

Children's Well-Being: Indicators and Research 10

Elizabeth Fernandez
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Theoretical and Empirical Insights into Child and Family Poverty

Cross National Perspectives

 Springer

Theoretical and Empirical Insights into Child and Family Poverty

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Dedicated to Anthony Maluccio

Foreword

Child poverty is currently the world's largest source of social harm; it causes more death, disease, suffering and misery than any other social phenomenon. Poverty is now a bigger scourge on humanity than plague, pestilence or famine. Yet there is no need for any child in the twenty-first century, anywhere, to starve or to go without clean drinking water, toilets or access to basic health care and education. Providing children with all these things would not have any significant (or even noticeable) impact on the lifestyles of the 'rich'. Child poverty is not an 'Act of God' nor 'inevitable': it is a political choice. What is lacking is not sufficient money¹ but the political will to end child poverty.

This lack of political will is surprising as child poverty is not a party political issue. All politicians (on both the 'left' and 'right' of the political spectrum) in all countries agree that child poverty is a 'bad' thing which should be reduced and eventually eradicated. There is also unanimity about how to eradicate child poverty. The economics are very simple and are entirely concerned with redistribution – where sufficient resources are redistributed from adults to children, there is no child poverty; where insufficient resources are redistributed from adults to children, child poverty is inevitable (Gordon 2004). Children cannot and should not generate the resources they need to escape from poverty. This is the job of adults. Children should be spending their time playing and learning, not working at paid labour.

All countries in the world who are members of the United Nations have voluntarily signed the *UN Convention on the Rights of the Child* (UNCRC), yet Gordon et al. (2003) estimated that half the children on the planet suffered from at least one severe deprivation of basic human need and a third of the world's children were living in absolute poverty. The reason that children suffer from poverty is because the UNCRC signatories have not implemented the policies needed to ensure that children's rights are fulfilled. Child poverty is unjust and a violation of children's rights (Pemberton et al. 2005, 2007, 2012).

¹ Global wealth is predicted to grow by 40 % over the next 5 years, from \$263 trillion USD in 2014 to \$369 trillion USD in 2019. It is also estimated that the richest 1 % of people own 48.2 % of global wealth (Stierli et al. 2014).

There is surprisingly little research into child poverty from a child-centred or child rights perspective. Both the poverty and social justice literatures usually ignore children (Gordon 2008) – often relegating them to a mere property of their household or family. Their needs are seen as, in effect, identical to those of their families (for example, in anti-poverty strategies). Children's agency is usually absent, and where theory does engage with children, it is often as future workers or citizens rather than as actors with justice claims in their own right. Minujin et al. (2006) reviewed the literature on the concept and measurement of child poverty and found that:

there is a lack of consideration of children's issues in the debate on poverty. The lack of visibility has negative implications for anti-poverty strategies, which seldom consider that children and their rights are central to their design and implementation.

This book has been written by some of the leading authors in their fields from around the world. It represents a significant advance to our knowledge of child and family poverty. It is one of only a few edited collections which approach the study of child and youth poverty from a child rights and child agency perspective and includes studies from both 'rich' and 'poor' countries. Many studies make an unjustified distinction between child poverty in 'rich' and 'poor' countries, adopting the implicit assumption that 'rich' countries can learn little from successful anti-poverty policies in 'poor' countries, or vice versa.

The importance of a human rights perspective in work on child and family poverty cannot be overemphasised. Hendrick (1994, 1997, 2003) has argued persuasively that one of the enduring principles of the UK social policy concerning children in the twentieth century was the dual and paradoxical perception of children as both victims and a threat to society. The idea that even young children are both innocents who need protection but also a threat to society has a long history in European Judeo-Christian thought about the inheritance of 'original sin'. Cunningham (2005) quotes from a German sermon from 1520:

Just as a cat craves mice, a fox chickens, and a wolf cub sheep, so infant humans are inclined in their hearts to adultery, fornication, impure desires, lewdness, idol worship, belief in magic, hostility, quarrelling, passion, anger, strife, dissension, factiousness, hatred, murder, drunkenness, gluttony, and more.

