Need, Risk and Protection in Social Work Practice

EDITED BY

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Series Editors: Jonathan Parker and Greta Bradley

Dedication

We would like to dedicate this book to our friend and colleague *Amy Clark*, with all best wishes for a long and happy retirement.

Steve, Mike, Jackie, Rory, Anne and George.

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Contents

Notes on contributors

Steve J Hothersall is a Senior Lecturer in Social Work at the Robert Gordon University, Aberdeen. He is the author, co-author and co-editor of a number of publications including: *Social work with children*, *young people and their families in Scotland* (Learning Matters); *Social work and mental health in Scotland* (with Mike Maas-Lowit and Malcolm Golightley: Learning Matters). His main interests are in law, social policy and child care with a special emphasis on attachment theory. He is a founding member of the *International Association for the Study of Attachment* (http://www.iasa-dmm.org/index. php/contact/) and also sits on the Editorial Board of the *British Journal of Social Work*. Steve maintains a practice base as a children's safeguarder and a curator *ad litem*, and in his spare time he indulges his passion for the music of Ludwig van Beethoven.

Mike Maas-Lowit embarked on an initial career in residential childcare in the early 1970s and then in mental health social work. He worked as an Approved Social Worker in the South of England and then as a Mental Health Officer in Scotland, where he still lives and works. He has been involved in the development of MHO training since the mid 1980s and has written material for and advised the Scottish Government on matters in relation to social work, mental health and law. Since 1993, Mike has also been closely involved as a voluntary chair of *Pillar* Aberdeen, a small cutting-edge voluntary agency which offers social support to people whose lives are challenged by poor mental health. He is also co-author (with Steve J Hothersall and Malcolm Golightley) of *Social work and mental health in Scotland*.

George Allan qualified as a social worker in 1976 and has worked primarily with adults. He has held front-line practitioner, planning and management posts in the substance problems field in both the statutory and voluntary sectors. He currently lectures on substance problems issues at The Robert Gordon University. George has a particular interest in the effective implementation of the 'Hidden Harm' agenda.

Amy Clark was a lecturer on the postgraduate Masters Course in social work at the Robert Gordon University for eighteen years and now works part-time as a practice teacher. She trained as a generic social worker and completed her MSc in social gerontology. She worked as a senior social worker responsible for training and education and practice developments and managed several residential establishments and was a registration and inspection officer. Amy has a particular interest in life history assessments, older people's resilience and all aspects of residential care.

Jackie Loxton has been a Lecturer in Social Work at The Robert Gordon University, Aberdeen for the past 13 years. Her practice experience is in the field of mental health and children and families. She is currently Course Leader for the Postgraduate Certificate Mental Health Officer Award. Her particular interests are in the field of mental health, adult support and protection and the involvement of service users in social work education.

Rory Lynch comes from Donegal in Ireland and has been living and working in Scotland for 35 years. He has worked primarily within the fields of single homelessness and mental health where he has carried out international work in the area of the self-evaluation of

well-being. He is currently a member of the Distance Learning Programme for Social Work at RGU and has a special interest in Human Growth and Behaviour and Social Work with Older People.

Anne Shirran is a Lecturer in Social Work. Since qualifying as a social worker, Anne has worked in criminal justice both as a field officer and as a prison based social worker and team manager at HMP Peterhead. Prior to taking up her current post, Anne was a Practice Learning Facilitator. Her interests include practice learning and research into effective interventions with offenders.

Introduction

In this book we look at a number of issues central to social work and social care practice in all its manifestations: need, risk and protection. This trinity has a particular focus in twenty-first century social work and social care; so much so that we wrote a book about it, and current practice is replete with references to meeting need, assessing risk and providing protection.

The book is in two parts: in Part One we look at the issues of need, risk and protection from a conceptual perspective: what are these things? What do they mean? What do they look like? We add more depth to this by adding a discussion of the related issues of capacity and incapacity, themes that have been around for centuries but ones that have taken on new life in the last few years as we have developed more sophisticated mechanisms to recognise, assess and respond to their presence and effects.

These interrelated themes and their growth in the world of social work and social care are considered by reference to changes in society, in particular the advent of 'risk' as something of a defining force in all our lives, but particularly in relation to vulnerable people and groups and the nascent sense of 'risk aversion' within professional practice.

