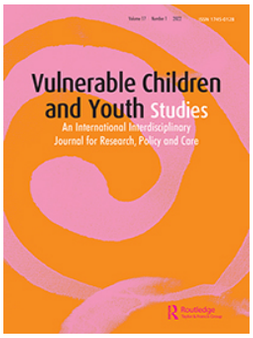

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Other people's children and the critical role of the social service workforce

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ABSTRACT

Understanding the needs of your child is complicated. Understanding the varied needs of a population of children with whom you have no direct contact is the near impossible challenge policy makers, government planners and donors face when making policy or selecting interventions to fund and implement. They cannot unpack children's individual needs and so must predict what is most important for a given population and which services to prioritise. This can be simplified by assuming that the needs of other people's children are hierarchical: basic needs, such as food and shelter, must be met before considering higher-order needs. This conceptualisation justifies a focus on basic needs and decision makers can ignore higher-order needs and the complex interventions they may require, because both are assumed to be of secondary importance. Assuming a hierarchy of needs is a mistake. By drawing on examples from the literature, we outline how children, our own and other people's, have non-hierarchical needs and thus caring for them is a balancing act, best done by those close to them. This conceptualisation highlights the importance of supporting families to support children. For a subset of families who are struggling, additional family strengthening interventions may be needed. In the relatively rare cases that such interventions are insufficient as family function is severely compromised, more intensive interventions may be necessary, but must be undertaken with great care and skill. Social services are critical because they have the potential to facilitate the intensive interventions when they are required, and while they are not required by all, for some of the most vulnerable children they are essential. The quality standards of such a service will be key in meeting the needs of other people's children.

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Introduction

The social service workforce (SSW) plays a critical part in child protection, care reform and the socio-economic support of vulnerable populations. However, in many low- and middle-income countries (LMICs), this workforce is under-resourced, underqualified, overburdened and in dire need of strengthening (Akesson et al., 2021; Global Social Service Workforce Alliance, 2015; Newton, 2017; Roby, 2016). The political weakness of the sector and the people they serve make advocating for change difficult (Mccaffery & Collins, 2013). Moreover, the task of strengthening the SSW may be seen as overly complex and costly (UNICEF, 2019). Underinvestment in the SSW leads to ineffective services and poor performance, which in turn can reinforce low expectations on the part of government leadership, diverting the existing services to less complex work patterns, leading to further underinvestment and under performance.

We argue that an overlooked reason the SSW is under-resourced is because of how some planners conceptualise the needs of other people's children, and consequently, how they conceptualise the nature of services these children need. We outline how the adoption of a common simplifying assumption – that other people's children have hierarchical needs in which basic needs must be satisfied before so called higher-order needs appear – can lead to an under appreciation of the primacy of families in children's development, an over reliance on programmatic responses, which target children directly, and a lack of services for families in particular difficulty delivered by a strong SSW.

This assumed hierarchy in needs is not supported by research and the resultant under prioritisation of the social services sector in general, and the SSW in particular, leads to large costs of inaction. While social services are not required by all, for some of the most vulnerable children and families they are essential. As such they are a critical component of the necessary cross-sectoral package of differentiated services, which protect and facilitate the realisation of children's potential.

The social service workforce encompasses a broad array of workers. The workforce includes formal and informal, paid and unpaid, governmental and non-governmental employees, under different titles and with different responsibilities between, and even within, countries (Mccaffery & Collins, 2013). It is this workforce, in its various forms, which is often tasked with meeting the needs of vulnerable children and their families, through its role in such areas as child protection and care reform. We recognise the complexity and diversity of the SSW but focus here on its role in supporting children.

Hierarchical versus non-hierarchical needs in childhood

A child falls and appears hurt. You run to assist. What do you do first? Often, it depends on who the child is to you. Your own child you may comfort first, help them to calm down and then examine the injury. Your response to other people's children may be different, you may start with checking and responding to the injury. The comforting can wait.

Many interventions in the lives of other people's children prioritise basic needs such as food, shelter, and access to basic health and education services. There are two possible reasons for this approach. This may be because those charged with designing, selecting or supporting interventions are distant from the child and as outsiders consider themselves

unable to respond to higher-order needs, such as the need for a sense of belonging and opportunities for self-actualisation. Or they may be swayed by Maslow's Ghost and consider higher order needs are only important once basic physiological needs are met (Maslow, 1943).

