BLOCK 1 INTERFERING IN PEOPLE'S LIVES?

UNIT 5 BLOCK 1 REVIEW
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# Unit 5 BLOCK 1 REVIEW

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By now you have spent four weeks immersed in the social construction of problems surrounding childbirth, childhood, adolescence and old age.

One of the main purposes of this introductory block has been to draw to your attention the complex of issues involved in how certain individual experiences and social conditions become defined as social problems. We have also questioned how and why particular forms of intervention become seen as more appropriate than others and examined both the intended and unintended consequences of such actions. In other words we have been trying to uncover the relationships between social problems, social interventions and social welfare.

In Block 1 our focus has been on the individual and on problems that, as individuals, we face. In pursuit of this focus we have examined some key life stages which have become defined in one way or another as problematic. We could, of course, have chosen to focus on the individual from a number of other angles, looking at, say, the ‘problems’ of gender, race, disability or homosexuality and using these as the vehicle for our discussion of the construction of social problems, and the effect of this construction on the experiences of the individual. On the other hand, the notion of problematic ‘life stages’ is a useful one for it illustrates quite clearly an important aspect of how we arrive at our views of what is, or is not, problematic. For example, few of us probably had much difficulty in seeing childhood or old age as ages which pose social problems. Most of us probably also see childhood and adolescence as important developmental stages on the route to becoming full adult members of society, and old age as a time when we ‘retreat’ from that full membership. In other words just as heterosexuality is the ‘norm’, whereas homosexuality is ‘deviant’, so it is adulthood which is implicitly constructed as the ‘normal’ and non-pathological stage from which all other age groups, to a greater or lesser degree, ‘deviate’ and thus are more prone to being considered ‘abnormal’ or ‘problematic’.

This process of ‘labelling’ some groups in society as ‘abnormal’ and others, in this case adults, as being the ‘normal standard’ from which such ‘deviation’ occurs is a crucial aspect in the construction of social problems. Like all ideologies, it supports certain interests, usually those of people in power. Nearly everyone in power in this society is older than an adolescent and not yet judged to have reached the problems of old age (though they may indeed be quite old, as Unit 4 noted in the case of judges). And it is they who define the young and the old to be ‘other’, the term Simone de Beauvoir (1953) used to refer to how men view women. Thus in her view while a woman may be told ‘you only argue like that because you are a woman’, it is far less common to accuse a man of using faulty logic just because he is a man. The power to define and dismiss other ‘voices’ is apparent too in the young being told that they will ‘grow out of their ideas’ and the old being accused that they ‘live in the past’. But no one is likely to be accused of thinking the way they do ‘just because they are an adult’.

Much of this process of accepting some people’s experience as ‘normal’ and others as ‘abnormal’, together with the power relations this implies, is reinforced by structures of dependency. Thus male adulthood or ‘head of household’ attracts a status of independence, whilst mothers, children, youth and the elderly are constructed as dependants. As dependants, the behaviour of these groups is more likely to be viewed as problematic.

To see a particular stage of life as the ‘norm’, in the sense of being the one from which any deviations are ‘abnormal’, is similar to the process you will be examining in Block 2 of how a particular ideological construction of ‘the family’ is used to uphold other valued social institutions and forms of organization. The concept of a ‘norm’ is problematic in itself, however. What may be considered ‘normal’ by one section of society may be considered ‘abnormal’ by others. The key factor is the relative access of particular groups in society to structures of power, and thus their ability to impose their own definitions on subordinates. This is not just of academic concern. In the case of ‘the family’, for example, different ideological constructions of what the family is, or ought to be, impinge on the lives of individual men and women.
women – directly in what they are encouraged or not encouraged to do and indirectly on the problems they face. In just the same way particular concepts of ‘normal’ adulthood result in both young and old facing discrimination in many areas of life. In both cases the construction of an ‘ideological norm’ is an important part of the construction of the ‘problem’ which is then identified.

The concept of adulthood as ‘normal’ is important in another sense, too, for it has further influence on our views about when it is assumed to be acceptable and desirable to intervene in individual lives. For it is only the construction of a particular stage of life as ‘problematic’ that makes it a legitimate ‘site’ for intervention. Thus it may be ‘quite normal’ to intervene in childhood and old age, in ways which would be seen as totally inappropriate interference in the case of adults. Focusing on how these key stages in life have become seen as problematic is thus one way of revealing the often unstated assumptions we hold about problems, and why some problems fail to get onto the social agenda for intervention, or only get onto it in particular ways.

