Evaluating Equity in Social Policy

A Framework for Comparative Analysis

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This article proposes a framework for the systematic comparative analysis of equity in social policy design. Equity research concentrates on theories of justice, on empirical studies on equity beliefs or on testing specific equity interpretations. Less attention is paid to the range of equity objectives and how equity concerns are translated into social policy practice. This article, therefore, starts from three dimensions that constitute equity. Focusing on these dimensions – resources, recipients and principles – recognizes the complexity of equity and allows an identification and clarification of explicit and implicit equity interpretations. The approach contributes to goal-focused evaluation and helps in various evaluation approaches to investigate the range of equity concerns in social policy design. Long-term care policies are used to illustrate the concept and to discuss the potential of the approach in social policy evaluation.

KEYWORDS: equity objectives; long-term care; resource allocation; welfare state

Introduction

Equity is at the core of welfare state objectives and it is a positive term in social policy making. At the same time equity is characteristically 'elusive', highlighting a considerable lack of systematic conceptualization in many areas of social policy and its evaluation. In evaluation research the focus is either on theories of justice and their potential application to real world problems, or on values and perceptions of equity, or the evaluation of specific interpretations of equity. In many social policy areas equity concerns are vague or conflicting. For example, 'equal access to healthcare' is often regarded as the major underlying equity interpretation in healthcare systems. But even here opinions differ quite widely, whether or not this is a generally accepted interpretation of equity in healthcare, what aspects of healthcare provision are to be equalized and to what extent access has to be equalized. The broad range of explicit and implicit objectives tends to be ignored, in policy making as well as in policy evaluation.

The objective of this article is to develop a framework for the comparative analysis of equity approaches in social policy. It is not intended to arrive at a

single interpretation of equity, but to develop a tool for evaluating social policies that covers the range of potential interpretations. The framework builds on three key dimensions of equity. These are the resources or burdens to be shared, the recipients of these resources or burdens, and the principles according to which allocation takes place. Choices regarding these dimensions offer a broad range of potential equity interpretations. This allows an identification of explicit and implicit equity rules and, hence, an evaluation focusing on broader equity concerns in social policy design rather than specific interpretations. This will, it is hoped, contribute to improved conceptualization and operationalization of equity concerns in social policy. Long-term care policies will be used to illustrate the argument and to discuss the potential of the approach in social policy evaluation.

The article begins by outlining the major issues and features of equity in social policy by investigating equity objectives and differing approaches to evaluating equity. This brief overview shows a considerable gap in research in terms of the potential range of equity objectives and of how equity considerations are translated into social policy practice. The article, therefore, proposes three dimensions – resources, recipients, and principles – according to which equity interpretations in welfare state design might differ. They will then be defined in more detail and discussed with regard to their relevance for social policy. The focus here is on the allocation of resources in social policies and the role of the welfare state in making choices regarding the three dimensions. An exploration of resources, recipients and principles will discuss major issues to be considered in empirical studies building on the framework. Reference to long-term care policies is made for the purpose of illustration. In the conclusion, the way in which this framework contributes to the evaluation of equity in social policy will be discussed.

Equity and Social Policy

Equity is widely accepted as an objective in social policy. Explicitly or implicitly social policy definitions at their core often include notions such as equity, justice, equality or fairness (see the definitions by Barr, 1998; Badelt and Österle, 2001; Spicker, 1995; or Wilson and Wilson, 1991). Equity is also a positive term in social-policy making. The same policy approach, however, is often supported for reasons of equity by one group and, at the same time, rejected for reasons of inequity by another group. Apart from a basic agreement on equity as an objective in social policy, there is very little agreement on what constitutes equity. Precise definitions of equity are rare, in policy making as well as in policy evaluation.

