.5 How long have you worked with children for Local Authority services?

Under 1 year

Over 1 year to under 5 years

Over 5 years to under 10 years

Over 10 years

I.6 Have you worked in child care services outside of Scotland?

Yes

No

If 'Yes', please specify:

England

Wales

Northern Ireland

Other

(Please specify): _____

¹ Differences between the manager, supervisor and social worker surveys are noted where relevant.

SECTION II.

CHILDREN (SCOTLAND) ACT 1995

II.1 Are you familiar with Section 22 of the Children (Scotland) Act 1995? Please tick one:

- Very Unfamiliar Unfamiliar Somewhat familiar Familiar Very Familiar

II.2 Are you familiar with Section 93 of the Children (Scotland) Act 1995? Please tick one:

- Very Unfamiliar Unfamiliar Somewhat familiar Familiar Very Familiar

II.3 Are you familiar with the list of categories of children 'in need' in the Scottish Office Guidance? Please tick one:

- Very Unfamiliar Unfamiliar Somewhat familiar Familiar Very Familiar

II.4 Do you refer to Section 22 (the text) of the Children Scotland Act in your daily work?

- Yes No

Please give me an example of when you refer to Section 22 in your work: _____

II.5 Do you consult the Act in your daily work?

- Yes No

Please give me an example of when you consult the Act: _____

SECTION III.

LOCAL AUTHORITY - SERVICE PLANNING

III.1 In your Local Authority, have any of the following processes been used to determine the number of children 'in need' in the last year? Please tick all that apply:²

1. By asking people (in the community) what they want.
2. By what people (in the community) express as being their needs.
3. By setting a standard level of need and children who fall short of it are automatically 'in need'.
4. By identifying characteristics of children who currently receive services for being 'in need' and automatically classifying all other children with the same characteristics and not receiving services as being 'in need'.
5. Based on the commitment to support an identified 'need' financially. If there are no resources available, then there is no 'need'.
6. Through referrals to the Social Work Department
7. From census data
8. From survey findings
9. Through consultations
10. From national data
11. Other

² Social Workers were not asked this question.

III.2 Are you/have you been involved in broader strategic service planning for children in need in your Local Authority?

Yes

No

III.3 If Yes, in what form:

III.4 Is there a process in your Social Work Department/Local Authority for social workers and supervisors to identify new categories or types of children 'in need'?

Yes

No

Unsure

III.5 If Yes, what is the process?

III.6 Have you encountered problems in seeking to identify 'children in need' in your area?

Please tick one:

Frequently

Sometimes

Rarely

Please specify:

III.7 Have you read your Local Authority Children's Services Plan?

Yes

No

III.8 Did you contribute to it?

Yes

No

III.9 If Yes, please explain how you contributed to it:

III.10 If no, please explain why you did not contribute to it:

SECTION IV.

LOCAL AUTHORITY/SOCIAL WORK DEPARTMENT

IV.1 In your experience what level of co-operation exists on a practical level between your Social Work Department and the following service providers (within and outside of your Local Authority) in relation to 'children in need'?

SERVICE PROVIDERS	LEVEL OF CO-OPERATION				
	High	Moderate	Low	Not Applicable	Unsure
a) Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Medical/Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Youth (Community/ Leisure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| f) Children's Hearings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Voluntary Sector | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Other Local Authorities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Other
Please specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
-

IV.2 Have you encountered problems in co-ordinating any of the services listed above in service provision? Please tick:

Yes

No

If 'No', go to question IV.5

IV.3 If 'Yes', please state the problems you have encountered:

IV.4 How might these problems be resolved?

IV.5 Are you aware of plans/strategies or joint protocols for children in place for co-operation with any of the following service providers? Please tick as applicable:³

Service Providers	Plans/Strategies	Joint Protocols
a) Education	<input type="checkbox"/>	<input type="checkbox"/>
b) Medical/Health	<input type="checkbox"/>	<input type="checkbox"/>
c) Police	<input type="checkbox"/>	<input type="checkbox"/>
d) Youth (Community/ Leisure)	<input type="checkbox"/>	<input type="checkbox"/>
e) Social Security	<input type="checkbox"/>	<input type="checkbox"/>
f) Children's Hearings	<input type="checkbox"/>	<input type="checkbox"/>
g) Housing	<input type="checkbox"/>	<input type="checkbox"/>
h) Voluntary Sector	<input type="checkbox"/>	<input type="checkbox"/>
i) Other Local Authorities	<input type="checkbox"/>	<input type="checkbox"/>
j) Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

³ Social Workers were not asked this question.