The rationale that outsiders are not well placed to address higher-order needs is weak. While outsiders may not be able to directly discern and provide the kind of support needed, they can support caregivers close to children, who in turn can support the higher-order needs of those children. If the prioritisation of basic needs cannot be explained by the inability to meet higher-order needs, its likely because those setting the priorities are assuming that needs are hierarchical and that it is appropriate to start with basic needs as higher-order needs are not relevant until basic needs are met, an assumption that is problematic at best, and dehumanising at worst.

The implications of assuming children's needs are non-hierarchical, that is to say basic and higher-order needs are interrelated and present simultaneously and need to be satisfied simultaneously, can be illustrated through the toppling of Maslow's pyramid. Figure 1(a) shows the standard pyramid representing the hierarchy of needs. Individuals work their way up from physiological needs, through safety, belonging and self-esteem to focus on self-actualisation. This implies that higher order needs only become important once lower-order needs are satisfied. The non-hierarchical assumption turns Maslow's pyramid on its side, Figure 1(b). Individuals, still working up from the bottom, aim to fulfil a little of each need simultaneously, and then a little more of each. They do not wait until they are fed and safe before loving and wanting to feel loved in return; this is especially true for children. To retain the not unreasonable conclusion of Maslow's, that esteem and self-actualisation may gain more attention when physiological and safety needs are satisfied, we can resize the bars, Figure 1(c). If we do not resize the bars, psychological needs, the largest bar in Maslow's pyramid, will be the highest when the pyramid is put on its side, suggesting that these needs would be the last to be fully satisfied. The resizing implies that as you move up you can satisfy basic needs at an early stage, and the last need to be fully satisfied is still self-actualisation.

The fundamental difference in a non-hierarchical approach is that when you are at the base of the pyramid, higher-order needs are present and important, as opposed to Maslow's pyramid where they only become important once lower-order needs are satiated. A hungry child still wants love, a person forced to beg for food may still feel humiliated by the act, and adolescents often compromise their physical safety to feel a greater sense of belonging.

There is a wealth of evidence available to support the assumption that needs are non-hierarchical (Desmond, 2019; Max-Neef et al., 1992). It includes the evidence on institutional care that shows that the impersonal nature of care dramatically hinders child development even when basic needs are met (Johnson et al., 2006; Nelson et al., 2007). Another powerful example comes from the finding, repeatedly found around the world that people who are economically marginalised report that their situation negatively impacts their self-image, they are not so preoccupied with meeting basic needs that they do not internalise the judgements others make about them (R. Walker et al., 2013). There are numerous examples related to adolescent behaviour: Adolescents living with HIV not taking medication for fear of stigma (Ammon et al., 2018); taking risks with alcohol or

drugs, to fit in with peers (Montgomery et al., 2020). The argument that needs are not hierarchical is not new, for example, Anna Freud and Dorothy Burlingham based on their research during the Second World War said, "the war acquires comparatively little significance for children so long as it only threatens their lives, disturbs their material comfort or cuts their food rations. It becomes enormously significant the moment it breaks up family life and uproots the first emotional attachments of the child within the family group" (Freud & Burlingham, 1973).

Recognizing that needs are not hierarchical foregrounds relationships and identity, neither of which feature when considering the needs of children in adversity within a hierarchical frame. From the very beginning of life, the attachment of children to primary caregivers, often the mother, is essential for their development (Britto et al., 2017). As children age the quality of relationships with peers become of increasing importance, as does the ability and opportunity to form a positive self-image (Trzesniewski et al., 2006). Strained parent or peer relationships and hinderances to identity formation compromise mental health and increase negative behaviours (Patton et al., 2016; Viner et al., 2012).

