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Children in Need: Survey design for SSA purposes

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CHILDREN IN NEED:
SURVEY DESIGN FOR SSA PURPOSES

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SUMMARY

This report examines the design options for a survey of children in need which has the purpose of improving SSA formulae for children, and which may also be used to inform family policy generally.

The design features and content of such a survey are considered in relation to SSA requirements. Its main purpose is to identify and quantify the socio-demographic characteristics of children that are associated with a risk of being "in need", and the cost consequences of this. These characteristics may then be used as the basis for population needs assessment of local authorities, using Census and related data.

A short feasibility study has been undertaken in five local authority social services departments to examine local interpretations of being "in need", and whether it would be possible to use local authority record systems either as a source of information or as the basis of a sampling frame for children in need. These authorities were not chosen randomly but are believed to be among the more advanced in regard to their information systems.

This feasibility study found considerable variations in local working definitions of need and how they are being applied. There was limited evidence of exactly how many children were falling within these definition. It is not practicable to use referral rate by children in need as a measure of demand in this context.

All the social services departments visited had an IT system for children, but they are often not working very effectively for all children known to the department. Only two of the five were wholly confident of being able to use it to generate a sample of children in need (or having received services), for the purpose of this study. In no case would the IT system alone contain a sufficiently wide range of information about the characteristics of children.

This being the case, two design options for a survey were explored. These were:

- a retrospective study based as far as possible on children already known to SSD's and using information on file;
- a prospective study of all new referrals, obtaining additional information from social workers at the time of referral or assessment.

The retrospective study is less demanding and therefore preferred by most authorities. But it requires that the information about the characteristics of children needed for this purpose is already known and preferably on file. This appears to be only routinely true for children in the highest levels of need: those being looked after, on CPR's, disabled, or on an active social work caseload. A prospective study is more certain of collecting the required information on a sample of all incoming children in need, or at least those for whom services will be provided. But it would take longer, and would be more intrusive. A prospective study would reflect the pattern of referrals rather than long-term work load, and would underestimate children with long-term needs, particularly the disabled.

Given these considerations, the best option might be for a combined strategy of a retrospective survey of those at the high end of need, and a short prospective survey on other children in need, for whom the referral rates are higher.

1. INTRODUCTION

This report examines the design options for a proposed survey of children in need which has the purpose of improving SSA formulae for children, and which may also be used to monitor and inform family policy generally in the wake of the implementation of the 1989 Children's Act.

It is argued that the principal purpose of the survey is to identify and quantify the circumstances of children that are associated with a risk of being "in need", which may be used as the basis for population needs assessment of local authorities. A feasibility study has been undertaken in five local authority social services departments to examine local interpretations of being "in need", and whether it would be possible to use local authority record systems either as a source of information or as the basis of a sampling frame for children in need.

Section 2 reviews the requirements for a needs survey for SSA purposes. Section 3 introduces the feasibility study, section 4 summarises its findings regarding local definitions of need, local information systems, and section 5 examines the practicality of a survey. The appendix includes a separate report on each local authority in the feasibility study.

2. A NEEDS SURVEY FOR SSA PURPOSES

2.1 SSA Objectives

The prime focus of interest is the design of a study to collect data which can be used in the standard spending assessment (SSA) financial distribution formulae. It is important, however, to be aware of the wider needs for information in order to target the research effort so that connections can be made with a range of related issues such as costs, equity and efficiency by social services departments in the wake of the 1989 Children Act implementation. Many local authorities are working towards methods of needs based planning for children to which such a survey could undoubtedly contribute.

The principles behind the development of formulae for PSS SSA's are well established and require only an outline description here. They concern the estimation of the number of people in a local authority who, under a standard level of service would be judged to require services of a given standard, and the cost to the local authority of purchasing those services. These formulae should

- depend on factors that are straightforward to measure on a routine basis, which have a demonstrable and quantifiable link with needs and costs, and are outside the influence of local authorities (particularly through past decisions about services);
- measure *variations* between local authorities in numbers in need and in costs of support under a standard level of service. The formulae are not concerned with the absolute level of expenditure need, nor with the short-run implications of actual funding arrangements;
- be as simple as possible.

Where appropriate, allowance should be made for the availability of substitute services provided by other agencies and carers which may affect the need for local authority funded help.

2.2 Defining Need.

The appropriate definition of "children in need" is that which is embodied within the 1989 Children Act (box 1). Two features of this definition should be noted. First,

Box 1: Definition of Need (1989 Children Act).

- (a) he is unlikely to achieve or maintain or have opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him of services by a local 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.

application of the

definition is essentially a matter of professional judgement. Second, it is not prescriptive either in terms of interventions or outcomes.

One implication of the first is to add to the difficulty of determining by direct means how many children are in need at any time at a level of accuracy that would differentiate accurately between local authorities. Many local authorities have found it desirable to elaborate and make more specific this definition for their own purposes: examples are given below. For SSA purposes it is important that need is determined independently of local policies. Nevertheless, it will have to be set by reference to current standard of practice, and there is no better source for this than the assessments that are actually being made about who is in need, and to whom services are provided.

Because the definition is not prescriptive it carries no resource implications: DH guidance to local authorities was to discourage reinterpretation in resource terms¹. Indeed not all need will necessarily be met. However the resource implications of need definitions are crucial for most practical purposes, including SSA's². Just as two children both judged to be in need can be assessed as requiring services with very different costs, so two local authorities with similar numbers of children in need may possibly face different resource implications, either because the needs in one authority are typically more severe, or the costs of interventions are higher.

2.3 Methods for a needs study

These points have implications for the practical methodology used to determine the relative need of local authorities for resources, measured independently of local policies and practices. There are three possible strategies.

- (i) Investigating need among children at a local authority level through a conventional survey. This is virtually out of the question, for three reasons. First, the requirement for professional expertise to

¹ Department of Health (1991) *The Children Act 1989: Guidance and Regulations*; also SSI letter LAC91 to social services directors.

² Because the definition in the Act does not carry resource implications or allow discussion of priorities in resource use, it would not in fact qualify as a 'need definition' by the usual criterion of health economists, but rather as a 'statement of needs-related circumstances'.

establish need. Second, the difficulty of reaching and interviewing the target population. Third, the scale of the survey necessary to develop estimates for each local authority (though this could be reduced by using clusters of authorities or synthetic estimation). This option is not considered further.