Generally, equity objectives stress the importance of a fair distribution of resources and burdens. They are about economic and social aspects, and about quantitative and qualitative dimensions. Starting from various pragmatic approaches to establish basic social policy objectives (e.g. Barr, 1998; Badelt and Österle, 2001; Wilson and Wilson, 1991) at least four sets of equity objectives can be identified:

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- guaranteeing minimum standards;
- supporting living standards;
- reducing inequality; and
- promoting social integration.

Three of these objectives address quantitative dimensions but they are not just referring to the monetary dimension of income and wealth. Poverty and/or disadvantages may also occur in 'resources' such as the availability of health services or access to education, as well as features such as health status or education. The objective of guaranteeing minimum standards aims at a reduction and/or the prevention of absolute poverty and/or absolute disadvantages. This requires the definition of an absolute poverty line or a description of absolute disadvantages. How the respective threshold is defined might make an enormous difference regarding the actual design of a welfare state. The second objective, supporting living standards, is aimed at prevention of large drops in individual living standards. Here, living standards of individuals measured by income or other characteristics before and after the occurrence of a social risk are compared. A standard approach to support living standards is the social insurance model. The third objective, reducing inequality, relates the individual situation to an average situation in society. It aims at reducing and/or preventing relative poverty or relative disadvantages. The focus of reducing inequalities can vary. Policies might be aimed at redistribution between the rich and poor (vertical equity); they might focus on a reduction of inequalities between families with children and families with no children, or between the employed and the unemployed (horizontal equity), etc.

The fourth objective, promoting social integration, includes a qualitative perspective. It relates the resource approach to the social and cultural context according to which specific resources may have different meanings. Promoting social integration aims to reduce and/or prevent social exclusion. Defining and measuring social integration tends to be more difficult than in the case of quantitative objectives considered above. This is due to the 'quality' of social integration since it cannot be allocated like money or in-kind resources. However, the allocation of resources or the regulation of the allocation process has important impacts for aspects of social integration, including notions of autonomy, social rights, responsibilities, solidarity, dignity and independence. Hence, equity as an objective might have different and often vague meanings in social policy.

With regard to evaluating equity in social policy, three different approaches can be distinguished. First, the issue of equity is at the core of the debate about theories of justice. For an overview see Kolm (1997), Roemer (1996) or Barry (1989). Some authors deal more specifically with social policy issues, e.g. health-care, by searching for the content of a just distribution of resources. Le Grand determines equity by the existence and the extent of individual choices (Le Grand, 1991: 176): 'situations where one person is disadvantaged relative to another due to factors beyond either's control are commonly judged inequitable; situations where the disadvantage arises because of differences in individual choices freely made are not.' Daniels (1985) argues that healthcare helps to

maintain normal functioning and, hence, has important effects on the range of opportunities for individuals in society. He states that 'shares of the normal range will be *fair* when positive steps have been taken to make sure that individuals maintain normal functioning, where possible, and that there are no other discriminatory impediments to their choice of life plans' (1985: 57). Theories of justice are used as a starting point in the evaluation of equity in social policy. Due to limitations in transferring ideas of e.g. welfare economics into evaluation practice, the potential of these approaches in empirical work is still rather restricted (Sassi et al., 2001).

The second research strand focuses on equity beliefs, equity expectations and equity judgements as well as causes and consequences of such judgements (e.g. Törnblom, 1992). Judgements may refer to institutions, procedures or outcomes; to distributions in personal relationships and smaller communities; or to societal distributions (e.g. Montada and Lerner, 1996; Lerner and Mikula, 1994). The approach is applied in descriptive analyses of equity and forms the basis for explanatory studies referring to judgements and beliefs by individuals. A major issue in the debate about the approach is a rather strict separation from normative, philosophical conceptions of justice (Miller, 1992).