Part One offers a tour through these concepts with a range of activities for the reader to undertake in order to help them to start thinking clearly and critically about these issues in an informed way before we look at these in detail within the context of particular areas of social work and social care practice.

Part Two looks at the issues of need, risk and protection in relation to children, young people and their families (Chapter 5), mental health (Chapter 6), older people (Chapter 7), criminal justice social work and probation (Chapter 8), disability (Chapter 9) and substance use (Chapter 10). Each of these chapters provides a range of activities for you to undertake with a focus on particular elements within a specific area of practice. Together, these provide a thorough introduction to the significance of need, risk and protection in social work and social care in the twenty-first century.

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Part One

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Chapter 1
Need and vulnerability

Steve J Hothersall

Achieving A Social Work Degree continued

Scottish Standards in Social Work Education
Key Role 1: Prepare for, and work with, individuals, families, carers, groups and communities to assess their needs and circumstances.
- Assessing needs and options in order to recommend a course of action.

Key Role 2: Plan, carry out, review and evaluate social work practice with individuals, families, carers, groups, communities and other professionals.
- Identifying and responding to crisis situations.
- Working with individuals, families, carers, groups and communities to achieve change, promote dignity, realise potential and improve life opportunities.
- Producing, implementing and evaluating plans with individuals, families, carers, groups, communities and colleagues.
- Developing networks to meet assessed needs and planned outcomes.
- Working with groups to promote choice and independent living.

Key Role 3: Assess and manage risk to individuals, families, carers, groups, communities, self and colleagues.
- Assessing and managing risks to individuals, families, carers, groups and communities.

Key Role 4: Demonstrate professional competence in social work practice.
- Working within agreed standards of social work practice.
- Understanding and managing complex ethical issues, dilemmas and conflicts.

Key Role 5: Manage and be accountable, with supervision and support, for your own social work practice within your organisation.
- Contributing to the management of resources and services.
- Working effectively with professionals within integrated, multi-disciplinary and other service settings.

Key Role 6: Support individuals to represent and manage their needs, views and circumstances.
- Representing, in partnership with, and on behalf of, individuals, families, carers, groups and communities to help them achieve and maintain greater independence.

Introduction

This chapter introduces you to the central concept of *need* in its many guises and helps you to think about these in relation to social work and social care. We shall also consider how need is often treated as a somewhat relativistic concept and one having connections to other themes, including *vulnerability*, *risk* and *protection*.

The chapter draws on a range of ideas from different and sometimes disparate disciplines so that we can begin to think about need more creatively and understand why, within the context of late modern societies, need is very much at the forefront of discussions around welfare, social work and social care practice and how, within human services, the derivations of *vulnerability, risk* and *protection* manifest as specific policy and practice-related issues and what relevance and influence these have in terms of your day-to-day practice as a social/care worker.

First, when we talk about 'need(s)', what is it we are in fact referring to? What is a 'need'? What sorts of 'needs' do we have? Do we all have the same needs? Are some needs more important than others and if so, which ones and why these? Who should meet them?

Should we be responsible for ourselves, or does the state have a responsibility towards us, or should it be someone else entirely, such as a family member or a friend who carries that responsibility? If the state is seen as having a role, which it clearly does in the UK, how should it do this? And does this mean that we have a *right* to such provision? Furthermore, any discussion about need presupposes some awareness of what it is we mean when we talk about 'welfare', as need and welfare are inextricably connected and we also have to consider the issue of fairness or social justice (Newman and Yeats, 2008) in terms of how need ought to be responded to.

Definitions, theories and interpretations of need

When beginning to think about any idea, concept or issue, it is often useful to go to the dictionary as a starting point. The *Shorter Oxford English Dictionary* (*SOED*) (OUP, 2007) offers us the following in relation to 'need':

Need:

1 Necessity for a course of action arising from facts or circumstances.

2 Necessity or demand for the presence, possession, etc., of something.

3 A condition or time of difficulty, distress, or trouble; exigency, emergency, crisis.

4 A condition of lacking or requiring some necessary thing, either physically or (now) psychologically; destitution, lack of the means of subsistence or of necessaries, poverty. Now also a condition of requiring or being motivated to do, a necessity to do.

