Understanding Communities Today: Using Matching Needs and Services to Assess Community Needs and Design Community-Based Services

Kenneth I. Taylor

Matching Needs and Services (MNS) is a practice tool intended to help people who work with vulnerable children use rigorously assembled information on needs as a guide to design, implement, and evaluate more-effective services. To do this, MNS focuses on needs but links them to outcomes and thresholds before dealing with the services to achieve those outcomes.

Kenneth I. Taylor, MA, is Director, Dartington-I, Madison, WI.
In most jurisdictions, effectively moving away from broad, categorical services and toward more specific, community-based services requires new and different types of information. Administrative data are a powerful source of information for this endeavor, and agencies must maximize their use, but data are not sufficient on their own in the drive toward community-based services. Another important type of information, research from academic institutions, often takes years to come about, and communities may consider it suspect, because from the community’s perspective, the findings apply to “other people.” Academic research can certainly provide helpful guideposts, but even when coupled with administrative data, it may not be sufficient to drive system change. A third source of information practitioners can draw on is their personal experience and case-specific anecdotes. These too can be quite helpful, but they still provide an incomplete picture because, often, it is the worst-case scenario that is remembered. These anecdotes are thus of limited usefulness because the specific cases, however compelling, may not accurately describe broader community needs.

So if none of the individual information sources at their disposal are sufficient to move agencies away from ill-fitting categorical services to a more tailored, community-based service system, what are? This article argues that all these data sources, with the addition of needs-led, community-specific information, are necessary for system transformation. Each type of information described previously has strengths and weaknesses. In combination, the strengths of one can offset the weaknesses of the others to define opportunities, develop a truer picture of community needs, and then develop more effective community-based services.

The Dartington Approach

Dartington staff have developed an approach that integrates research evidence, information design, and implementation that
addresses design challenges; develops this additional type of needs-based information; and is beginning to create more consistent definitions of the terms the field uses. They call this approach the *common language*. The common language seeks to improve the understanding of children in need and how society responds to their situation. Dartington staff view their progress thus far as a first step and hope that others will pick up the challenge and advance it further.

Dartington is, at its core, a research institution interested in the issue of children in need. For the past 35 years, Dartington, which is based in Devon, England, has produced high-quality research on various topics related to needy children, including prevention, residential care, secure care, child protection, foster care, and children’s health and development. Dartington has had a special focus over the last 15 years on going beyond the normal publishing scheme (books and academic journals) to get research results into the hands of practitioners, many of whom do not have the time or inclination to read academic journals or books. To do this, Dartington has attempted to create additional pathways through which research methods and findings can be communicated to those in the field.

Through an emphasis on information design, Dartington has created structures that embed research evidence in frameworks that managers and practitioners can use to organize their work and interaction with clients. Now known as *practice tools*, these frameworks allow professionals and community members to gather information to create data that are “true for them.” The tools are not designed to duplicate research, but rather to help produce concrete change in children’s services. These practice tools come in the form of matrixes, checklists, decision trees, booklets, and forms, along with instructions and training on their use. These tools embed research findings in a way that is much more accessible to and more likely to be used by managers and practitioners. Some are child specific, for use by case managers for the
individual children on their caseloads, whereas others aggregate data to focus on organizational, community-, or systems-level change. This article describes the use of one of these tools, *Matching Needs and Services* (Dartington Social Research Unit [DSRU], 2001), as a specific way to assess community needs to design community-based services.

**Definitions**

Part of the common language is the attempt to be clear about the terms used in social services. Thus, to be clear about what is meant by using *Matching Needs and Services* (DSRU, 2001) to assess community needs and design community-based services, it is necessary to define some of its terms:

- **Need**: Dartington defines *need* simply as an issue that, if not addressed, will negatively affect a child’s normal development. Dartington also believes that nearly all children have needs at some period in their development; parents, relatives, or children themselves meet most of children’s needs; and some children have needs that require the support of children’s services. To effectively address need, it is important to look at the whole child and family. To get a complete picture, Dartington uses the following domains: (a) living situation, (b) family and social relations, (c) social and antisocial behavior, (d) physical and psychological health, and (e) education and employment. These are touch points to ensure that the agency addresses the full breadth of issues the family may be facing—as opposed to just the reason the child came to the service system’s attention. It is also important to note that need is not an absolute; rather, it is a socially constructed and relative concept that changes with time and location.