These are crucial issues for the course. The importance of Block 1 is not that you should expect to remember it in detail, but that you should be clear about the general issues it has raised. For it is such issues which provide the underlying themes for the rest of the course. As you go through the remaining units you should thus be asking yourself:

- What is the nature and origin of the particular problem under discussion?
- Whose problem is it?
- Who says it is a problem?
- Why are some forms of intervention seen as necessary and legitimate and others not?

It is only by asking such questions that we can begin to analyse the rationale for, and relative success of, the different forms of social welfare intervention that you will meet in the rest of the course.

This may seem a big claim. After all we have been analysing only a few of the individual problems of childhood, youth and old age and now we are suggesting that they can help inform our thinking about contemporary political debates about welfare provision generally. The purpose of this review is thus to look back over the content of the block and try to pick out key underlying themes and modes of analysis which either implicitly or explicitly inform the following units.
See if you can make a short list of the main themes of Block 1 as you perceive them. Remember that it is not the detail of individual units which matters. It might therefore be helpful to refer to the Block Introduction and the aims, objectives and/or the conclusions to each unit in order to help identify common characteristics across the block.

As far as we, the unit authors, are concerned the following are the main themes we had in mind when writing the block, and which we saw as providing the key questions which should inform the analysis of social problems and their relationship to social welfare.

1 Seemingly natural and inevitable problem conditions such as those related to stages in the life-cycle are not necessarily biologically given. Other societies and periods may treat them very differently or indeed not recognize the same conditions as problematic. Social factors and processes are involved in the construction of prevailing ideas of 'normal' development and affect what we consider to be deviant, abnormal and a 'problem'. Such problems are rarely if ever purely biological in origin.

2 The issue of how social problems become identified as such is not simply a problem about objective social conditions. Ideological and political processes are involved in their recognition and definition too.

3 Intervention can take a variety of forms, some of which may function as mechanisms of social control, as well as ameliorating social problem conditions. The appropriate level of intervention, whether it should be focused at the individual or whether the problem requires structural change in society is ultimately a politically charged and often contested matter. Turning on the location of the boundary between the public and the private and the right of the state to 'intervene in our lives'.

4 Intervention may have consequences other than the remedying of the social problem it was designed to solve. Intervention may lead to the need for further intervention and may, indeed, be itself part of the process by which a social problem is identified and defined. Such definitions of social problems may work more in the particular interests of, say, professionals involved in their treatment or more generally those in power in society, rather than in the interests of those on the 'receiving end'.

In addition, and related to the above four points, the concept of social construct is of particular significance when analysing social issues, problems and interventions. It encapsulates the following two themes:

(a) that we need to explain individual behaviour with reference to the social context in which such behaviour takes place;

(b) that in certain instances problems are created by the very nature of the type of society in which we live.

The implication is that if we are to reach an adequate explanation of social problems we need to take account of not only the social context but also how that context acts to define and create certain situations as problematic.
What follows from these themes in terms of what you need to take with you for the rest of the course? The remaining discussion is structured around the four questions we posed in the Block Introduction

1 What is social about a social problem?
2 When does a matter of private concern become a social problem?
3 What is the appropriate level of intervention?
4 What are the consequences and outcomes of intervention?

2.1 What is social about a social problem?

The units of this block have argued that what may often be assumed to be a natural experience or a personal problem is more often than not in fact socially constructed. This is of considerable significance, for to say that problems are socially constructed is to open up the question of how particular aspects of human behaviour or action then become defined as problematic, and hence open to intervention. Equally, ascribing problems as 'biological' or 'natural' may institutionalise particular forms of intervention rather than deny the need for social intervention altogether. This has implications for the organization of society as a whole, and for its capability for social change.

Q What kinds of evidence did the units put forward to support the notion that problems are socially constructed rather than biologically given? Jot down the key instances discussed in the units or, if need be, refresh your memory by skim-reading the relevant sections of each unit.