The third strand of literature deals with the analysis of outcomes. It focuses on the extent to which empirical distributions correspond with specific interpretations of equity. In healthcare, there is a wide range of studies addressing such questions. For example, Fox (1989) or van Doorslaer et al. (1997) examine equality in the distribution of health. Le Grand (1982) studies the distribution of public expenditure and outcome for various policy areas including health and social services. His analysis is based on five different interpretations of equality: equal public expenditure, equal final income, equal use, equal cost and equal outcome. The study by van Doorslaer et al. (1993) – as well as a series of subsequent studies – investigates equity in the delivery and in the finance of healthcare, offering a broad picture of the distributional implications of the design of healthcare systems in a comparative perspective. Equity studies are rather rare in other areas of social policy; the following studies in long-term care are exceptions. Evandrou et al. (1992) studying the distribution of primary healthcare and domiciliary care; Bebbington and Davies (1983) analysing gender equity and territorial equity in the receipt of home help; and Davies et al. (2000) investigating the implications of variations in service inputs on outcomes.

Theories of justice construct principles of how equity ought to be defined proposing either universally applicable principles or context-related principles, focusing on outcomes or procedures. Empirical studies of equity focus on equity beliefs and equity judgements or on testing specific equity interpretations. These are often derived from theories of justice or equity judgements. Such studies spend considerable efforts on evaluating certain specific interpretations of equity. Less effort is spent on whether and to what extent these interpretations reflect explicit or implicit social policy objectives, or whether there might be competing equity concerns. There is increasing information about the distribution of resources or burdens relating to specific interpretations of equity. But, there is a lack of evaluation research dealing with the range of equity objectives or equity

interpretations and how these are translated into social policy practice. As Elster states 'there have been virtually no attempts to study the whole range of questions of this kind, and to develop a conceptual and theoretical framework to describe and explain how institutions allocate goods and burdens' (1992: 2).

Dimensions of the Framework

There are prominent exceptions to the observed lack of attempts to investigate the broad range of equity interpretations, such as Young (1994), Elster (1992) and Rae (1981). Rae (1981) studies the 'grammar of equality' conceptualizing the way equality concerns are transformed from theory into practice. The study by Young (1994) is on the meaning of equity in specific everyday situations. He argues that equity is the outcome of competing principles of need, desert and social utility. This is discussed in a variety of case studies. Elster (1992) deals with 'local justice', investigating the mechanisms of resources allocation, the implications of specific principles, and how the selection of specific principles might be explained. These three studies do not focus on specific issues, rather they present examples from different spheres, including issues such as kidney transplantation, language rights, taxation and access to places in nursing homes. The different spheres are also the main focus in the work of Walzer (1983) whose normative approach suggests a pluralistic theory of justice.

Calabresi and Bobbit (1978), Lee (1996) and Schmidt and Hartmann (1997) study equity in the allocation of specific goods. The latter study follows the concept of local justice (Elster, 1992) by analysing the allocation of specific goods such as kidneys in transplant medicine or access to universities. Calabresi and Bobbit (1978) focus on tragic choices, for example, in the allocation of dialysis, analysing allocation according to four major principles, that is via the market, according to political decisions, according to lotteries and according to the 'evolutionary' approach. Lee (1996) focuses on educational issues. He explores what equity looks like in the funding of additional educational needs under the Local Management of Schools. The study (including four case studies) also analyses causal factors for the actual allocation and the implications of respective decisions. All these studies show that interpretations of equity, as revealed by choices made in the various policy areas, are far more complex than any single normative approach or any single interpretation of equity would suggest.

Bringing the ideas in these approaches together, equity considerations in social policy are determined by three dimensions:

- WHAT is to be shared (e.g. resources, burdens);
- among WHOM (the recipients); and
- HOW (the principles).

Hence, equity is about three types of choices. First, they are characterized by the goods to be shared. These goods might include resources and burdens, goods in cash as well as in kind, rights and responsibilities, etc. The second choice concerns the units among whom these goods, resources or burdens, are shared. These might be individuals, families or households as well as institutions or

geographical areas. Finally, choices have to be made in terms of principles or criteria according to which the goods are shared. Again, a broad range of criteria might be applied including need-, economics- or status-related principles. They might be used as explicit or as implicit criteria, applied either as single or as mixed principles.

