

Social Need and Patterns of Inequality and Difference

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INTRODUCTION: A CONTESTABLE CONCEPT AT THE HEART OF SOCIAL POLICY

The concept of 'social need' lies at the heart of social policy. Arguably, the recognition and satisfaction of need distinguishes the welfare function of the state from its other roles and activities. Inseparably linked to the debates about the nature, effectiveness, and cost of the welfare state has been the issue of how far it meets which needs. Yet the concept of 'need' poses difficult conceptual and normative questions. How do we decide which are valid needs and which are not? If some needs are more or less legitimate than others, how do we decide which needs are a priority, and which are not? Are there any needs which are so basic and fundamental that ensuring they are met may be part of an individual's rights and an obligation of the state? Even if one can establish a measure of basic needs, as some authors claim, should the meeting of these be the responsibility of the government, or rather the responsibility of others, such as the family and charity?

These questions are fundamental to social policy, and the subject has long acknowledged the significance of need as a rationing device, whereby resources of different kinds are distributed according to various criteria of entitlement. Different groups and individuals have radically different ideas about what should be defined as 'need' and what should not. Often, the concept of need has seemed to be highly subjective and beyond objective agreement. These dilemmas have come to the fore in a number of areas, most publicly in the context of health care, where medical professionals have been in the unenviable position of having to decide upon the validity of some people's health needs over others.

The definition of social need is thus crucial to social policy, and the lack of consensus about which needs should take priority lies at the conceptual heart of welfare. Whilst it may be possible to justify state involvement in the provision of welfare in terms of meeting social need, if the needs which state welfare and ultimately state resources are supposed to be meeting are vague and ill defined, so the arguments in favour of state welfare are weakened. Yet clarifying the nature of social need is more than simply a theoretical debate—it has real practical significance. Access to resources and the distribution of these resources are often heavily dependent upon notions of need.

DEFINING NEED

A key characteristic of 'need' is the fact that it can be defined and measured from a variety of perspectives. Jonathan Bradshaw (1972) made this diversity the basis of his taxonomy of social need, in which he outlines four types of need:

- Normative need: how an expert or professional may define need in the context of a set of professional or expert standards.

Welfare professionals reach judgements about what may or may not be legitimate need. They are active in the processes which decide whether or not a need exists and,

if it does, how this need may best be met within the confines of existing resources. The judgements of welfare professionals, and the bodies of knowledge and standards that they use, are clearly an important feature in defining need.

- **Felt need:** what a person or a group believe they 'need'.

This conception relies upon the individual's own perception of need, and any discrepancy between their situation and what they believe it ought to be. However, this self-perception is likely to be subjective and may be better described as a 'want'. Felt need is necessarily affected by the knowledge and expectations of the individual, which may be unrealistic. Alternatively, researchers have shown that the poorest sections of society may be only marginally aware of their poverty and the extent of their need.

- **Expressed need:** a felt need that has become a demand.

Academics have argued that social need can be closely associated with either an effective economic or an effective political demand. Yet it is important to acknowledge that just because people have the power to demand something, this does not necessarily imply that they need it. In this sense, it is important to distinguish between need and demand.

- **Comparative need:** need defined by comparing the differences in people's access to resources.

This approach recognizes that need is a relative concept, and so any debate about need must take place in the context of a comparison between people. Need may be defined in terms of the average standards found within a community or society, or by comparing the resources available to some in contrast to others who are defined as similarly entitled. A comparative approach has, of course, been most widely employed in the context of debates about poverty.

Bradshaw's taxonomy is very helpful in setting out the range of ways in which need can be approached and understood. A number of authors have developed further these ideas in a number of ways, one of whom was Forder (1974), with his concept of **technical need**.

- **Technical need:** in simple terms, technical need arises when a new form of provision is invented, or existing provision is made much more effective. This in turn creates a need for a solution that previously did not exist. Once a new invention has occurred, it can then lead to forms of felt, expressed, normative, and comparative need. Advances in medical technology are the most common example of this, and one of the most pertinent illustrations is the development of Viagra, the male anti-impotence pill (Box 5.1).

The question remains, however, as to the degree to which it is possible to reach any consensus about need, and whether or not there are any features of need which can be identified as essentially incontestable. Many social theorists have sought to establish basic needs with which all would be likely to agree. The importance of trying to establish a list of basic needs should not be underestimated. If one can establish a concrete and agreed set of basic needs, which really should be met in a society, it may be much easier to add legitimacy to the very existence of welfare states, whose ultimate objective is to meet need.

Attempts to produce a list of human needs have taken a variety of different forms, and one of the first to construct such a list was Maslow (1954), who set out a hierarchy of five

Box 5.1 Viagra and the NHS

The successful development of Viagra for the treatment of male impotency, and the ensuing debate about its availability on the NHS, is an excellent illustration of **technical need** and the issues it raises for considering need more generally. The publicity surrounding Viagra has certainly generated a **felt need**. Interestingly, however, it has also led to much more **expressed need** by legitimizing a request that had previously been highly stigmatized. There has also been a strong element of **comparative need** in this debate—people may have access to it in some countries or areas and not in others. The government are certainly keen to avoid ‘prescription by postcode’, but whilst Viagra is currently not available on the NHS, it is nonetheless freely available to those able and willing to pay for a private consultancy. The debate here is also very much about **normative need**, and about who should be the arbiter of need: government, medical professionals or consumers?

Questions:

- Should Viagra be freely available on the NHS?
- Who should decide whether Viagra is available or not?

