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A taxonomy of social need

One of the most crucial problems facing the social services is how to identify social need. This article attempts to provide a framework for clearer thinking about need.

The concept of social need is inherent in the idea of social service. The history of the social services is the story of the recognition of needs and the organization of society to meet them. The Seebohm Report (1) was deeply concerned with the concept of need, though it never succeeded in defining it. It saw that 'The Personal Social Services are large scale experiments in ways of helping those in need'.

Despite this interest it is often not clear in a particular situation what is meant by social need. When a statement is made to the effect that a person or group of persons are in need of a given service, what is the quality that differentiates them—what definition of social need is being used?

The concept of social need is of particular interest to economists. They have a clearcut measure of 'effective demand': demand is 'effective' when people are prepared to back it by pecuniary allocation and ineffective or non-existent when they are not. This measure will not do for the social services, because there is normally no link between service and payment (though some economists think

there ought to be). If the social services are trying to cope with need without limiting it by the ability to pay, how is it actually assessed?

In practice, four separate definitions are used by administrators and research workers.

I. NORMATIVE NEED

Normative need is that which the expert or professional, administrator or social scientist defines as need in any given situation. A 'desirable' standard is laid down and is compared with the standard that actually exists—if an individual or group falls short of the desirable standard then they are identified as being in need. Thus the BMA's nutritional standard is used as a normative measure of the adequacy of a diet (2). The Incapacity Scale developed by Townsend (3) and the measure of social isolation used by Tunstall (4) are also examples of normative standards used as a basis of need. A normative definition of need is in no sense absolute. It may not correspond with need established by other definitions. It may be tainted with a charge of paternalism—i.e. the use of middle-class norms to assess need in a working-class context—though where the aspirations are to middle-class standards this may be reasonable. A further difficulty with the normative definition of need is that there may well be different and possibly conflicting standards laid down by different experts. The decision about what is desirable is not made in a vacuum. As Walton (5) has pointed out, the statement 'X is in need' is often taken as an empirical fact. This is not so. It is a value-judgement entailing the following propositions: X is in a state Y, Y is incompatible with the values held in society Z. Therefore Y state should be changed. So the normative definition of need may be different according to the value orientation of the expert—on his judgements about the amount of resources that should be devoted to meeting the need or whether or not the available skills can solve the problem. Normative standards change

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in time both as a result of developments in knowledge, and the changing values of society.

II. FELT NEED

Here need is equated with want. When assessing need for a service, the population is asked whether they feel they need it. In a democracy it could be imagined that felt need would be an important component of any definition of need, but a felt need measure seems to only be used regularly in studies of the elderly and in community development. Felt need is, by itself, an inadequate measure of 'real need'. It is limited by the perceptions of the individual—whether they know there is a service available, as well as a reluctance in many situations to confess a loss of independence. On the other hand, it is thought to be inflated by those who ask for help without 'really needing it'.

III. EXPRESSED NEED

Expressed need or demand is felt need turned into action. Under this definition total need is defined as those people who demand a service. One does not demand a service unless one feels a need, but on the other hand, it is common for felt need not to be expressed by demand. Expressed need is commonly used in the health services where waiting-lists are taken as a measure of unmet need. Waiting-lists are generally accepted as a poor definition of 'real need'—especially for presymptomatic cases.

IV. COMPARATIVE NEED

By this definition a measure of need is obtained by studying the characteristics of the population in receipt of a service. If there are people with similar characteristics not in receipt of a service, then they are in need. This definition has been used to assess needs both of individuals and areas. Bleddyn Davies (6) has identified the community-wide factors which

indicate a high incidence of pathology in one area which are not present in another. Need established by this method is the gap between what services exist in one area and what services exist in another, weighted to take account of the difference in pathology. This is an attempt to standardize provision, but provision may still not correspond with need. The question still has to be asked—supply at what level? The statement that one area A is in need in comparison with another area B does not necessarily imply that area B is still not in need.

Comparative need used to define individuals in need can be illustrated by the following statements: 'this person X is in receipt of a service because he has the characteristics A-N. This person Z has also the characteristics A-N but is not receiving the service. Therefore Z is in need.' The difficulty in this situation is to define the significant characteristics. The method has been used by some local health authorities to compile a risk register of babies in need of special attention from the preventive services. Conditions which in the past have been associated with handicap such as forceps delivery, birth trauma, birth to older mothers, etc., are used as indicators to babies in special need. The definition is more commonly used in an *ad-hoc* way—a crude rule of precedence to assess eligibility for selective services provided by the personal social services.

Fig. 3.1 demonstrates diagrammatically the interrelation of the four definitions. Plus (+) and minus (-) denote the presence or absence of need by each of the foregoing definitions, i.e. + - - + is a need that is accepted as such by the experts, but which is neither felt nor demanded by the individual despite the fact that he has the same characteristics as those already being supplied with the service. Other examples of the twelve possible combinations are given. It will be noted that none of the circles in Fig. 3.1 are coterminous and the problem the policymaker has to face, is deciding what part of the total is 'real need'—that is need it is appropriate to try to meet.