Equity and the Allocation of Resources

The equity dimensions identified will now be explored in more detail in relation to the provision of resources in social policy. The same approach can be used for studying the allocation of burdens, e.g. equity concerns in the finance of social policy (e.g. Österle, 2001). For the purpose of illustration, the discussion will refer to long-term care policies. Long-term care is about providing help, assistance and support over an extended period of time to people with long-standing limiting conditions. Long-term care has no predetermined finishing date and covers medical and nursing care, home help, personal help, domestic tasks as well as emotional relations. There is a wide range of different options regarding actors, policies and resources for the design of long-term care systems, and many of these are to be found in long-term care systems. Care is provided by the public sector, the for-profit sector, the non-profit sector and to a very large extent by the informal sector. In all countries, the bulk of care giving is provided by close family members and in particular by women. Support provided or regulated through social policy includes all kinds of personal social services (such as home nursing, home help, 'meals on wheels' or respite care), care in nursing homes, payments for care, private monetary transfers as well as informal care giving. For an overview regarding the design of long-term care systems see Giarchi (1996), Österle (2001), Pacolet et al. (2000) or Rostgaard and Fridberg (1998).

WHAT – The Resources

The first set of choices with regard to equity concerns refers to the resources to be shared. Social policy aims to improve resource situations, to prevent large drops in the availability of resources or to guarantee a minimum level of resources. Hence, it seems appropriate to look at the *final outcome* of social policies. In long-term care, outcome is the impact or the effect of long-term care giving on those in need of care and potential effects on others involved in the process of care giving, such as informal carers. The measurement of outcome might include notions of subjective as well as objective quality. Objective quality measures, such as the number of beds per room in nursing homes, the ability to stay in one's own home or the qualification of nurses, are relatively easy to assess. They tend to be close to concepts measuring service quality, not the actual satisfaction with the outcome of the service. For reasons of practicality, many equity studies refer to such measures. Subjective measures such as autonomy or empowerment, however, create severe problems of measurement and generalization. This is even more true of an assessment of overall measures of the final outcome, such as well-being, health or welfare. Their evaluation creates enormous conceptual and practical problems (Nocon and Qureshi, 1998).

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The final outcome in long-term care is an example of goods whose distribution can not be arranged directly through allocation policies. Long-term care policies therefore might be more concerned with the 'intermediate output' (Knapp, 1984). Here, the focus is on *use* in quantitative and qualitative terms. Use or treatment has been the focus of a number of studies on equity in social policy (e.g. Evandrou et al., 1992; van Doorslaer et al., 1993) partly because this is what policies are explicitly aimed at and partly for reasons of practicality. But, (re)allocation of intermediate outputs does not necessarily mean equalization in the final outcome. It may, however, still be seen as equitable.

If the egalitarian objective of equalizing resources is reduced in favour of an approach concerned with the individual's freedom to choose, *access* and *choice* have to be considered. Access does not necessarily expand choice among potential users, it does however – compared to allocating use – put more weight on the concept of individual freedom leaving more room for self-determined preferences. Access is the opportunity to use specific long-term care services, including the opportunity not to use them. Social policies aimed at equalizing access are aimed at equalizing potential, not actual use of services.

Widening the concept of 'access to specific services' to a concept of 'access to a range of potential services' addresses *choice*. For example, a long-term care system providing places in nursing homes might achieve the objective of access to nursing homes; choice, however, remains rather restricted if access to other forms of provision such as social services is limited. Limitations in choice might occur for different reasons, such as a lack of resources or a lack of information. Public policies providing additional monetary resources enable recipients to freely choose how to use these resources. If, in that case, the public sector does not take any additional regulatory measures, the actual allocation and distribution will follow reactive decisions on the individual level including a broad range of variables such as the information background, ability and willingness to pay, and individual preferences or values. If, however, society has an interest in the kind and the quality of care that is allocated, choice sets will take a different form. This will occur either by regulating the use of financial resources (e.g. restricting it to buying services on the formal market) by provision of vouchers or by provision of in-kind services instead of cash benefits. If a broad range of in-kind services is easily accessible, choice still remains high on the policy agenda, but is combined with an interest in the actual allocation of care.