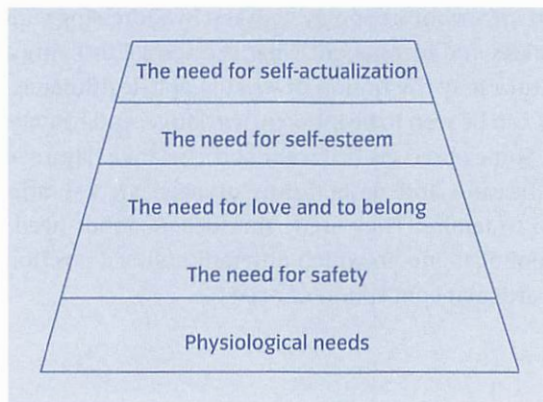


Figure 5.1 Maslow's (1954) hierarchy of basic needs

basic needs (see Fig. 5.1), and argued that once the most basic need for survival (physiological need) was met, so, in succession, further ones demand attention.

Whilst Maslow's basic human needs are of some theoretical interest, it is immediately apparent that they present real practical difficulties. Not only are they difficult to measure, but they will also vary from individual to individual. Given the fluidity of such needs, it would evidently be impossible to expect state action to ensure that every citizen had them met.

David Harvey (1973) sought to move this debate on by identifying nine categories, goods, and services that people require in order to meet the human needs Maslow had set out:

- food
- housing
- medical care
- education
- social and environmental services
- consumer goods
- recreational opportunities
- neighbourhood opportunities
- transport facilities

The real difficulty with such lists of need, however, comes when considering the relative importance of each of these categories. Clearly, not all forms of need carry equal significance and importance. According to Maslow, only the basic physiological needs are essential for sustaining life, and these must necessarily be met before higher needs. Yet how do we rank the remaining needs? The real problem here is that what we perceive and define as valid and legitimate needs may be little more than subjective judgements, relative to the society and time period in which they are being made. The implication is that, whilst real and important steps may be taken in addressing various agreed needs in society, as social values and ideas about what is essential to living as a full member of society shift, so in turn may the notion of what people legitimately need. In short, the debate about 'need' can be seen to be inherently relative, and heavily influenced by time and social context. Some observers believe that the relative nature of social need means that attempts to measure and order forms of need are essentially misguided and ultimately doomed to failure. They argue that debate about need may ultimately be little more than a political one, in which different political positions succeed or fail in insisting on their particular conception of need.

CAN WE ESTABLISH A LEVEL OF BASIC NEEDS?

Is it possible to say that there are any basic needs which, once they have been identified, really ought to be met? This is an important question: if one can establish that there are certain basic needs, the meeting of which are essential to being a civilized human being, then this may begin to establish an argument in favour of the welfare state.

A starting point for establishing basic needs is the notion that needs are related to ends—in order to achieve certain ends in life, such as a high level of education, one may have first to fulfil a variety of needs—the need for financial support; the need for child care; the need for adequate transport; and so on. Indeed, the distinction here is between **ultimate needs** and **intermediate needs**. Ultimate needs are the ends to which other activities are directed. In contrast, intermediate needs are not ends in themselves but are

rather a means to an end. For instance, we may need something, such as a basic education, in order to fulfil other needs, such as finding a job.

Yet we all have many different ends in sight, and we believe we need different things in order to achieve our ends. We could never say that everyone should have whatever they require in order to fulfil their ends in life—the list of potential needs is infinite. Nonetheless, some writers, particularly Raymond Plant, have made some important progress here by attempting to identify what people need in order to achieve any ends in life at all.

These needs might be regarded generally as physical well-being and autonomy: an individual would have to be able to function efficiently as a physical entity and have freedom to deliberate and choose between alternatives if he is to pursue any conception of the good. (Plant 1985: 18)

Simplified, Plant suggests that it is possible to identify two basic needs in any society. First, there is a need for physical survival. We obviously cannot hope to achieve anything without physical survival. Secondly, he argues that there is a basic need for autonomy, or freedom. In order to make genuine choices about our paths in life, we need to have autonomy and the freedom to make informed choices. These two basic needs are crucial, argues Plant, because unless they are met, we cannot hope to achieve any ends at all in life.

These arguments seek to derive needs from basic human goals upon which we might all agree. Nonetheless, there do seem to be a number of problems here, not least of which is the question of what rights to survival and autonomy actually justify in practice. Plant, for instance, interprets survival as effectively referring to health. In this sense, one can argue that this justifies the provision of healthcare. However, the level and extent of healthcare being argued for remains very unclear. Does the argument that people need healthcare to ensure survival really extend to saying that they should have as much healthcare as technically possible? If this were the case, it would place unacceptable and unachievable demands upon a health service. In which case, where does one draw the line between what is a justifiable need for healthcare which should be met and what is not? Similarly, in order to guarantee physical survival, one could argue that it is necessary to guarantee an income to ensure subsistence—thus again raising problems concerning what minimum of income is sufficient.

A further and very real problem with Plant's approach concerns the role of the state. Even if one can establish that there are indeed a number of basic needs which can and should be met, it does not simply follow that the state should be the vehicle for meeting these. Presenting a strong and coherent argument for the meeting of certain basic needs may be one thing, but deducing a state obligation—as opposed to those of individuals, families, or charity, for instance—may be a quite different matter.

NEED IN TERMS OF BASIC MINIMA

Much social policy debate about need takes place in terms of minima, or basic levels below which some individuals may be defined as being in real need. The difficulty is just how to decide upon the nature of any minimum. For example, some have argued that

there is a minimum living standard which applies to all societies, below which one is evidently in need of assistance. Usually based upon various ideas of subsistence, and the very minimum required for survival, this is the notion of **absolute poverty**. The measurement of absolute poverty generally limits poverty to **material deprivation**, and seeks to establish a price for the basic necessities in life. Those who are then unable to afford these necessities are deemed to be in absolute poverty, unable to afford to maintain even basic subsistence levels.

The work of Seebohm Rowntree (1871–1954) was one of the first to attempt to define and measure need in this way, and establish a basic minimum income, below which subsistence was not possible. Applying his measure in 1899, Rowntree discovered that a third of the working-class households in York were in absolute poverty—and lacked the minimum income necessary for subsistence. In his third survey of York in 1950, this proportion had dropped to just 1.5 per cent of his total sample, leading some to argue that poverty in the UK had effectively been eradicated.