Some of these definitions, especially number 4, will be quite useful to us in understanding what we mean by the term 'need'. So what is a need? In a broad sense it is generally taken to refer to the state that pertains in the absence of something that is deemed to be necessary, usually for the continued and often basic functioning of the organism; it is something which, if not adequately met, is likely to compromise the capacity of the organism to meet other needs and therefore promote and maintain wellbeing and at the extreme, an unmet need may actually threaten survival.

What types of need are there?

We have to think about how we *define* and *describe* need and how and why we *categorise* and *prioritise* it as we do.

Below we look at a number of different interpretations and theories of need and try to establish how meaningful these are in relation to social work/care practice. For example, one way of thinking broadly about this is to list these as *physical* needs*, psychological* needs*, emotional* needs and *social* needs. We could also add *spiritual* needs to this.

Using the categories above, draw up a list of needs that all human beings would share.

Comment

What did you come up with? Your list could potentially be endless, such is the span of human need. However, here is a short, basic, but by no means comprehensive list for you to compare yours with.

Physical = Water, food, shelter, warmth, reproduction.
Psychological = Stimulation, cognitive activity.
Emotional = Love, affection, trust, understanding.
Social = Contact with others, friends.
Spiritual = Communion with others and with one's beliefs

Would you say then that these are some of our *basic* or *primary* needs? In order to claim that this is so, we have to be sure that these are generalisable to *all of us* and that a failure to have these needs met would result in our capacity to function being impaired to the extent that it might result in us being unable to meet other needs and, taken to extremes threaten our very existence. If this is indeed so, this appears to suggest some kind of essential criterion or *hierarchy* regarding (basic) needs and you might also have recognised connections between these differing types of need.

We should also think about whether the distinction between physical, psychological, emotional, social and spiritual needs is 'real' or whether it is too artificial. Could all of the needs to which we have referred be seen as essentially *social*? We could use this sense of the term *social* on the basis that all these needs affect our capacity to be *social beings*, so they are essentially *social* needs. This brings in another dimension: to what extent are our (basic) needs able to be met without reference to society (i.e. other people and structures)? Can an individual meet his or her needs alone or do we need the structure of a society around us to facilitate this? For example, how would you ensure a clean supply of water? Would you have the knowledge and skills necessary to find water (in the absence of taps and bottled water in the shops, which are clearly developments resulting from a long human history of social cooperation)? Would you have the ability to ensure that the water was disease free? How would you guarantee the source? The same would apply to food sources and, particularly, to those needs seen as *psychological* and *emotional,* which depend almost *entirely* for their satisfaction on the availability of others (that is, they are socially oriented).

Some writers would in fact argue that all our realities are socially constructed and socially mediated (Berger and Luckman, 1979; Searle, 1995) including our sense of who we are (Cooley, 1904/1998; Mead, 1934) and how we develop psychologically (Vygotsky, 1978).

Doyal and Gough, citing Nevitt, make the following point:

> *Social needs are demands which have been defined by society as sufficiently important to qualify for social recognition as goods or services, which should be met by government intervention.*

<div align="right">(Nevitt, 1977, p115 in Doyal and Gough, 1991, p10)</div>

We shall consider this point below when we look at the history of need. We shall see that society has generally and for a long, long time deemed that some needs are so important and all encompassing that the most effective way to meet them is to do so *collectively,* via the creation and implementation of *law* and *policy*. However, this is not to imply that such an orientation on the part of the state is necessarily and uniquely driven by benevolence and concern for the masses *per se*. On the contrary, state intervention in relation to social need is one that is often influenced by reference to wider agendas, including those of social control. The history of public policy development in Scotland (Hothersall and Bolger, 2010) and across the UK generally (Fraser, 2009) can clearly be seen to represent state responses to unmet need at particular times and often to reflect the prevailing *zeitgeist* in terms of the particular *form* a policy response to need might take.