SECTION V.

SOCIAL WORK DEPARTMENT - POLICY AND PROCEDURES⁴

V.1 Does your Social Work Department have a definition of 'children 'in need'?'⁵
Yes No Unsure

V.2 If 'Yes', what do you see as the main assets of the definition of children 'in need'?

V.3 If 'Yes', what do you see as the main deficiencies of the definition of children 'in need'?

V.4 What form has your Social Work Department's policy taken regarding the definition of who is a child in 'need'? Please tick as applicable and specify:

- Written: _____
- Verbal: _____
- Other: _____

V.5 What is your understanding of the key elements of this policy?

V.6 If applicable, have you read your Social Work Department's⁶ written policy regarding the interpretation of the definition of children 'in need'? Please tick one:

Yes No There is no written policy

V.7 Do you think written policy on the interpretation of the definition of children in need is necessary?

Yes No Unsure

V.8 If Yes, why do you think written policy is necessary?

V.9 How do you define the term 'child' within the context of children 'in need'?

Please specify: _____

⁴ The sub-heading on manager's questionnaire is 'Local Authority'.

⁵ Local authority is used instead of social work department managers' questionnaire.

⁶ Local authority is used instead of social work department for managers' questionnaire.

SECTION VI.

SOCIAL WORK DEPARTMENT - SERVICE PROVISION

VI.1 Is the concept of 'need' frequently talked about within your work place?

Rarely

Sometimes

Usually

Unsure

VI.2 If Yes, in what kind of context (who/why/when) is it talked about?

VI.3 Are services provided to children once they are determined to be 'in need'?

Never

Rarely

Sometimes

Usually

Always

Depends

Unsure

Please explain:

VI.4 What determines service options for children identified as being 'in need' by your Social Work Department? Please *rank order* the following from the option that has the most influence (4) in determining service provision to the one that has the least importance (1):

- | | | | | |
|---------------------------------------|---|---|---|---|
| a) Availability of resources/services | 1 | 2 | 3 | 4 |
| b) Assessment | 1 | 2 | 3 | 4 |
| c) Child's view/wishes | 1 | 2 | 3 | 4 |
| d) Other (please specify): | 1 | 2 | 3 | 4 |

VI.5 Does the service provided meet/satisfy the need identified?

Rarely

Sometimes

Usually

Unsure

Why or why not?

VI.6 Which category of assessed need is your Social Work Department/LA unable to meet satisfactorily?

VI.7 Is it easy for you to implement your Social Work Department's/LA's policy on children in need when providing services?⁷

Rarely Sometimes Usually Unsure

Why/why not?

VI.8 Which categories of need are you (as a social worker) unable to meet satisfactorily?⁸

SECTION VII.

INDIVIDUAL PERSPECTIVE - CHILDREN 'IN NEED'

VII.1 In your opinion, do the following categories identify children as being 'in need'? Please tick as applicable:

CATEGORIES	Always	Usually	Sometimes	Rarely	Never
1. Children in lone parent families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Children belonging to a minority group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children in large families with low incomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children who are looked after by the local authority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Young children left alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Children who frequently miss meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Children whose basic hygiene is problematic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Children who need protection from abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Children whose parent(s) follows a criminal career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Children who used to be looked after by the local authority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Adolescent parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Children whose parent(s) is unemployed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Children who have physical or learning disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Young carers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. An unborn child of a substance-using parent(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Children who have been adopted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁷ This question is not on the Manager's questionnaire.

⁸ This question was posed only to Social Workers.

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 17. Children who are in the process of adoption. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Children who misuse substances/alcohol. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Children who are affected by HIV/Aids. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Children who are homeless. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Children in poor housing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Children who are in households affected by disability or chronic illness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Children who live in violent households. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Children whose parent(s) has a mental health problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Children whose parent(s) misuses substances/alcohol. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Children whose health or development is poor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Children whose educational development is poor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Children who have emotional, behavioural or mental health problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Children who are in conflict with the law because of offending behaviour. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Children who reside in a multiply deprived neighbourhood. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Children who live in poverty. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Children who are bullied. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. What other category should be included that identify children in need? (Please specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. _____ | | | | | |
| 35. Other categories? (Please specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. _____ | | | | | |

VII.2 Please tick to what extent you agree or disagree with the following statements:

STATEMENTS	Strongly Agree	Agree	Disagree	Strongly Disagree
1. All children have the same basic needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There must be a standard of need set. If a child falls short of the set standard, then she/he is 'in need'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It is impossible to define different children with similar characteristics as being 'in need' without knowing the specifics of a case.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 'Absolute' need is food, clothing and shelter necessary for physical survival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. All children should be provided with services that ensure an optimal level of development. If they are not provided with this, they should be considered 'in need'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In order to determine whether a child is 'in need' it is necessary to compare her/his circumstances with those of other children's.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Being 'in need' is a range on a continuum. There can be higher and lower levels. Some children are more 'in need' than others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If a child's health or development is likely significantly to be impaired or further impaired, the child is 'in need'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. A classification of being 'in need' is dependent on the resources available to satisfy the need. If no resources are available, then a child/children cannot be classified as being 'in need'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Children who are vulnerable because of the presence of specific, potentially detrimental personal, family or social circumstances, and misfortune or malfunctioning is likely, should be considered 'in need'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU VERY MUCH FOR YOUR PARTICIPATION AND TIME INVOLVED IN COMPLETING THIS QUESTIONNAIRE!

Completed questionnaires should be sealed in the envelope provided and posted directly to the researcher, A. Wright at the University of Glasgow (the envelope is post paid and addressed). Please write your name and telephone number below if you are willing to be interviewed for Phase II of the research. All names are strictly confidential and known only to the researcher.

Name:

Telephone Number:

APPENDIX B

INTERVIEW SCHEDULE

Practice

1. In practice, how do you go about identifying a child 'in need'?
2. What are the characteristics of a child/children not 'in need'?
3. What criteria is used to assess need?
4. What influences your decisions on whether or not to define a child in need?
(Is there any guidance given to you?)
5. Does the geographic location of where you work influence how you define a child 'in need'?
6. How are cases prioritized?
7. How useful is the concept of 'children in need' for your daily work in deciding whether or not children should receive services?

Decision-making/Conflict:

8. Do staff people in different job positions have different definitions of the concept of 'children in need' within your Social Work Department/Local Authority?
9. What happens if there is a difference of opinion (for example between a social worker and her supervisor or between a social worker and manager) as to who is defined as 'in need'?
10. How is this resolved?
11. Do children or parents have a 'say' in determining whether or not they are 'in need'?
12. Are decision regarding the provision of services for 'children in need' resource-led or needs-led?
13. Who initiates new services for 'children in need'?

Overlapping Concepts?

14. Based on your experience, can you give an example of when a child's individual need is in conflict with the collective needs of children?
15. What is the difference between a child:
 - In 'need'
 - At 'risk'
 - In a 'vulnerable' population
 - With 'special' needs?
16. What (if any) is the difference between 'needs' and being 'in need'?
17. How do you think prevention, child welfare and child protection work connect with the concept of 'children in need'?
18. Has the definition of 'children in need' changed over the years? If Yes, how?

Other:

19. Are there any other comments you would like to make on this topic?

APPENDIX C

SUMMARY OF CHILDREN'S SERVICES PLANS

SOCIAL WORK DEPARTMENTS			
CATEGORIES	Kirkstlaire	Parkland	Bridgetown
Aims of plan stated	To promote the best interests of children throughout childhood To provide a range of services that help all children in L.A.I. achieve their full potential To identify children in need and intervene positively to help them and their families Where appropriate, to provide a coordinated range of supports to help families care for their children, unless the best interests of the children dictate that an alternative course is necessary	Focus services on the needs of children and young people Secure a high standard of co-ordination and collaboration between services within the Council and between the Council and other organisations involved in the planning and delivery of services to children and families Ensure decisions about future priorities and the development of services reflect the views of children, young people and their families as well as service providers Make the best and most effective use of the resources available to all those operating in the field of children's services	To ensure services focus on the needs of children and young people To ensure services reflect the views of children, young people and their families To secure a high standard of co-ordination and collaboration between services To make the very best use of the resources available
Stated emphasis on CIN	Yes	Yes	Yes
Definition of CIN	Yes (Section 93)	Yes (Section 93)	Yes (Physical, emotional, social, intellectual and cultural/moral needs)
Entitlement based on assessment & available resources	Yes	Yes	Yes
Reference to consistency in service provision	Yes	Yes	Yes
Children's Rights Office	Possibility	Yes	Yes
Reference to U.N. Convention on the Rights of the Child	Yes	Yes	Yes
Reference to Prevention	Yes	Yes	Yes
Charter for Young People	No	No	Yes
Reference to corporate responsibility for CIN	Yes	Yes	Yes
Reference to social inclusion/exclusion	Yes	No	No
Information on costs	Yes	Yes	Yes
Reference to joint training	Yes	Yes	Yes

