

## The deprivation approach and the attainment of human rights: evidence for Australia

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Conventional poverty studies adopt an income framework, in which poverty is defined as a lack of income (relative to need) and measured using an income poverty line. However, acknowledgment of the limitations of the income-based framework has resulted in alternative approaches to the conception and measurement of poverty designed to capture its multidimensional nature in ways that reflect the experience of going without, or deprivation. The deprivation approach identifies specific instances where people are denied access to items regarded as essential by a majority of the community in which they are living because of a lack of resources. This study uses the deprivation approach to illustrate how poverty can undermine the attainment of those human rights identified as important in Art 25 of the Universal Declaration of Human Rights (UDHR). Using the results from a recent social survey, we show that many of those forms of deprivation referred to in the UDHR exist among Australians in general and among those groups most disadvantaged. The results show that many sole-parent families, the unemployed and Indigenous Australians are experiencing deprivation in several of the standard of living dimensions referred to in Art 25, including those relating to the most basic needs for food, warmth, emergency savings, insurance protection and social interaction.

### Introduction

Poverty can be seen either as an obstacle to the attainment of human rights, or as evidence that human rights have been undermined or denied. Implicit in the former view is the proposition that poverty prevents rights from being realised by restricting people's ability to achieve an adequate standard of living. The latter view, that freedom from poverty is itself a basic human right, has been most powerfully articulated in Art 25 of the Universal Declaration of Human Rights (UDHR), which states that:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness,

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disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

There is no explicit reference to income in either of the above views, although the vast majority of poverty studies are conducted using income to define poverty (using a poverty line) and to establish one's poverty status (by comparing income, adjusted for needs, with the poverty line). There is also no mention of income in Art 25 of the UDHR and, although it clearly plays a major role in determining one's ability to purchase (some of) the items mentioned (making income redistribution an important policy goal), it is equally apparent that public programs that affect the accessibility and cost of such items as housing and health care are also important.

Against this background, this article focuses on the relationship between poverty and human rights, examining what this implies for the measurement of poverty and for disadvantage more generally. We argue that poverty has many dimensions, some of which have more in common with a rights perspective than others, and we illustrate these ideas by drawing on data from a new social survey that allows us to identify contemporary Australian poverty from a new perspective that can be linked directly to the rights espoused in Art 25 of the UDHR. We focus explicitly on those dimensions that are identified in Art 25 as a way of illustrating how these can affect the ways in which we identify and measure poverty. This requires a multidimensional approach that begins by specifying the needs that determine the resources required to avoid poverty.

The article is organised as follows. The next section reviews some of the relevant literature on poverty, defined using a deprivation approach, and relates this to some of the recent social policy literature on human rights. This is followed by a description of the survey and an introduction to some of the data, then by a presentation of results on the nature and extent of different dimensions of poverty, in aggregate and among specific subgroups in the population. The final section draws together our main conclusions.

### **Poverty and human rights**

Although Art 25 is by no means the only articulation of human rights, it has exerted a powerful influence on shaping the human rights agenda. Among the other influential formulations, one that reflects modern thinking about the nature of poverty can be found in the Statement on Poverty and the International Covenant on Economic, Social and Cultural Rights issued by the United Nations Economic and Social Council (2001). There, it is argued that:

In the past, poverty was often defined as insufficient income to buy a minimum basket of goods and services. Today, the term is usually understood more broadly as the lack of basic capabilities to live in dignity. This definition recognizes poverty's broader features, such as hunger, poor education, discrimination, vulnerability and social exclusion.

Although the broader conception of poverty as capability failure in the sense of Sen (1985; 1999) is not without its own problematic elements (Laderchi et al 2003), it does provide a framework that links poverty explicitly to (a denial of) rights, rather than to (a lack of) resources. This shift of emphasis gives increased prominence to social as opposed to economic factors as both characteristics and causes of poverty. It is, however, important to acknowledge that the factors such as poor education or discrimination that are often associated with, or are *manifestations* of, poverty will not always signal the *existence* of poverty, and thus do not form part of its definition. Even so, the capability approach provides a valuable new conceptual framework that places (lack or denial of) rights as a central feature of poverty.