Theories and interpretations of need

A *hierarchy of human need*

This is one theory of human need, developed by the American psychologist Abraham Maslow (1970). Maslow actually spoke of motivation in the sense that it is need that motivates us to do anything and everything. He argued that there are essentially five categories of need, subdivided into two sub-sets (*deficiency* motives or needs and *being* motives or needs), which he saw as being ranked *hierarchically*, as in the 'famous' triangle below (Figure 1.1) with the paramount internal drive being the motivation to achieve one's fullest potential. This ultimate goal was that of 'Self Actualisation' and refers to the satisfaction of the need to understand, to give and to 'grow' as a person. This however can only be achieved if all other lower-order needs have been met.
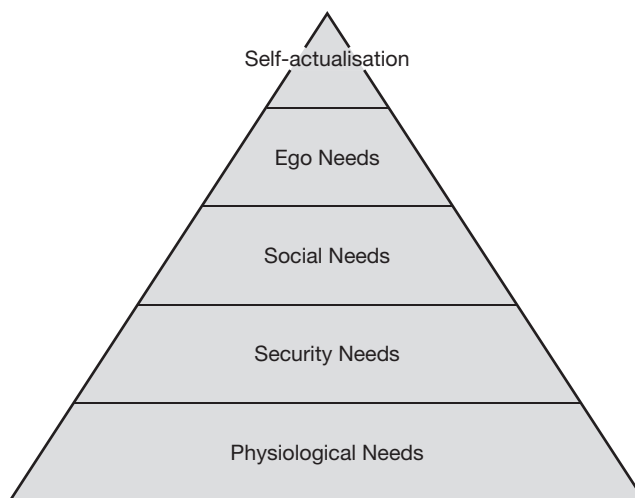

Figure 1.1 Maslow's hierarchy of need

Maslow said that each level of need must be sufficiently satisfied before one can 'progress' upwards to meet the needs on the next level. So, our need for oxygen, food and water, sex (for reproductive purposes only in this regard), sleep and the elimination of waste takes priority over other needs when these arise. We then concern ourselves with ensuring that our 'safety' needs are attended to: being safe, feeling safe. Thereafter, the other needs within each of the levels in turn are attended to. However, we don't consciously think 'I need to meet all my physiological needs this morning, then I can look at the others after lunch'. We simply 'get on with it' until a certain 'need' effectively tells us that it must be met. For example, when you feel tired, you reach a point where you have to *sleep* otherwise your body begins to shut down and the need for sleep cuts across anything else you might be doing at the time, which might be addressing other needs higher up the hierarchy. This base-level need is so crucial to our well-being that it just has to be met and, when that point arises, *nothing else matters*. In relation to level two, the safety needs, these can even be compromised if level one needs are not met. If, for example, you are starving, you will be prepared to compromise your own safety needs by facing considerable danger to obtain food. This is because the need for food is paramount.

You might however be experiencing self-actualisation by listening to the *Arietta* of Beethoven's piano sonata in C minor opus 111, when you learn that the date you had for tonight has been called off. This jeopardises need at the level of 'love and belongingness' and your priority will be to find out why it has been cancelled. Your capacity to concentrate on higher activities to the same extent will be compromised until you have more information.

References to 'lower-levels' of need should not be taken to imply that they are less important. In fact, it could be argued that the contrary is the case and the idea of 'higher-order' and 'lower-order' needs only represents their depiction within a hierarchical structure. As such, they may be (diagrammatically) accurate while actually belying the higher-level *significance* in the broad scheme of things of those needs at lower levels.

In reality, however, there are many people across the world that never get beyond meeting those needs at level one. For example, think about some of the war-torn places we hear about on the news, or some countries where poverty appears to be endemic. In the UK, where absolute poverty is rare, there are many who do not get much beyond the second level. Many people in receipt of social work and social care fall into this group; perhaps homeless, isolated and excluded and there are many people who cannot attend to their own level one needs without assistance: think of someone with motor neurone disease or someone who has a severe learning difficulty.

In the field of social work and social care, many individuals are dependent upon others to help them to meet a number of lower-level needs. For example, someone may not have enough income to provide sufficient food, warmth, shelter, etc. for their family; a young child, exposed to sexual abuse by an adult, may need someone to help them meet safety needs and someone who has experienced the loss of a spouse may need assistance in addressing needs for love and belongingness brought about by the loss. These issues raise the question of *who* should provide this help and *how*? Should it be the state via social work/social care services and if so, what form should this support take? Who should pay for it, and ought it to be a priority for the social work/social services department *relative to their other operational priorities*? The various theories of need and approaches to it described below should help you to think a little more clearly about these things.