APPENDIX D

CHAPTER SEVEN THEMATIC FINDINGS

Interview #	Position	Local Authority	Gender	Familiar with Policy? ⁹		Relevant		Why Not Relevant?				Used		Alternative Terms Used			
				Yes	No	Yes	No	Lack of definition	Semantic	Narrow	Breadth	Morale	Yes	No	At Risk	Special Needs	Having Needs
				1	3	3	2	X			X	X					
2	3	3	1	X		X	X				X		X	X			
3	2	3	1	X		X				X		X	X	X			
4	1	3	2	X		X					X	X					
5	3	3	1	X		X						X					
6	2	3	2	X		X	X	X	X	X		X					
7	3	3	2	X		X							X				
8	3	3	2	X		X					X		X				
9	2	3	1	X			X						X			X	
10	1	3	2			X						X	X			X	
11	1	3	2	X		X						X					
12	3	3	2	X		X							X	X			X
13	1	2	1			X						X					
14	3	2	1	X		X							X				
15	3	2	1		X	X							X				
16	2	2	1			X	?				X			X	X		
17	3	2	2	X		?	X					X		X	X		
18	2	2	1	X		X							X				
19	3	2	1	X		X							X	X	X		
20	3	2	1		X		X		X				X	X	X		
21	2	2	2	X	X	X						X					
22	3	2	2	X		X					X		X	X	X		
23	3	2	2	X		X	?					X					
24	1	2	1	X		X											
25	3	1	2		X	X	X		X			X					X
26	3	1	1	X		X										X	
27	1	1	2	X		X							X	X	X		
28	2	1	1	X		X							X		X		
29	1	1	2	X		X						X		X			
30	1	1	1	X		?	X		X			X					
31	3	1	1	X		X	?	X				X	?				
32	1	1	2	X		X						X		X			
33	3	1	1	X		X							X				
Total				29	3	25	8	3	4	2	5	5	12	16	11	9	2

⁹ Based on questionnaire responses.

APPENDIX E

CHAPTER EIGHT THEMATIC FINDINGS

Interview #	Position	Local Authority	Gender	Abstract Conceptualisation				
				Deficit Model	Pre-determined	Unit of Assessment		
						Child	Family	Collective
1	3	3	2	X			X	
2	3	3	1	X	X		X	
3	2	3	1	X	X			
4	1	3	2	X	X	X		
5	3	3	1			X		
6	2	3	2	X	X		X	
7	3	3	2	X	X	X		
8	3	3	2					X
9	2	3	1	X	X	X		
10	1	3	2					
11	1	3	2	X	X			X
12	3	3	2	X		X	X	
13	1	2	1	X			X	
14	3	2	1	X		X	X	
15	3	2	1	X				X
16	2	2	1	X	X			
17	3	2	2	X				
18	2	2	1	X			X	
19	3	2	1		X	X	X	
20	3	2	1		X	X		X
21	2	2	2			X	X	
22	3	2	2		X	X	X	
23	3	2	2	X			X	
24	1	2	1	X	X			
25	3	1	2	X	X			X
26	3	1	1	X	X	X		
27	1	1	2	X		X		
28	2	1	1	X		X		
29	1	1	2	X	X			X
30	1	1	1			X		
31	3	1	1	X		X		
32	1	1	2		X	X		
33	3	1	1	X	X	X		
Total				24	17	17	11	6

APPENDIX F

INTERVIEW RESPONDENTS: CATEGORIES OF CHILDREN IN NEED IDENTIFIED

- children with special needs;
- children who have suffered from multiple deprivation;
- children who have a mental or physical disability;
- children who live in poverty and in poor housing;
- children whose parents have an alcohol, drug or mental health problem;
- children who require education support;
- children who run away from home;
- children who are not meeting developmental milestones;
- children who have been harmed;
- children whose basic rights are not met
- children who are homeless;
- children whose parents are unemployed and suffering financial difficulties;
- children who are carers;
- children from a visible minority;
- children from communities with deprivation;
- children living in poverty.