Unfortunately, European colonial powers exported the idea of children as simultaneously both 'victims' and 'villains' around the world, and this has resulted in many unfortunate social policy consequences, including the view of children as 'victims of poverty' rather than citizens with agency whose basic human rights have been ignored.

Similarly, the concept of children as individuals with agency who have independent distributional justice claims on adults is almost entirely lacking from the economic theory literature (Levison 2000). Neither the neo-classical nor, more surprisingly, the feminist economics literature addresses the political concept that children have a right to sufficient economic resources to meet their needs and that this is a fundamental requirement for a just society. A notable exception is the work of the Norwegian feminist economist Hilde Bojer (2000, 2003) who criticises both

Nozick's (1974) libertarian theories of justice and Rawls' (1971) liberal theory of justice for entirely ignoring children. In *A Theory of Justice*, Rawls specifically excludes children from the idea of the social contract as he considers the family as outside the public sphere (Moller Okin 1989). His theory seems only concerned with the rights and duties of adults (Gordon 2008). Nozick's (1974) libertarian theory of justice is also only applicable to adults and, arguably, only to adults that had never been children (Bojer 2000). Nozick imagines a natural situation made up from a group of solitary hunters who would be willing to give up a minimum amount of their freedoms to a state which could protect them from robbery and murder – the 'Night Watchman state'. Children (and non-hunting women) would have no rights to economic goods in this theory of justice; children literally become the property of their parents – the 'fruits of their labour'. Bojer (2003) expresses puzzlement:

that the solitary hunter must have forgotten his own childhood. Otherwise, he would surely have chosen to organise society in a way that at least guaranteed his survival to adulthood; probably also that conditions during his childhood were such as to enable him to become a fit hunter.

Fortunately, the twenty-first century has witnessed a rapid increase in sophisticated multidimensional studies of children's well-being which fully acknowledge children's rights and agency. My colleague, Peter Townsend, and I had the honour of addressing the General Assembly of the United Nations in 2006 when the first ever international definition of child poverty was adopted. This definition has proved a spur for much research work, and UNICEF, NGOs, academics and many others have finally begun to move the key issue of child and family poverty up the political agenda.

There are still many twentieth-century myths about child and youth poverty which need to be confronted. For example, poverty is neither a behaviour nor a disease; it is not something that is caught from parents nor is it 'transmitted' across the generations. The idea of an underclass or 'problem family' that teaches their children poverty-producing behaviours has been falsified more times than virtually any other concept in the social sciences (Bagguley and Mann 1992; Macnichol 1999; Welshmann 2012) – yet this false myth persists. This book will hopefully help to contribute to its final destruction.

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Elizabeth Fernandez, Anat Zeira, Tiziano Vecchiato, Cinzia Canali

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follow-up with young people formerly resident in an adolescent psychiatric milieu. She also evaluated a staff support and supervision program for residential youth justice; that program is now operating successfully in all facilities across the Australian State of Victoria. Patricia is a foundation Board Member of the International Association for Outcome Based Evaluation and Research in Family and Children's Services (iaOBERfcs). Together with iaOBERfcs colleagues, Patricia has published and presented internationally on family support outcomes, therapeutic foster and residential care, respite foster care, child poverty and responses to staff trauma.

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Dr Ioana Ramia is research associate at the Centre for Social Impact, Australian School of Business at the University of New South Wales (UNSW). Ioana has experience across the academic and private consulting sectors. In her consulting role Ioana was involved in research and evaluation across a range of social policy sectors such as health, education and housing. As a research associate at UNSW she has been conducting research into child wellbeing, child poverty and foster care. Ioana has specialist expertise in econometric analysis, including complex modelling and longitudinal data analysis, and extended experience into wellbeing research demonstrated during her PhD at the Social Policy Research Centre (awarded 2012).