To date, however, although the capability approach has been adopted in many studies of poverty in developing countries, it has failed to exert an influence over conventional studies (particularly those conducted in rich industrial countries), even though these studies have been criticised for adopting a narrow income perspective. As Bradshaw and Finch (2003, 514–15) have argued, estimating how many people fall below conventional income poverty lines 'has somehow lacked moral force, persuasive power, credibility and probably also comprehension'. Others (for example, Laderchi et al 2003) have been critical of the monetary approach to poverty for giving a false impression of objectivity by concealing the judgments required to make it operational. These factors explain why most conventional poverty studies have failed to connect with the UDHR's broader living standards perspective. A consequence of this disconnect is that the constraining influence of poverty on human rights has not emerged as a major theme in the mainstream poverty literature.<sup>1</sup>

Recent acknowledgment of the limitations of income-based poverty studies has produced broader approaches to the conception and measurement of poverty that are designed to ensure that it more directly reflects the experience of having to survive on an inadequate level of resources. A feature of these new approaches is the recognition that poverty is multidimensional and cannot be effectively captured by

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1 Again, a notable exception is in studies of economic development, which have focused on the impact of the development process on both poverty and human rights.

focusing on a single (income) dimension, important though it is. The human rights perspective on poverty is an example of how these new approaches can help to shift the focus away from income and onto the role and impact of the institutional structures that contribute to the creation and perpetuation of poverty.<sup>2</sup>

Thus, as the United Nations Development Program (UNDP) has argued:

The human rights-based approach to poverty reduction espouses the principles of universality and indivisibility, empowerment and transparency, accountability and participation. It addresses the multi-dimensional nature of poverty beyond the lack of income. [UNDP 2003, iv.]

In practice, however, there is often a wide gulf between such claims and the actions envisaged by those who voice them. Terms such as universality, empowerment and participation are hotly contested in a literature whose predominantly relativist position on the conception and measurement of poverty contrasts with the absolutist stance of much of the rights literature, particularly that associated with human rights. However, while much of the mainstream poverty literature has failed to adopt a more rights-orientated perspective (with the notable exception of the capability approach), there is broad agreement with the need to measure poverty in ways that reflect its multidimensionality. This acceptance provides an avenue for linking the needs that are a central component of poverty to the rights that are the focus of the human rights literature.

The eradication of poverty has been an important, but by no means only, goal of social policy. Social policy has tended to focus on the concept of social citizenship associated with the work of T H Marshall (1950) rather than on human rights as such. As Dean (2007) has recently argued, this represents a shift in focus onto the notion of welfare rights,

... a notion that loosely captures the economic, social and economic [sic] components of human rights in terms of entitlements created through social legislation and the practises associated with promoting such entitlements.

This approach, in which rights are bestowed as entitlements, recognises that existing rights are not immutable, but have been demanded and granted through a process of

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2 The literature on social exclusion has provided another avenue for exploring issues associated with the role of institutional structures in creating and perpetuating poverty and other forms of social disadvantage (see Room 1995; Hills et al 2002).

conflict and negotiation. A consequence is that human rights are 'social constructs not eternal verities' (Dean 2007, 9) that are achieved through a process of 'progressive realisation'.<sup>3</sup>

One area where a rights perspective has emerged as an issue when studying poverty is in relation to welfare policy, where welfare-to-work reform has shifted the balance between the rights and responsibilities of those receiving social security assistance, particularly the unemployed and other working-age groups (including, in Australia, sole parents and people with a disability, who have been the main targets of the welfare-to-work reforms introduced in July 2006).<sup>4</sup> A similar shift is apparent in the other Anglo-Saxon countries that have liberal welfare states, where benefit entitlements have been curtailed and eligibility conditions tightened as part of the welfare-to-work agenda. Given that receipt of welfare assistance is a close companion of poverty, these developments have indirectly drawn studies of poverty closer to issues of rights and their attainment.