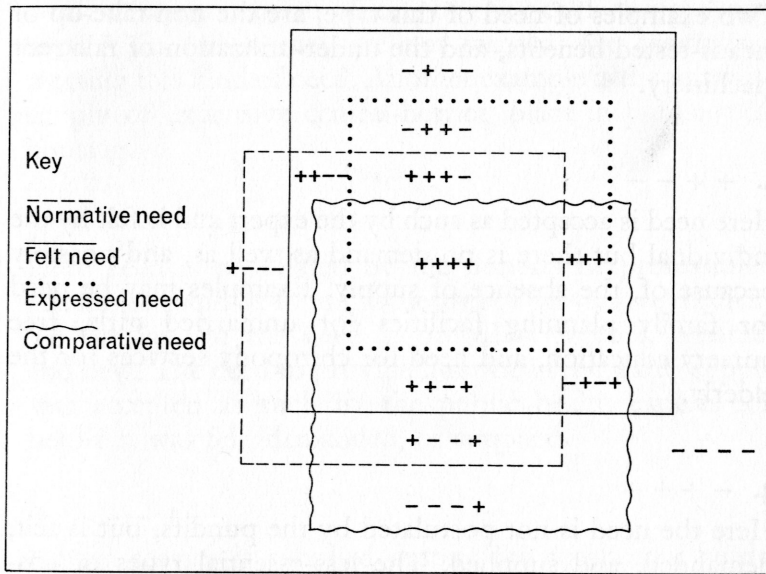


FIGURE 3.1

1. + + + +

This is the area where all definitions overlap, or (using an analogy from studies of intelligence tests) the 'g' factor of need. An individual is in need by all definitions and so this is the least controversial part of need.

2. + + - +

Demand is limited by difficulties of access to a service. Although the individual is in need by all other definitions he has not wanted to, or been able to, express his need. Difficulties of access may be due to a stigma attached to the receipt of a service, geographical distances that make it difficult to claim, charges which are a disincentive to take up, administrative procedures that deter claimants or merely ignorance about the availability of the service. Demand must also vary according to how intense is the felt need.

Two examples of need of this type, are the non-take-up of means-tested benefits, and the under-utilization of fair rent machinery.

3. + + - -

Here need is accepted as such by the expert and is felt by the individual but there is no demand as well as, and possibly because of, the absence of supply. Examples may be need for family planning facilities for unmarried girls, free nursery education, and need for chiropody services for the elderly.

4. - + + +

Here the need is not postulated by the pundits, but is felt, demanded, and supplied. The less-essential types of cosmetic surgery are examples. Also some of the work of the GP, it is often thought could come into this category, i.e. the prescribing of 'clinically unnecessary' drugs. The pundits may suggest that a compassionate label for this category could be 'inappropriate need'. On the other hand, the pundits may be exercising inappropriate value-judgements.

5. + + + -

A need that is postulated, felt, and demanded but not supplied. These needs represent likely growth areas in the social services. An example would be the need for a fatherless families allowance or adequate wage-related pensions. Resources are usually the limiting factor in this category.

6. + - - +

Here the need is postulated by the experts and similar persons are being supplied with the service, but the need is neither felt nor demanded by the individual. Some of the

work of the probation officer, or the health visitors' post-natal visits (when they are not wanted) are examples of meeting this kind of need. Another example is the unwanted supply of expensive central-heating plant in public sector housing.

7. + - - -

Here need is postulated by the pundits or professionals. Examples could be found in the area of preventive medicine. To the layman the need is probably obscure, technical, and new. The need to provide fluoride in the water supplies was accepted as such by the public health experts long before it was felt, demanded, or supplied.

8. - - - +

Here a service is supplied despite the absence of need as assessed by the other definitions. This could be called a service-oriented service. Examples can be found in the many small and outdated charities to which the charity commissioners are striving to apply the doctrine of *cy prés*, i.e. paying electricity bills instead of buying farthing candles for old ladies at Michaelmas.

9. - + + -

This is need which is not appreciated by the experts and is not supplied, but which is felt and demanded. Prescriptions for bandages requested from the GP may be an example of this. Another example is the need for improved services—the need for improved educational maintenance allowances.

10. - + - -

This represents felt needs which are not within the ambit of the social services to meet. Perhaps loneliness—or the need for love/company is an example of this. A need for wealth or fame are certainly examples.

II. - + - +

A need that is not postulated by the experts but is felt, not expressed, but is supplied. People feel a need to make contributions for social benefits and the need is met by insurance stamps, but many experts feel it would be simpler to finance these benefits wholly through taxation.

12. - - - -

Absence of need by all definitions.

To illustrate how this could be used by research-workers and policymakers it might be useful to outline a hypothetical situation. The taxonomy will be discussed in relation to housing need, but there is no significance in this choice—the discussion is equally relevant to any other area of need. A local housing authority is concerned about the housing position of the elderly in their area. They wish to have assessment of the need for public sector housing for this age-group. A research-worker is therefore commissioned to do a study of the housing need. The first problem the research-worker has to face is the question of what constitutes housing need? He can either make a decision as to what he himself believes housing need to be, or he can produce information on the amount of need under each section of the taxonomy and allow the policymaker to decide what part of the total they regard as 'real need'. The research-worker decides to take the latter course of action. This will provide the maximum information with the minimum number of value-judgements. In order to produce a figure for each section of the taxonomy, he must first decide on the amount of need under each of the four separate definitions.