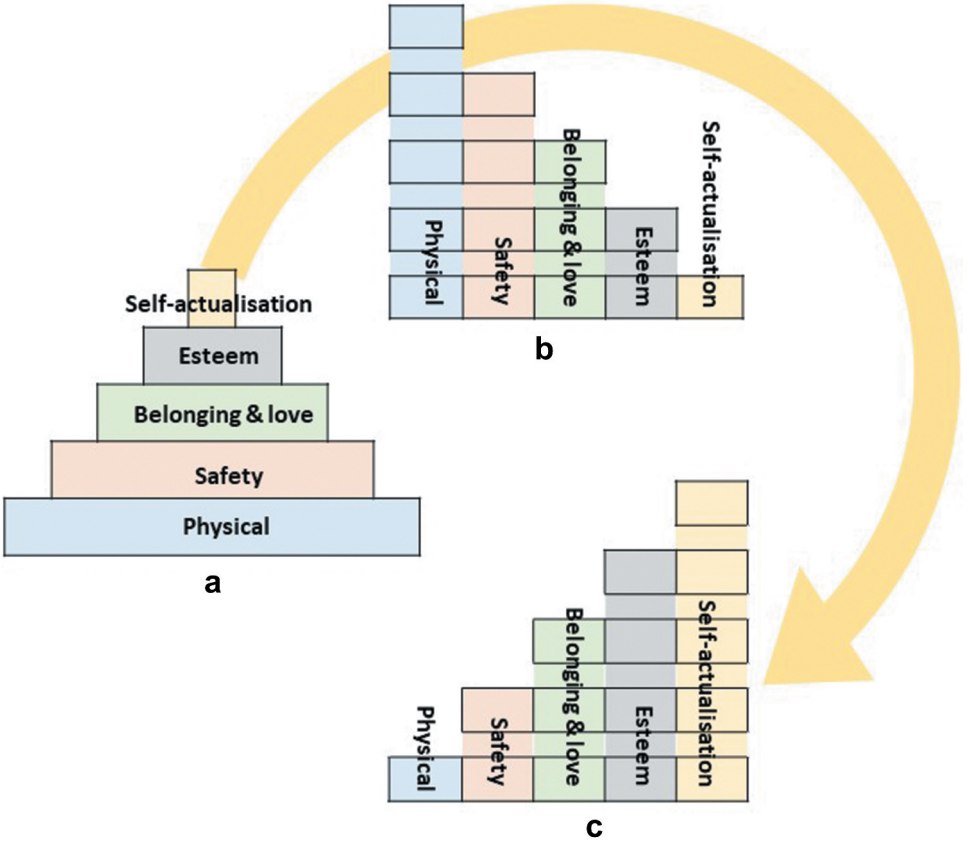

Figure 1. Hierarchical versus non-hierarchical needs.

Acknowledging that children have multiple concurrent, complex needs underscores the importance of a functioning family. Children need individualised care, and only those who interact frequently with children can provide it (Britto et al., 2017).

The primacy of family and the need for differentiated support services

Recognising the essential role of families in child well-being has clear cross-sectoral policy implications. Before examining these, it is important to note that family can take many forms, it need not be biological, the key characteristics are connection, proximity and responsiveness to children leading to nurturing care.

If the family is essential, then supporting the family must be considered a mechanism to protect and realise children's potential. Not all families need the same degree of support. There is a need, therefore, to consider how to differentiate services according to need. Support to families, summarised in Figure 2, can be usefully grouped into three types: universal enabling interventions; targeted family strengthening; and critical family functioning.

Universal enabling interventions are required by all families. They create the environment in which families can flourish. National security, civil and human rights, safe communities, schooling, and health care are clear examples. For adequately resourced families that are functioning well, these enabling supports are all they need to allow them to protect and realise children's potential.

Targeted family strengthening interventions, refer to efforts that improve families' capacity to care for children by weakening or removing constraints. For example, social protection interventions such as cash transfers enable caregivers to access a range of resources and services (Alderman et al., 2019; Fernald et al., 2008). For many families, these may be the only additional services they require. The SSW has a role in supporting families in need to access these services, doing so is often a relatively simple but important task (Schmid, 2018).

Critical family function interventions, refer to informed efforts to improve individual family functioning. Families make mistakes and fall short of what may be best for their children, but family care, even with its shortcomings, is by far the best way to nurture children and develop their capacities (Van Ijzendoorn et al., 2020). Enabling interventions and, when needed, targeted family strengthening, are sufficient for most families, they complement systems of social support and facilitate the care of children. But in some cases, when the situation is so serious and the social supports are absent or inadequate, more intensive engagements in family functioning are necessary (Richter & Naicker, 2013). Even in an enabling environment with adequate social protection some families will still not be able to provide the necessary care to their children, this situation may be a result of factors such as substance abuse, significant mental health challenges, harsh discipline of children and domestic violence (Hughes et al., 2017; McCormick et al., 2020). When a family is struggling to function, intensive intervention may alter and stabilise the home environment. Such intervention requires direct, skilled, and sustained interaction with families, and it is here that the SSW has a critical role. Early identification is critical as such interventions are far more likely to succeed if implemented as soon as problems appear (Oberklaid et al., 2013; Ross et al., 2015). In the rare cases that the family environment cannot be improved adequately, even with skilled intervention, the