First, we contrasted ideas about what is seen as 'natural' in human behaviour with evidence that these may be very different from perceptions in past periods of history, and across cultures. For example, in Unit 2 we saw how Postman viewed childhood as having been invented along with the printing press. Adolescence, according to Musgrove in Unit 3, was created at the same time as the steam engine. Old-age dependency, too, was portrayed by Haber in Unit 4 as an assumption about the elderly which only gained widespread currency with the arrival of industrialization. Similarly, we saw how other cultures use different conceptions of development from ourselves. For example, in some Third World countries the economic necessity for all members of the family to work precluded a conception of childhood dependency which is largely taken for granted in advanced industrial societies.

Secondly, in cases like birth and ageing where clear biological processes are involved, we saw how the way these are experienced is nonetheless very different both across and within societies. Thus it is only in some modern industrialized societies that childbirth tends to be treated as a medical event and old age as a period of retirement prior to death. The processes of giving birth and growing old are not therefore purely natural, they involve social factors. These result in widely varying experiences for different groups. We saw, for example, how one's chance of survival as a small baby was affected by the area of the country in which one was born, the social class of one's father and the ethnic background of one's mother as well as what doctors had done at one's birth. Similarly, elderly people are also members of a particular class, of a particular race and of a particular gender, and their experience of being old is structured by these other characteristics. Thus, an elderly woman is far more likely to be economically dependent than an elderly man, partly because women are more likely to be financially dependent on husbands, ex-husbands or the state, partly because their previous life history is more likely to have left them without a pension or the means to earn their own living.

Q What effects, in terms of how problems are analysed, were highlighted as following from the tendency nonetheless to see social problems as biological?
The main effect was to universalize problems by lumping an age group together as a 'unitary category' and so denying the influences that class, race and gender have in moulding our different experiences of a 'problem'. Such a view, founded primarily in biological determinism, fails to take account of the way in which social factors structure an individual's experience of being any particular age. A further effect was a tendency to explain social problems with reference to individual pathology at the expense of taking into account the relevant structural factors. For example, we saw that those theories which argue that all youths have similar psychological problems remain blind to the effects that unequal social circumstances have on shaping the different responses of youth to their common condition of powerlessness. Similarly, if dependence is seen as an inevitable problem of old age for all elderly people, then this distracts from the need to think about how that dependency arose in the first place, or to look at the distribution of income which makes it likely that particular groups of elderly people will be much more dependent than others.

Q How else does 'universalizing' problems and reducing groups to 'unitary categories' affect how problems become defined?

A particular result of the universalizing of perceived problems is the tendency to create stereotypical images. We saw how this process was often aided, though not necessarily initiated, by the media. Such stereotypes then typically form part of the process by which problems become imposed on different groups. Thus we saw in Unit 3 how teachers' and parents' expectations of adolescence as a period in which young people have difficulties of adjustment can in themselves create those very problems of adjustment. Similarly, and despite the lack of evidence that people's ability to learn declines with age, we saw in Unit 4 how it is the social and political context which restricts the opportunities that elderly people have to learn new skills. Stereotypical assumptions are themselves also a part of the definitional process of what is accepted as 'natural', and what is then assumed to be 'normal' or 'abnormal' behaviour. Once stereotypical notions about what is 'normal' or 'natural' behaviour have been set up, if anyone deviates from them they then risk having their behaviour stigmatized as unnatural and problematic. The old person who asserts his/her independence becomes seen as cranky and difficult, the youth who adopts a particular sub-cultural style risks being seen as dangerously deviant. However, we can turn such arguments on their head. Rather than deviance being a quality attached to a particular act, it can be argued that deviance only exists when a rule, or norm, is created and then 'applied' to an 'offender'. Generally, then, society (or at least powerful sections within it) can be seen as a creative source of social problems. Because in creating the rule, society can also be seen as creating the problem. In this sense 'deviance' as a source of social problems is created by powerful groups in society for it is they who make the rules.

2.2 When does a matter of private concern become a social problem?

What makes such problems, however created, into problems for society rather than for the individual alone? In other words, who or what determines which issues or problems get taken up as matters of national concern?

