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Needs as claims

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Abstract. *People 'need' things if they will suffer negative effects without them. Needs are based in problems, but they are not only problems; they have to be understood in terms of a relationship between functional problems and resources. Needs are a form of claim made against services.*

The concept of 'need' is not decisive in the allocation of resources, and this paper argues that the concept has to be understood as a form of claim-language. Once needs are understood in terms of claims, many of the apparent difficulties in conceptualising the issues dissolve; the main conflicts are between different types of claims, rather than contested definitions of need. Similarly, the establishment of priorities between greater and lesser needs depends on the strength of the claim which the needs present, and the context in which services operate, rather than on intrinsic comparisons between different levels of need.

It follows that need is often not the sole, or even the primary, determinant of the legitimacy of a claim. Greater needs only have priority over lesser ones if they also constitute a claim of a different, and stronger, kind.

'Needs' commonly refer to the kinds of problem which people experience: for example, people who suffer from mental or physical impairments are deemed to have 'needs' on that basis. 'In a general sense', Feinberg writes,

'to say that S needs X is to say simply that if he doesn't have X he will be harmed.'
(Feinberg, 1973, p.111)

The statement makes the central point that 'needs' primarily relate to negative effects. The idea of 'harm' is not a very clear one; people's interests can be harmed if they lose opportunities or privileges, for example; but for practical purposes it helps to focus on the most important welfare interests. People need, for example, shelter, food, and clothing; a person without these things will suffer negative effects, whatever the reason. Doyal and Gough interpret harm primarily in terms of an impaired ability to participate in society - a form of social disability. (Doyal, Gough, 1991, pp 2, 50-51)

It can sometimes be difficult to distinguish negative effects from the absence of positive ones: if a child 'needs' education, this may be seen as much as a comment on the positive benefits of education as on the negative effects of the lack of it. But a positive benefit whose absence has no obvious negative effects - like, say, the lack of a birthday party or a hobby - should not be considered a 'need'. Items of this sort are sometimes referred to as 'luxuries' - though there is often some contention as to just which items should be seen as luxuries (there is survey evidence to dispute the definition of both the examples I have given: Frayman, 1991), and whether negative effects are incurred by their absence.

Feinberg's other main point is that a need must be a need for something. A person may suffer harm, for example, as a result of an accident, but it is difficult to identify this as a ground for 'need' in itself; the only 'needs' would be measures either to avoid the harm initially or to alleviate it subsequently. A specific item is only needed if there is no alternative. It is possible to say that people need food, but not that they need beef and not lamb (unless there is a special reason why one item cannot be substituted for another). The regulations for Supplementary Benefit single payments used to embody a principle that a person should not be considered to be in need if they had 'failed to avail themselves of a suitable alternative item'; I think this is right in principle even if it was not always applied appropriately in practice.

Doyal and Gough (1991) argue that needs can be seen as 'objective' interests. But they also link this lack, explicitly, to a concept of social justice. People who are in need are not simply people who have a problem; they lack something which will remedy that problem (Feinberg, 1973). There are circumstances in which people with a degree of impairment have no identifiable 'needs' as a consequence: for example, people who are intellectually handicapped, even if they are disadvantaged by their handicap, may well live a fulfilled life, manage their self and household care satisfactorily, maintain an occupational role, and have full personal and social relationships. They are usually thought of as having 'needs' when they have needs for particular kinds of provision of services - a need for housing, for medical care, for domestic support. This implies that problems have to be interpreted, or operationalised, as requiring a particular kind of response; and properly speaking, the definition of a 'need' is determined by the relationship between functional problems and possible responses.

If the issue is not so much that people have problems, as that they do not have the resources to resolve them, discussions of needs are liable to become discussions about resource allocation. One implication is that the process of interpretation is liable to depend greatly on the kinds of responses which are available (Spicker, 1987). Another is that whether people are considered to have a need depends greatly on the resources which are available to them. People with mobility difficulties might be considered to need adaptations to their home, because provision of for such items is widely made; but people with respiratory problems are unlikely to be thought of as 'needing' air conditioning, not because such provision is necessarily inappropriate but because, in the UK, it is simply not available.