The concept of ‘absolute poverty’, however, is not a concrete and objective measure of need. On the contrary, it is very much open to debate and interpretation, and there have been a variety of differing attempts to operationalize this concept, or put it into a form which can be empirically measured. The problem comes in terms of what are defined as the minimum needs necessary for subsistence—do these only refer to physical needs, and the basic need for food; shelter and good health? Or could we—indeed, should we—include in this approach other needs which may be equally important for becoming a full and involved member of society—access to leisure such as holidays or to sources of cultural enrichment such as museums or art galleries?

Even when focusing exclusively upon nutritional requirements, it is unclear what basic nutritional requirements should be. Different individuals in different occupations, for instance, may have very different nutritional needs. This variety is even more pronounced in the case of other dimensions of need such as housing, clothing, or education.

Official poverty

Despite these difficulties, the idea of need defined in terms of basic minima has proved to be pervasive. Many official definitions of poverty tend to be related in some way to an absolute or subsistence poverty line. In the UK, for instance, ‘official’ poverty has conventionally been measured in terms of benefit levels. Benefits such as Income Support are paid to those who can demonstrate a low income, and are intended to provide a basic minimum income for those experiencing material hardship. Those individuals whose incomes are at or below this level are deemed to be in poverty. In Britain until the 1980s, the government based its estimate of the extent of poverty and need in society on the numbers living at or below benefit levels. Those receiving an income of between 100 and 139 per cent of benefit levels were often defined as on the margins of poverty.

This approach, however, attracted considerable criticism, not least because it implied that every time benefit levels were increased, this paradoxically increased the number of those defined as being in poverty. From 1985 the government chose instead to publish figures on the numbers living below incomes which were 50 per cent of the average adjusted for household type. The number of people living in households with less than

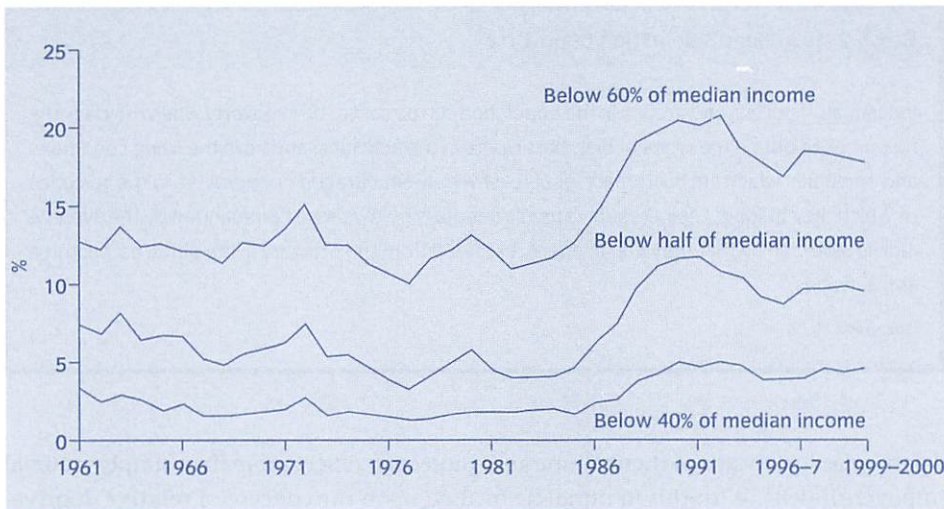


Figure 5.2 Percentage of people whose income is below various fractions of median income, UK. (Housing costs excluded. Data from 1993–4 onwards are for financial years; data for 1994–5 onwards exclude Northern Ireland.)

Source: ONS 2003.

60 per cent of median income is now one of the preferred indicators of poverty for both the UK government and the European Union. In 1999/2000, it was estimated that some 13.3 million people were living in households with below 60 per cent of median income (Rahman et al. 2001).

This has been described as the **relative income standard of poverty**. Interestingly, the government also modified the way in which it calculated its figures. Originally, it sought to calculate the income for each household member separately. However, this was changed, and all members of a household were assumed to have an equal share of the total household income, which is evidently questionable. The result, however, was that this change actually reduced the numbers on low incomes by more than a million people. The problem with such a measure of need, however, is the arbitrary point at which one draws a poverty line.

Relative poverty

Peter Townsend was a vocal proponent of the idea that poverty must be related to the society in which it may be present. However, he argued that the relative income standard of poverty is arbitrary: it is unclear why the poverty line should be drawn at 50 per cent of average income—70 per cent could have just as much validity. Townsend was therefore keen to establish a more objective and less arbitrary measure of poverty and need, but one which was necessarily relative to wider standards in society. After all, given economic and social change, so standards and expectations may shift, and luxuries may become comforts and comforts in turn may become necessities. Townsend argued, therefore, that poverty had to be related to and defined by the standards of

Box 5.2 Townsend's definition of poverty

Individuals, families, and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities, and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from the ordinary living patterns, customs and activities.

(Townsend 1979)

a particular society at a particular time and, moreover, reflect more than simply material impoverishment. With this in mind, he focused upon the concept of **relative deprivation**. He suggested that any definition of poverty should include some measure of an individual's ability to participate in social activities which are generally customary in society (see Box 5.2).

With this in mind, Townsend constructed what he described as a **deprivation index**. This covered some sixty types of household activity relating to diet, clothing, health, recreation, travel, and so on, from which he chose twelve items that he saw as relevant and necessary to the whole of society. He then calculated the proportion of the population deprived of these. Each household was given a score on a deprivation index, and the more respects in which a household was found to experience deprivation, the higher its score. Townsend then related deprivation to income levels. In particular, he related the average score of households to different levels of income, expressed as a percentage of basic benefit levels. From this, he claimed to have identified a poverty threshold, in terms of a level of income below which the amount of deprivation suddenly increased dramatically—at approximately 150 per cent of benefit levels. Townsend therefore argued that all households without this level of resources were suffering from poverty and in need. Importantly, he also felt that his figures and his definition of poverty, were not arbitrary, but were ostensibly objective.