Peter Saunders Research Professor in Social Policy, Social Policy Research Centre, University of New South Wales, Australia

Peter Saunders was the Director of the Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW) from February 1987 until July 2007, and now holds a Research Chair in Social Policy within the Centre. His research interests include poverty and income distribution, household needs and living standards, social security reform, comparative social policy and ageing and social protection in China. His recent books include *The Poverty Wars*, *Reconnecting Research with Reality*, (with James Walter) *Ideas and Influence. Social Science and Public Policy in Australia* (both published by UNSW Press in 2005) and *Down and Out: Poverty and Exclusion in Australia* (Policy Press, 2011). He was elected a Fellow of the Academy of the Social Sciences in Australia in 1995, and has worked as a consultant for the Australian Institute of Health and Welfare, the OECD, the IMF, the Asian Development Bank, the International Social Security Association, and the Royal Commission on Social Policy in New Zealand. He was appointed a Scientia Professor by UNSW in 2006, in recognition of his research contribution and eminence. He is currently the President of the Foundation for International Studies on Social Security (FISS) and was the first elected President of the Australian Social Policy Association between 2009 and 2013.

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Amanda Telias Simunovic has a BA and MA in Economics (Universidad de Chile) and an MSc in Development Administration and Planning (University College London). She is currently a PhD candidate at the Brooks World Poverty Institute (BWPI) at the Manchester University, working on household vulnerability to poverty and social protection in Chile. Her research interests include poverty, inequality and social protection. She has worked at the Ministry of Social Development in Chile; at the Inter-American Development Bank; and as a researcher at the Overseas Development Institute (ODI). She was also an intern at the Oxford Poverty and Human Development Initiative (OPHI) at Oxford University.

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Clare Tilbury is the Life Without Barriers Carol Peltola Research Chair at the School of Human Services and Social Work, Griffith University, Australia. The focus of her research is on the quality and outcomes of child and family services, utilising performance measurement and mixed-method approaches to investigate the effectiveness of child protection systems, strategies and services. Clare has over 30 years' experience as a social work practitioner, researcher and educator, working in a positions involving direct practice with children, young people and families;

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Tiziano Vecchiato (Editor) Fondazione Emanuela Zancan Degree in Sociology, University of Trento. Since 1990 Director of the Fondazione «E. Zancan» Padova, Italy

He is President of the International Association for Outcome-based Evaluation and Research on Family and Children's Services. He coordinates national research on outcome-based evaluation in different areas of needs and in different settings: home care, continuity of care, residential care, integration between health and social services.

He has co-ordinated and edited Italian reports on social exclusion (1997, 1998, 2000, 2002, 2004, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013). At the European level, he collaborated with the European Economic and Social Committee Section "Employment, Social Affairs and Citizenship". He is also an associate member of the European Scientific Association for Residential and Foster Care for Children and Adolescents.

As President of one section of the Italian National Health Council in Rome (1997–2002) he was engaged in issues of planning and evaluating health services. He collaborated with the National Health Plan for 1998–2000, and the National Social Plan for 2001–2003. He collaborated with national reports on health in Italy (1999, 2000).

Chris Warren-Adamson Fellow, University of Brighton, United Kingdom

Following a professional career in child and family social work at case and national levels from 1969, Dr Warren-Adamson joined academia full time in 1992. Until then Dr Warren-Adamson had practitioner experience as social worker, as guardian ad litem, residential worker, and in running two child and family centres, as well as a national development roles. He has since engaged in research and writing, teaching, and practice education at the UK Universities of Sussex, Brunel and Southampton where he was Head of Social Work. After full time retirement in 2008, Dr Warren-Adamson worked part time at the University of Brighton, UK, with teaching and tutoring responsibilities and with a programme of writing. He is a founding member of the International Association for the Evaluation of Child and Family Services (2001), and during this period, in collaboration particularly with colleague, Professor Anita Lightburn, now at Fordham NY, together they have researched and written on community based programmes for children and their families, and the integration of theory. In the last decade, with Anita Lightburn and also colleagues at the University of Brighton, Dr Warren-Adamson has increasingly turned to an examination of complexity theory and its application to child and family social work practice.