- **Service**: An activity undertaken in response to a perceived need.
• Community: *Merriam-Webster’s Collegiate Dictionary* (1993) defines *community* as “an interacting population of various kinds of individuals in a common location” (p. 233). However one defines community, for services to truly be community based, it is important that community members be involved in their development.

• Community Involvement: That the community should be involved in attempts to design and implement community-based services is so obvious that it should hardly need mentioning, but too many examples where this is not the case exist. Community involvement certainly poses challenges, but it is well worth the effort to overcome them. The main benefit of significant community involvement is ownership.

However one defines *community*, two conditions exist in most communities. First, in most cases, community members have a natural mistrust of “outsiders,” and second, people have a lot of different opinions about what needs to be done and how to do it. If members of the community are involved in assessing, quantifying, and prioritizing their needs, and designing services to better meet those needs, it is more difficult to subsequently charge that the solutions will not work because they were imposed on the community by outsiders who did not understand their problems. The community will have a larger stake in making the solutions work because it had a hand in designing them. In addition, community members can bring forth important insights that professionals might miss, and community members tend to be very pragmatic and grounded in their approach to problems and solutions.

When thinking about who should participate, it is important to include critics as well as allies, and it is particularly important for service users to have a voice. Depending on the context, service users could include birthparents, foster carers, relatives, or young adult service users. Involving these participants brings up
the important issue of confidentiality, particularly about who gets to see case files. This can be a challenge, but it is one that agencies can overcome with some careful planning. Once staff have gathered information and made it anonymous, community members can be full partners in the process. Dartington’s experience is that to successfully engage with the community, the process must be as user friendly as possible. This includes considering times that are convenient for community members, having food and drinks available, perhaps making day care available for participants with children, and having a small stipend or parting gift for those who see the process through. (Professionals are being paid for their time; community members, particularly service users, are not.) These types of relatively small considerations can go a long way toward making community participation a reality and showing community members that their contributions are valued.

Matching Needs and Services

The following is a description of the use of one of the seven existing Dartington practice tools, Matching Needs and Services (MNS; DSRU, 2001). Dartington has used it in the development of community-based services. MNS is intended to help practitioners working with children in need gather information on those needs to:

- plan more effective services,
- implement new services or improve existing services, and
- evaluate the services to see whether they have improved outcomes for children and families.

MNS rests on information about real cases, often from the caseload of the practitioners who are involved in the exercise. It uses a fairly simple case review process, in which teams of professionals, along with community members and service users, identify the most pressing needs of the children and families in the sample, group the sample according to those needs, and for-
mulate services to better address those needs. MNS is not a service planning tool for individual children, but rather a systemic service development tool for groups of children. The decisions made will not necessarily affect the children reviewed, but they are aimed at producing better responses for similar children in the future. MNS has been implemented in many locales across North America and Europe (New York City, Los Angeles, Chicago, the United Kingdom, Spain, Norway) by various service providers searching for more evidence-based approaches to their practice.

The instrument arose out of an initiative in England known as the Support Force for Children’s Residential Care that was sponsored by the UK Department of Health. It soon became apparent that the approach could apply much more broadly. England’s Children’s Act 1989 requires local authorities, often counties, to identify children in need in their area. One result of this requirement is that about one-third of all English local authorities have used MNS for their needs audits. Dartington has learned much by working alongside professionals and users as they have tested and implemented the approach. Dartington has revised the current practice tool significantly in light of those experiences.

The process of conducting an MNS exercise has two phases: Phase 1 is a needs analysis, whereas Phase 2 involves service design.

**Phase 1.** The needs analysis has eight steps:

1. **Selecting the sample:** Staff choose a consecutive sample of approximately 100 target children referred for services. This is more representative of the entire population served than a point-in-time sample because it includes children who are no longer receiving services.
2. **Collecting information on the whole child using five dimensions:** living situation, family and social relationships, social
and antisocial behavior, physical and psychological health, and education and employment.

3. Assessing the children’s needs on the day of referral: Using the information in all five dimensions, participants make a judgment about the child’s needs in the context of the family.

4. Looking at what actually happened to the child: Staff record what services were provided and by whom. This will help later identify effective service provision, versus that which could be improved.