Pause for a moment to think about this, and make a brief list of the points which occur to you from the unit discussions.
It follows from the previous section that the ability to define an experience, event or behaviour as a social problem is intrinsically related to questions of power. Just as key groups, classes and institutions in society have the power to impose their definitions of what is problematic, so they have the power to determine what gets on to the moral-political agenda as needing intervention. In this way some problems become acknowledged as such, while others are disowned. In this process, too, what is problematic is more than just the issue of the social versus the natural. It involves the social construction of problems in a much wider sense. Thus, for example, in Block 4 it is argued that it is only under a particular ideological construction of society and its view of the role of paid labour that ‘unemployment’ as a problem takes the form it does. In other words, it is only by defining work exclusively as ‘paid labour’ and excluding labour in the home from our definition of ‘work’ that we arrive at our particular definitions firstly of what constitutes socially useful work and secondly of unemployment. It is the construction of that definition which then delineates which aspects of the ‘problem’ are to be tackled.

One of the determinants of when individual difficulties become problems for society is when they threaten or are perceived to threaten the social relations and structure on which society is based. Similarly, any social problems which do not augur well for the smooth running of society are likely to force attention onto its ills, as we saw in the case of the high rates of perinatal mortality, or the poverty of the old, or with the issues of children’s rights and youth independence. But whether such problems are defined as problems for society rests not just on the basis either of an unquestioned assessment of such social ills, or indeed on any simple notions of the distribution of power. A crucial dimension in whether a social condition becomes a problem ‘for society’ is the nature of the information that is received about it.

Public awareness of a social problem is largely dependent on such secondary sources as hearsay, mass media and educational institutions. Our knowledge of social problems is typically received second-hand. In studying social problems we thus cannot help but pay attention to the role such agencies as newspapers, radio and television play in defining and shaping social problems. Coupled with this, the media have also long acted as agents of moral indignation. Their very reporting of certain ‘facts’ can be conducive to generating concern, anxiety or moral panic. We saw this particularly in the case of the ‘youth problem’. The media are thus not only in a position to reflect social reality but through their selection and presentation of events are able to define that reality in a particular way. They can orchestrate a public concern about aspects of that reality by ‘demanding that something should be done’. We need to remember, then, that whether something is perceived to be a problem ‘for society’ will often depend as much upon such trends in public concern, whether there is an associated media campaign, the degree of coordination amongst pressure group ‘resistance’ and so on, as it does upon any ‘objective’ reality or subjectively felt threat of the problem itself.

2.3 What is the appropriate level of intervention?

In much the same way as the cause of social problems is a contested arena, so is their resolution. Issues and problems surround the nature of intervention, as well as how a particular intervention is chosen. In particular, there is always a tension between the individual and his or her rights and how these rights, freedoms and individual expressions can be achieved within the smooth running of society. When, for example, does legitimate concern for another’s well-being become ‘interference’ and when does it become not just meddling but oppression? When, on the other hand, does reckless individualism become selfish disregard for other people’s freedoms, safety and happiness? What, in other words, is the role of the individual and what the power of the state to intervene, prescribe and dictate? Recognition of this tension has been an underlying theme in all of the units’ discussions of interventions and it is one of the major questions to carry with you over the remaining blocks of the course. We will come back to it below.
In the meantime, in order to jog your memory on forms of intervention, try and list the ones you have met in the units, plus any others you can think of. Spend a few minutes making your list now. Our own notes are below.

In their widest sense, interventions include the whole range of laws, rules, regulations, governmental policies and programmes which frame and determine the ways in which society is organized and functions.

In addition are all those interventions which can be seen as part of the general structure of support of the welfare state: financial support (maternity benefits, child benefit, or state pensions), state-provided services (health visitors, nurseries, community care services), or, more generally, policies in the fields of health, education and housing.

Then there is the wide variety of socially sanctioned direct actions by the state in relation to particular practices within medical work, social work, probation work or old-age care which result in people being taken out of their social settings and into particular forms of care or custody — as in the case of the doctor who decides it is to be a hospital birth, the child taken into care, the youth sent to a community home, or the geriatric admitted to a hospital ward. There are also those practices which entail intervention within the individual’s home, family or community.

Finally there is the notion of intervention merely as the giving of advice, where the individual ‘bows’ to the ‘expert’ medical advice in the case of childbirth or advice on how to bring up one’s children or the barrage of advice to the old on ‘how to manage old age’, cope with retirement, grow old gracefully, etc. which we can, in principle, ‘take or leave’, but which when given by ‘experts’ may be hard to ignore and even coercive.