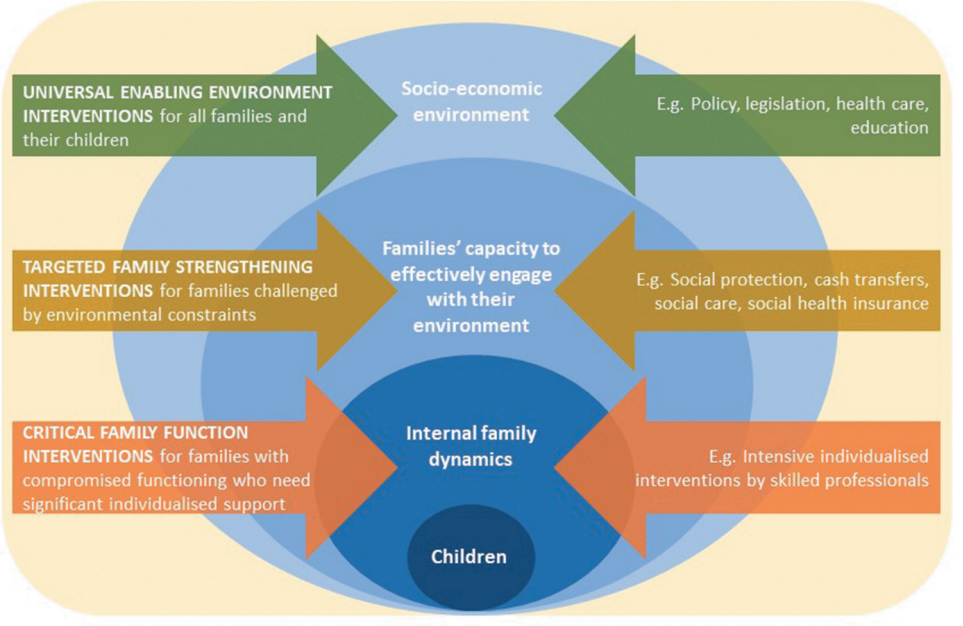

Figure 2. Differentiated family focused interventions.

SSW has a role in removing children from the family, as a last resort. This again requires great care and skill, especially if the goal is, as it should be in the vast majority of cases, for removal to be a temporary solution. While children are outside of the care of their family, food and shelter alone are never sufficient, and the involvement of skilled SSW personnel is required to ensure their placement in alternative family care and that their full range of needs is met (Van Ijzendoorn et al., 2020).

Differentiated cross-sectoral services: getting the balance right through the SSW

We argue that in many countries the balance among interventions for enabling, strengthening and critical family function is incorrect. More investment is needed across the board, but especially in interventions to facilitate critical family functioning. A necessary step for governments in improving investments in capacity to engage with families whose function is highly compromised is strengthening the SSW.

Enabling interventions are often expensive. The provision of healthcare and education for example. Policy interventions for a safer environment, such as restrictions on the sale of alcohol to minors or seat belt regulations, must be enforced and thus carry a significant cost, as do enabling measures that facilitate the work of the family, such as legislation on maternity leave and minimum wage laws. However, the scale and nature of the benefits of enabling interventions justify the cost (Patton et al., 2016).

Family strengthening interventions have, in recent years, become more common although there remains significant scope for expansion. For example, social protection, including cash transfer programmes, has been scaled up and yielded high returns (Attanasio et al., 2014; Fernald et al., 2008). What remains a challenge is ensuring that the most vulnerable are linked to these services (Azevedo & Robles, 2013). Linkages to these services can at times serve to prevent the need for more intensive interventions (Ozer et al., 2009; Ross et al., 2015), and getting the balance right when allocating the SSW between preventing and responding is critically important.

The capacity to engage with families whose functioning is highly compromised and improve that functioning is largely determined by the strength of the SSW. Interventions which engage directly with struggling families are intensive and require highly skilled personnel. But the SSW and the entirety of the social services sector are too often under-resourced and, consequently, marginally effective. Challenging family engagements may be attempted without the necessary staff training or support, resulting in poor outcomes. Early detection systems are absent or fail. Poor results generate a negative cycle of dismissive attitudes among senior governmental officials and further under budgeting. Dysfunction results in service gaps, affecting the most vulnerable children most.