Normative need. It has already been pointed out that there is no one definition of normative need. Let us assume that the local housing authority are laying down the norms in this situation and they would agree that old persons living

in homes lacking any of the basic amenities and old persons living in overcrowded accommodation are in need by their standards. An estimate of the number of persons in this situation could be obtained by a sample survey.

Felt need. An estimate of the degree of felt need can be obtained by means of the same sample survey by asking the respondents whether they are satisfied with their present housing and if not whether they would like to move. Ignoring the problems inherent in exploring people's attitudes on such a delicate question and remembering that their attitudes will be affected by their knowledge of alternative housing opportunities, as well as their fears about the upheaval of the move, another measure of need is obtained.

Expressed need. The local housing authority's waiting-lists provide the measure of expressed need in this context. It is at the same time the easiest measure of need to obtain and the most inadequate. On the one hand the list may be inflated by persons who have resolved their housing problem since they applied for the housing and yet who have not withdrawn their application, and on the other hand the list may underestimate expressed need if certain categories are excluded from the waiting-list; there may be a residence qualification, applications from owner-occupiers may not be accepted unless they are overcrowded, and persons who have refused the first offer may also be excluded. All these exclusions mean that the waiting-list is not an adequate measure of expressed need but because it is the only one available, it is used as another measure of need.

Comparative need. The measure of comparative need is more difficult to obtain. It would entail investigating the characteristics of elderly persons already in public sector housing and then through a sample survey obtaining an estimate of the number of persons in the community (not in public sector housing) who have similar characteristics. As the

local housing authority's norms have been taken for the measure of normative need, and as the local housing authority is responsible for choosing their tenants, it is likely that in this example the characteristics of tenants will be similar to those norms and thus the measure of comparative need will be very similar (though not necessarily identical) to the measure of normative need.

The research-worker has now produced four separate but interrelated measures of need. By sorting he is able to put a figure against each of the permutations of the four measures. For instance:

+ + - + This will consist of persons whose houses are overcrowded or lack basic amenities, who want to move but who are not on the council waiting-list and yet who are 'as deserving as' other residents in council accommodation.

- + - - This will consist of persons whose housing is considered satisfactory by local authority standards, who are not on the council waiting-list, and are not in need when compared with other residents in council property and yet who want to move.

So now the policymaker is presented with a picture of 'total need' for public sector housing in their area. He is now able to use the taxonomy to clarify his decision-making. Instead of housing being allocated on the basis of either first come first served, or whether the old person is articulate, energetic, and knowledgeable enough to get on the housing waiting-list, it can now be allocated on the basis of explicit priorities. No longer is the local authority providing houses 'to meet need' but rather providing houses to meet certain specific conditions of need.

Thus the policymaker can do one of two things. Either he can decide that certain categories of the total (say + + + +, + + - +, + - - +, - + + +, + + + -) constitute 'real need' and plan to provide enough housing for the numbers in these groups, or secondly if it is found that

need is very large and his resources are limited, he can decide that certain categories of need should be given priority. For instance, he may decide that category + + - + : those in need who have not applied for help (the iceberg below the waterline) should be given priority over category - + + + : those in need on all bases except that they are already adequately housed on a normative measure.

The policymaker can now return to the research-worker. Having made his priorities explicit he could ask the research worker to carry out a detailed study of the 'real need' categories to ascertain their aetiology so that in future they may be more easily identified and the services explicitly designed to get at and help them. The research worker could also use the taxonomy as a framework for monitoring the effects on need of technical advances, demographic change, changes in the standard of living, and improvements in the services.

This taxonomy may provide a way forward in an area where precise thinking is needed for both theoretical and practical reasons. Without some further classification much social policy must remain a matter of political hunches and academic guesswork. The taxonomy provides no easy solutions either for the research-worker or the policymaker. The research-worker is still faced with difficult methodological problems and the policymaker has still to make complex decisions about which categories of need should be given priority. But the taxonomy may help to clarify and make explicit what is being done when those concerned with the social services are studying or planning to meet social need.

REFERENCES

1. SEEBOHM REPORT (1968). *Report of the Committee on Local Authority and Allied Personal Services*, Cmnd. 3703 (London: HMSO).
2. LAMBERT, ROYSTON (1964). *Nutrition in Britain 1950-60*, Occasional Papers in Social Administration no. 6 (London: Bell).
3. TOWNSEND, PETER, and WEDDERBURN, DOROTHY (1965). *The Aged in the Welfare State*, Occasional Papers in Social Administration no. 14 (London: Bell).

4. TUNSTALL, J. (1966). *Old and Alone* (London: Routledge & Kegan Paul).
5. WALTON, RONALD (1969). 'Need: A central concept', *Social Service Quarterly*, 43, no. 1, 13-17.
6. DAVIES, BLEDDYN (1968). *Social Needs and Resources in Local Services* (London: Michael Joseph).