Social intervention thus covers a very wide range of action, as well as non-action (the advice of the Samaritans’ help-line is ‘don’t just do something — stand there’) by individuals, agencies and the state. Furthermore, just as social problems are generated through particular forms of social organization, so the issues of whether or not to intervene at what level, and for what particular purpose also need to be seen within the overall social and political context in which they take place.

Q. It was suggested that much welfare intervention entails a dual purpose. Can you remember how it was characterized?

Whilst the stated objective of most intervention is to provide more humane forms of care, better resources and so on, the practice of intervention often increases the potential for control. Whether such control is an intended objective of intervention is a moot point, however. There is no doubt that it impinges directly on the issue of individual freedoms that we raised above. Thus, in the case of the elderly the introduction of state pensions may have improved their financial security but it has also resulted in their enforced retirement. This has in turn helped to establish an involuntary inferior economic status for elderly people. Both have tended to curtail elderly people’s independence and freedom, as we saw in Unit 4. In the case of childbirth, increases in obstetrical intervention and the medical supervision of pregnancy legitimated in the name of ‘care’ have resulted in some women regretting that they have lost the freedom to choose how they give birth, as was discussed in Unit 1. Similarly, as we saw in Unit 2, the obligations to intervene and care for the child have often overlooked the child’s right to be treated as a person rather than as property.
It also raises the question of the ‘purposes of intervention. For example, the establishment of welfare interventions in the lives of the working-class young in the nineteenth century not only removed them from the full rigours of adult justice but legitimated a greater surveillance of patterns of working-class family socialization. As delinquency was believed to result from the moral impoverishment of working-class families, it was eventually considered quite appropriate for the state to intervene in loco parentis if families did not conform to prescribed standards of child-rearing. Thus, of course, is the key – for it was the standards of the middle-class reformers and their moral values into which the child was to be moulded. The ultimate function (though unstated) of such intervention was to ensure that such values were promoted through all levels of the social hierarchy in order to circumvent threats to the established status quo.

Such ‘social control’ is often legitimated as being in the individual’s ‘best interest’. Thus it is ‘better’ for the individual if he or she is socialized into prescribed social norms. Similarly, intervention in the case of the hospital birth or the hospitalization of the senile geriatric was legitimated by being portrayed as ‘safer’ than staying at home. Yet as we saw in Unit 1, hospital birth is by no means always clearly safer, while for certain categories of the confused elderly, institutionalization carries the risk of precipitating early death (Norman, 1980). The issue of the control aspects of intervention thus means that we always need to ask of interventions – ‘whose interests are they serving?’

Q In what ways was it argued that this question of ‘whose interests’ coupled with the control aspects of intervention impinges on the choice of level of intervention?

To the degree that intervention is biased towards the needs of the powerful and aimed at upholding the dominant ideology and its associated social structures, then it would be surprising if we found many interventions which explicitly challenged that structure. In relation to this you may recall Alan Walker’s argument in Chapter 3 of the Reader that there is no simple distinction that can be made between economic and social policies. While determining the appropriate level of intervention is thus in part a question of assessing competing explanations, it is not solely a question of analysis but entails political and ideological interests too. Thus, as the units have illustrated, in relation to social problems and their resolution we frequently find a tendency to favour explanations which ascribe the problem to individual failure. ‘Blaming the victim’ is one very powerful way of avoiding questioning the nature of the social structure. In this context, remember too that it is the relatively powerless and dependent groups in society – women, children, young people, the elderly – who are most likely to be subject to the controlling definitions and interventions of others. One result as we have also seen is that the common denominators and shared experiences of groups, which would be evidence that structural rather than purely individual factors are at work, are often ignored and obscured in the favoured explanation of problems.

The process of individualizing social problems is therefore one way in which the state, government and the ‘caring’ professions can absolve themselves from causal responsibility for the problems which individuals face. To explain problems in terms of the individual is not, however, to deny the need for intervention. As we saw in the case of youth, those who advocated the need for social control in fact based this need on the notion of adolescence being an individually based pathological and psychological state. On the other hand, it does mean that interventions aimed at the level of the individual are more likely to be favoured than those which entail structural change. Thus, for example, we institute medical procedures aimed at the individual to combat perinatal mortality, but fail to tackle the social and environmental problems which evidence suggested was more pertinent. We alleviate old-age poverty by increasing the pension, but fail to question the economic structures which are part of the cause of the poverty in the first place. We turn our attention to the provision of youth training schemes as a way out of youth unemployment, but we do not intervene in the market to generate more jobs.
Another way in which some forms of intervention can be denied is by defining areas of life as ‘private’, of personal concern only, and as ‘inviolable’ from external intervention. Yet the privatizing of a problem so that it is not even considered as of social concern has just as much real effect on individual lives – by leaving people with problems they cannot possibly solve as individuals – as has doing something. This ‘public/private’ boundary itself involves different interests in society, as is illustrated by the Women’s Liberation slogan ‘the personal is political’. Where the boundary is set is an essentially contested issue, but where it is set is also an important aspect of understanding why some problems get taken up, and not others.