- (ii) Estimating need levels from the numbers of children referred to local authorities who are identified as being "in need". There are three problems with this approach. First, it is likely that the referral rate is not independent of local policies. It does not just indicate demand but reflects supply. The assessment of who among referrals is in need probably, we shall argue, varies between local authorities at least for those on the margin. Second, identifying numbers in need alone provides no handle on the issue of possible variation in resource needs. To do so requires further information which in practice will come from actual resource decisions, though many studies have shown that these also vary between authorities in ways that do not solely reflect need. Third it appears from the recent DH survey that in the short term at least, many local authorities are not yet in a position to provide information about their referrals. This approach is examined further in the feasibility study, which confirms these objections.
- (iii) Estimating need levels from the incidence in areas of those characteristics of children which can be shown to be associated with, and are logically related to, being in need. These characteristics may be determined by comparing a representative cross-sectional sample of children in need with those who are not in need. The characteristics which differ provide the basis for the factors appearing in SSA formulae, and predictions of the probability of being in need given certain combinations of characteristics, can be constructed from the sample and used for the formulae themselves. In the interests of simplicity, to reduce factors to a minimum, by only those for which a clear and significant influence on need can be demonstrated would be used in SSA formula. Ideally such a sample would be randomly selected across all children in need. In practice, the sample is most conveniently established from lists of children "in need" known to local authorities. If it is taken from individuals assessed by social services departments, it has to be assumed that those sampled are similar in their characteristics to all children in need, by some nominally average definition of being "in need". In particular, for the method to give reliable estimates of the relativities between local authorities, the sample should be unbiased with regard to those characteristics of children that most differ between local authorities.

The third method was used successfully with the 1987 "Children in care" survey, and is the proposed method here. However it is not without problems. The method relies on the assumption that the relationship between need characteristics and actually being in need is the same in all areas, and is limited to those characteristics for which reliable local authority counts are readily obtainable, mainly from the Census.

2.4 Target groups and costs.

Formulae are developed to predict the resource implications of the numbers of children at different levels of need, for whom different outcomes of social care are likely to be sought; and of the price of a standard service package to provide for that need given the circumstances of those children. This may lead to a case for considering several target groups of children with different needs, and indeed three distinct target groups are

acknowledged by the definition in the Act³.

As the previous SSA for children has been based on a single target group (numbers in need of in-care services), the question of whether more than one target group of children in need is desirable within SSA formulae needs to be addressed. The implication of having more than one target group is that the total children's SSA would need to be divided between each target group (i.e there has to be a control total and a separate formula for each group). In principle separate target groups should be used if all the following obtain:

- costs of providing a standard level of care are different between children in different groups;
- there are significant variations between areas in the balance between numbers in each group: for example one local authority may have a high proportion of children unlikely to achieve a reasonable standard of health and development, while another may have a high proportion of disabled children;
- it is possible to estimate separately the numbers in each target group from factors that are measured routinely for children at local level, sufficiently reliably that these estimates reflect variations between areas in needs.

The desirability of multiple target groups can be tested empirically, from a survey which includes (a) sufficient numbers of children are included from each potential target group, and (b) relative cost information, as described in the next subsection. As each target group implies a separate SSA formula, simplicity dictates that the number of target groups is strictly limited. Whether separate needs groups should be used in SSA in principle should depend on what difference a having an extra target group makes to the overall allocation. Combining groups is justified where variations between authorities in the predicted expenditure need from the combined group is similar to that when the groups treated separately. This has been illustrated in past analyses for SSA.

The possibility arises that having multiple target groups makes a some difference, but it is still considered desirable to restrict the SSA to a single formula in the interests of simplicity. In this case it is desirable that rather than simply combining groups, they should be weighted together. The weights should be chosen according to the average cost of care of each target group under a standard level of service⁴. The implication is that SSA's should depend most on those children whose expenditure needs are greatest.

All this implies that the study methodology ought to be designed so that separate target groups of children "in need" can at least be investigated. Some detail about the nature of the child's needs, and subsequent service options considered, would provide for this. Ideally the actual target groups to be investigated should be decided in advance.

2.5 Methods for a costs study.

³ In practice, separation of target groups are most likely to be based on needs which necessarily carry very different cost implications (under a standard level of service)the costs of care are very different. The earlier "Children in care" survey examined the desirability of separating children over and under five years of age.

⁴ They might also be chosen empirically such that the resulting SSA distribution (as nearly as we can establish) shows maximum correlation with the SSA derived from separated groups. *A priori* we would expect this to produce similar results to weighting by costs. However the resulting distribution ought not to be overly sensitive to the precise choice of weights. If it is, then the case for multiple target groups is irresistible.

It should be noted that the proposed investigation is not concerned with the implications to SSA's of local variations in the price of resource inputs (capital, labour) to the cost of a standard level of services. That is being considered elsewhere. These costs are however of concern in that they affect what weight should be given to each child's needs in constructing fair SSA formulae.

As noted in the previous section, the need to consider different target groups with potentially different cost implications creates an additional requirement to estimate the average cost of care (under a standard level of service) for each target group. This is essential if multiple target groups are used or if the possibility exists of weighting children according to cost, in determining the SSA formula.

The cost of care may be conveniently determined by the average volume of service provided to individuals in each target group and the average unit costs of these services. Area variations in these costs are not of concern to this analysis. For children in some target groups, those who will be looked after or who are being placed in nurseries, average costs can be established fairly straightforwardly from available financial returns, to the level of accuracy required here. Other groups are more difficult. Comparatively little is available on the costs of care for children (or families) who are put on child protection registers, who receive casework, or who attend family centres. Unless there is research evidence (post 1989 Children Act) it will be necessary to undertake a separate exercise to establish these costs. As much of the input is social work it will require a time-use or caseload analysis in a number of typical local authorities. Note that one of the pilot authorities, Wandsworth, has already started monitoring costs on this basis (see appendix).