In Australia, while much of the rhetoric of the welfare reform agenda has emphasised the importance of economic and social participation — the former seen as a basic responsibility of all adults — the notion of responsibility has been captured in the idea of mutual obligation, with little attention paid to the rights that have been sacrificed on the altar of welfare-to-work. The reforms introduced since 2002 have altered the balance between rights and responsibilities for those receiving welfare, but have also raised the profile of 'a rights agenda' in the welfare reform debate, and more broadly. This has again brought the poverty and rights literatures closer together.

### Poverty as relative deprivation

Although it is widely accepted that income provides a valuable way of *measuring* poverty, it has also become clear that the *concept* of poverty needs to be grounded in the conditions faced by those who experience it. The failure to provide such a foundation in poverty line studies has exposed them to criticism for being out of touch with the lived realities of poverty (Lister 2004) and for failing to demonstrate that those identified as poor are actually living in poverty (Whiteford 1997). By

3 Geiringer and Palmer (2007) make a similar point about the role of human rights in the evolution of social policy in New Zealand. They argue that the language of rights is a language of demand or entitlement that implicitly places a priority on the interests that are at stake.

4 Dean (2007) provides a detailed discussion of the marginalisation of welfare rights under welfare-to-work initiatives.

focusing on that aspect of poverty that can be most readily measured in terms of low income, we have lost sight of the role and significance of factors such as accumulated wealth and access to credit and to the family and social networks on which many people rely in times of need.<sup>5</sup> These factors contribute to the resources that can be used to satisfy needs and avoid poverty. An approach that encompasses more than just income can also provide more convincing evidence that those identified as poor are actually being forced to go without. It can give voice to the concerns of the poor, contributing in an indirect (and admittedly minor) way to the promotion of their rights. This involves using data that more accurately reveals the full range of living conditions of those identified as poor, and developing indicators that reflect the experience of poverty.

The deprivation approach is associated with the work of British sociologist Peter Townsend (1979), who defined poverty in the following way:<sup>6</sup>

Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns and activities. [Townsend 1979, 31.]

The definition makes it clear that deprivation is a *relative* concept, one that can only be identified against activities and conditions that are 'customary' or 'ordinary'. The definition also emphasises that a *lack of resources* is the underlying cause of deprivation. This implies that if deprivation can be observed, it can help to identify who is in poverty and how much income is needed to avoid it. In order to make Townsend's definition of deprivation operational, those goods and activities that are 'widely encouraged or approved' in society must first be identified. Those individuals or households that do not have these items because they cannot afford them are identified as deprived, where deprivation is defined (following Mack and Lansley 1985, 39) as *an enforced lack of socially perceived necessities*.

5 Lister (2004) agrees that the definition of poverty should focus on its 'material core' in which the ability to consume or participate is restricted by the limited command over financial resources. But she also argues that other dimensions of poverty are important, including relational deprivations associated with powerlessness, lack of voice and restricted human rights.

6 The deprivation approach has been refined in a series of (mainly British) studies, including those by Mack and Lansley (1985), Gordon and Pantazis (1997), Gordon and Townsend (2000) and Pantazis, Gordon and Levitas (2006).

It is important to acknowledge that it is possible to experience deprivation in one or more dimensions without necessarily being poor, just as it is possible to be poor in income terms without being deprived. Deprivation may reflect factors other than a lack of income — including inadequate neighbourhood facilities, disability, lack of access to appropriate health services, accumulated debt or discrimination — that can act as barriers that prevent people from participating in certain activities. These factors may or may not be a cause of poverty, and will often be associated with it, but they do not constitute poverty as such. Similarly, low income may not result in deprivation if there is access to other resources, or if needs are low or can be met by services funded out of the public purse rather than private wallets. Deprivation and poverty are thus different, even though evidence that deprivation exists can help to identify the level of resources needed to avoid poverty.

In his original study, Townsend identified those who were going without a list of items that he implicitly defined as necessities. A survey was conducted which asked respondents if they had each item, and a deprivation index was derived by summing the number of items that each household was lacking. Subsequent studies have improved on the approach by asking whether the items included in the list are necessary, and only including those items regarded as necessary by a majority of respondents. They have also sought to establish whether the lack of a necessary item reflects a deliberate choice not to have (or do) it, or because the item cannot be afforded. Only those in the latter situation are constrained by a lack of resources and thus experience an enforced lack, or deprivation.