What is actually allocated is not final outcome, use, access or choice, but use of, access to or choice between specific resources. These resources include in-kind services such as social services, places as well as services in residential care settings or – as intermediate resources – vouchers or money. In addition, designing use of, access to and choice of provision through social policies also includes regulating care provision in the formal as well as in the informal sector.

WHOM – The Recipients

Apart from the resources to be shared, interpretations of equity differ with regard to the units among which resources are to be shared. The final recipients social policies are aimed at are individuals or groups of individuals characterized by

specific features. These features are determined by the principles according to which resources are allocated (see below). In addition, broader units such as families or households, geographical areas or public, non-profit and for-profit organizations, might become intermediate recipients in social policies.

Equity across *geographical areas* refers to the equitable allocation of goods between local areas, regions, nations, or beyond. For example, quality standards – such as a certain number of home nurses in relation to total population in certain age groups – set by the central government for the development of social services at the local level, are aimed at territorial justice. The provision of public money for the development of specific services such as respite care is another example. Organizations outside the state sector, such as *for-profit* and *non-profit organizations*, become increasingly important when services are contracted-out. Here, quality standards may be used to equalize quality levels across providers. In order to promote service provision by a certain institutional mix, resources may be transferred to different institutional forms. Finally, families or other informal networks might be approached. For example, this is the case when there are legal obligations to care for family members.

HOW – The Principles

Finally, interpretations of equity are characterized by principles according to which resources are allocated to or accessed by individuals or institutions. There are a number of approaches to categorize these principles, some propose mutually exclusive categories (e.g. Walzer, 1983) while others search for an exhaustive list of principles (e.g. Elster, 1992). The attempt here is to identify the major principles that are used in the allocation of scarce resources. Principles define the target group of social policies and determine the amount of resources allocated. For example, following the principle of ‘equal use according to need’ will provide person A and person B with the same amount of treatment if their respective needs are equal. If the needs of A and B are unequal, they should receive an unequal amount of treatment or support. To what extent they should be treated unequally in order to reach an equitable distribution is part of the allocation principle. Apart from need, which is probably the most attractive principle in social policy, sets of principles might be based upon egalitarianism, time, status or economics and efficiency.

Need-related Principles Most allocation formulae in social policy refer to the concept of need. If equity is defined as ‘equal access for equal need’, need is the respect to which individuals are unequal and to which differentiation among individuals should be made. Other variables such as age, gender or income should not make any difference in access. But, the concept of need is probably as complex and as ‘elusive’ as that of equity. Definition and conceptualization as well as usage of the concept of need vary in theory as well as in practice (e.g. Doyal and Gough, 1991). There is also much debate about how to define need in relation to equity in specific social policy areas, particularly health (e.g. Culyer and Wagstaff, 1993). Here, need will refer to required support arising from a social risk. In the case of long-term care, need refers to limitations or disabilities arising

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from health problems, and subsequent requirements regarding care and support. Need in relation to financial restrictions or due to the lack of close family members who might act as care givers will be dealt with in relation to other potential criteria of allocation.

Even in the more specific health-related context, however, need is far from being clear-cut (e.g. Percy-Smith, 1996). In benefit schemes as well as in policy analysis or in theoretical considerations of need, there are a variety of very different measures of need: morbidity; disability; the ability to benefit; the inability to carry out certain activities of daily living; or the amount of time required to help those in need. It makes a difference whether needs are based on self-reporting or on assessment by professionals. In addition, society might not only be interested in the needs of individuals, but also in the needs of certain socio-economic groups. The principle of need also has to be associated with other principles, for example age or occupational status. So the concept of need always implies a judgement about what does and does not define need.

