Evaluation.

Allows us to think how poverty is socially constructed and may change at different times and places. Allows us to extend the debate, as this measure realises that poverty is a comparison with what the rest of society possesses. Impossible to apply equally across the world, material values differ between countries. Relative poverty will always exist as long as it is compared to inequality of material wealth. Relative poverty tends to overplay the problem. It is a measure of inequality, not poverty. E.g., it is ‘the norm’ to have a family car, but lacking a car doesn’t mean you are poor. Can’t compare poverty in different countries – the norm will always be different. It could inflate/exaggerate the true extent of poverty – using this definition means poverty will never disappear in any modern capitalist society.

- **Multiple Deprivation** - AKA consensual: lacking in a number of things (not just money) which are agreed upon by people other than the sociologist.

Measuring Poverty.

- **Rowntree - Budget Standards – Absolute Poverty** - The budget standards approach is a variation on the absolute poverty model and involves calculating the value or budget of a set of consumer items, such as the food needed by an individual. This concept has been used in some classic and contemporary studies of poverty. *The British government used it in calculating the level at which to set the means-tested benefit National Assistance (now Income Support).*

- **Gordon and Townsend – 7 Basic Needs – Absolute Poverty** - produced a different definition which sees absolute poverty as related to access to 7 basic needs. If a household or individual does not have access to a particular basic need they are defined as deprived. Furthermore, those who are deprived of 2 or more of the 7 basic needs are defined as being in absolute poverty: Clean Water. Sanitation. Shelter. Education. Information. Food. Health.

- **Townsend – Relative Poverty** - Peter Townsend uses a relative definition of poverty, and operationalises relative poverty by using a ‘deprivation index’ of 70 indicators of deprivation. 12 of these were seen as being the most representative of deprivation. He was able to identify those who were more disadvantaged than others because they lacked more items on the list.
  o Not having a week’s holiday in the last year
  o Not having a fridge
  o One or more days in a fortnight without a cooked meal
  o Children not having had a friend over to play in the last month.

- **Mack & Lansley – ‘Breadline Britain’** – Multiple Deprivation - surveys by Mack and Lansley produced a measure of poverty based on what a representative sample considers to be an acceptable lifestyle and standard of living. Using this measure they calculated that in 1985 7.5 million people (14% of population) were in poverty. Their later study in 1990 calculated that up to 11 million people were living in poverty.

- **Millennium Survey 2001 - Bristol University researchers** - aimed to measure the extent of both poverty and social exclusion. Three million adults and 400,000 children are underfed in the UK. Nine million people can’t afford good housing. 10m
Set up in 1940s after the Beveridge report, its universal (available to all), regulated and run by the state. They are funded by taxes and National Insurance eg. NHS, benefits and free education system.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reduce Poverty levels</td>
<td>• Creates “underclass” who don’t work to get qualified</td>
</tr>
<tr>
<td>• Supplement Working Wages</td>
<td>• Reduces country’s labour productivity</td>
</tr>
<tr>
<td>• Reduce Crime</td>
<td>• State organisations are captured by professionals who use them in their own interests</td>
</tr>
<tr>
<td>• Improve Health Conditions</td>
<td></td>
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</tbody>
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Evaluation.

Marxists think the welfare state ensures there is a healthy workforce for capitalism. State provision does not care for the individual but is there to keep them working to ensure profits are generated. The welfare state masks the oppressive capitalist society and keeps the working class quiet.

Informal voluntary care.

Concepts.

- Arguably, parents provide welfare for their children every day. 1990: The Community Care Act was passed. It stated people in local areas should take responsibility for each other. Thus, informal care has increased in recent years. Feminists argue that this type of welfare is ignored in society, although if family members stopped providing welfare for children/elderly relatives, major problems would occur.

<table>
<thead>
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<tbody>
<tr>
<td>• Those who are seriously ill may prefer to be with their family</td>
<td>The individual is out of sight of other people and is relying on a single service for accommodation and care.</td>
</tr>
<tr>
<td>Goffmans Assylum Study</td>
<td>• No regulations for informal provision therefore may not be adequate for the individuals needs</td>
</tr>
<tr>
<td>• Goffman found there is less stigma attached to disability, significantly mental health, if your carer is a family member or friend.</td>
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Studies.

- Parsons- Functionalism -: Most informal welfare is provided by females; functionalists think this is functional because women naturally adopt the expressive role in society. Quality of care for family members should be very high! Cuts cost of care homes as well.

Evaluation.

Adds to the dual burden of women, those with no immediate family and friends won’t receive any welfare. Most informal welfare is unpaid. Do people nowadays really have time? (When did you last
**Advantages**

- Private welfare is relatively immune from political change, climate of public opinion and economic factors therefore provision is constant.
- Standards will be very high as best facilities and staff are provided
- Individuals should be allowed to spend their money as they choose
- The generation of profit aids the economy which helps to reduce absolute poverty.

**Disadvantages**

- Individuals may not be the best judge of their own interests (welfare services should be provided on the basis of assessment of need by experts rather than individual demand)
- Widens the gap between the provision received by rich and poor, therefore creating inequality

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**Studies.**

- **Bishop (1997)** - governments like using private welfare provision as it keeps costs down. Private companies are “licking their lips” at the extra business this provides!
- **PFI: Private Finance Initiative** - A policy introduced by the Conservative government in 1992. New Labour has continued this policy. It involves a partnership between the government and private businesses. A company will build and furnish a building (such as schools, hospitals or prisons) and pay for all costs involved. The government then rents the building from the company. The aim of this scheme is for the state to cut costs of creating new buildings, and benefit from brand-new facilities. However, critics say the costs of renting the facilities will eventually be higher than the cost of building them in the first place.

**Evaluation.**

Marxists see this as yet another way to exploit the proletariat – why should wealth buy health? Shortage of NHS workers because so many doctors/nurses/dentists leave to work in the private sector. The government funds NHS-related degrees – this is wasting tax-payers’ money if the graduates don’t actually work for the NHS.

**Concepts.**

**Residential and community care**

**Advantages**

- Being a tenant or owner occupier gives you a security of tenure that care home residents lack
- Reduces state dependency and creates self-reliance
- Potential to reduce social exclusion as people are dependent upon others in their community

**Disadvantages**

- No regulations for informal provision therefore care may not be up to standards provided by the state.