An introduction to Social Policy

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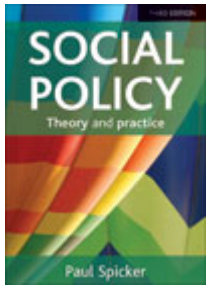


Social need

Need | Risk and vulnerability | Social exclusion |
Old age |
The needs of children |
Mental illness | Services for psychiatric patients |
Learning disability | Normalisation |
Physical disability |
Poverty is now covered in a new webpage. |
An introduction to Social Policy Menu | Contents | A-Z of topics |

Need

The idea of need refers to

- the kinds of problem which people experience;
- requirements for some particular kind of response; and
- a relationship between problems and the responses available. A need is a claim for service.

Bradshaw identifies four main categories of need:

- *Normative need* is need which is identified according to a norm (or set standard); such norms are generally set by experts. Benefit levels, for example, or standards of unfitness in houses, have to be determined according to some criterion.
- *Comparative need* concerns problems which emerge by comparison with others who are not in need. One of the most common uses of this approach has been the comparison of social problems in different areas in order to determine which areas are most deprived.
- *Felt need* is need which people feel - that is, need from the perspective of the people who have it.
- *Expressed need* is the need which they say they have. People can feel need which they do not express and they can express needs they do not feel. [1]

External links (PDF): Jonathan Bradshaw on Social Policy; Paul Spicker - Needs as claims

Risk and vulnerability

The idea of 'risk' is used to mean different things:

- the chances that something might happen;
- a 'lack of basic security', a term also used to describe poverty;
- insecure circumstances, including precarious livelihoods; and
- vulnerability to harm.

People are at risk if there is a possibility or prospect that something might happen. They are vulnerable if, when it happens, they do not have the resources or protection to avoid harm. People can take on high risk without being vulnerable (as some entrepreneurs do); they can be vulnerable even if their risks are relatively low. Social policy is more usually concerned with protecting people who are vulnerable, than it is with risk as such.

Social exclusion

People are excluded when they are not part of the networks which support most people in ordinary life - networks of family, friends, community and employment. Among many others, poor people, ex-prisoners, homeless people, people with AIDS, people with learning disabilities or psychiatric patients might all be said to be at risk of exclusion. This is a very broad concept: it includes not only deprivation, but problems of social relationships, including stigma, social isolation and failures in social protection .

In practice, the idea of exclusion is mainly used in three contexts. The first is financial: exclusion is identified with poverty, and its effect on a person's ability to participate in normal activities. The second is exclusion from the labour market: exclusion is strongly identified with long-term unemployment (though there is some research evidence to question whether long-term unemployed people are really excluded). Third, there is exclusion in its social sense, which identifies exclusion partly with alienation from social networks, and partly with the circumstances of stigmatised groups.

The idea of social exclusion comes from France, where it was the basis for a policy of 'insertion' or social inclusion, combining benefits with plans and agreements to integrate people into society. This policy has been widely imitated, and the idea of exclusion has become one of the main concepts in the European Union.

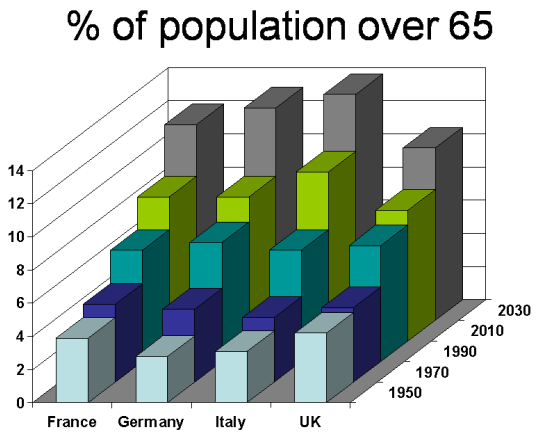
Further material: Poverty

Old age

There are increasing numbers of elderly people throughout the developed world. Many have no problems, but there is a risk of increasing dependency. The main reasons for dependency are:

- *Sickness*. The health of old people is often poor, not simply because of old age, but also because diet, housing, occupation and lifestyle in previous times have not been conducive to good health.
- *Physical disability*. At least a third of people over 75, probably more, might be classified as 'disabled', in the sense that they have long term, limiting conditions.
- *Mental impairment*. Dementia affects a little under 6% of the elderly population aged 75-79, rising to over 16% for those 85-89 and 25% for the over 90s.