2.6 Corporate policies.

The past assumption has been that the SSA formula for children relates to the spending need of social services departments. There is now a corporate approach to children in need in many local authorities, with the definition of need being jointly owned by social services, education and housing departments (and often by health and the voluntary sector as well). Although the focus of the present study is on the activity of social services departments, it must be borne in mind that not all spending on children in need necessarily takes place under the aegis of social services.

3. THE FEASIBILITY STUDY

3.1 Information sought

The feasibility study has visited five local authorities (one more is planned) in order to investigate the following questions with officers responsible for planning, information systems, and maintaining records for children.

Information that was sought from the feasibility study was as follows:

- (i) What is the local definition of "children in need"? Does it involve priority groups? How does this definition relate to the operational stages of referral/assessment/service allocation (eg is "in

BOX 2: QUESTIONS USED IN PILOT.

14. Household tenure	Owner occupied Council rented Private rented Housing Association Squat/boarding/homeless
1. Child reference number.	Male Female
Circumstances:	
2. Sex	Male Female
15. Size of home (overcrowding)	Number of rooms occupied
36. Date of birth of household	
4. Place of residence	Hospital Residential or foster home Parental household Other private household
Assessment and Care Plan.	
17. Is child assessed as being 'in need'	Yes/No
58. Date of assessment	(As Census)
9. Health of child relate to services which the child is receiving	Does child have any long-term illness which limits his/her daily activities.
19a. Child being looked after'	Yes/No
19a. Reason for being looked after	(As SSSA903)
19b. Accommodation provided	(As SSSA903)
20. Child on Protection Register	Yes/No
7. Living with:	Two parents One parent once per week Neither parent
21. Child attending Day Care excluding drop-in.	
82. Family receiving SW support	Does the child have any long-term illness which limits her daily activities.
93. Health of father services allocated	Does father have any long-term illness which limits his daily activities.
10. Adults in household	Number
11. Children in household	Number
12. HOH receiving income support	Yes/No
13. HOH receiving unemployment benefit	Yes/No

need" distinct from "needing assessment"). What role does this definition have in planning? What is known about numbers in need?

- (ii) Details of the system by which children in need are dealt with by the authority, including referral/assessment/service allocation/review procedures. Information collected at these stages concerning need, service allocation, volume of use, socio-demographic information about the child? What use is made of IT systems?
- (iii) What are the practicalities (and cost implications) of collecting socio-demographic characteristics of children, their level of need and service response. Is this available in a form that could be extracted from existing information about children? Could this information be obtained by extending the range of information routinely reported at referral or assessment, for a period? Could this information be obtained by identifying children in need from records, perhaps with assistance from the social worker/care manager?

Box 2 shows the guidance given to the pilot authorities about the sort of information that might be required for each child. Data about the assessment and the care plan, including presenting needs and service allocations, was kept to a summary at this stage, though it is envisaged the survey itself would develop these further particularly for non SSA aspects of the study.

Four of the five authorities visited were asked to undertake a short practical test of whether (a) a random sample of children already known to the authority could be generated from the IT system; and (b) if the information outlined in box 2 could be readily retrieved from case records either held on the IT system, from paper records, or fairly readily from the social worker.

3.2 Selection of Social Services Departments

The authorities visited were:

Hackney
Lancashire
Richmond
Salford
Wandsworth

These departments were not chosen at random but as a result of inspection of the returns to the ad hoc Department of Health survey "Children in Need: Statistics" undertaken in October 1994. Those selected were ones which had responded to this survey by January 1995 (68 departments) and which had indicated a reasonably well developed approach. Specifically, they had to have indicated:

- Information is currently collected on referrals (Q1.1)
- "Children in need" are separately identifiable from referral information (Q1.8)
- Information could be supplied immediately on referral information (Q1.12)
- Database information should be comprehensive, ideally on all children in need (Q2.1)

18 departments were identified as fulfilling these criteria, from which the selection was made to represent inner and outer London, metropolitan districts, shire counties. All the authorities approached agreed to take part. It should be pointed out that the authorities visited were by no means always found to have as well developed a system as their response had perhaps suggested.

The appendix provides a short report of each of the five local authorities visited, giving answers to the three questions described in ¶3.1. Three of the authorities have produced a Children's Services Plan, and one of the remainder provided an Annual Management Report on Children's Services, which were of considerable assistance in writing this appendix.

4. FINDINGS

4.1 Definitions of need

The five pilot authorities were selected partly because they have already developed local definitions of need. These definitions are summarised or reproduced in the appendix. All but one invoke the definition in the 1989 Children Act (box 1) but it is clear that in all cases a considerable degree of local interpretation has been applied.

There is little to justify the assumption that the numbers of referrals of children who are defined as "in need" are an equitable indicator of the level of need in authorities, for three reasons.

- Referral rate is itself sensitive to supply. One respondent observed that a very small change in eligibility had had a disproportionate effect not only the number regarded as needing local authority services but subsequently on the number of referrals.
- The definition of a referral differs between authorities. Some make no distinction between an enquiry and a referral, in others referral in effect includes a preliminary assessment. It is worth noting that in most authorities services can be provided to children without any standard referral or assessment, particularly for children under 8.
- There are differences of practice in making decisions about who is in need. Two respondents referred to a "grey area" at the margin for defining need for minor services such as child-minding or section 17 cash payments.

None of the authorities visited had to hand any estimate of how many of the children referred to it are "in need" by their definition. None, as far as we were aware, routinely noted at any stage whether a child is in need by their definition. Nor would this be particularly easy. On the one hand, the need status of children provided with services is generally clear enough. But for the remainder it may not be. Not until an assessment is complete can need status be finally decided, but for those who do not go to assessment, particularly if the need is met immediately or it is assumed that they are best assessed by another department, the situation cannot be clear. One authority suggested that the survey ought to be conducted of referrals to education and housing as well as social services if it was to get a fair picture of the demand from children in need.

The overall impression given was that there would probably be more consensus about the circumstances under which high end "statutory" services (looked after, entry on CPR) would be used than about the general

definition of need. Even so, there have always been variations and apparent inconsistencies between authorities in the use of these high end services.

4.2 Local Information Systems

The circumstances surrounding the referral form is of particular concern to this survey as in all authorities it provides the reference point for identifying the child as known to the authority and is the natural trigger for inclusion of the child. We have already noted that what constitutes a referral varies between local authorities.

