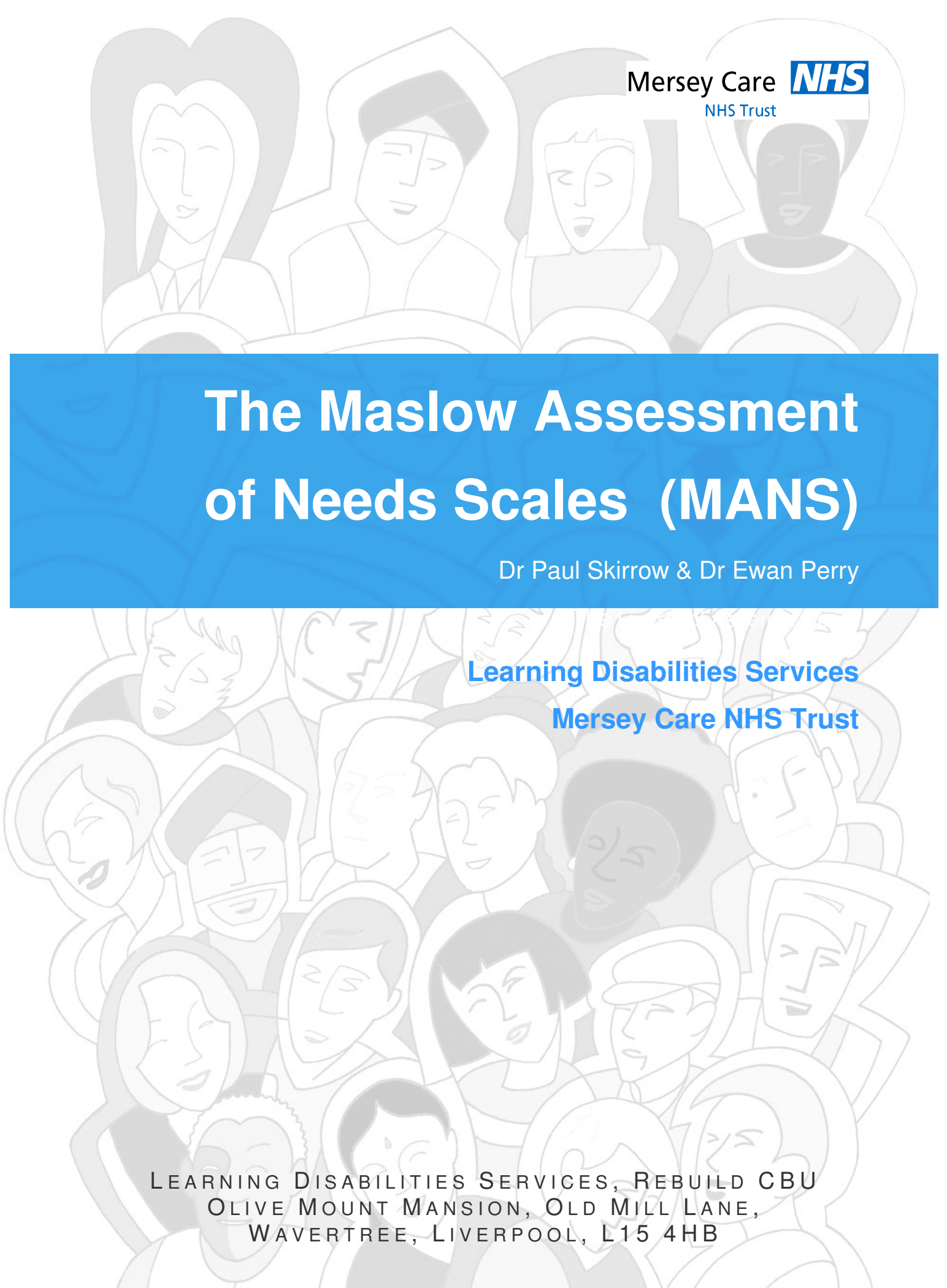

Mersey Care NHS
NHS Trust

The Maslow Assessment of Needs Scales (MANS)

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The Maslow Assessment of Needs Scales

The Maslow Assessment of Needs Scales represent a value-driven approach to assessing outcome for services for people with learning disabilities and are firmly rooted in the ideas of Social Validity (Wolf, 1978; Emerson et al., 1998) or person-centred goal planning (e.g. Lyle-O'Brien, O'Brien & Mount, 1998; O'Brien, 1989).