Egalitarian Principles Egalitarian principles suggest that resources have to be shared equally. Here 'egalitarian' is used to refer to a distribution that does not involve any segmentation among citizens. Every citizen must get the same amount of the resource to be shared. This might be used as an ideal objective for the 'final output' of well-being. Allocating equal shares of care (taking use as the resource to be shared) without considering different levels of disability, however, does not seem an appropriate principle. This is mostly because it does not reflect individual needs and because goods involved in the caring process are not infinitely divisible goods. In other areas of social policy, egalitarian principles might be regarded as more appropriate. Examples are child benefits or education aiming at equal opportunities.

Time-related Principles Waiting-lists and queuing in particular are frequently used in health and long-term care (for an empirical investigation see e.g. Martin and Smith, 1999). Waiting lists are a fairly common basis for allocation of places in nursing homes while queuing is a frequent method used to allocate services in the community. Practicality is not the only reason that time-related principles are attractive; often they are seen as an indicator of the intensity of needs. They may, however, also reflect the level of available information, which brings these principles into question as an indicator of need. Another form of time-related principle is used in insurance models, if benefits are partly related to the duration of time over which contributions are paid.

Status-related Principles These include a variety of principles such as age, gender, civil status, family status, residence status or occupational status. In health and social care some of these principles are used as additional principles in the targeting process. For example, age might be used as a criterion for whether people have access to specific treatments that are publicly financed. Places in nursing homes might be reserved for those who are residents in a particular geographical areas. Kinship might oblige family members to support people in need

of care. In social insurance systems occupational status often has consequences with regard to the availability and the extent of cash or in-kind benefits. Apart from being used as allocation principles, status principles alongside income (see below) are important criteria in evaluating the effects of welfare state programmes on socio-economic groups.

Economics-related Principles Another kind of allocation principles widely used has an economic base. Thus in policies aimed at cost-containment and targeting, means-testing plays a major role. For example, benefits or free services are provided to those people in need of care whose income is below a certain level. Economic variables might not just refer to income, but to a number of various items such as savings or other assets as well as income and assets from close family members. For example, in many social assistance schemes in Europe, people cared for in nursing homes are obliged to use their pensions and savings before public bodies intervene. Even family members might be obliged to contribute to the finance of institutional provision.

If different social policy approaches result in the same outcome, efficiency could be an appropriate principle to decide which kind of production or regulation to support or which kind of goods to actually provide. Indeed, cost-containment and efficiency-improving concerns made this a major argument in social policy reforms in many countries. Although the outcome of caring for frail elderly people in acute hospitals, in residential care settings or in the community will not be exactly the same, there is room for allocating resources among these different settings according to the efficiency principle.

Mixed Principles Most of the principles discussed are not used as single principles, but as mixed principles. In long-term care, need-related principles tend to be mixed with economic variables or status variables. For example, allocation follows formulae such as 'payments for care according to a specific definition of need for those 60 years and over' or 'free access to services according to a specific definition of need for those whose monthly income is below a certain amount'.

Implicit Principles Even in case of complex and far-reaching allocation principles there tends to be room for discretionary decisions or principles that are not explicitly stated in the allocation formulae. These implicit principles will be used alongside explicit principles introduced before. For example, if people in need of care have to make out-of-pocket payments to get access to social services, this might exclude the poorest because of lack of purchasing power. The guiding principle in the private market becomes an implicit additional principle in long-term care policies. The information background of users, the role of lobbies, values of individual decision-makers, political power or informal connections are further examples of implicit principles affecting the allocation of resources. An indication of the importance of these 'principles' is non-take-up ratios or variations in the take-up ratio between socio-economic groups.

The dimensions of equity and the respective range of potential interpretations affecting the allocation of resources in social policy are summarized in Table 1.