Although the point of assessment would appear to be the appropriate time at which needs status is determined, and at which many of the questions in box 2 would logically get asked, unlike referral assessment is sometimes more of a process than an event. In some of the authorities visited the recording of assessments is much less systematic than is that of referrals: particularly where the referral may go directly to a provider (an HV referring to a family centre or day nursery for example), rather than being handled by a 'purchaser' (social worker). Most authorities visited were using different types of assessment depending on the type of need (or more accurately, the nature of the request), a familiar pattern being the distinction between comprehensive assessment used for the most severe categories of need and 'simple' or 'single service' assessment used in other cases. The latter typically include little of the information outlined in box 2: several respondents referred to the need not to be too intrusive in simple assessments.

All the authorities visited maintained an IT database on children known to them. Only in two of the five did staff seem quite confident that the database is reasonably complete and reliable for children in need receiving services from the department (with the exception of known manageable gaps). Of the others, one ought to be complete for all children on social work caseloads, while one is only complete with respect to children with "statutory" needs (i.e. being looked after or on a CPR). The fifth has not yet been fully checked, but still seems experimental. Of the five, only one has the full range of information on referral, assessment and service provision integrated together. It may have been significant that the two authorities with the best information systems were those with the lowest activity volumes.

It is worth noting that three of the authorities visited were anticipating that the DH initiative "Looking After Children" would, among other things, systematise assessment and review procedures. The draft forms for this initiative include a great deal of the information shown in box 2. However the timing as well as the range of children included in the "Looking After Children" initiative prevents it being immediately useful.

4.3 Availability of information.

Designing a sampling frame from which a sample of children assessed as being in need during the previous 12 months, proved more tricky than local authority officers themselves had appeared to expect. Only two of the four authorities in which a test was conducted were immediately able to generate a list centrally. In one a list could be produced locally within social work teams, and the probability is that this still would be the case in many authorities. Not all children come to the attention of social services via social work teams, and in such authorities a complete sampling frame would need information from children's centres, day nurseries etc. Care would need to be taken to avoid the risk of ending up with an arbitrary sample of individuals of uncertain representativeness.

The trial to collect information on children known to the authority based on information on file had a mixed response. Three of the four authorities were able to undertake a check of how much of the information was available on file. This varied. Three reported information was available on file, but with certain problem areas: in particular information about parental health, the benefits being received by the parental family, household tenure and overcrowding. Local authority officers in these authorities considered that most of the remaining information could be obtained by questioning the social worker, though there is no surety that the answer would be available in every case. In the fourth area the information seemed more patchy, and the trial was not completed. Generally speaking, the required information is much more likely to be available in respect of children with substantial input who are well known to their workers, and who probably have had a comprehensive assessment. This includes children being looked after, those on child protection registers and seriously disabled children.

5. SURVEY OPTIONS

The survey is faced with the problems of establishing a representative sample of children in need and then of obtaining the required information about them. There are two different approaches that can be used. The first is a retrospective survey, where children are sampled from among those already identified as being in need known to the department, and information is sought from case files or from key workers who know the child. The second is a prospective survey in which the required information is obtained from new referrals identified as being in need, taken over a period. We also consider the possibility of a combined strategy. Of the five authorities visited, one was only prepared to consider a retrospective survey, one would only consider a prospective study, while the other three all preferred a retrospective survey.

As broad design parameters, it is assumed that completed information is required on a sample of minimum of 2000 children in need, and to obtain a satisfactory spread yet to keep costs under control, these should be chosen from about 12 local authorities. These children should be ones who have been assessed as being in need comparatively recently. The sample ought to represent all children in need known to social services departments. However there is a case for stratification on the basis of service allocation, and over-representing those children whose needs incur the highest costs.

The required information will in all cases have to be obtained anonymously from IT systems, case files and social workers. The prospect of using IT systems to generate a sampling frame for a face-to-face survey with families was rejected by some respondents, and it would in any case take much longer whilst the necessary permissions were negotiated.

5.1 Retrospective Survey

There was little information available on the numbers of children in need known to social services departments in the feasibility study, but if the sample is confined to those who have received services in the last year, a survey of 2000 from 12 local authorities may require a sample of the order of 1 in 15 of all children known to the SSD (assuming no stratification).

We have already noted the problem of designing a sampling frame for a retrospective survey, and in some authorities it is likely that a procedure of selecting subclusters (i.e. a sample of local offices) might be

desirable. In order to get reasonably complete information the following design requirements will be desirable:

- The local authorities selected for the study are, as far as is consistent with representativeness in other respects, those with the best existing IT and case recording systems.
- Field survey staff will need to visit each locality to undertake personal contact with social workers so as to obtain complete information on children. This will be a matter of using files and checking with social workers rather than a routine interview survey.
- A sample of rather greater than 2000 to ensure 2000 complete. Care would need to be taken to ensure that missing information does not bias the sample;
- The survey would need to be limited to certain groups of children, those in high need groups for whom the information on these questions is likely to be known to social workers. This would confine the survey to children on active social-work case loads, those looked after, those on CPR's and those with severe disability.

5.2 Prospective Survey

The referral rate to social services differed greatly between authorities in the feasibility study, but figures at the lower end are probably closest to those to the numbers "in need". If this is true, we would guess that a sample of 2000 from 12 local authorities could be produced by including all new referrals to the social services departments over a period of 8 weeks. The referral stage is the best trigger point to select children to be included, and can be used to alert staff that extra information about the child will be needed. However, the questionnaire can not be completed at that stage: not everything required (box 2) will be available until a care plan is drawn up. Extra time will be required for these processes, so the survey would need to take 12 weeks in the field.

Care is needed to include children who become new clients without going through the usual referral and assessment channels, and to set up an appropriate mechanisms to ensure their inclusion. The survey might have to be managed in such a way that, in a large local authority, as many as 40 separate social work teams and other potential entry points were monitored.

A prospective survey would brief social workers and others to ensure that the relevant information is obtained on all new referrals judged to be "in need". However, there is a good deal of resistance to extra paper work at present. An approach tailored to each local authority would be necessary. Although the survey is essentially self-completion by social workers, it would present a problem of field control in order to monitor and assist in each locality with the process of obtaining the information.