Problems with this approach

Townsend's approach to poverty, and hence to need, was path-breaking. He developed a social measure in terms of household integration into the surrounding community, and so moved measurement on from arbitrarily chosen minimum standards. But his work also attracted criticism, not least from David Piachaud (1981), who makes a number of pertinent points.

Townsend claimed to have found an 'objective' point at which to draw a poverty line, below which deprivation increases very rapidly. In fact, Piachaud argues that a poverty line based on 150 per cent of benefit levels is as arbitrary as any other. Indeed, after examining Townsend's data, Piachaud disputes the suggestion that deprivation starts to rapidly increase below this level of 150 per cent of benefit levels.

It is also not clear why the items employed in Townsend's index have been selected. For instance, it is unclear why not eating cooked meals should necessarily be equated with deprivation, as Townsend claims. After all, some people may prefer to eat sandwiches and salads! This is a crucial point—namely, Townsend does not seek to establish whether scoring high points on his 'deprivation index' is actually a consequence of shortage of money, or a consequence of choice!

Mack and Lansley: breadline Britain

Mack and Lansley (1985; 1991) follow Townsend's social approach to the measurement of need and poverty, defining poverty in relative terms, but attempting to improve the approach in two important ways.

First, they sought to clarify whether or not people lacked something by choice, or whether it was a consequence of financial pressure.

Secondly, they were concerned about the accusation that any items included in their deprivation index would be necessarily arbitrary. They therefore adopted a **consensual approach to poverty**, and asked their respondents what they considered to be necessities in contemporary Britain. An item became a necessity if a majority (or more than 50 per cent of the population) classified it as one. On the basis of this deprivation index, they then went on to measure the extent of poverty, which they defined as 'an enforced lack of socially perceived necessities'. Later surveys have used the same method.

The last survey using this 'consensual approach' to measure poverty in Britain (Gordon et al. 2000) came up with some startling and disturbing results:

- In 1983, 14 per cent of households (approximately 7.5 million people) were living in poverty; this had increased to 24 per cent (approximately 14 million people) by 1999.
- Around 9.5 million people in Britain today cannot afford adequate housing, free from damp and adequately heated.
- Some 6.5 million adults go without essential clothing, such as a warm waterproof coat, because of a lack of money.
- About 8 million people cannot afford one or more essential household goods, like a fridge, a telephone, or carpets for living areas.

It is evident that attempting to establish any measure of need in terms of a basic minima is fraught with problems. Absolute or subsistence definitions of need and poverty are to a degree arbitrary, or a matter of subjective judgement. In any event, many commentators argue that any attempt to measure deprivation and need must be relative to the standards and expectations of wider society. In other words, the nature of poverty necessarily varies over time, and reflects the contemporary social circumstances in which it is experienced. In this sense, poverty and deprivation are related to social inequality: the poor are those whose incomes or resources are so far short of society's average that they simply do not have an acceptable standard of living. If poverty is measured and gauged in terms of average expectations and average incomes, then reducing poverty and meeting need may actually be impossible without attacking inequality. In the UK, inequality pervades many features of society, most notably in terms of income.

NEED AND INEQUALITY

One of the most significant forms of inequality in the UK is in terms of income distribution. Data on income distribution have been used to chart changing patterns of poverty and need over time. Indeed, according to this measure there has been a considerable increase in the scale of poverty in the UK over the past twenty years or so. In 1979, for instance, 5 million people (or 9 per cent of the population) were living on below half average incomes after housing costs. By 1999/2000 this figure had risen to approximately 14 million people, or a quarter of the population, the worst poverty record in the EU, with the exception of Greece (Howard et al. 2001)

Whilst many industrialized countries experienced moves towards greater income inequality, this grew more rapidly in the UK than in almost any other. Between 1979 and 1995, for instance, incomes for the richest tenth of the population rose by more than 60 per cent, while the real incomes of the poorest tenth showed a fall of 8 per cent, when housing costs were taken into account (Hills 1995). The reasons for these increases in inequality are complex. In particular, they reflect the fact that, during the 1980s, more people became dependent upon state benefits, not least because of increases in unemployment. Yet, simultaneously, the gap widened between the income of those dependent on benefits and the income of that part of the population with earnings. This was a consequence of the fact that, since the early 1980s, benefit levels have generally been linked to prices rather than to income levels. These changes in inequality have affected some social groups more than others.

There are, for instance, important differences between ethnic groups. The incomes of some ethnic minority groups are well below the national average, and a significant percentage of their populations live in areas high in indicators of deprivation. Households where the head of household is from an ethnic minority group are much more likely to appear in the bottom 20 per cent (or quintile) of the income distribution than their white contemporaries. For example, over 60 per cent of individuals of Pakistani or Bangladeshi origin are in the bottom fifth of income distribution—three times more than white people and almost twice as many as black people (Howard et al. 2001). This is, of course, partly related to unemployment and its high incidence amongst some ethnic minority groups. In 2000, for example, unemployment rates for black and Pakistani/Bangladeshi people were three times higher than that for white people. Children from ethnic minorities are more likely to be living in poverty than white children. While around a third of children in Britain are living in poverty, for Bangladeshi and Pakistani children, the figure is 73 per cent (Platt 2002).

There are also important differences between men and women here. Whilst men are much more likely to be in the professional and skilled manual groups, women are more likely to be in the skilled and unskilled non-manual groups, reflecting the dominance of women in some occupations such as clerical and secretarial work and their importance in some professions such as teaching and medicine. Women have been heavily concentrated in low paid and low-status employment in the UK, and in 2000 women's full time average earnings were just 82 per cent those of men.