Socially Valid' Outcomes

There has been a growing international consensus that one of the typical targets for services for people with learning disabilities- a reduction in the extent and severity of challenging behaviour- does not *in itself* imply a good outcome for our service users. As Professor Eric Emerson and his colleagues have argued (e.g. Emerson, Caine, Bromley & Hatton; 1998; Fox & Emerson, 2001) an approach that seeks a reduction in challenging behaviours is only 'socially valid' if it also "*results in socially important outcomes*" for the person with learning disabilities.

> *"…many people who work in the field have been beguiled into thinking that reducing a person's difficult behavior to zero is a positive accomplishment. This is as mistaken as thinking that pleasure is an absence of pain. If we think of difficult behavior as a persons' expression of pain, of negative experience, then simply removing the negative elements might make the person's life better, but not necessarily positive… our best work calls us to ask and to listen to what makes peoples' lives richer and more exciting."* Herbert Lovett, 1996

Positive Outcomes & the Needs of People with Learning Disabilities

It has therefore been a fundamental thrust of much of the wider writing on service provision for people with learning disabilities over the last 25 years (e.g. O'Brien, 1989; Lovett, 1996; Pitonyak, 2003; DoH 2001; 2009) that, whilst their abilities and behaviour may set them apart from their non-disabled peers, these individuals' needs and wishes are *not* dissimilar to those of any member of society.

> *"We all want the same basic things out of life: a decent and comfortable place to call 'home', something meaningful to do during the day, some close friends with whom to share the good times and from whom we receive support in difficult times, and the opportunity to make our own decisions about things that will affect our personal lives. People with disabilities want these same basic things and are increasingly speaking up for themselves about what they want."* Susan Babin, 1995.

This being the case, when we were considering how we assess whether we were meeting the needs of people with learning disabilities, we were forced to ask the question *"What do people (in general) need?"*

Maslow's Hierarchy of Human Needs

Perhaps the most well-known answer to this question was provided by Abraham Maslow in 1943, with his theory of human motivation and needs. Maslow's humanistic approach suggested that all human beings have the same drive to meet their needs- from basic, physiological needs, through safety, belonging, self-esteem and what Maslow described as 'Self Actualisation' or growth (Figure 1).