5.3 Combined Strategy

The choice between a retrospective and prospective survey is a tricky one.

The retrospective survey would be quicker, impose less on social services staff, would be self-weighting, and was preferred by most pilot authorities. But we found few IT systems good enough to generate an entirely satisfactory sampling frame, and there is a question mark over the availability of the most needed data. A retrospective survey seems most suitable for children at the high end of need. Generally a good deal of case evidence is already to hand, or would be known to social workers. This approach is essential for those groups, in particular children with severe disabilities, who do not appear often but will need resources over a long period of their lives.

The prospective survey would be more suitable for children at lower levels of need; for example those using day care facilities, family centres; indeed all other children who are known to the local authority and meet the definition of need, rather than being service defined. The prospective study avoids the need to rely on the very limited information that may be on record about such children, at the cost of being more demanding of social services staff time for such children. We have noted concerns about asking for additional information that might be regarded as intrusive for some clients at the low end of need, and for that reason was unpopular with authorities.

As a compromise, we would suggest a separate exercise for the two different groups of children. The proportions of each group in the combined sample should roughly reflect the relative proportions of expenditure nationally. A problem with the combined approach is that one part of the sample will be representative of the stock and the other of the flow position, and adjustment would be necessary.

The feasibility study has identified a number of problems and practicalities in undertaking the proposed survey, but will not eliminate the need for further pilot and exploratory work in selected local authorities once a firm decision to proceed has been made.

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APPENDIX

A1. HACKNEY.

A1.1 Definition of need.

Within the "First Hackney Children's Plan", the definition of need is elaborated within the context of an extended account of Hackney's response (section 6). Social and Emotional Needs, the main province of social services, includes the following subheads:

1. Children in need of day care, nursery and play services.
2. Youth service provision
3. Families in need
4. Young people in need of benefits
5. Children in homeless families
6. Mothers suffering domestic violence
7. Children and young people in the travelling community
8. Children and young people who are seeking asylum
9. Young people who are homeless
10. Young people in trouble with the law
11. Children in need of protection
12. Children and young people in need of substitute families
13. Children and young people in need of residential care
14. Young people leaving local authority care
15. Young people in need of secure accommodation
16. Children and young people misusing drugs
17. Children and young people misusing alcohol
18. Children and young people with emotional and mental health needs
19. Children and young people who deliberately self harm
20. Children, young people and HIV (AIDS)
21. Library services and arts.

Each of these are defined and described at some length. An estimate of numbers in need is provided for each of these (excluding the last), some are population based, using national projections etc, others based on numbers known to the authority. There are similar subheads for health needs (which includes children with disabilities) and with special needs in school.

In addition, Hackney defines 15 priority needs groups. These are

1. Children who have been physically or sexually abused
2. Children and young people who experience severe emotional and behavioral difficulties
3. Children and young people with learning difficulties
4. Children with physical or mental health problems
5. Children and young people who deliberately self-harm
6. Children who are bullied at school

7. Children and young people who are homeless or live in families who are homeless
8. Children and young people living in families with an unacceptable level of domestic violence
9. Children and young people living in families where a family member has a disability or major health problem, and where children themselves become 'young carers'
10. Children being looked after by isolated or depressed carers
11. Children and young people in trouble with the law, or who are the victims of crime.

There is no elaboration of these definitions.

The definition of need, and the Children's Plan, has been drawn up and agreed jointly between the health authority, social services, education, and the voluntary sector forum.

No estimate was available of the total number of children in need known to the authority, or of the number of referrals to social services by or on behalf of children in need. (This last should be fairly easy to determine).

A1.2 Information procedures

All children who become known to the department will arrive through one of 10 gateways. These comprise four generic area teams, three specialist teams (adoption & fostering, youth justice, hospital social work), and three 'disabilities' teams.

Since 1st April 1994 every child who is seen by the department has an "Essential record information form" (RF2) completed. This includes limited socio-demographic information, sufficient information to classify whether the child is in need and if so which need group applies (though this is not automatically coded), and disposal including what form of assessment is recommended and the allocated key worker.

Children in need, at whatever level, have an automatic right of assessment. This does not mean all are assessed and probably some cases are dealt with immediately. Some will be referred to education, housing or health. The remainder will receive either a comprehensive assessment (form CAN1) or a "specific service request" assessment (form SAN1). The former will apply mainly:

- where there are child protection concerns
- the possible accommodation of the child
- teenage homelessness
- children being 'looked after'.

The IT database on children MAPCARE was started on 1st April 1994. It is networked to all team offices. Theoretically it should contain the main information from every RF2 form. However it is almost certainly very incomplete. No output from the system was available and it is probably still fairly experimental.

A1.3 Practicality of a survey

As a sampling frame for 'children in need', there would appear at present to be no alternative to sorting through case files in the ten team offices. Those with a form RF2 (referred since 1.4.94), on which there is indication that an assessment was requested, will satisfy the condition of 'in need', though others 'in need'

known to the department could only be determined by more detailed examination of form RF2.

Survey options:

- (i) Retrospective survey. Most of the information listed in box 2 ought to be readily available on case forms for children who received a comprehensive assessment, and probably the remainder could be easily obtained from social workers. In the case of specific service request assessments it would be more difficult, as the policy is not to be too intrusive in questioning. A short trial has been instigated to test whether a retrospective survey would work.
- (ii) A prospective survey is less preferable to a retrospective survey, as social worker teams are concerned about the volume of paperwork at present. With no information on referral rates from 'children in need', it is not possible to say how long a prospective survey would need to run in order to achieve a given sample size.

Hackney would be interested in principle in participating in the survey, subject to more detailed specification and discussion.

A2. LANCASHIRE.

A2.1 Definition of need.

Lancashire have developed an interpretation of the definition of need within the 1989 Children Act. It is intended to provide a clearer focus for staff in Purchasing Teams and the Child Care and Family Service, and enable them to gauge the priority to be attached to each case as presented. This interpretation identifies eight categories based upon the circumstances under which a child may either be assessed as being 'a child in need' or as potentially so. These categories are presented in priority order. Categories 1-5 are those of children in need. Categories 6-8 relate to children who might become needy in future. Community initiatives or forums may be appropriate in the latter cases.