Box 5.3 Child poverty

The Blair government made poverty reduction—particularly child poverty—a key element of its policies. This was one of the objectives behind the introduction of schemes such as the Working Families Tax Credit and the Child Tax Credit. In particular, in 1998 it established a target to reduce the number of children in low-income households by at least a quarter by 2004 and by half by 2010. Yet the challenge is a formidable one. In 1968, just 10 per cent of children lived in households with below half the average income. By 1996 this had risen to a third of all children (over 4.3 million). Nonetheless, the government has made some progress here, and by 2002 the number of children living in poverty had dropped by approximately 500,000 to 3.9 million. Much of this reduction—approximately 300,000 children—appears to have been a consequence of rising employment and more parents obtaining paid work (Piachaud and Sutherland 2002). Despite such progress, many commentators remain doubtful as to whether the government can meet its targets to reduce child poverty, at least not without a substantial increase in resources.

An important question for social policy concerns the extent to which the welfare state should seek to reduce inequalities. Which inequalities are the most damaging in the sense of reducing people's opportunities or in contributing to other needs such as poor health? There is also the risk that welfare allocations, or the taxes necessary to pay for them, may actually have been contributing to forms of inequality.

THE WELFARE STATE AND INEQUALITY

It is clear that some households will pay considerably more in taxes than they receive in benefits, while others will benefit more than they are taxed. Overall, one can say that there is some redistribution of income from households on higher incomes to those on lower incomes. In 2000–1, for example, UK households in the bottom quintile group had an average original income (or income derived from various non-governmental sources, such as employment or occupational pensions) of £3,090. Once redistribution through taxes and benefits had occurred, such households were left with a final income of £9,670. In other words, on average, these households had gained some £6,580 through redistribution. In contrast, households in the highest quintile group (or the top 20 per cent) had an average original income of £55,740 and a final income of £39,080. In other words, on average, these households had made a net loss of some £16,660 through redistribution (ONS 2003).

However, the welfare state also has an important redistributive role in terms of welfare services which are provided in kind, rather than as cash benefits; such as the National Health Service, state education, personal social services, and subsidized and social housing. It has been argued that the provision of such services should be considered as a non-monetary form of income, or a **social wage**, which forms an important

addition to cash incomes. However, there has been intense debate about who actually benefits most from the provision of such services. Julian Le Grand, for instance, famously argued that state welfare provision does not in fact enhance redistribution and reduce inequality. Rather, he showed that state welfare services accentuate the divisions between those facing need and those who are comfortably provided for. In the use of transport, education, and possibly healthcare the better-off consume disproportionately relative to their needs (Le Grand 1982). It has been claimed by some commentators that the welfare state has increasingly been ‘captured’ by the middle classes.

In contrast, recent research by Tom Sefton (1997; 2002) has shown that the welfare state did go some way towards tempering the growing income inequalities witnessed in the 1980s. Whilst much attention was devoted to the widening income gap between rich and poor, most calculations failed to take into account the value of welfare services to different groups. In 2000–1 the social wage, or the value in kind of the main state services, such as healthcare and education, was worth an average of £1,700 per person or nearly £4,000 per household. On average, individuals in the bottom two-fifths of income distribution receive around twice the value of benefits in kind as those in the top fifth (Sefton 2002). However, there is considerable variety here between services—higher education, for instance, is certainly worth more to the better-off in society, while subsidized social housing and the personal social services strongly benefit the poor.

That income inequality has increased remains the basic fact. Between 1979 and 1999, for example, real incomes after housing costs rose by an average of 80 per cent. Yet the poorest 10 per cent saw a rise of just 6 per cent (Howard et al. 2001). The social wage has helped to offset this growing inequality of cash incomes, although it has still not prevented inequality from rising. Whilst one would anticipate that welfare services would mainly benefit lower income groups, the surprising reality is that the poorest half of the population receive just 60 per cent of the value of these services. Indeed, only in the context of social housing has there been a clear shift in the distribution of welfare spending towards the poorest individuals and families (Sefton 1997).

DEMOGRAPHIC CHANGE IN THE UK

Demographic trends are of fundamental importance for social policy and any debate about social need. Ultimately, demographic changes have a direct impact upon welfare provision, because they alter the size and composition of the population who contribute to and use the services provided by welfare states. One role of social policy is to chart and follow demographic trends—both in the short and in the much longer term—and anticipate the needs that different patterns of population change are likely to imply for welfare provision. Demography lies at the heart of social policy because of its close relationship to need and, in turn, demand upon the welfare state.

Knowledge about the size and structure of the population is essential for understanding and anticipating demand for all kinds of welfare service, such as education, healthcare, social security benefits, and pensions. Demographic change provides the best basis

available for estimating future needs. Demographic change can also be interpreted as an indication of wider social shifts in values and forms of behaviour which may have implications for the needs faced by future governments and taxpayers.

Population structure

Since 1900 the world population has more than trebled—from around 1.6 billion to more than 6.1 billion by 2001. It is estimated that by 2050 world population will be

Box 5.4 Census 2001

Since 1801, the UK government has conducted a census every ten years of every household in the country, to collect a variety of important demographic information, which is then used for planning and targeting welfare services and provision. The last census took place on 29 April 2001 and cost £200 million to administer. The key findings included:

- The UK population on the day of the census was 58,789,194—about one million lower than estimates made in 2000.
- For the first time, the number of people over 60 exceeded the number of children aged under 16.
- Those aged 85 and over now make up nearly 2 per cent of the entire population, compared to 0.4 per cent 50 years ago.
- Boys outnumber girls up until the age of 21, but there are fewer men than women in all ages over 21.
- There has been significant regional variation in population change over the past twenty years, with a decline in the population of the north and an increase in the population of the south.

Question

- What are the implications of these findings for the design and delivery of welfare services?