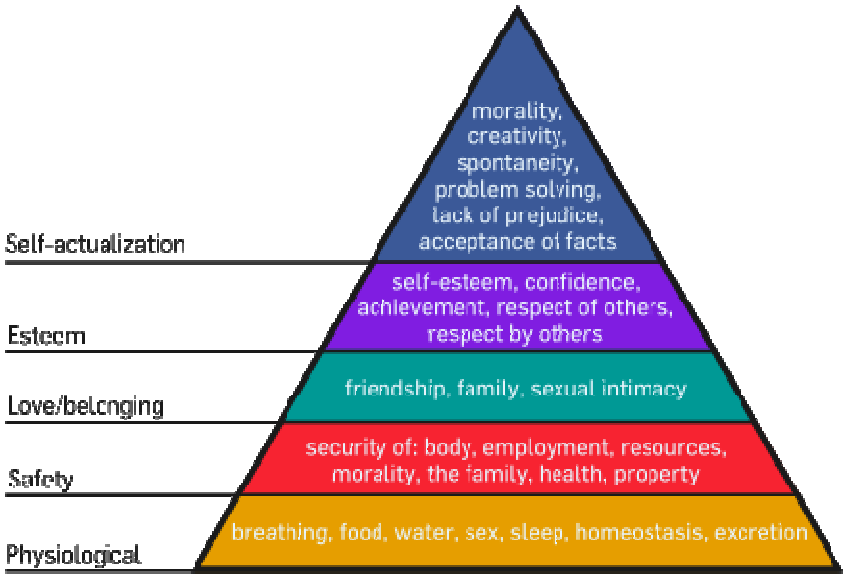

Figure 1: Maslow's Hierarchy of Human Needs

Only when needs from a lower level of the hierarchy are met will an individual begin to prioritise needs from further up the hierarchy so that different needs will become motivating at different times. For example, a person who is dehydrated will be highly motivated to seek water and less motivated at that moment to seek opportunities to improve their self esteem. Indeed, they may even risk their physical safety in order to find a drink, something that they would not do if they were not thirsty. Maslow called the first four levels 'deficiency needs', which arise when something important is lacking in someone's life. Addressing each need allows balance, or homeostasis, to be regained and at this point the need ceases to be motivating. In contrast, Maslow argued that self-actualisation includes 'growth needs', which arise from an innate desire to grow as a person. Meeting these needs continues to be rewarding and motivating for a person as they discover more and more or their potential.

> *"If you plan on being anything less than you are capable of being, you will probably be unhappy all the days of your life."* Abraham Maslow

Later humanistic writers such as Carl Rogers (1951) went on to suggest that psychological or behavioural difficulties could be understood as a goal-directed attempt to meet these needs (pp 491) and this has now become a significant feature of most common psychological approaches to working with people with challenging behaviour (e.g. Johnston et al., 2003). Functional analysis (e.g. Sturmey, 1996), for example, stresses the importance of identifying what purpose (i.e. what *function* or need) the behaviour serves for an individual and, together with a commitment to respect for the individual, seeking meaningful outcomes, inclusion, self-determination and stakeholder participation, these approaches have come to be a core feature of the 'Positive Behavior Support' movement (e.g. Johnston et al., 2003).

> *"Any thwarting or possibility of thwarting of these basic human goals, or danger to the defenses which protect them, or to the conditions upon which they rest, is considered to be a psychological threat. With a few exceptions, all psychopathology may be partially traced to such threats. A basically thwarted man may actually be defined as a 'sick' man, if we wish."*
>
> Abraham Maslow, 1943

Given that people with learning disabilities can be assumed to have the same fundamental human needs as any other member of society, and they often present to services when one or other of these fundamental needs is not being met by their environment, we concluded that Maslow's hierarchy provided an ideal approach to measuring outcomes with those individuals *beyond* simple symptom reduction.

Developing the Scale

On this basis, we developed the MANS measures in the hope that they would provide services and people with learning disabilities with a meaningful way of specifying and measuring outcome. We wanted to produce a set of simple questions that asked about changes in a person's life that were related to each area of Maslow's hierarchy. This makes it possible to see where services are making most impact for individuals and for the group of service users as a whole. Each area of the hierarchy is described below, along with the statements that were chosen to go in the measure.

Physiological needs

These are the basic requirements for human survival such as food, water, sleep, oxygen and all the other things we require to keep our bodies functioning as they should. Sex is included in this part of the hierarchy because it is needed to ensure our genes are passed on to the next generation, but it is not required for the immediate survival of the individual.

Questions:

- **"I feel my basic needs, such as the food I eat, how I sleep and keeping warm, are being met"**

Safety needs

Once the physiological needs are largely taken care of, a person may begin to seek things that increase their safety and security, such as protection from the elements and accommodation. The focus is on ensuring stability, therefore employment, support from others and ensuring that life circumstances in general can guard against potential future hardships becomes the priority.

Questions

- **"Other people try to hurt me"**[1]
- **"I feel like hurting other people"**[1]
- **"I feel like *deliberately hurting myself* or trying to kill myself"f**[1]
- **"I am happy with how I spend my time (e.g. jobs, college)"**
- **"I am happy with where I live"**
- **"I am happy with my health"**

[1] Negatively scored items.

Love and belonging needs

This level involves a desire for friendships, companions and affectionate or romantic relationships. People may begin to think about starting their own family or becoming a member of a particular social group with similar values or goals. A sense of belonging becomes very important in this area of the hierarchy and can be met in various ways.