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Table 1. Resources, Recipients and Principles in Social Policy

<i>WHAT</i> (resources)	<i>WHOM</i> (recipients)	<i>HOW</i> (principles)
outcome	individuals	need-related
use	families	egalitarian
access	households	time-related
choice	non-profit organizations	status-related
by means of	for-profit organizations	economics-related
payments	public sector organizations	mixed
goods	geographical areas	implicit
services		
regulation		

The potential aim of social policy resources can include final outcome (well-being), intermediate outputs (use), access and choice. The means social policies use to achieve an equitable distribution of these resources are regulation, in-kind resources or cash payments. Resources are allocated to individuals, institutions in the various sectors of the welfare mix or to geographical areas addressing them as final or intermediate actors through regulation or provision. The principles according to which allocation takes place are related to need, egalitarianism, economic variables, status or time, used explicitly or implicitly as single or mixed principles.

Conclusions

Equity has always been a central theme of the welfare state from the outset. It plays a key role in designing, debating and evaluating social policy. At the same time, equity is still an 'elusive' issue. The aim of this article was to contribute to the conceptualization and operationalization of equity by proposing a framework for the systematic comparative analysis and evaluation of equity considerations in social policy.

Equity research primarily focuses on the evaluation of specific equity interpretations, derived either from normative concepts or from vaguely defined policy objectives. There has been far less study of how to translate equity ideas into real-world allocations. This has left a considerable gap between searching for ideal concepts of equity and investigating societal outcomes. This article attempts to place the dimensions that make up interpretations of equity at the centre of concerns, when evaluating equity.

Focusing on the dimensions of equity – resources, recipients and principles – contributes to the evaluation of equity in many respects. It is a tool for the clarification of equity objectives, which are often vague and not well-defined. They will frequently differ across local areas, between programmes or between stakeholders or may change in the programme-implementation process. 'Unpacking' equity according to the three dimensions allows the:

- systematic investigation of equity objectives;
- derivation of equity objectives implicitly underlying social policy design; and
- identification of how to translate global equity concerns into concrete allocation procedures.

Apart from contributing to 'goal focused evaluation' (Peled and Spiro, 1998) the framework will be helpful for various evaluation approaches that identify equity objectives against which the performance of programmes should be evaluated. A lack of clearly defined equity objectives is a major problem when evaluating equity concerns. The framework proposed here provides a tool to identify equity objectives that are more clearly defined and more explicit. More importantly, it allows an evaluation of equity concerns that are not restricted to single equity objectives. This becomes particularly important if programmes across regions or countries, or programmes in different areas of social policy are compared. Such an approach should recognize that underlying explicit and implicit objectives might differ quite considerably. For an application of the framework in cross-country comparative analysis see Österle (2001).

The framework offered in this paper is designed to complement alternative approaches in the study of equity. The focus here is on welfare state design and explicitly or implicitly underlying equity conceptions, rather than on what 'ought to be', as outlined in theories of justice, in equity beliefs or in specific interpretations against which social policies are evaluated. Following Miller's labelling of the research on equity beliefs as 'what the people think' (Miller, 1992), this approach could be labelled as 'what welfare states do'. Following Elster's (1995) classification of descriptive, explanatory and normative approaches, the framework proposed serves descriptive studies of equity by improving knowledge about how scarce resources are allocated and by identifying underlying equity interpretations. The approach also informs explanatory studies, e.g. in attempts to explain how allocative decisions by welfare state institutions are determined by the individual values and perceptions of those engaged within these institutions. It may also inform normative studies, e.g. by asking what resources, recipients and principles ought to be adopted in a specific social policy field.

Starting from a potential range of resources, recipients and principles recognizes the complexity of equity interpretations in social policy design. By breaking down, clarifying and mapping the equity concept, the framework offers an effective tool to study equity objectives and equity concerns as they are translated into social policy practice. Hence, the systematic evaluation of social policy programmes can be strengthened with regard to objectives, similarities, differences, causal factors and consequences in terms of equity.

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