- *Poverty*. Poverty is, for some, the result of an extended period on low incomes; for others, simply a continuation of previous circumstances.



Other problems may include

- isolation, as friends and families die or move away
- bereavement, when spouses die
- housing: old people often live in older housing, which may be deteriorating
- the problems of carers. Many old people are looked after by women who are themselves ageing.

In general, the older a person is, the more likely these problems are to occur. However, it does not follow that an ageing population has more ill-health than a younger population. Some commentators suppose an 'expansion of morbidity', suggesting that people are ill for longer; but there there is a contradictory view, the 'compression of morbidity', which says that people are healthier for longer. The evidence is not certain for either. [2]

External links: Older people

The needs of children

Children have the same human needs as everyone else - for example, for material security, social contact, and personal development. But they also have particular needs related to their development. Mia Kellmer Pringle identifies these as needs for:

- love and security
- new experiences
- praise and recognition, and
- responsibility. [3]

In large part, children's needs are seen as dependent on their parents. The United Nations Declaration of the Rights of the Child declares:

> 'The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and in any case in an atmosphere of affection and of moral and material security. ' [4]

The needs of children are treated as a social issue when families fail to meet them - either because the family is unable to make provision (education and child poverty) or because the family itself is a source of problems (neglect and abuse).

Mental illness

'Mental illness' is a broad term covering a range of conditions. The most important are

- *functional psychoses*, mainly schizophrenia and manic depression. Schizophrenia is itself a set of conditions rather than a single illness. It is characterised by a complex of symptoms including, e.g., a clouding of consciousness, disconnected speech and thought, variations of mood, feelings that one is being externally controlled, or hallucinations (which can be auditory, visual or tactile.
  Manic depression leads to severe and sometimes prolonged extremes of mood: in 'manic' phases, constantly active and extrovert; in depressed state, withdrawn and negative. Drug therapy can be used against the cycle.
- *organic psychoses*, caused by infections, drugs, metabolic disturbances, or brain traumas
- *neuroses,* including anxiety states, phobias, obsessional states, hysteria, and some depressions.
- *'behavioural' disorders.* These are not true 'illnesses' . Probably the most important is psychopathy, which is characterised mainly by a lack of social awareness, consideration, or conscience towards others.

Mental illness can be seen as primarily a medical or physiological condition; however, because it is identified through the behaviour of the mentally ill person, it can also be seen as social. 'Anti-psychiatrists' have argued that conditions like schizophrenia and depression are best understood and responded to in social terms.

External links: Mental illness

Services for psychiatric patients

The main thing psychiatric patients have had in common is not mental illness - their needs differ greatly - but their experience of psychiatric treatment. For many years, mental illness led to prolonged hospitalisation, often in antiquated institutions intended to isolate 'mad' people from the community. The main reasons for this movement have been

- the 'drug revolution' of the 1950s, which has made treatment possible outside hospitals, and
- disillusion with the role played by large institutions, and
- substantial increases in the relative cost of institutional care.

The trend to 'community care' should mean, in principle, that psychiatric patients are re-integrated into the community rather than isolated. The essential services include

- community psychiatric support, to enable continued health care and medication
- social support, to counter the problems of social exclusion associated with mental illness
- accommodation, including access to ordinary housing, and the provision of a range of supportive residential units, including half-way houses, staffed group homes, and
- access to income and employment opportunities.

There has been a trend to favour shorter-term psychiatric care in general hospitals, and the use of the older hospitals has been changing, for example as a base for psychiatric services rather than a closed institution.

Learning disability

'Learning disability' refers to a state of delayed intellectual development. In the US used to be called "mental retardation", and now is called 'intellectual disability'; in Australia it is 'intellectual handicap'. Although it is associated with other conditions - a high proportion of people with severe learning disabilities are also severely physically handicapped - most has no physical or organic origin. (Down's syndrome, probably the best known cause, accounts for only about one sixth of all cases.) As people with learning disabilities grow older, they often become sufficiently competent to function in society.