Questions:

- **"I get on well with the people I know well (e.g. my family, the staff who support me)."**
- **"I can make and keep friends."**
- **"I feel accepted by other people"**
- **"I feel happy about boyfriends and girlfriends"**

Self-esteem needs

Maslow identified two related types of needs in this area of the hierarchy. The 'lower' need is to be respected by others for who we are, what we do and what we stand for. This can be achieved through having status, fame, recognition or reputation. It becomes important that our contribution (in our job or area of interest, for example) is recognized and valued by others. The 'higher' need is for self-respect, which includes confidence, a sense of agency and a belief in one's own ability and self-worth. Maslow argued that it is possible to meet the lower need without meeting the higher need.

Questions:

- **"I feel good about myself."**
- **"I feel confident."**
- **"I feel I am achieving what I want to."**
- **"I feel other people respect me."**
- **"I feel I respect other people."**

Self-actualisation

As mentioned above, this level refers to an innate desire to be the person that you want to be. Maslow identified a number of personal qualities that were relevant to self-actualisation. These include:

- being reality-centered
- approaching difficulties as problems to be solved
- valuing the process of achieving goals rather than just the goal itself
- being comfortable with solitude whilst also valuing deep relationships with selected others
- a sense of autonomy and lack of pressure to fit in
- an ability to laugh at oneself and human qualities in general
- Acceptance of self and others
- Humility and respect
- An ongoing curiosity and wonder with the world around them

As with the other levels of the hierarchy, Maslow argued that lower levels needed to be more or less in place before self-actualization could begin. The needs from the lower levels will always be more pressing if they are unmet.

Questions:

- **"I feel like life is worthwhile."**
- **"I feel I accept who I am."**
- **"I feel I am being everything that I can be."**

When thinking about when a person's motivation is influenced by different levels of the hierarchy, it is worth considering that there may be a general, lifelong movement from level to level, perhaps culminating in self-actualisation. There may also be a much quicker day-to-day movement between the levels as our deficiency needs repeatedly come to the fore (hunger, for example) and need to be addressed. However, if someone is able to address these needs readily because they live in a supportive, safe, abundant environment, they have more time to explore higher level needs. Unfortunately, people with learning disabilities often exist in unsupportive, dangerous and deprived environments without the skills to be able to lift themselves out of this position.

Using the Scales

The questions are intended to provide information about the impact the service has made of a person's life and can be used in two different ways. In the 'retrospective' version, the respondent is asked to think about the things that the service has helped with, and each statement is presented in the following way:

"Since I have been coming to this service…. I feel I accept who I am"

The respondent is then required to rate the statement on a 5-point Likert scale:

1 = *a lot less*

2 = *a bit less*

3 = *the same*

4 = *a bit more*

5 = *much more*

In the prospective version, the respondent is simply asked to think about their life currently, and respond to each statement using the following Likert scale:

1 = *hardly ever*

2 = *most of the time*

3 = *reasonably often*

4 = *most of the time*

5 = *nearly always*

By presenting the statements in this way, the measure can be used in a pre- and post-test fashion, perhaps by administering it once when a client is referred and again when the intervention is complete.

Retrospective vs Prospective Measurement

In our initial pilot work with the MANS scales, the retrospective version has shown a number of advantages over the retrospective measure. In particular, we piloted the retrospective measure with a number of individuals who had previously lived in long-stay hospitals where, perhaps, they would have considered that they were 'fulfilling my potential'. Now living in the community, however, many of our service users were able to identify, retrospectively that their life was significantly enhanced after leaving hospital but that this would not have been shown by 'before-and-after' testing. Furthermore, the comparative "since I have been coming to this service" allows the individual to identify an anchor point (i.e. "what my life was like before coming to the service") to allow comparison, and also allowed the question to be far more concrete than the abstract 'in general' questions.

Promoting Service User Involvement

In keeping with the values of such approaches as Positive Behaviour Support, the key aims of the MANS scales was that it should allow people with learning disabilities to be asked directly about their needs and whether services were actually meeting them. For this reason, we felt it was important to produce 'easy read' versions of all of our measures but, having trialed these measures with some of our more able service users in the Liverpool Asperger Team, we felt that non-easy read versions should also be available. For this reason, we produced four versions of the MANS scales- retrospective and prospective versions in both easy read and non-easy read versions.