One advantage of the deprivation approach in the current context is that it identifies a range of necessary (or essential) goods, services and activities and seeks to establish who is forced to go without each item because they cannot afford it. The different dimensions of deprivation can thus be used to examine which items people are missing out on, and whether this represents an undermining (or denial) of the rights implicit in Art 25. This insight forms the basis of the empirical analysis that follows.

### **The Community Understandings of Poverty and Social Exclusion survey**

The Community Understandings of Poverty and Social Exclusion (CUPSE) survey forms part of a project aimed at developing new indicators of social disadvantage to complement the existing poverty instruments.<sup>7</sup> The research is built around a

<sup>7</sup> The project was funded under the Australian Research Council's Linkage Grant Scheme (project LP0560797). Cash and in-kind support was provided by the project's Industry Partners — the Australian Council of Social Service (ACOSS), the Brotherhood of St Laurence, Mission Australia and Anglicare, Diocese of Sydney.

partnership between researchers, policy analysts and practitioners, with practitioners providing a bridge to those at the coalface of poverty — service clients and agency staff. The underlying premise of the project is that 'social disadvantage takes many different forms, and the identification and measurement of poverty and other forms of disadvantage must be grounded in the actual living standards and experiences of people in poverty' (Saunders et al 2007, 2). The initial stage of the research involved conducting a series of focus group discussions with welfare service users and staff, designed to understand the experience of disadvantage amongst low-income Australians and obtain their views on the essential ingredients of a decent standard of living.<sup>8</sup> The findings were used, in conjunction with specific questions from earlier international and Australian studies of deprivation, hardship and social exclusion, to identify the issues and formulate the questions that were addressed in the CUPSE survey.<sup>9</sup>

The survey was mailed to a random sample of 6000 members of the adult population drawn from the Australian federal electoral roll.<sup>10</sup> Over 2700 people responded to the survey, representing a response rate of approximately 47 per cent. The resulting sample is broadly representative of the general population as revealed in official Australian Bureau of Statistics (ABS) statistics, particularly in relation to such socioeconomic variables as gender, country of birth, labour force status, main source of income, housing tenure, educational attainment and disability status. There is a slight under-representation of those who have never been married; live alone; Indigenous Australians; and those with incomes of between \$1000 and \$2000 a week. The main difference between the CUPSE sample and the general population is age-related: CUPSE over-represented older people (over age 50) and under-represented younger people (under age 30).<sup>11</sup>

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8 A detailed description and analysis of the focus group discussions is provided by Saunders and Sutherland (2006), which can be downloaded from the Social Policy Research Centre website at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>.

9 Relevant Australian studies include Travers and Robertson (1996), Saunders, Thomson and Evans (2001) and Bray (2001), while overseas studies drawn upon include Pantazis, Gordon and Levitas (2006) and Krishnan, Jensen and Ballantyne (2002).

10 A second survey, containing a subset of questions from the community survey, was conducted on a sample of 673 clients of selected welfare services provided by the collaborating agencies, but those results are not discussed here. See Saunders, Naidoo and Griffiths (2007) for a full description of the findings from both surveys.

11 This is a common feature of these kinds of social surveys, particularly those conducted by mail. Adjusting the sample data for age differences by re-weighting has relatively little impact on the results presented later and does not alter the conclusions.



The CUPSE survey included a list of 61 potential essential items; 'essential' was defined to cover 'things that no one in Australia should have to go without today'.<sup>12</sup> For each item, participants were asked three key questions:

- Is it essential?
- Do you have it?
- If you do not, is this because you cannot afford it?

The last question was only asked of those items that individuals could buy for themselves, as opposed to those that are either provided collectively by government, or cannot be purchased. Since the key to defining deprivation involves identifying which items people go without because they cannot afford them, only those items that involve an immediate and direct cost to users were included when identifying deprivation.<sup>13</sup> The list of items included a substantial meal at least once a day, a car, a mobile phone, a separate bedroom for older (aged 10 and over) children, a night out once a fortnight and computer skills.