Because many people have learning disabilities from early childhood, the problems have tended to be constructed in terms of aid to families. In practice, the main support for most people with learning disabilities comes, not from the state or even from voluntary organisations, but from families (and in particular women in the families). The effect of services is mainly to supplement the care given by the family.

External links: Learning disability

Normalisation

Learning disability has always been socially rejected. In the late 19th century, mental deficiencies were seen as evidence of 'degeneracy' and blamed for poverty, madness and crime. Degenerates had to be isolated from the community, which led to the incarceration of 'idiots', 'feeble minded' and 'moral defectives' in large, isolated mental institutions. Wolfensberger argues that many of the problems of the institutions stem from a design and organisation intended to deal with residents as if they were animals: primitive, uncontrolled, ineducable, unfeeling and dirty. [5] This may seem exaggerated, but the view it represents is supported by a long line of scandals in mental institutions in different countries.

The principle of normalisation was developed as a reaction to these dehumanizing policies. There are several different formulations, including

- promoting independence and autonomy;
- making it possible for people with learning disabilities to have an ordinary life;
- giving people with learning disabilities the same choices and opportunities as everyone else; and
- accepting and valuing what people with learning disabilities can do. [6]

Normalisation was a key element in movements both for education and for empowerment.

Physical disability

Physical disability is not one problem, but a wide range of issues of different kinds. It includes people who have lost limbs, who are blind or deaf, who have difficulty moving or walking, who are unable to sustain physical effort for any length of time, people suffering from disfigurement and so on. The treatment of disability as if it was a single problem may mean that disabled people receive insufficient or inappropriate assistance. The problems that disabled people have in common are not so much their physical capacities, which are often very different, but limitations on their life style. Income tends to be low, while disabled people may have special needs to be met. Socially, disabled people may become isolated, as health declines, they struggle to manage on the resources they have, and they may be socially excluded.

The World Health Organization identifies three elements in disability:

- problems in bodily function or structure, which they used to call 'impairment';
- problems relating to activities, or 'disability'; and
- problems related to social participation, which they formerly called 'handicap'. [7]

The conventional symbol for disability (♿) is misleading. Fewer than one disabled person in 30 uses a wheelchair, and facilities for wheelchair users (e.g. ramps or low work surfaces) may be unsuitable for other people with disabilities.

Some groups of people with disabilities have objected to the idea of 'handicap' and prefer to talk of a social model of disability, understanding disability wholly in terms of the social norms and expectations which shape the experience of people with disabilities. The International Classification of Functioning, Disability and Health has put increased emphasis on 'environmental' factors, the extent to which people are disabled by the circumstances in which they find themselves.

In developed societies, most disabled people are old. Policies tend to be focused on younger groups, because younger groups are politically more active, and disability in old age is seen as normal. Although some representative and campaigning organisations have focused on the common identity of people with disabilities, it cannot be assumed that there will be such an identity. The potential for different conditions to disable a person depends in part on the social environment; some disabling conditions fluctuate; some conditions, such as chronic pain or an inability to sustain physical effort, are debilitating but not necessarily recognised as disabling; and some people with disabilities do not acknowledge such an identity, because other aspects of their lives are more important to them.

External links: Disability |International Classification of Functioning, Disability and Health | WHO on disability

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2. US National Institute on Ageing, 2011, Global health and ageing, World Health Organization.
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Further reading

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The British Library's Social Welfare Portal has sections relating to older people, disabilities and mental health, among others.

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Guide to the site

Introduction to Social Policy Contents | A-Z |
Social Policy Social Policy | Social need | Poverty | Welfare & Society | Interpersonal relations | Welfare and Equality | Welfare States | Politics of welfare |
Social Services Social administration | Housing and urban policy | Health | Social security | Education | Personal Social Services |
Social policy in the UK UK Social Policy | Development 1601-1948 | British social security | The NHS | Housing | Education | Personal social services |
Resources Online resources | Blog | Paul Spicker - online material | Readings in social policy |
The website About the website | Copyright | About the author | Top of page |

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