Some commentators have argued that the idea of 'need' is an empty one; it is more appropriate, they argue, to consider the issue of demand (Williams, 1974; Nevitt, 1977). A person who has a problem, and whose problem might be appropriately responded to by a particular service, does not necessarily present a demand to that service. Conversely, there may be those who do demand services effectively - the demand for residential care for elderly people is a case in point - even though they do not experience the problems or their problems are not best met by the responses available. It is clear, whatever their basis, that needs are the substance of a wide variety of competing and conflicting claims for service, and some choice between them is necessary when seeking to resolve these claims or to decide on an appropriate method of distribution.

The identification of 'need' constitutes a claim to service; the differentiation of various 'needs' distinguishes between people who are demanding services according to the strength of their claim. The language of 'claims' has been used elsewhere in a slightly different context; Rein proposes it as a substitute for the language of 'rights' (1983, ch 2). But 'rights' and 'claims' are not directly equivalent: there are rights, like privileges and immunities, which are not claim rights (Weale, 1983, ch 7), and a claim of right is a claim of a special kind, which appeals to a set of moral values. Needs are not the only basis on which claims can be made; people can equally base claims for service on other kinds of concept, like rights, waiting time, desert or contribution to society. However, if needs entail responses, *there are no needs which are not in some sense claims*.

Definitions of need

The many ambiguities in the definition of need have been the source of much of the academic discussion of the concept to date. Bradshaw's 'taxonomy' of need (1972) distinguishes normative need (established by experts) from comparative need. The contrast of these ideas with 'felt' and 'expressed' need serves to draw attention to the question of who defines need as constituting a claim for service. Both normative and

comparative need rest on some external arbiter. There are cases in which expert assessment outweighs individual judgment. The most important are those where people are considered unable to exercise a responsible choice - children are required to attend school, and mentally ill people may be committed to institutions for medical treatment - but there are other examples without this qualification, like the fluoridization of water supply in order to reduce dental caries.

If 'need' depends on the degree of suffering, it may be difficult to assess from the outside, and there is an argument to say that felt need should be taken into account in attributing priority between competing claims. An example of the kind of conflict which may arise can be found in applications for rehousing. Should a person who suffers depression or stress as a result of insecurity or poor housing conditions be given priority over someone else who does not? This would usually be considered inequitable in housing allocations, because it would penalise those who attempt to cope with equally unsatisfactory conditions, and few if any allocations schemes would take account of it (Spicker, 1987). The main cause of homelessness is the breakdown of relationships in the previous accommodation; the failure to take stress into account may arguably have found an outlet in applications for rehousing by homeless people.

The argument that individuals are the best judges of their own needs may be extended to the view that need has to be 'expressed' by the person who has it. 'Expressed' need is a direct claim for priority. This is not directly equivalent to 'felt' need; a person may feel a need without expressing it. Bradshaw suggests that 'one does not demand a service unless one feels a need', but this is debatable; people might also demand services on the basis of entitlements (like Child Benefit, and perhaps some of the services to younger pensioners), and they might even be required to represent felt entitlements in terms of need (like students claiming benefits on the basis of low income). A reliance on 'expressed' need puts the onus on the individual to claim a service, which is the normal pattern in British social services. Social security benefits have to be claimed (and, notoriously, people are not in general informed of what they might claim); people have to apply for council housing; sick people have to present themselves in order to receive medical care. This can be defended from the point of view of individual freedom - people should not be forced to have services that they do not want. But there are arguments against this method of establishing need. The expression of need assumes that people know the service is available to them; the evidence from social security benefits is that they may not. People may be deterred by the cost or inconvenience of applying for services. And many people are reluctant to claim. For whatever reasons, many people do not receive means-tested benefits they are entitled to receive; and in the health service - a model of universal care accessible to all - those in the lower social classes receive less service despite a greater incidence of serious illness (DHSS, 1980).