While we feel strongly that people with learning disabilities are the best judges of what their own needs are, we are also aware that a number of people may struggle to answer the questions- particularly those more abstract questions relating to 'self-actualisation'. In these circumstances, we feel that the person can be best enabled to answer these questions by involving someone who knows them well- typically a family member or carer who has known them for some time. While we would always prefer the person to give their own answers, we feel that it is better to seek the views of people they know well than not to ask at all and would recommend that clinicians seek the views of carers and family members wherever possible.

Interpretation and Reporting

The MANS scales are seeking to measure *meaningful* change in the lives of people with learning disabilities and, for that reason, we have made the conscious choice to avoid making it a 'scored' scale (e.g. out of 30). Whilst this is entirely possible for research or report-writing purposes, by making each score a 'likert' scale of 1 to 5 (see above), we feel that increasing and individual's MANS score from, say 20 to 30, may be indicative of improvement in their quality of life, it misses the rich, human data of *what has changed* in their lives.

For this reason, when reporting MANS outcome data for individuals we would recommend reporting individual items (e.g. My self-esteem is "much better") wherever possible. Similarly, for larger populations, it is possible to capture change in a meaningful way by reporting percentage scores- Table 1 illustrates values from our pilot study of 12 individuals with learning disabilities and 'complex needs' who had moved from long-stay hospitals into community placements in Liverpool. Using the retrospective version of the MANS measure, this pilot data shows the significant changes in all aspects of service users' lives as a result of moving back into the community. In a more typical, community-based service, post-intervention data from 12 individuals with Asperger syndrome, is shown in Table 2.

The data produced by the MANS scales are intuitively persuasive and are accessible to service users, carers, staff and service commissioners alike. Clear areas of service development can be readily identified- for example, both groups approached in the pilot phase identified significant needs in terms of personal and sexual relationships although, perhaps unsurprisingly, intervention from the health and social care teams only produced changes in a small number of people. These are clearly important areas of need but one which traditional health and social care services are not well-designed to meet.

Conclusions- a Value-Based, Socially-Valid Tool for Assessing Outcome

Overall, we feel that the approach advocated in the MANS scales are intuitively person-centred and focus on assessing whether services really are meeting the needs of people with learning disabilities. They clearly demonstrate socially important changes both within individuals and across services. While we would recommend that the specific format of the items continue to be reviewed, we feel that the real value of this measure comes from both the underlying construct validity and clear face validity for individuals with learning disabilities, their carers, staff, policy makers and service commissioners alike.

There has been a significant movement towards human-rights based approaches to providing services to people with learning disabilities over recent years (e.g. Carney et al, 2011) and we feel that this approach is extremely complementary and encompasses a great deal of the literature related to person-centred outcomes. Table 3 shows how the items of the MANS scale might be seen to relate to both the Human Rights Act (1998) and John O'Brien's (1989) 5 suggested accomplishments for services. We feel that such a humanistic approach, that considers both human *rights* and human *needs* is the most likely model that will encourage services and service users to grow and flourish in the future.

> *"Life is an ongoing process of choosing between safety (out of fear and need for defense) and risk (for the sake of progress and growth): Make the growth choice a dozen times a day"*
>
> Abraham Maslow

Table 1 – Participants' with Learning Disabilities Responses to Retrospective MANS (Easy Read)