The following subheads describe the eight categories.

1. Children where it can be seen that their health and welfare has been or is immediately at risk of harm and who will require protection, emotional and physical security.
2. Children for whom their health and welfare is believed to have been harmed or at risk of harm and where it is suspected that their carer is unable to provide effective care and protection.
3. Children who are unable to have their personal care and development needs satisfied by their carer without the provision of supportive services on a regular and consistent basis and where the absence of such support could have significant detrimental effects on the child's health and welfare, in the short and longer term.
4. Children whose behaviour is harmful to other members of the community or in conflict with the law, or will have a detrimental effect on their own health and welfare.
5. Children and young people who are estranged from their families and carers, and who are without adequate arrangements for welfare and protection.
6. Children who experience limited opportunities to achieve their potential with respect to health, educational and social development.
7. Children for whom there are indications that they could at some future point fall within one of the six categories listed above, and for whom there will be benefits from access to direct services or other forms of support appropriate to the circumstances.
8. Society's children.

Three or four examples are offered for each of these subheads. The definition of need was developed by social services but is also used by education for admission to nursery places. No estimate was available of the number of referrals to social services by or on behalf of children in need, but this could be obtained if required.

A2.2 Information procedures

Lancashire have a comprehensive recording system for children in need. Children who become known to the department could arrive through a number of routes. This includes 10 generic district 'purchasing' teams, 3 special needs teams, 3 youth justice teams, and some children may come in through practice teams or family centres. A distinction is made between enquiries and referrals: all referrals should have a "referral assessment" form (SSA1A) completed. (It is possible that this is not done where referral is made to a family or day centre following previous assessment by a health visitor). The referral form contains some socio-demographic information, reason for referral and allocation. In practice some assessment information may be added, including a service status code.

Referrals requiring assessment to a purchasing team are normally passed on to one of 12 practice teams (or the special needs or youth justice teams). A core assessment form (SSA1B) currently under review. Finally a case paper and care plan form is completed. This is specific to the type of service. Forms C1/C2 are for children looked after, forms CP1/CP2 for child protection, and contain detailed socio-demographic and service information. Forms FS1/FS2 are for family support services and are much less detailed. There are various contract and review forms to follow these up.

An IT database on children 'CLISS' has been running some years, which should contain information on all children for whom services are provided, including resource codes. There is a separate system for children on child protection registers. For this group, also children looked after and disabled children, full information from all forms should be available. The information held on other children is more limited (and there is some concern about its timeliness) though a list of services provided should be available from the resource codes.

A2.3 Practicality of a survey

A trial was requested of CLISS as a sampling frame which in the event was not successful. This may have been due to difficulty of undertaking a special information retrieval exercise at short notice from the database. Without CLISS, there would be no practical sampling frame for all 'children in need' other than sorting through the case files held by individual social workers in the 28 relevant teams, plus those known to family centres who are not on a caseload. The form SSA1B, when it is fully implemented, will indicate the 'in need' status of each child though this could be determined at present with respect of each child known to the SSD.

Survey options:

- (i) Retrospective survey. Staff interviewed considered that most of the required information (see box 2) would be readily available for children for whom case forms were completed. A trial was instigated in one practice team. In the event it proved only partly successful, which again may have been due to the problems of requesting such an exercise at short notice. Information for children looked after and those on CPRs seemed possible, though there was a particular problem with questions 12 and 13 (receipt of benefits). Information for children receiving family support was not successfully obtained.
- (ii) A prospective survey would probably have to be located in a sample of the 28 social work teams. It would be best for information to be provided at the time case papers are filled in, though this might omit a few children receiving minor services. As no information was provided on referral rates, it is

not possible to say how long a prospective survey would need to run in order to achieve a given sample size.

Staff interviewed expressed interest in the survey, and some remembered participation in the 1987 survey "Children Entering Care". However there is concern that the workload implications should not be too great.

A3. RICHMOND ON THAMES.

A3.1 Definition of need.

Richmond have developed a seven page elaboration of the definition of need within the 1989 Children Act. It is intended for all workers involved in providing services for children in need. The elaboration identifies three levels of intervention that can be provided according to priorities of need. These are as follows:

- 1st level intervention - indirect provision.

This mainly concerns information and assistance to help all families access Local Authority and other statutory and non-statutory services. Particular groups of children and young people to whom this information is targeted are those with less severe disabilities, those on the Health Authority observation register and those statemented under the 1981 Education Act.

- 2nd level intervention - low to high priority for service provision.

Where the local authority may become more formally involved, services being provided to enable children to remain with their families. Children included are as follows:

Children who are on the child protection register for sexual, physical or emotional abuse or neglect who are the subject of a child protection plan but who are not the subject of a Court order.

Children accommodated by the Local Authority or voluntary agency or with a Refuge because of family breakdown.

Children and young people where the risk of needing to be accommodated by the Local Authority is imminent because of serious family problems, illness or death.

Children with severe disabilities.

Children and young people who deliberately self harm.

Children and young people conferenced, but not on the child protection register whose circumstances put them at risk of meeting registration.

Children and young people where undetected serious abuse has occurred in the past.

Young people with mild learning difficulties with serious behaviour problems.

Young people leaving (or have left) special schools, health authority or voluntary establishments who require after-care counselling, services and support.

Young people leaving Local Authority care who require after-care, counselling services and support.

Children with HIV disease.

Children with terminal illness.

Children of parents whose own abilities or whose circumstances seriously limit their capacity to offer adequate care for their children without the support services of the Local Authority.

Young people with drug, alcohol or solvent dependency or other problems that render them vulnerable.

Young people who have committed criminal offenses where there is clear demonstrable evidence that the juvenile's home circumstances had a direct effect on his/her offending.

Children of parents who are deemed to be intentionally homeless and those accommodated in bed and breakfast.

Children whose parents are divorced or separated where the Court has specified Local Authority assessment and supervision.

□ 3rd level intervention - top priority for service provision.

Where there is statutory intervention to prevent harm, and the child will be removed from the parental family. Children included are as follows:

Children who are on the child protection register for sexual, physical or emotional abuse or neglect and are the subject of a Court order.