Table 5.1 World population

	1800	1900	1950	2001
Asia	635	947	1,402	3,721
Africa	107	133	224	813
Europe	203	408	547	726
Latin America and Caribbean	24	74	166	527
North America	7	82	172	317
Oceania	2	6	13	31
	978	1,650	2,524	6,134

Source: ONS (2003).

between 7.9 and 10.9 billion. Yet within this pattern, there are important differences. Less developed areas, for instance, have much lower life expectancies than do more developed regions. Whilst life expectancy at birth is comparatively long in the UK—75 for males, and 80 for females—in some countries life expectancy is less than half this. In Sierra Leone, for example, life expectancy at birth is just 36 for males and 39 for females.

Europe has also had a considerably slower population growth rate than the world as a whole. Between 1950 and 2001, for instance, the population of Europe rose by less than 33 per cent, compared to an increase of 143 per cent for the population of the world as a whole over the same period. The UK population has similarly experienced a relatively subdued rate of population growth. In 1961, the UK population was approximately 53 million and by the 2001 census was under 59 million. Change in population is dependent on a number of variables—specifically, the number of births, the number of deaths, and migration in and out of the country.

Births and the family

One of the most important factors affecting population structure is the number of live births. The UK has seen a number of changes to fertility patterns. More women are now delaying having their first child, and the average age of mothers for all live births rose from 26.2 in 1971 to 29.1 in 2000. Women are also choosing to have fewer children. There has also been a dramatic increase in the number of births outside marriage. Of live births in Great Britain in 2001, around 40 per cent occurred outside marriage—more than four times the proportion in 1975. However, it is important to remember that more than three-quarters of births outside marriage are jointly registered by both parents (ONS 2003).

The family is a central object of social policy intervention. However, the contemporary family is experiencing a variety of important changes, which in turn attract the attention of social researchers, politicians, and policy-makers. Many of these changes are linked and related in different ways, and have consequences for both the goals and the design of social policies.

Marriage, divorce, and cohabitation

One of the most striking areas of debate has been focused upon the question of marriage, and its centrality to modern British society. Whilst politicians regularly proclaim the virtues of marriage, and the benefits of dual parenthood, the contemporary family is now considerably more diverse in its characteristics. Some researchers and politicians have not been slow to attach many of the ills of our modern society to changing family forms. Whilst the main changes involved may be reasonably clear in their nature, what is far from clear are the implications of these for social welfare. A number of developments are notable, one of which has been the declining marriage rate and the corresponding increase in cohabitation.

Marriage may be an institution, but it is one to which growing proportions of the population are hesitant to subscribe. In 2000, for example, there were 180,000 first marriages, less than half the peak of 390,000 in 1970. Not only are fewer people actually marrying, but the average age of people getting married for the first time is increasing.

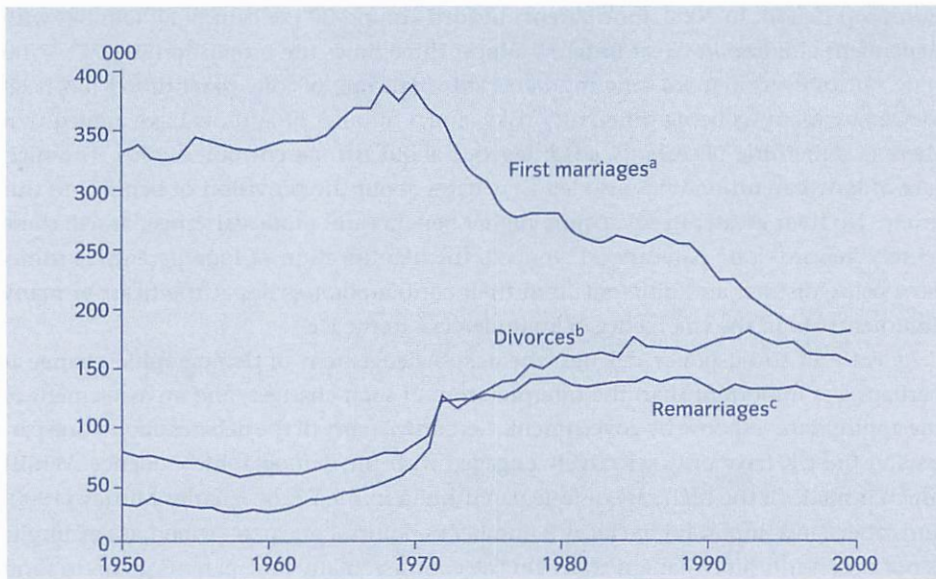


Figure 5.3 Marriages and divorces in the UK

^a For both partners.

^b Includes annulments. Data for 1950–70 for Great Britain only.

^c For one or both partners.

Source: ONS 2003.

In 2000, for example, the average age for first marriage was 30.5 for men and 28.2 for women, compared to 25.6 for men and 23.1 for women in 1961. At the same time, there has been a sharp increase in the number of people cohabiting, together with a shift towards cohabiting for longer periods. For instance, the proportion of all non-married women aged 18 to 49 who were cohabiting in Great Britain almost tripled between 1979 and 2001, from 11 per cent to 30 per cent.

At the same time as a rise in cohabitation, there has been a dramatic increase in divorce. Since 1971, divorce has more than doubled. In 2001 there were 157,000 divorces in the United Kingdom. It is perhaps unsurprising that so many politicians and clergy claim that the concept of marriage in the UK is under threat. The rise in divorce has important and significant implications for social policy, in a number of ways. The complexity of reconstituted families may have important consequences for the meeting of social need in the future. The provision of old age care, for instance, has been the focus of concern. Traditionally a main source of informal care for the elderly has been by younger family members. Yet with the increase in divorce and, in turn, remarriage, it is less clear just how these family responsibilities may or may not be shared out.