The potential for conflict between the needs of individuals is evident, because they are in competition for resources. But conflicts between individuals are not the only kind. Rae (1981) points out that arguments for redistribution have increasingly become concerned with blocs in society. One example of this trend is the idea of territorial, 'area-based' policies, which attempt to alleviate disadvantage by providing resources to everyone within a particular geographical area. The problem with this approach is that need is not confined to particular locations (Holtermann, 1975); research undertaken on Educational Priority Areas found that the majority of children living in them were not deprived and, more important, that the majority of deprived children did not live there (Barnes, Lucas, 1975). A policy which seeks to redistribute resources between areas may exacerbate the problems of people who are badly served in areas which otherwise are well provided for. The Resource Allocation Working Party in the NHS has redistributed money from London, which has been a centre of high-cost medical expertise, to other regions; but it has also led to complaints in poorer districts (like Southwark) where the level of service continues

to be inadequate. Equally, policies which have concentrated on the disadvantages of groups of people - like women and ethnic minorities - may conflict with problems of other kinds. A policy which is concerned to correct the educational disadvantage of some ethnic groups may effectively take place at the expense of others who are disadvantaged, whether as individuals or as groups. The demand for equal opportunities for women to occupy important positions may, at the individual level, favour a socially advantaged woman over a socially disadvantaged man.

Societies can also be said to have 'needs', in the sense that there are measures which help to avoid negative or harmful effects to people as a community (Spicker, 1988, ch 1). If the justification for the satisfaction of need is that negative effects are to be avoided, there is equally a case for avoiding negative effects for a whole society. Social services have a number of possible functions which might be seen to meet social needs, rather than individual needs. There is a 'handmaiden' function, complementing the industrial process: education benefits industry by training workers, the health service keeps them fit for work. Social services may exercise social control, as they do in the probation service or in deterring people from voluntary unemployment. (And there are cases - like the treatment of mental illness - where the function of social services is ambiguous, uncertainly poised between the needs of individuals and society.) Once again, then, the greater need of one individual may not be decisive; it has to be set against not only the needs of others, but against needs of different types. Society's needs encompass such issues as maintenance and reproduction. Arguably the same criteria may help to explain the relative priority given to the geriatric patients in the health service; because their contribution to society is considered to be less than others of working age, and because they are less likely to benefit from the available treatments, they may receive a lower level of service.

What may seem at first to be competing conceptions of need can be interpreted in a much weaker sense; they are simply competing claims of need. The strength of such claims depends, not on the intrinsic validity of the concept of 'need' to which they are referred, but on other factors entirely, like political support, perceived legitimacy and the normative framework in which the claims are made.

Priorities between needs

Given competing claims, it may seem difficult in theory to allocate priority directly between alternative types or definitions of need. Susan Clayton (1983) criticises Bradshaw's 'taxonomy' because it is not geared to deal with operational issues. There is no obvious way, for example, to determine which is greater, an expressed need or a normatively defined one, or to weigh the claims of an individual against an area. She identifies the difficulty, I feel, but not its source. Because needs depend on a relationship between functional problems and responses, they can only be understood in the light of practical constraints; but this relationship does not feature in Bradshaw's classification.

The idea of need depends strongly on the context in which it is applied. Rein (1983) argues that services are not always formed by reference to principles; it also happens that principles are defined in terms of the way that services respond to them. In council housing, the emphasis in service delivery on openness, consistency and administrative simplicity has led to a definition of need strongly dependent on the use of precise and measurable indicators of need, like overcrowding and lack of amenities (Spicker, 1987). The definition of disability in the industrial injuries scheme is clearly influenced by the intention to establish relatively unambiguous criteria for compensation - a system which leads, in practice, to a person who loses three toes receiving greater compensation than someone else who has only lost two. By contrast, the vagueness in many authorities of the criteria for admission to day nurseries reflects not so much the complexities of

underlying needs (disability and housing need are also complex) as the desire in personal social services for a flexible response, coupled with the determination of social workers to retain a high degree of professional discretion.