### Identifying deprivation

Figure 1 illustrates how the responses to the first of the three questions were used to identify the essentials of life, and how these in combination with the responses to the second and third questions were used to identify deprivation. The first step involves deciding which items are essential. For this purpose, following overseas practice (Pantazis, Gordon and Townsend 2006), a 50 per cent majority rule criterion was used to identify items regarded as essential by the community at large.<sup>14</sup> Not all of the 61 items included in the survey were relevant to the general issue of deprivation.

12 The word 'essential' rather than 'necessary' was used because it was felt to connect more closely with the notion of basic needs. Its use did not create any problems for those who participated in either the focus group or survey components of the research.

13 Those items that do not involve a direct cost to users are used to help identify social exclusion in the research, although this aspect is not discussed here.

14 As indicated in Saunders, Naidoo and Griffiths (2007, Table 1 and Figure 4), almost half (30) out of the original list of potential essentials were regarded as essential by at least 90 per cent of respondents, so the results are not overly sensitive to the use of a 50 per cent (majority rule) to determine which items are essential. Furthermore, there is evidence that support for items being essential is similar across social groups defined on the basis of a range of socioeconomic characteristics such as gender, income, education and the presence of children in the household. In this sense, the identification of the essentials of life taps into a genuine community consensus about what is essential, providing further evidence of the robustness of the approach.

A total of 17 items were not things that individuals were able to buy for themselves, either because they are provided publicly (for example, access to a bulk-billing doctor), or because they refer to things that cannot be purchased (for example, to be accepted by other people for who you are). A further four relate to specific items of need (for example, child care for working parents, or aged care for the frail aged) that do not have general applicability. The exclusion of these items reduced the list from 61 to 40, and of these 26 (around two-thirds) received majority support for being essential.<sup>15</sup>

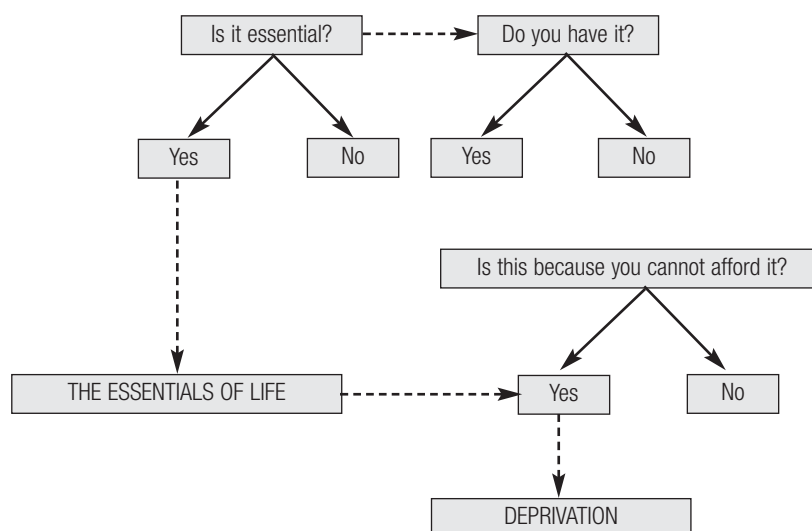
Among the 26 items that received majority support and are relevant to the issue of deprivation, several that received almost 100 per cent support for being essential reflect basic needs relating to nutrition, shelter and health. They include a substantial meal at least once a day (99.6 per cent support for being essential); medical treatment if needed (99.9 per cent support); and warm clothes and bedding, if it is cold (99.8 per cent support). Access to generic health-care services, such as a local doctor or hospital, or specific forms of health care such as dental treatment if needed and prescribed medications, were all considered essential by more than 95 per cent of respondents. Support for these items being essential far outweighed the degree of support for such consumer items as a telephone, washing machine, television or home computer.

The original list of 61 items also included eight that relate specifically to the needs of children, including a local park or play area for children; children can participate in school activities and outings; and a hobby or leisure activity for children. Each of these items received strong support for being essential, and this was independent of whether or not the household had dependent (aged under 18 years) children living with them, reaffirming that members of the community agree on what items are essential and do not base their opinions solely on their own experience or circumstances. Finally, there was considerable agreement that items that provide security and protection against unforeseen risks (for example, emergency savings; regular dental check-ups for children; home contents insurance; and secure locks on doors and windows) are essential.