2.4 What are the consequences and outcomes of intervention?

We implied above that one outcome of intervening at the level of the individual was that often the ‘real’ problems of individuals were not tackled. In one sense this is to say no more than that any intervention which is based on a faulty causal explanation is bound to fail to achieve its goals. However, we also implied earlier that some forms of intervention may be received as a series of impositions – coercing rather than enabling – and that there may be a series of ‘hidden agenda’ operating with goals other than that of simple welfare maximization. This means that when evaluating interventions, such as social work, we need to reflect not just upon what social workers are expected to do, but on the political context and consequences of their actions.

The main problem of judging the success of intervention is that the relationship between problem and intervention is neither simple nor straightforward. In some cases, indeed, rather than effecting a resolution of the targeted problem, interventions may help to establish or even exacerbate the problem and open the door for more interventions.

Q Can you think of any examples from the units? What kinds of outcomes did they in turn have?

You may have mentioned any number, here are just a few.

In Unit 1 we saw how the institutionalization and professionalization of childbirth in the nineteenth century may have been influential in reducing risks of child mortality (although other factors were arguably more relevant) but that this was achieved through the gradual defining out of midwives as key figures and an increased medicalization which in turn served to institutionalize and depersonalize the experience of giving birth. Similarly, we saw how medical intervention can sometimes be the cause, rather than aiding the prevention, of undesirable outcomes at childbirth. For example, artificial induction of labour may initiate a potential series of further problems which in turn require medical interventions. Interventions cannot thus be considered singly. Frequently they lead to the need for more intervention or, as was argued in Unit 1, set in train ‘a cascade of intervention’. In Unit 2 we saw how the way in which the state and professionals within it take on their duties and responsibilities for the welfare and protection of the child, not only obscures a child’s right to self-determination but also acts to establish the ‘eternal childhood’ of all their clients.

When we considered the problems of adolescence in Unit 3 we noted how once the definition of adolescence as a pathological time of emotional storm and stress had become established, more and more young people were seen as ‘in need’, ‘at risk’ or ‘in trouble’. The gradual singling out of young people as different to adults then legitimated the emergence of a range of ‘child-saving’ practices and interventions – from the reformatories of the nineteenth century to the children’s homes, observation and assessment centres, youth treatment centres, detention centres, youth custody centres and attendance centres of today. The introduction of such institutional forms usually leads to more intervention rather than less. And the problem of adolescence...
appears to grow in tandem with this escalation, rather than being in decline. Thus institutional responses do not resolve the problems of adolescence, but only serve to reinforce the idea that adolescence is a problem, even when for a majority of young people it is not.

The unintended consequences of intervention were also illustrated in the discussion of the elderly. For example, whilst retirement from work at the age of sixty or sixty-five is usually viewed in a positive light, as a solution to the ‘problem’ of adhering to a never-ending work discipline, the resulting enforced dependency of the elderly on the state or their family has raised a host of new problems ranging from lack of status, income and independence to institutionalization in homes or hospitals. This, of course, is not necessarily an argument in favour of abolishing retirement, but necessitates a reappraisal of the place we afford the elderly in our society.