5. Identifying groups of children with similar needs: As a group process, participants read aloud the needs summary of an individual child. They identify the most pressing need. They present each child this way, and the team places children with similar needs in a group. They revisit the categories and children in them until the participants agree the children are in the right categories.

6. Deciding on realistic outcomes: Based on the combination of child and family needs contained in the needs group, the team must decide on realistic outcomes before they can design effective services.

7. Putting all the different pieces of information together: This involves creating a summary of the process and a description and analysis of each needs group.

8. Disseminating the findings: The findings should be presented to all interested parties, but it is essential that participants get and give feedback about the process to maintain ownership.

Phase 2. This is the service design portion of the process. It involves seven steps that are based on the findings from Phase 1. It is important that any decisions that result from this phase are made based on local knowledge of presenting needs, available resources, professional expertise, and community involvement. It may involve the same group of people who were involved in the needs audit, but it may also require additional participation
and expertise depending on the needs groups selected (e.g., if housing is identified as a need and housing providers were not involved in the needs assessment, the team will need to bring them into the process at this point). The steps in Phase 2 are:

1. Selecting those needs groups for which services are going to be designed or revised: No “right answer” exists about which groups to choose. They could be the biggest groups, the ones relating to the most severe needs, those not very well served, or those for which funding is available.

2. Summarizing the evidence on need for each of those groups: Researchers or professional staff can draw together this information, and it is likely to be in greater depth than the summary findings from Phase 1. It is important to keep a copy of the initial needs audit to refer back to if necessary, to demonstrate the needs to potential funders and auditors, and to link progress toward service effectiveness back to original needs.

3. Revisiting desired outcomes: Some outcomes can be achieved in weeks; others may take months or longer. For the needs groups selected, it will probably be helpful to define what is reasonably achievable in the short, intermediate, and long term in all the applicable dimensions of the child and family’s life.

4. Translating desired outcomes into services: This step is the key to the entire process and is what all the previous steps have been leading toward. The design needs to be specific and deal with intended beneficiaries: sociodemographics (adults/children, gender, ages, ethnic backgrounds) and criteria for getting the service, as well as aims of service: what will the intervention do and for whom? Details about what the service does include:

- Intervention—for example, information giving, advice, advocacy, befriending, mentoring, education or training, financial or material provision, recreation, treatment, practical assistance, legal action, or accommodation.
- **Quantity**—length of sessions, number of sessions, or amount of services.
- **Duration**—how long people are in the program.
- **Frequency**—how often staff provide help.
- **Location**—where the intervention is provided, such as in the home, family center, or social work offices.
- **Nature of contact**—how initial contact was established, such as referral, open door, agency initiated, user initiated, and so forth.
- **Providers**—Who will provide what? How will they pay for it?

The design also needs to deal with the theory of change, that is, what evidence exists that the service is likely to be effective?

5. **Looking at thresholds**: The agency must consider two kinds of thresholds. The first is called a *pure* threshold and refers to the seriousness of the child’s needs. The participants will need to design the service, as appropriate, for children or families with no impairment, some impairment, or significant impairment. Is the service for children who are already impaired or are likely to be impaired? The second threshold is a *process* threshold, which describes, in detail, the point beyond which a child or family must be to access the service. This line tends to be difficult for social workers to draw and adhere to because of the desire to help all families who are referred, but with limited resources and a focus on outcomes, it is essential that the service be reserved only for those it is designed to help.

6. **Designing the evaluation of the service in relation to outcomes**: This need not be a large and involved research project; however, basic information about the situation and needs of children who are referred, what services were provided and for how long, and the outcomes that were achieved are essential for demonstrating service effectiveness.

7. **Disseminating the plan and implementing the service**.
So what does MNS accomplish? It both confirms and challenges what people think they know about the needs of children, families, and communities. It quantifies the needs of a particular community, thus filling the gap between administrative data and case-specific anecdotal evidence. It brings together people to agree on the needs and priorities of a community, and in the process, defines a common language and develops joint ownership. And perhaps most important, it draws on the expertise in the community and at the field level and provides a framework to communicate that knowledge to administrators, planners, funders, and politicians.