Where claims do compete, priorities are often represented in terms of 'greater' or 'lesser' needs, and it is assumed that priority should be given to people with greater needs. In the health service, other things being equal, a broken leg generally commands greater priority than an ingrowing toenail. In housing, it is consistently argued that 'councils should let their houses to the people in greatest need' (for example, the Director of Shelter (Scotland) in *Inside Housing*, 1986). (In social security, by contrast, there is great suspicion of any concentration on 'need'; this principally reflects concerns about the defects in the methods used and the limited adequacy of selective benefits.)

'Greater' and 'lesser' need are not terms which can be established solely by reference to the size of the problem; they also have to take into account what is needed. If all needs are needs for something, the strength of a claim based in need must derive from either the quantity or quality of what is needed, or the suffering which is caused by its absence. The first of these alternatives - that a person who needs more has a greater need - is superficially attractive; a person whose income falls substantially below a poverty line has a greater need than someone who is only marginally below it. But this case could also be seen as establishing a degree of suffering, and there are other examples which cannot be interpreted in the same way. I do not think one would say that a person who lives in an unfit house has the same need for rehousing as someone else whose house has just burned to the ground - although the quality and quantity of what they both need may be identical. It is, then, the degree of suffering or damage which defines a person as being in 'greater' or 'lesser' need.

Bradshaw's distinction of 'normative' and 'comparative' standards of need is important here, because it implies different approaches to the issue of prioritisation. A normative concept of need is one which depends on the definition of a norm, or a specific level at which negative effects begin. The idea of 'absolute poverty', to take a well known example, describes a minimum standard needed to live, or 'subsistence'. There are few examples of this position in practice - the absolute concept is something of a straw man - but there are examples, at least, of the establishment of minimum standards: Seebohm Rowntree defined a concept of primary poverty, where people have less than is necessary for subsistence (Rowntree, 1922).

If needs are normatively defined, then on the face of it a person either is or is not in need. But not all needs are equally important, and the claims which they represent are not necessarily of the same strength. People are not simply said to be 'poor' or 'not poor'; they may be destitute (almost totally without resources), poor, deprived, or disadvantaged. Within these categories, there are further gradations - like 'very poor', 'poor', 'fairly' poor. These are not precise terms with a universally agreed meaning, and they may overlap with the other categories; there is no clear distinction, for example, between 'fairly poor' and 'deprived'. In the case of other 'needs', there are gradations made between those things which are needed more and those which are needed less. This may mean either that both things are necessary, but one is more important than the other; or that a condition has only been partially satisfied. People in general need food to live, and to be healthy; the food might be enough to preserve life but not health. A person without any food at all is more 'in need' than someone who does not have food which is adequately nutritious, but it makes perfectly good sense to talk about both people as being 'in need'. The 'greater' need, though, is the one which implies a lower standard of existence, or a greater degree of suffering.

The basis of priority in allocation, on this model, is that certain strata of need have to be addressed before others. The effect of clearance and modernisation policies in Britain has been substantially to improve the basic level of housing, so that although people are still in need through problems of dampness and disrepair, the old problems of houses without water supplies or sanitary facilities have largely been eliminated. But it is not necessarily the case that greater needs must be addressed first: a utilitarian calculus, which aimed to promote the 'greatest happiness of the greatest number', or a cost-benefit analysis, might imply a different outcome.. There are circumstances in which one may deal with many lesser needs for the cost of one large need - for example, in the choice between saving a life with one expensive operation, or performing several minor operations which relieve severe discomfort. The QALY, or 'quality adjusted life year', is a means of comparing the cost-effectiveness of different treatments. Properly speaking, QALYs provide a means of evaluating different patterns of expenditure rather than an assessment of the strengths of different claims, but it seems clear that QALYs can also be the basis for the relative assessment of different priorities (Richardson, 1992). If a hip replacement buys a QALY for £700, and heart transplantation for £5000 (Ham, 1992, p.253), it seems to follow that hip replacements are a more efficient way of meeting need, and so that there should be more hip replacements - even though the comparison is hardly between similar conditions. The point here is not that people with a broken hip have a greater need than those with serious heart problems - if anything, the reverse is the case; but they may have a stronger claim once resource issues are considered.