Lone parents

A further shift in family form which has provoked concern amongst policy-makers and politicians has been the increase in the number and proportion of lone-parent families over the past thirty years. The UK has one of the highest rates of lone parenthood in the

European Union. In 2002, lone parents headed around 22 per cent of all families with dependent children in Great Britain—almost three times the proportion in 1971—and nine out of every ten are lone mothers. This high rate of lone parenthood has been viewed by many as being inherently risky, and a number of authors have argued that there is something necessarily advantageous about two-parent households. The high rate of lone parenthood has also led to debates about the provision of benefits to this group. Do their greater needs require higher benefits and more assistance, or will these merely ‘reward’ lone parenthood? Indeed, the identification of lone parents as somehow being distinct and different from their contemporaries lies at the heart of many arguments about the emergence of an underclass in the UK.

As with all social policy debates, the acknowledgement of demographic change is perhaps less important than the interpretation of such changes, and an assessment of the appropriate response by government. Certainly, many of the debates about lone parents in the UK have only selectively engaged with the demographic evidence. Whilst much is made of the high rate of lone parenthood in the UK by Charles Murray (1990) and others, it is important to clarify a number of points. Lone parenthood, for example, is not necessarily a permanent state. On the contrary, many lone parents go on to form new joint households fairly quickly. Moreover, contrary to the pervasive image of the teenage mother attempting to jump the housing queue, the majority of lone parents are actually divorcees in their 20s or 30s.

In short, the nuclear family is undergoing substantial change in the UK, arising from fewer marriages, more cohabitation, and more extra-marital births; increasing divorce and remarriage; declining fertility and smaller families; and a rise in the proportion of lone parents and reconstituted families. The nuclear family may still be dominant, but it is nonetheless only one possible family form.

Household change

The rise in divorce and the declining fashionability of marriage has led to other changes, all of which are important to social policy. The average size of households in Great Britain has almost halved since the beginning of the twentieth century to some 2.4 people per household in 2002 (ONS 2003). Of particular significance has been the rise in single-person households. More and more of us, it seems, are living on our own. In 1961, just 14 per cent of households were single-person households. By 2002, this proportion has increased to some 29 per cent, and seems set to climb further, as more of us live independently after leaving home and before marriage; as a consequence of divorce, or simply as a reflection of the growing proportion of the elderly, many of whom live in ‘solo’ households. The implications of this development may be profound, not least for housing policy. The growing number of single-person households—who in turn want somewhere to live—has figured strongly in recent debates about the need for 4.4 million new homes in the UK by 2016. Whilst the population of the UK may have remained reasonably static over the past few decades, it is important to remember that demand for housing can increase within a static population if new and smaller households are forming faster than old ones dissolve.

In short, demographic change has a very real and integral relationship with the issue of social need. However, it would be erroneous to assume that one can chart a clear and

Table 5.2 Households by size, UK (%)

	1961	1971	1981	1991	2002
One person	14	18	22	27	29
Two people	30	32	32	34	35
Three people	23	19	17	16	16
Four people	18	17	18	16	14
Five people	9	8	7	5	5
Six or more people	7	6	4	2	2
All households (= 100%)					
millions	16.3	18.6	20.2	22.4	24.1
Average household size					
(number of people)	3.1	2.9	2.7	2.5	2.4

Source: ONS (2003).

straightforward relationship between demographic change and the consequent needs faced by society. On the contrary, there may be common acknowledgment of a particular demographic pattern, but very different assessments of the implications for social policy. Nowhere is this more aptly illustrated than in the various debates about an ageing population, and the consequences of this for welfare provision.

Ageing of the population

The population age profile of industrialized societies is changing in important ways, not least of which has been the movement towards what is commonly described as an **ageing population**. The age structure of the population reflects variation in past births, increases in longevity, and the effects of migration. This is an important debate, reflecting concern about the welfare costs of an expanding **dependent population**—or the proportion of the population economically supported by those of working age. In other words, this is a crude measure of the number of people economically supported by those of working age—what is known as the **dependency ratio**. Those people aged under 16, and those over pensionable age, are often deemed to represent the dependent population, and, importantly, many countries are experiencing an increase in the proportion of the population above pensionable age. In 1961, for instance, just 12 per cent of the UK's population were aged 65 or over, and only 4 per cent were aged 75 and over. By 2001, this had increased to some 16 per cent and 7 per cent respectively.

The proportion of the population aged 65 or over is projected to rise further, as the post-Second World War 'baby boomers' reach retirement age. By 2025 it is projected that more than 20 per cent of the population will be aged over 65 (ONS 2003). Moreover, there will be a particular increase in the number of very elderly people. Whilst in 1961 there were nearly 350,000 people aged 85 and over, by 2001 this number had increased to 1.1 million. In 2000 there were more than three times as many people aged over 90 as

Table 5.3 Population by age, UK (%)

		All ages (= 100%) (millions)	Under					75 and over
			16	16-34	35-54	55-64	65-74	
<i>Mid-year estimates</i>								
1961	52.8	25	24	27	12	8	4	
1971	55.9	25	26	24	12	9	5	
1981	56.4	22	29	23	11	9	6	
1991	57.8	20	29	25	10	9	7	
2001	59.5	20	25	29	10	8	7	
<i>Mid-year projections</i>								
2011	60.5	18	24	29	12	9	7	
2021	61.1	18	23	26	14	11	8	
2031	60.7	17	22	25	13	13	11	

Source: ONS (2003).

there were in 1971. These developments clearly have profound implications in terms of future need for healthcare, social care, and pensions—and what this is likely to mean for national budgets, taxation, and welfare spending in the near future. Old people are higher users of health services than their younger peers. For example, patients aged 75 and over use approximately six times the average of NHS spending (Taylor-Gooby 1991). The stark implication is that a growing proportion of retired people will impose a burden of rising cost upon a shrinking population of working age. This has generated vigorous policy debate. Concern about the ability of the country to pay for growing pension costs in the future has led to a variety of reviews and changes to pension provisions in the UK, all of which claim to have at their heart a concern with this demographic trend.