This list of 26 deprivation items has been further restricted in this discussion to include only those items that relate to the factors referred to in UDHR Art 25. Specifically, we focus on deprivation in the following three broad areas: basic needs;

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15 One item that was on the borderline of the majority support cut-off was a car, which was regarded as essential by 50.4 per cent of the sample prior to weighting of the data to reflect the age structure of the population. However, after the sample was weighted, support for a car being essential failed to exceed the 50 per cent benchmark, so this item was not included in the final list of the essentials of life.

**Figure 1: Structure of questions used to identify deprivation**

housing/accommodation facilities; and access to health services. As Table 1 indicates, four items have been selected in each of these three areas in order to illustrate the relevance and applicability of the deprivation approach. Within each area, one item (indicated with an asterisk in Table 1 and in subsequent tables) relates to protection from the uncertain risks associated with a loss or reduction in livelihood.<sup>16</sup>

The four indicators of basic needs deprivation cover basic nutritional requirements and protection against cold, as well as a modest level of emergency savings (the safeguard, or risk-protection, component) and regular social contact with other people. This latter item was regarded as essential by over 92 per cent of the sample and covers an important aspect of modern social functioning. The four housing-related items cover the quality of the structure itself (including the security it provides, as accommodation and from external threats) and insurance protection against items lost or damaged in break-ins or accidents. The four health service

<sup>16</sup> The (age-weighted) support for the 12 items being essential exceeds 80 per cent in all cases except home contents insurance, where the degree of support was 75 per cent.

**Table 1: Forms and indicators of deprivation**

Basic needs	Housing/Accommodation	Health services
A substantial meal at least once a day	A decent and secure home	Medical treatment if needed
Warm clothes and bedding, if it is cold	A roof and gutters that do not leak	Able to buy medicines prescribed by a doctor
Up to \$500 in savings for an emergency*	Secure locks on doors and windows	Dental treatment if needed
Regular social contact with other people	Home contents insurance*	An annual dental check-up for children*

**Note:** Asterisked items are regarded as safeguards against loss of or reduced livelihood.

indicators cover both basic medical services, including access to dental treatment and access to the medications recommended by primary health-care practitioners.<sup>17</sup>

Table 2 shows both the overall patterns of deprivation among these 12 items and the incidence of deprivation among five selected subgroups in the population that previous research has shown to be highly vulnerable to poverty and other forms of social disadvantage: sole-parent families; unemployed people; people with a disability; public renters; and Indigenous Australians.

Focusing first on the aggregate results (shown in the final column of Table 2), the variation in the incidence of deprivation across the 12 items is large, from close to zero in some instances (warm clothes and bedding; a substantial daily meal; and medical treatment if needed) to approaching 14 per cent in the case of dental treatment if needed and over 17 per cent for up to \$500 in savings for an emergency. These two items, in conjunction with home contents insurance (which has the third-highest overall deprivation incidence rate at 9.5 per cent), offer protection against unpredictable risks. The results thus indicate that substantial

<sup>17</sup> In relation to deprivation of child-related items, it should be noted that not all respondents to the survey had children currently living with them. However, even those who did not had a view on whether or not a dental check-up for children (and other child-focused items) is essential. As shown by Saunders, Naidoo and Griffiths (2007), the views of households with and without children about whether these items are essential are very similar. When it comes to identifying deprivation, the logic of the approach implies that those without children will indicate that they do not have the item, but that this is not because they cannot afford it (see Figure 1), and they will therefore not be defined as deprived in this dimension.