We have thus repeatedly seen that intervention does not necessarily solve problems. Some people’s solutions may be another’s new problems. Furthermore, where intervention is experienced by its recipients as coercive rather than enabling, so the necessary conditions are created for the emergence of pressure groups from which new competing ideologies can emerge which construct and define the ‘problem’ in new, perhaps hitherto unrecognized, ways. The primary unintended consequence of all interventions is, then, that they actively create new categories of people who are believed to be in need of (further) intervention. Above all, in societies based on social division and inequality, the interventionist process is likely also to be a process of conflict and struggle. The assessment of the efficacy of different forms of intervention is thus ultimately tied to questions of morality, personal values and political beliefs.
3 SOCIAL PROBLEMS: A FURTHER VIEW

As a final exercise in clarifying the issues we have been discussing, and as a conclusion to the block which will also help move you on to thinking about some of the wider implications of the Block 1 themes, we would now like you to read an article in the Reader entitled ‘What is a social problem?’ by Nick Manning. The article focuses on such issues as whether ‘social problems’ are created by social conditions, or arise from a clash between different social values, or whether it is the process of intervention itself which gives certain matters the status of being social problems. As will be obvious, therefore, it is very much addressing the same themes we have been trying to draw together in this unit. Manning comes at them, however, from the wider perspective of thinking about the construction of social issues and problems more generally and he also sets the debate about social problems within the framework of competing theoretical models and how these have developed. The article should thus both be useful as a forerunner for the blocks which follow (for example, it looks at the issue of child abuse which you will meet again in Unit 16) and in further firming up your analytical thinking about social problems.

Now read chapter 1 in the Reader. Think as you do of examples from the block of the approaches discussed in it, but also think about how the approaches relate to other problems and issues with which you are familiar from your own experience, or which are currently to the fore in public discussion. When you have read the article try to answer the following questions:

- When do issues move from being personal troubles to public issues?
- What is the difference between approaches which assume a ‘value consensus’ model and those which see ‘value conflict’ as central to the definition of social problems?
- How does a social construct approach differ from these two models? In what ways does it argue that social problems are socially created?
- Why is the analysis of power structures central to an understanding of social problems?
- What does the author see as the main differences between the right and left in their approach to social problems? To what extent does each draw on modes of analysis emanating from either the consensus, conflict or constructionist positions?
- Why is the analysis of interventions/reforms/policies also a key element in understanding social problems? How in particular has a welfare ideology, as reflected in social work practice, encouraged a limited understanding of, and inadequate response to, social problems?

Do not worry if you found some of the more theoretical and abstract issues raised in the article difficult to grasp at this stage. We hope that your prior look at a few concrete social problems will have helped you to attach these abstract models of analysis to some empirical detail. If you have difficulties, always try to think of examples to clarify abstract arguments. You should in any case find that the article is a useful resource to return to later in your study by which time you will have more examples to draw upon.
The units in this block have outlined some of the social problems and forms of social intervention brought into play at particular stages in the life-cycle. The block has taken as its initial focus individual life and how and when problems impinge on us as individuals. In particular, it has focused primarily on those problems which affect us because we are at one of the stages of life which has been constructed as problematic, rather than because we are, for example, black or living in a remote part of Scotland.

The remainder of the course moves on from considering problems at the level of the individual to the social structures and institutions of which society is built, moving outwards first from the relatively small domestic unit of the family, through notions of the community, to consider problems that impinge at the national and international level. But the problems that are considered in later blocks, although perceived and considered as problems of larger social units, will still be ones that affect people as individuals. For, indeed, even those problems whose scale is so vast that they often seem difficult to conceive of at all — problems such as the possibility of nuclear war or the conservation of the world’s resources — impinge on us all as individuals too.

It is that interplay between the individual, social groups, social institutions and social structures which has proved essential in this block too. We have seen that it is effectively impossible to consider problems, interventions and their outcomes through considering individuals alone. Every unit of this block has shown how the influence of society has been crucial in understanding how the problems of individuals are constructed, experienced and perceived by others, and has shaped whether such problems are seen as in need of intervention by society. The forms such interventions have taken and judgements of their relative success or failure. We have consistently discovered, then, that to reach an adequate understanding of social problems we need to move beyond individual experience and perception to an analysis of power, ideology and politics as social and historical processes.

The block has been primarily designed to start you thinking critically about the nature and causes of social problems and how these can be addressed not only in an analytical way but also through the development of concrete practices of social policy and welfare.

When studying the remaining blocks we would hope you will continue this process. To help you in the task we suggest that you approach each with the following key questions in mind:

1. **Who** says certain conditions are a problem?
2. **Why** do they say it is a problem?
3. **What theories** are used to establish and explain the condition as a problem?
4. **What factors** are being ignored?
5. **How are forms of intervention legitimated?** By whom and for what purpose?
6. **What forms of intervention** are being denied?
REFERENCES