Children who are not on the child protection register but are the subject of a Court order which specifies or directs involvement from the Local Authority.

Children or young people remanded to or detained in Local Authority accommodation.

Young people detained or at risk of detention in secure accommodation or custody.

The definition of need is shared with housing. The total number of referrals to social services by or on behalf of children in need is about 110 a month and it is assumed these are nearly all "in need". The number of children known to the authority (active at Feb 95) is 617 (excluding those not on case loads), of which 229 are in category 3.

A3.2 Information procedures

Children who become known to the department will arrive through one of the four patch ("purchasing") teams, a disabilities team, or an under 8's ("provider") team if they are referred by an HV. A referral form (SS/001/93) will be completed if it is likely that the referral relates to a child 'in need', but not necessarily for

'enquiries'. This is a generic form, with some socio-demographic information. There is no assessment form except for the disabilities team : Richmond are waiting on the DH "Looking after children" initiative. There are care plan proforma for children looked after, those on the CPR, and in day nurseries.

An IT database on children 'SID' is running. This contains all referral form information and is reasonably complete. No information on services is included. SID will not cover all children known to the under 8's team nor those attending the child & family consultation centre, and other minor groups.

A3.3 Practicality of a survey

SID would provide a sampling frame for most 'children in need' known to the authority. Lists of children not on SID known to the under 8's team and the child & family consultation centre could be readily obtained: this is an advantage of small scale within Richmond. A trial was requested of SID as a sampling frame which was successful.

Survey options:

- (i) Retrospective survey. A limited amount of information is routinely available from the IT system. Staff interviewed considered that most of the required information (see box 2) would be readily available from case forms. A trial was instigated in one patch team, which successfully obtained information on all questions except 8,9,13,14,15,17,18 (15 and 18 were most problematic). It is considered probable that most of this missing information could have been obtained by probing the social worker.
- (ii) A prospective survey would need to be geared to completion of referral forms, though there may be a problem to establish a good trigger point at which the information would best be compiled. Referral rate statistics indicate that around 100 children per month 'in need' become known to the department. A retrospective study is regarded as being easier to administer.

The Divisional Business Manager (Purchasing) for services for children and families in Richmond has expressed the view "I would therefore conclude that should the DH go ahead with this study, then this Authority would be pleased to participate".

A4. SALFORD.

A4.1 Definition of need.

Salford provide guidance on how the definition of need in the 1989 Children Act should be interpreted locally, in their Children's Services Plan. This is as follows:

Children will be considered as children in need who:

- have been or are at significant risk of being abused (emotionally, physically or sexually) including all children on the Child Protection Register
- are at immediate risk of being looked after (looked after covers children who are the subject of Care Orders or who are placed in foster or children's homes as part of an agreement with their family) or have been returned home after being looked after
- have a disability or special health need and whose normal development is significantly impaired such that he or she needs more personal attention than other children of similar age and circumstances for a great deal of the time
- have a disabled/ill parent for whom they are the main carer

Children may be considered as children in need who:

- have a disabled brother or sister and whose family may require additional help to meet the needs of each child
- are the children of schoolgirl mothers
- are presenting severe emotional and behavioral difficulties in the family, school or community
- are aged sixteen or seventeen and after an assessment are deemed to be homeless

Some children by virtue of their social circumstances, may also be children in need but only if there is evidence that their health or development would be significantly impaired without the provision of Local Authority services.

The definition of need, which was first implemented in 1991, and the Plan are owned corporately across the City Council and shared with the local Health Authority. The view was expressed that need assessment within SSA's ought also reflect the common ground of all local authority departments. Social services are only used if no other service can meet the child's needs.

The total number of referrals to social services community and hospital teams by or on behalf of children in need, as reported in the Plan, was 7299 in 1983/4, plus 816 referrals for day care. But the total of children in need referred to the authority as a whole is undoubtedly higher. There has been a sharp rise in referrals in

recent years with teenage homelessness and children with mild disabilities identified as areas of growing concern.

A4.2 Information procedures

Children who become known to social services will mostly arrive through one of the nine community teams, or three hospital teams (one of which is exclusively for children. A fourth rarely sees children). Those who self-refer or who are referred by hospitals for specific services will be considered by a panel. There is a referral form 5/11 which should be completed in all cases (but possibly this is not always completed for referrals other than those through the social work teams). The referral form has little socio-demographic information. Assessment is mainly by social workers, but single service assessments (day care, family centres, home helps etc) is likely to be by the panel. There are no standard assessment or review forms, though it is planned to introduce these shortly.

An IT database on children 'SOSCIS' is running. This contains all referral form information for children referred to community or hospital teams, and so certainly includes all children on social work case loads but will omit children in need arriving by other routes, or falling to the responsibility of other spending departments e.g. disabled children allocated nursery care.

A4.3 Practicality of a survey

SOSCIS might provide a sampling frame for 'children in need' known to social work teams. Some doubts were expressed as to how timely this is. It is unlikely there is a convenient sampling frame for other groups of children. Day care for under 5's is provided by education.

Survey options:

- (i) Retrospective survey. The IT system contains little information of the kind required. A retrospective survey with social workers was not considered practicable. No trial was attempted in this authority.
- (ii) A prospective survey, if undertaken, would need to be geared to completion of referral forms, though it is not clear what would be a good trigger point at which the information would best be compiled. There is no obvious convenient means of including children in need who do not come through social work teams. Referral rate statistics indicate that around 700 referrals per month come to the department, though it is not clear how many separate children this represents, or what proportion of these are classified 'in need'.

Broad interest in the survey was expressed by senior staff interviewed in Salford, though without commitment at this stage.

A5. WANDSWORTH.

A5.1 Definition of need.

Wandsworth Social Service Department has developed a two-tier "working definition" of children, which was adopted by the authority in need in its Children's Services Plan, 1994/7. This is as follows:

The first tier comprises children who are de facto 'children in need' (i.e. they definitely fulfil the criteria). These are:

- all children on the Child Protection Register;
- all children looked after by the Council;
- all children subject to an Emergency Protection Order, Child Assessment Order, Supervision Order and Police Powers of Protection, and Family Assistance Orders;
- all children with a disability as defined by the Act;
- all children in custody; and
- all children subject to assessment for the above and all children previously in the above categories.