Costs of inaction

Costs of inaction arise when there are actions we can take to avoid costs, but we fail to take them (Anand et al., 2012). Costs of inaction arise when family function is seriously compromised and we fail to intervene in a timely way and with the appropriate intensity. Children are resilient, and the most can manage through significant adversity without long-term consequences, particularly if they have family support to deal with that adversity (Stein et al., 2014). But when the adversities accumulate and familial support falters, negative outcomes reinforce each other and safety, wellbeing, and development are put at profound risk (Anand et al., 2012; Botros et al., 2019; Essex et al., 2013). The negative outcomes are not limited to the children who have been failed, they aggregate at the social level and echo across generations (Anda & Felitti, 2004; Hughes et al., 2017; S. P. Walker et al., 2011).

The Adverse Childhood Experiences (ACE) studies have demonstrated this clearly (Essex et al., 2013; Hughes et al., 2017; Metzler et al., 2017). The proportion of children suffering long-term developmental consequences when faced with a single adverse experience is small. As the number of experiences accumulate, the proportion suffering long-term harm increases rapidly. The ACE studies focused on early childhood development, but evidence from cohort studies indicates that risks and negative outcomes cluster throughout childhood, because of common causes, one of which is family function (Alamian & Paradis, 2012; Latvala et al., 2014; Ohene et al., 2005; Tamakoshi et al., 2009; Wright et al., 2018).

Given the key role of families in realising the balancing act of childcare, it is unsurprising that when family function is compromised, adverse experiences accumulate and child development may be compromised (Duncan & Brooks-Gunn, 2000). This is partly explained by adversity within the household and partly by the decreased capacity of caregivers in these families to offer support to children to protect against the consequences of adversity experienced outside of the home. Children are left more vulnerable, even if the household itself is not the source of the initial stress.

The long-term developmental consequences of compromised family function and associated adversity are costly to individuals and play out over their lifetime. Impacts in early childhood have been linked to adult earnings and health outcomes (Richter et al., 2017). Throughout childhood and particularly in adolescence, compromised family function can increase risks of early marriage, death by suicide, substance abuse, road injuries, drowning, interpersonal violence, threats to their sexual and reproductive health and school dropout (Bearinger et al., 2007; Dorn & Susman, 2019; Patton et al., 2016; Viner et al., 2012). The consequences stretch to the next generation, as adolescents become parents with families of their own (Benny et al., 2017; Patton et al., 2016).The harm to children can have significant consequences for society as a whole. Many social challenges arise from the behaviour of a small group of adults who grew up in particularly challenging environments, including environments characterised by compromised family function.(Moffitt, 1993; Moffitt & Caspi, 2001; White et al., 2001)

Conclusion: the necessity of a strong social services workforce

At the heart of our argument is the recognition that other people's children, like our own, have complicated, multiple, changing, interacting, and sometimes competing needs. Helping families and children to meet these needs is not a simple task and is made more complex by the multiple, changing, interacting, and sometimes competing needs of caregivers themselves. The design of any intervention that seeks to influence family function must consider the challenges this complexity brings and the need for differentiated services.

Given the complexity of family function, the role of social auxiliary workers with minimal training should be limited to identification of families and children in need, monitoring of well-being and basic support, including linking families to each other in support networks. As families needing intensive interventions are often the last to seek support services, this role in identification and referral is essential.

A family requiring more intensive intervention in critical family function needs support. For some families, systems of social support may be adequate here. But for others, given the intensity of the dysfunction and/or the absence of social connections, outside intervention is required. When this is the case, it needs to be provided by highly trained personnel. To be effective, such personnel must be linked to families as soon as possible; have sufficient supervision and support, a manageable workload, access to necessary resources such as transportation, as well as adequate pay to enable adequate attention to the children and families concerned. Referral links to other services to address complex family challenges and facilitate a transdisciplinary team effort are also essential. Necessary links might include medical services, nutritional support, or professional mental health services. In many contexts, there may also need to be complementary services, across platforms, such as school programmes and interventions to shift social norms.

Enabling the wellbeing of other people's children requires the social foundation of functioning families. Planning for child wellbeing must give primary focus to supporting family functioning, and for children outside of families on family reintegration or alternative family care. Most families need only an enabling environment. Some need a little more, most often because of financial constraints. For a few struggling families and their children, the situation is very different. The costs of allowing these families to fail in their

essential functions are great. Avoiding long-term social and financial costs requires investing in a social services sector capable of providing timely effective, tailored support. That vision should direct the design of services and the composition of and support for the SSW.

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