**Table 2: The incidence of rights-related deprivation indicators among selected subgroups (unweighted percentages)**

Essential item (unweighted)	Subgroup					Total
	Sole-parent families	Unemployed people	People with a disability	Public renters	Indigenous Australians	
<b>Basic needs</b>						
A substantial daily meal	1.9	3.4	2.7	8.4	10.5	1.1
Warm clothes and bedding, if it is cold	0.6	0.0	0.2	2.2	5.6	0.2
Up to \$500 in savings for an emergency	38.6	48.3	21.5	45.7	63.2	17.6
Regular social contact	10.4	14.8	8.6	10.9	5.6	4.7
<b>Housing/Accommodation</b>						
A decent and secure home	21.9	14.0	9.5	29.3	22.2	6.6
A roof and gutters that do not leak	11.4	6.8	6.2	7.6	5.0	4.6
Secure locks on doors and windows	12.0	5.1	8.1	10.3	10.5	5.1
Home contents insurance	25.0	32.8	12.3	45.8	45.0	9.5
<b>Health services</b>						
Medical treatment if needed	7.6	3.4	2.4	4.3	0.0	2.0
Able to buy prescribed medicines	11.6	10.5	5.7	14.0	33.3	3.9
Dental treatment if needed	35.7	40.7	20.8	36.2	42.1	13.9
Annual dental check-up for children	22.1	24.0	13.0	12.8	27.8	9.1
Mean incidence	16.6	17.0	9.3	19.0	22.6	6.5

sections of the population do not have access to safeguards against those risks that have the potential to cause the loss of livelihood and/or reduce the standard of living.

The disaggregated patterns of deprivation (by item and subgroup) suggest that many Australians are deprived in different ways across the indicators that relate to the three rights-related domains. The mean incidence rates shown in the final column of Table 2 indicate that deprivation among Indigenous Australians is more than three and a half times the rate for the sample as a whole, and well above that of the other

four vulnerable groups included in this analysis. Indigenous Australians face the highest rate of deprivation in six of the 12 items, and their relative position is worse in relation to some of the most basic items, including a substantial daily meal and ability to buy prescribed medications. Almost half of Indigenous Australians do not have home contents insurance; more than two-fifths do not have access to dental care when needed; and around two-thirds lack emergency savings.<sup>18</sup> One-third of Indigenous Australians are not able to buy prescribed medicines, yet very few are deprived of access to medical treatment itself. This highlights how the imposition of user charges for prescriptions can undermine the coverage and effectiveness of health interventions generally. The one area where Indigenous Australians fare relatively well is in relation to regular social contact, where their deprivation rate is the lowest of all five groups (but still slightly above the overall average).

To a slightly lesser extent than Indigenous Australians, but still at a great disadvantage in terms of the deprivation they experience, are public renters, where alarmingly almost 30 per cent are deprived of a decent and secure home. Many sole-parent families face deprivation in many areas, including lack of emergency savings, dental treatment and home contents insurance. One in 10 do not have regular social contact with other people; have leaking roofs and gutters; do not have secure locks on doors and windows; and cannot afford prescribed medicines. Across all five groups, the incidence of dental treatment deprivation affects between one and two out of five people, and between one and two people out of 10 are deprived in relation to children's access to an annual dental check-up. These results raise important concerns about the achievement of human rights even within an affluent country like Australia.

Having described the patterns of deprivation across selected items and groups, we now examine the incidence of multiple deprivation among the same groups. As the number of deprivations experienced increases, the likelihood that a lack of resources is the main driving factor also increases, highlighting the depth and severity of the problem. Table 3 shows the incidence of up to six or more of the 12 conditions identified in Table 2, and the mean deprivation score for each group.<sup>19</sup> The latter has

18 It should be noted that Indigenous Australians are under-represented in the CUPSE sample and the sample size is quite small.

19 A ceiling of six or more conditions has been imposed on the extent of multiple deprivation because there are very few cases that exceed this limit (less than 2 per cent for all groups except sole parents, where it is 4.3 per cent, and Indigenous Australians, where it is 5 per cent).