Questions	Much better	A little bit better	There's been no change	A little bit worse	Much worse	P value
1.Having basic needs met- such as food, sleep and keeping warm	92%	0%	8%	0%	0%	p<0.01[2]
2. [3]Your risk of being hurt by other people	100%	0%	0%	0%	0%	p<0.01
3. [1] Your risk of hurting other people	92%	8%	0%	0%	0%	p<0.01
4. [1]Your risk of deliberately hurting yourself, including suicide	75%	8%	17%	0%	0%	p<0.01
5. Your employment situation	58%	25%	17%	0%	0%	p<0.01
6. Your housing situation	92%	8%	0%	0%	0%	p<0.01
7. Your physical health	67%	25%	8%	0%	0%	p<0.01
8. Getting on with your family	75%	8%	17%	0%	0%	p<0.01
9. Making and keeping friends	33%	33%	33%	0%	0%	p=0.04
10. Feeling accepted by your family	92%	8%	0%	0%	0%	p<0.01
11. Sexual/intimate relationships	17%	17%	67%	0%	0%	p=0.06
12. Your self-esteem	75%	17%	8%	0%	0%	p<0.01
13. Your confidence	67%	33%	0%	0%	0%	p<0.01
14. Achieving your goals	50%	42%	8%	0%	0%	p<0.01
15. Feeling respected by other people	67%	33%	0%	0%	0%	p<0.01
16. Respecting other people	58%	25%	17%	0%	0%	p<0.01
17. Having a purpose in your life	58%	33%	8%	0%	0%	p<0.01
18. Accepting who you are	50%	25%	25%	0%	0%	p=0.02
19. Fulfilling your potential	58%	33%	8%	0%	0%	p<0.01

[2] P values were calculated using simple sign tests of before-after change.
[3] For questions 2, 3 and 4, where asked how likely a bad thing is to happen "Much Better" means "Less Likely"

Table 2 – Participants' with Asperger Syndrome's Responses to Retrospective MANS (non-Easy Read)).

Questions	Much better	A little bit better	There's been no change	A little bit worse	Much worse	R Max
1.Having basic needs met- such as food, sleep and keeping warm	25%	25%	50%	0%	0%	12
2. [4]Your risk of being hurt by other people	8%	33%	50%	0%	0%	12
3. [1] Your risk of hurting other people	33%	0%	67%	0%	0%	12
4. [1]Your risk of deliberately hurting yourself, including suicide	67%	8%	17%	8%	0%	12
5. Your employment situation	8%	0%	75%	8%	8%	12
6. Your housing situation	25%	8%	67%	0%	0%	12
7. Your physical health	17%	17%	50%	8%	8%	12
8. Getting on with your family	17%	33%	33%	17%	0%	12
9. Making and keeping friends	8%	50%	25%	17%	0%	12
10. Feeling accepted by your family	8%	33%	50%	8%	0%	12
11. Sexual/intimate relationships	8%	17%	75%	0%	0%	12
12. Your self-esteem	50%	25%	8%	17%	0%	12
13. Your confidence	33%	33%	17%	17%	0%	12
14. Achieving your goals	8%	42%	33%	17%	0%	12
15. Feeling respected by other people	8%	58%	33%	0%	0%	12
16. Respecting other people	8%	50%	33%	8%	0%	12
17. Having a purpose in your life	17%	42%	33%	0%	8%	12
18. Accepting who you are	25%	42%	17%	8%	8%	12
19. Fulfilling your potential	8%	50%	25%	8%	8%	12

[4] For questions 2, 3 and 4, where asked how likely a bad thing is to happen "Much Better" means "Less Likely"

Table 3: How Items from the MANS Scales can be Mapped onto Other Constructs

Articles of Human Rights Act (1998)	**Relevant Items from MANS Scales**
2 Right to Life	1, 2, 4, 7
3 Freedom from Inhuman Treatment	1, 2, 6, 10, 15
5 Right to Liberty	2, 4, 6,
8 Right to Private and Family Life	6, 8, 11
10 Freedom of Expression	10, 14, 15
12 Marriage and the Family	11
14 Freedom from Discrimination	10, 15
Principles of the Act	
Fairness	2, 15, 16
Respect	2, 8, 10, 12, 15
Equality	5, 6, 10, 11
Dignity	4, 5, 6, 8, 12, 13, 15, 17, 18, 19
Autonomy	5, 6, 14, 19
O'Brien's 5 Valued Experiences (1989)	**Relevant Items from MANS Scales**
Making Choices	14
Growing in Relationships	8, 9, 10, 11, 15, 16
Contributing	5, 12, 14, 15, 17, 18, 19
Dignity of Valued Roles	5, 8, 9, 10, 11, 13, 14, 15, 17, 19
Sharing Ordinary Places	6

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