Comparative needs, by contrast, are defined wholly by comparison with others. A person who would be considered 'poor' in Britain might be 'well off' in the terms of the Third World. Different standards are being applied, based on comparisons within societies rather than between them. Perhaps the best known example of this is the concept of 'relative' poverty, though as it is commonly used - for example by Townsend (1979) - the idea of relative poverty conflates two distinct propositions. The first is that poverty is socially defined. This is unarguable, but it is not inconsistent with the absolute view: 'food' or 'shelter' mean different things in different societies. The second, which is more contentious, is that poverty is necessarily understood in terms of inequality. On this basis, words describing degrees or levels of need - like 'deprivation', 'poverty' and 'destitution' - cease to have any intrinsic meaning; their sense can only be determined by comparison with the circumstances of others. At the same time, there is little difficulty in understanding the idea of 'greater' and 'lesser' needs. A concept of need based in inequality is transitive, which means that if A is judged to be in need compared to B, and B is in need when compared to C on the same criteria, then A has the greatest need and C the least. A comparative concept of need implies, then, a relative judgment about the claims which are presented. In practice, this is much of what 'needs assessment' is about: an example is the measurement of area deprivation in terms of the relative prevalence of problems in different areas (e.g. Jarman, 1983; Townsend, 1987). The procedure is problematic; there is a risk in the assessment of needs of drawing distinctions between cases where there is no real difference; so, area-base policies give preferential treatment to areas where there is 50% unemployment over those where there is only 35%, and housing points schemes might give priority to people with no hot water, bath or washbasin to those who have no hot water or bath but who do have a basin.

If need is understood in a comparative sense, then the reduction of need is primarily a matter of reducing inequality, and one means of doing so is by giving priority to greater needs. But it is also possible to reduce inequality in other ways. Rae outlines four basic strategies for the reduction of inequality: 'maximin', which is raising the floor, 'minimax', which is levelling down, changing the ratio between lower and higher brackets, and 'least difference', narrowing the gap between top and bottom (Rae, 1981). Maximin and least differences imply that priority should be given to the greatest need; but minimax and ratio strategies do not, because they do not necessarily focus on those who are most

disadvantaged. It might, for example, be argued that the way to create greater equality for women and racial minorities is initially to open opportunities and access to positions of power and status (the kinds of arguments which have informed 'affirmative action' in the US: see Dworkin, 1978).

The determination of priorities probably depends more on the context in which services operate than on any specific conception of need. Needs can be understood only in relation to resources, and in the allocation of scarce resources the main difficulty is to decide between competing claims which may all have a high degree of legitimacy. In the allocation of finance, like discretionary payments in social security, it could be argued that the most effective use of resources in relieving need might be to offer limited, marginal benefits to many people. The position can be justified in both normative and comparative terms. If 'need' is understood normatively, then depending on the structure of those needs, small improvements could shift many people to lesser levels of need. If it is understood in the comparative sense, marginal improvements can reduce inequality; in Rae's terms, the effect is egalitarian not through 'maximin' but rather through the 'ratio' of inequality. But it is difficult to apply these arguments more generally; there are some resources which cannot be divided. When a council house is let, it can only be to one household in need. There is a strong case here to concentrate on the greatest need, because the effect of diverting to a lesser need will diminish the effectiveness of the response in reducing need. It is necessary to consider, not only the problems which give rise to the claim, but the means through which that claim might be met.