**Table 3: The incidence of multiple rights-related deprivation (unweighted percentages)**

Number of deprivations	Subgroup					
	Sole-parent families	Unemployed people	People with a disability	Public renters	Indigenous Australians	Total
None	38.5	33.9	60.9	28.7	35.0	70.2
1 or more	61.5	66.1	39.1	71.3	65.0	29.8
2 or more	44.1	52.5	24.2	47.5	55.0	17.7
3 or more	35.4	37.3	16.6	35.6	45.0	11.3
4 or more	21.7	20.3	9.4	23.8	45.0	6.9
5 or more	11.8	8.5	4.5	15.8	20.0	3.9
6 or more	8.1	5.1	2.7	9.9	10.0	2.1
Mean deprivation score	1.93	1.97	1.00	2.09	2.55	0.74

been derived by summing the number of conditions experienced by each respondent and averaging the resulting scores for each group.<sup>20</sup>

Focusing on the percentages of those who experience four or more deprivation conditions, Indigenous Australians again fare worse, with a multiple deprivation incidence rate of 45 per cent. The three groups with the next highest incidence of multiple deprivation are public renters, the unemployed and sole parents, all of whom have multiple deprivation rates around half the rate for Indigenous Australians, while that for people with a disability is about half as low again, according to this indicator.

The mean deprivation scores shown in the final column of Table 3 confirm these rankings, with the mean score for Indigenous Australians highest (2.55), followed by scores of around 2.0 for public renters, the unemployed and sole parents, and 1.0 for people with a disability. By way of contrast, the mean deprivation score for the full sample is much lower than all of these subgroup averages, at 0.74. These results reinforce the fact that the groups that have been the focus of this analysis do experience the highest rates of deprivation overall, and are thus likely to cover instances where the right to attain a minimally adequate standard of living has been most undermined.

20 The deprivation scores are thus expressed on an unweighted basis, although many deprivation studies use a weighting scheme which weights each deprivation by either the proportion of the sample that experiences it, or the proportion that regards that item as essential (see Hällered 1994; Willitts 2006).

### **Conclusion**

This article has used a deprivation approach to illustrate the impact of poverty on those human rights identified as important in Art 25 of the UDHR. Unlike conventional poverty studies, where the focus is on comparing people's income with a poverty line, the deprivation approach identifies specific instances where people lack the resources to buy items regarded as essential by a majority of the community in which they are living. Resources can be conceptualised for this purpose as including more than just income, since what matters is what people can or cannot afford, and this will depend on their access to a broader range of resources than just money income.

However, the most important aspect of the deprivation approach is that it identifies specific instances where people are missing out because of a lack of resources. This feature allows us to examine the pattern of deprivation in the context of those items (and needs) identified in the UDHR as forming the basis for a minimally acceptable standard of adequacy in living standards. We are thus able to compare the items identified as forming part of that standard with evidence from a recent survey that allows us to identify where Australians are actually experiencing deprivation.

After describing the survey methods and explaining how essentials are identified and deprivation has been measured, we have presented results relating to the incidence of specific forms of deprivation in total and among a number of disadvantaged subgroups. The items included have been deliberately chosen to correspond to those identified in Art 25 of the UDHR, spanning three main areas: basic needs; housing/accommodation facilities; and access to health services. The groups on which the analysis has focused are those identified as most vulnerable to poverty and other forms of disadvantage, including sole-parent families, the unemployed and Indigenous Australians.

The results show that many members of these vulnerable groups are experiencing deprivation in several dimensions, including those relating to the most basic needs for food, warmth, emergency savings, insurance protection and social interaction. Many also face accommodation problems and there are instances of health service deprivation that illustrate the lack of genuine universal coverage and access, despite Medicare. In overall terms, the results show that Indigenous Australians fare worse, with over 10 per cent not being able to afford a substantial daily meal; over 20 per cent lacking a decent and secure home, or being able to give their children an annual dental check-up; over 30 per cent being unable to buy prescribed medications; over 40 per cent lacking home contents insurance and access to dental treatment if needed; and over 60 per cent not having even a modest level of emergency savings.



However, the main strength of the findings lies not so much in their ability to demonstrate (once again!) the perilous circumstances of Indigenous Australians, but in their ability to point to areas where deprivation is most prevalent. This opens up the possibility of thinking about how to alleviate deprivation by tackling its root causes rather than by increasing the incomes of those who are deprived. Resources may need to be redistributed, but it is also clear that both the housing and the health-care systems are in need of improvement, as are the options available to people to protect themselves against unforeseen risks. Addressing these issues would reduce deprivation by increasing the living standards of those who are deprived, but would also promote those human rights that have been undermined by poverty. ●

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