Even here, however where the evidence about demographic change and its relationship to social need appears to be fairly uncontentious, all is not as clear as it initially seems. On the contrary, the impact of the ageing population upon welfare states into the next century may be more complicated than it appears at first. Rather than representing a demographic time-bomb, a number of competing points can be made.

Whilst it does seem likely that the ageing population will lead to greater costs in some areas, these are nonetheless likely to be matched by a reduction in other costs, such as childcare. Sefton (1997) shows that the effect of a smaller child population on education spending has already more than offset the effects of an ageing population on healthcare and personal social services spending. Indeed, those aged over 65 are not necessarily dependent. Far from being economically dependent, the elderly may make a number of important economic contributions to society—in terms of informal and unpaid

childcare or care for other elderly people, for instance, and in terms of their important role as consumers of economic goods and services.

Certainly, those aged 85 and over are likely to increase as a proportion of the population, and to present a variety of needs in terms of health and social care. However, it is important to acknowledge that they still represent only a very small proportion of the entire population. The fact remains that economic growth could easily meet growing costs here. If current standards of provision are maintained, the cost of maintaining health and social services provision can be met by modest economic growth (Hills 1993). In other words, the issue here is not one of economic necessity, but one of political priority. Who should benefit from increases in economic productivity: existing workers or the retired? Moreover, the costs of an ageing population are not necessarily borne by the state—the movement towards private provision in terms of health and social care, and particularly in terms of pensions, are likely to alleviate some of the projected welfare costs.

Concerns about the demographic ageing of the population also ignore the fact that old age is to an extent a social construct, rather than simply a physical or biological fact. In other words, the current relationship between old age and physical dependency is changing. Old people in the future may be considerably healthier and more active than in the past, because of improvements in diet and lifestyle.

CONCLUSION: SOCIAL NEED, DEMOGRAPHIC 'FACTS', AND POLICY JUDGEMENTS

A logical mind might consider that social policy should be determined by 'social need' and that need should be measured in terms of empirical 'facts' such as changes in the size and structure of a population (demography) and evidence about deprivation (for example, measures of poverty). This chapter has sought to show that there can be no simple links made between facts about need and the necessary social policies. The very words we use to describe demographic change (e.g. 'the ageing population' or 'lone parenthood') involve elements of judgement. All attempts to measure poverty have been criticized for the normative assumptions they inevitably have to make about either minima or the forms of social inclusion and exclusion that count. Therefore, policy cannot follow directly from evidence of need. As Chapter 3 explains, a political process must intervene, determining which needs are recognized and the degree to which they are then to be alleviated by social policies.

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USEFUL WEBSITES

There are a wide range of relevant websites on these issues, although some of the most useful include:

www.ukonline.gov.uk The site that allows you to search for and read a wide variety of government reports and publications on a diverse array of issues and topics.

www.statistics.gov.uk A rich source of official statistics and data, including online access to the 2001 Census findings and the latest Social Trends.

www.jrf.org.uk Provides access to a variety of research findings and reports on poverty and other social issues produced by the Joseph Rowntree Foundation.

www.cpag.org.uk A very useful site for examining child poverty in the UK, with access to various figures and reports.

www.poverty.org.uk A site monitoring poverty and social exclusion in the UK and providing a wide range of figures and data.

GLOSSARY

absolute poverty Poverty defined and measured in terms of the minimum requirements necessary for basic subsistence and survival. Those deemed to be in absolute poverty are unable to afford even the basic necessities in life. They exist below even 'subsistence poverty', the level at which people can just continue to survive.

ageing population A change in the age structure of the population, whereby the proportion of older people increases relative to the numbers of younger people. The term is often used to describe a population in which the proportion over pensionable age is increasing, which in turn may imply more social spending on pensions and healthcare, and less revenue.

comparative need Need established by comparing the standards achieved by similar groups within one society—for example those living in different parts of the country—or in different societies—for example a comparison of the incomes of, or provision for, retired people in one nation compared with those in another. In other words, need is seen as an inherently relative concept, and any debate about need must be related to the wider context within which the debates are taking place.

consensual approach to poverty Attempting to establish a consensus about what the population consider to be necessities in that particular society, at that particular period in time, without which one could be defined as being in poverty.

dependency ratio Usually the ratio of those outside the labour force (for example 0–15 and 65 and over) to those defined as in the labour force or of working age.

dependent population The section of the population economically supported by those in employment.

deprivation index A list of items defined as essential to being a full member of society, without which one could be deemed to be experiencing deprivation.

expressed need Need that has become a demand. There is a close relationship between need and demand, but simply because someone demands or wants something does not necessarily mean that they need it.

felt need An individual's or group's belief that they need something. This relies heavily upon an individual's own perception of their need, and their perception of any discrepancy between what their situation may be and what their situation should be. This definition is very similar to a 'want'.

intermediate needs Needs which are not ends in themselves, but rather a means to an end. For example, we may need some things, such as a basic education, in order to fulfil other needs, such as finding employment, which in turn may answer the more ultimate need for income.

material deprivation Having insufficient physical resources—food, shelter, and clothing—necessary to sustain life either in an absolute sense or relative to some prescribed standard.

normative need How an expert, such as a doctor or welfare professional, may define need in a given situation or circumstance. Important because welfare professionals are closely involved in the identification of need, and the determining of how this may best be met within the confines of existing resources.

relative deprivation Deprivation measured by comparing one's situation to that of relevant others, or to standards accepted in a particular society at a particular time.

relative income standard of poverty A measure of poverty which relates it to average income levels within society. For instance, those found to be living at or below incomes which are 50 per cent of the average may be defined as being in poverty.

social wage The value of welfare services which are provided in kind, rather than as cash benefits, such as the NHS, state education, personal social services, and subsidized social housing.

technical need Need arising when some new provision is invented or existing provision is made much more effective, creating a need for a solution that was not previously available.

ultimate needs Needs which are seen as ends in themselves, and to which other activities and needs are directed: for example, survival, autonomy, and self-fulfilment may be defined as ultimate human needs.