The second tier comprises children in certain situations where it may be that the child is in need (and may require service under Part III of the Act) and an assessment of their situation is necessary in order to determine whether they require the Council's services:

- children subject to child protection assessment, but not registered;
- siblings of children in the first tier of need;
- children experiencing psychological difficulties, e.g. substance abuse, deliberate self-harm, mental health problems, or significant behavioral and/or relationship problems;
- children subject to assessment under the 1981 Education Act;
- children involved with the Police or Courts because of criminal behaviour;
- children for whom no one is exercising parental responsibility;
- 16-17 year old children without accommodation whose welfare is seriously prejudiced;
- children who have run away from their homes;
- privately fostered children;

- children of school age parents;
- children who are living in families where a carer is significantly disabled or where a parent has a learning disability.
- children who themselves suffer from a significant illness, or live in a household where a family member suffers from a significant illness (e.g. terminal, life threatening or chronic illness);
- children who are HIV positive or whose family includes someone who is HIV positive;
- 16-17 year old children who have been 'looked after' by the local authority or educated in a special residential school;
- children not adequately supervised 'out of school';
- 16-20 year olds who live away from the family home and have been looked after by the local authority; and
- children belonging to a family with multiple births.

Substantial statistical material on these groups including some population needs analysis is available in the plan and elsewhere.

There is a current initiative to develop a joint approach with Community Health, and a steering group, which appears to include officers from social services, education, leisure and amenity services, as well as from health are developing the next plan. There is a strong emphasis on the development of good supporting information systems in Wandsworth.

There are 40,000 enquiries per annum, but most do not lead to referrals. The total number of referrals to children and families division in the third quarter of 1994 was 1727, of which 1106 were to social work services. 406 were of cases where a child is possibly at risk. Detailed statistics on service provision on a quarterly basis is available in the Management Information Report.

A5.2 Information procedures

Detailed information on routing of children in need was not obtained in Wandsworth. This would not be required for managing the proposed survey.

The IT database on children is 'SOSCIS'. A request was made for copies of proformas of information collected at referral and that held on the IT system, but this was not supplied though we understand there is no particular difficulty. It contains information on all children referred to Wandsworth, and so all those receiving services apart from those who may have been assessed by other agencies. Wandsworth's policy is to collect limited information on children and families receiving a one-off or minor service. However more detailed information is available for those on social work caseloads and CPR's, those looked after, those attending day

centres, disabled children and children attending family centres.

Wandsworth has developed a particular interest in establishing the costs of services as part of its budgetary devolution plan. This has included pioneering a workload management system. Information about the breakdown of social work activities is being collected.

A5.3 Practicality of a survey

Sampling frames for 'children in need' known to the authority. A trial was requested of SOSCIS as a sampling frame, but in the event it proved more convenient to use the workload management system record. However SOSCIS could be used with more notice.

Survey options:

- (i) Retrospective survey. A limited amount of information is routinely available from the IT system. Staff interviewed considered that most of the required information (see box 2) would be readily available from records. A trial was instigated in one area, for children from each of the following groups: social work caseloads and CPR's, those looked after, those attending day centres, disabled children and children attending family centres. This was successful except that information on questions 12, 13 and 14 was unobtainable. It is considered probable that some of this missing information could have been obtained by probing the social worker.
- (ii) Wandsworth are not willing to consider a prospective survey at the present time that involved any separate data collection on the part of social workers.

Broad interest in the survey was expressed by the staff interviewed in Wandsworth, though only a retrospective study making use of data already on records is likely to be acceptable.

ADDENDUM: TIMETABLE AND COSTS.

The following timetable and costs assumes that the retrospective survey is undertaken.

1. Timetable.

Task	Start	Finish
DH outline agreement/contract date	15 June	1 August
Tender to survey organisation	15 June	1 August
Recruit Research Fellow	15 June	1 August
Select and visit local authorities	15 June	1 October
Design fieldwork	1 August	15 September
Pilot	15 September	15 October
Briefing meeting for LA's		1 November
Main Fieldwork	1 November	15 January
Data checking, return to PSSRU	15 January	15 February
Analysis and SSA report	15 February	1 May
Feedback to LA's, dissemination		1 June

The length of the main fieldwork period assumes that the survey organisation will be able to undertake final preparations and then collect information from a maximum of 400 children in any one local authority (average 200), in a period of 10 weeks (including Xmas).

2. PSSRU Costs.

Assuming that the retrospective survey was undertaken, two members of staff would be necessary over the period of approximately one year. It is assumed that these will be Andrew Bebbington and one other (at Research Fellow grade within UKC). The tasks and activities are assumed to be as follows:

	AB (weeks)	Research Fellow (weeks)
Project management, meetings with DH.	2	2
Commissioning and liaising with a field survey organisation.	4	2
Negotiating with local authorities.	2	12
Study design and questionnaire development.	3	0
Pilot	2	2
Main fieldwork, monitoring, troubleshooting.	0	12
Data preparation, analysis, final report.	4	12
Dissemination, reports to local authorities.	3	6
TOTAL	20	48

Costs between June 1995 and May 1996 (inclusive):

	£
AB (RAIII.25 x 20 weeks)	15,579
Research Fellow (RA1A Pt. 9)	25,009
Travel and subsistence	2,700
Secretarial support (Grade 3.1 x 0.25)	2,949
Computing and wordprocessing	4,000
Telephone and postage	2,000
Report preparation, stationary	1,500
Meeting of LA liaison officers	1,000
University overhead (0.33 x salaries)	14,368
TOTAL	69,105

It should be noted that these costs are solely for work on SSA aspects of the research. Additional work of a more general policy/scientific interest would require some additional funding. We would propose to contract out such work. It would be necessary to ensure that this is undertaken prior to 1st August in order for any design/questionnaire considerations to be taken into account.

3. Field organisation costs.

Field organisation costs for the retrospective survey are estimated to be £70,000 to £80,000. (Jil Matheson, 26.5.95).

4. Prospective survey.

We estimate that the prospective study would take approximately six weeks longer than the retrospective study. This is to allow for an extra two weeks piloting, two weeks to set up systems in local authorities, and two weeks additional for the main field survey.

The estimated costs are identical.