**Use of MNS in the Development of Community-Based Services**

Agencies have used MNS in many different locations with many different populations, ranging from children who live in a particular community to the most troubled children in secure mental health treatment centers. The following is a description of how one location that implemented MNS, New York City’s Administration for Children Services (ACS, 2004), used the method to forward its community-based service agenda (Scopetta, 1996). Researchers have previously reported some aspects of this endeavor in this journal (Melamid & Brodbar, 2003).

Melamid and Brodbar (2003) described the pilot phase of this project, which reviewed the needs of 333 children in three samples from the Bronx and Staten Island. ACS staff (planning, management, and casework) as well as clients (parents, foster parents, parent advocates, and adolescent foster children) reviewed cases. The different samples and groups of reviewers had similarities and differences, but all described needs for housing (7% of cases), parenting skills (19%), and substance abuse treatment (23%). Permanence through adoption or custody (21%) and emotional well-being (12%) also constituted a significant portion of the needs,
although not all groups found them. One result of this pilot was that ACS has focused on the housing needs of clients, including creating an office of housing development that works in partnership with other city agencies, private housing developers, and contracted foster care and preventive service providers to develop new housing resources and improve access to existing housing resources for ACS clients and families with housing needs.

In addition, due the success of the pilot phase of MNS, ACS took it to scale, conducting MNS citywide. As part of their community-based initiative, ACS required service providers to bid on contracts at a community level and to participate in community networks. They divided the city up into 59 community districts (CDs). Although some might argue that these areas are still too large for services to be considered truly community based, they are certainly much closer to community based than the previous citywide contracts. As many of the service providers had previously been citywide, particularly substitute care providers, for some, this was their first foray into community-based planning. Although not mandated, most communities used MNS as a method to organize the discussions between service providers (some from the community, some from outside) and the community in a way that grounded them in the needs of children and families from the community they were all responsible to serve. MNS addressed 6 of the 10 components ACS used to define a functioning neighborhood network, including:

- client/parent involvement,
- network relationships,
- service coordination and integration,
- network needs assessment,
- network service response, and
- network collaboration.

As with other needs-based planning efforts, ACS’s attempts to implement new needs-led services has proven challenging. According to participants, however, “MNS can provide a clear statement of client needs and recommend service strategies that
will facilitate communications with other system’s actors” (Melamid & Brodbar, 2003, p. 410).

The use of MNS was not the ending point of New York City’s attempts to use evidence to design community-based services. Rather, it was more of a beginning. In addition to the focus on the housing needs of clients and the interagency, community-based network building that MNS facilitated, ACS continued to mine their administrative data at the CD level. This led to the realization that 60% of children coming into substitute care were from 18 of the 59 CDs. As a result, ACS developed a Top 18 Strategy, which increased its focus on these 18 communities. With this increased focus came increased emphasis on community planning and development, and the requirement of high-level executive participation and partnership from agencies serving the communities; a strategic planning body that brought resources, expertise, and clout; as well as increased emphasis on evidence and data. As the service system drills down to ever smaller and, in many cases, more relevant geographies, the types and accessibility of evidence may change, but the need for evidence does not decline. In New York’s case, ACS pushed its administrative data beyond the CD level to look within CDs. When analyzing the data of one particular CD, ACS found that 6 of the 31 census tracts in that community accounted for half the children in care from that district. What resulted from this realization was a block-by-block walk through these census tracks so the agency executive directors and city planners could see for themselves what the needs of these particular areas were. All of this was an attempt to gain sources of information in addition to those that are normally available, to better define needs of those in the community and better serve them.

**Conclusion**

Numerous challenges exist in the effort to transform broad categorical services to specific, needs-led, community-based services.
This article describes a method that helps professionals engage with community members in the effort to gather evidence of community needs, aggregate and prioritize those needs, and begin to design services to better meet them. These are necessary first steps toward implementing community-based services. Using the evidence from the community that emerges from this process, coupled with administrative data and research findings about what works for similar populations, discussions can take place to drive collaboration between all the necessary service systems to make community-based services a reality. On its own, MNS will not resolve all the complex inter- and intra-agency problems that plague efforts to implement needs-led, community-based services. Through its rigorous, needs-led methodology, MNS can, however, provide important evidence about the needs of children and families that is often missing from these discussions, design more-relevant services to meet those needs, and provide a model for collaborative, community-based network building and service strategies.

References