The legitimacy of the claim

The strength of a claim depends on other factors besides need, including the pattern of responses which is available; it follows that claims based in needs (and even serious needs) are not necessarily sufficient to determine the provision of service in themselves. At the same time, some claims are recognised for certain needs which seem almost marginal, in terms of the degree of suffering involved - examples are the system of compensation for industrial or war disablement, or the extra money given to pensioners on Income Support who pass the age of 80 - nearly four pounds per week more than those aged 75-79. The explanation is simple enough: *the need itself is not the sole, or even the primary, determinant of the legitimacy of a claim.*

The legitimacy of a claim - its moral strength - depends in the main on social values. There are moral duties which require all of us to reduce the suffering of others - 'humanitarian' principles, and the duty of charity. These are sometimes subject to certain conditions, like the 'desert' of the recipient. This sometimes may mean that a person who has behaved immorally has forfeited any right to be helped as a member of society, but more usually it implies that someone who has failed to avail his or herself of an alternative (like unemployed people who 'refuse' to work) is not considered to be genuinely 'in need'.

Equally, there are rights which reside in the recipient. Up to this point, I have referred to needs as if they constituted a ground for claiming in themselves, which implies that a person who has a greater need than another person also has a stronger claim when other things (like resources) are equal. But it can also be argued that the claim is based, not directly in the need itself, but indirectly in the rights which legitimise a claim for service. This is, I think, the principle behind the National Health Service. The NHS is sometimes referred to as 'universal', a term which emphasises that even though people are in fact selected and treated according to their need, all people are treated on the same basis, through an 'institutional' concept of welfare. The NHS treats all normatively recognised needs, not only those which are most serious. The institutional model rests in the view that everyone is likely to experience need at certain times during their lives, and then

when these needs occur they have a right to services. This is very much the pattern of the 'Welfare State'. A welfare state is one which offers optimal services to all its citizens as a matter of right. This implies that there will be a portfolio of services which add to the quality of life of all the citizens. It is arguable whether there is any case for a hierarchically or rationally ordered set of services weighted according to the priority of the need, because this would reduce the comprehensiveness of the coverage.

This suggests a different approach to considering claims based on 'need'. A person who is in greater need may have a claim to more service than someone in lesser need, but this is not the same as saying that this person has a stronger claim - someone who has broken two legs does not, on the face of it, have a stronger claim to medical care than another person who has only broken one. In the case of the QALY, because no-one has a greater right to a QALY than anyone else, the financial assessment is likely to become the deciding factor in the determination of priorities. The claims for service depend on rights, and the rights are of equal weight. If some needs do present higher priorities than others, it is because they are associated with different rights. The right to continue living is generally speaking greater than the right to avoid discomfort, because the second can be negated by the first; this should also mean that a person who needs food to avoid starving, or a person who needs medical attention to survive, has a greater right than someone with a lesser need. On this model, priority to those in greater need depends on the rights which the needs represent, not on the degree of suffering in itself. At the same time, rights to different services can be based on factors which are related to need, but which go well beyond the issue of suffering - like citizenship, age, desert, or contribution - and it is far from clear that the primacy of the need will determine the outcome.

This might suggest that there are contexts in which the language of rights, rather than the attribution of problems, would be an appropriate way to refer to certain needs. Even so, rights determine priorities only when 'other things are equal', and it may be legitimate to meet needs on the basis of considerations other than the rights of the recipients. The legitimacy of provision (and so, the moral strength of a claim) depends on a wide range of values and norms, not only on the strength of particular rights; the case for concentration on the greatest need seems, in general, to grow weaker as the focus shifts from the individual to the wider society. The issue of priority between needs is made complex, not only because it is necessary to qualify initial propositions about need to take into account complex and varied circumstances, but because it represents a debate about principles. The initial strength of a claim on the grounds of need may be dependent on its ability to establish a right. Rights, however, are only recognised within the context of a framework of values, and the strength of a claim of 'need' is necessarily diminished if it conflicts with these values.

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