Michael Wearing School of Social Sciences, Faculty of Arts and Social Sciences, The University of New South Wales, Australia

After practicing as a social worker, he completed a PhD in sociology from UNSW whilst a scholar at The Social Policy Research Centre UNSW in the 1980s.

In the last two and half decades he has taught and published in the areas of social work, social policy, sociology and political sociology while an academic at Sydney University and then UNSW. He is the author of several books and over 50 refereed publications. These include the research areas of socio-cultural aspects of tourism, community services, social welfare and social policy. His current research interests are in the environment and ecotourism, poverty and inequality, the politics of welfare rhetoric, change in human service organisations, and comparative social policy.

Anat Zeira (Editor) School of Social Work and Social Welfare, the Hebrew University of Jerusalem and Haruv Institute, Israel

Anat Zeira (PhD) is professor at the School of Social Work and Social Welfare at the Hebrew University of Jerusalem, where she had served as the head of the BSW program from 2004 to 2008. She is currently Head of research and evaluation at the Haruv Institute and a member of the National Social Work Registration Committee at the Israeli Ministry of Welfare and Social Services. She is also a founding member of the Italian based International Association of Outcome-Based Evaluation and Research on Family and Children's Services (iaOBER). Professor Zeira has been long committed to research on the evidence-base of social work practice with children at-risk and their families. In this context she is conducting during the past decade collaborative research projects with the Department of Social Services in the Jerusalem Municipality. Recently her research focuses on the transition to adulthood and independent living of care leavers. She has published widely in professional journals and presented numerous papers at international conferences. Through her studies and publications she emphasizes the importance of systematic monitoring and evaluation by practitioners and its dissemination in the field.

Chapter 1

Understanding Child and Family Poverty: An Introduction to Some Key Themes and Issues

Elizabeth Fernandez

The international community has been struggling for decades with debates about poverty and strategies for its alleviation. This edited collection represents conceptual and empirical work from around the world on the experience of poverty and its impact on children, families and communities. It represents work from researchers, academics, practitioners and policy experts bringing together global trends in conceptual, methodological, policy and program interventions in relation to poverty and notably child and youth poverty. These issues of child and youth poverty are somewhat hidden in the broader conceptual and methodological debates of international social science about global and national poverty. The advances in explanation and intervention will be of substantial interest to readers across the world as will the outcomes that are being achieved. Child poverty is pervasive and persistent throughout the world (Save the Children 2012; UNICEF 2012). Although poverty in Western industrialized countries doesn't compare with the extremes of deprivation faced by many developing countries, it does seriously affect children and families in many countries of the developed world (Alkire and Santos 2010). Evidence reviewed from both developing and developed countries alike, confirms substantial numbers of children continue to experience poverty, deprivation and social exclusion with their basic rights compromised (UNICEF 2012; Gordon et al. 2003; Busby and Busby 1996; Pells 2011; ACOSS 2014; Sandbaek 2013). Further this evidence reveals a strong focus on monetary and non-monetary dimensions which are known to have an impact on child poverty (UNICEF 2007). In contrast to some definitions of poverty which focus narrowly on income and economic hardship, others (e.g. European Union and Australia) highlight social inclusion/exclusion as crucial issues to be addressed by policy.

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There is increasing awareness of the impact of inequality and social exclusion and the need for attention to children and families in the poorest groups who are the most difficult to reach, and who are the focus of social services and research. Poverty is the result of many overlapping dimensions of deprivation and non-fulfilment of children's rights (Minujin and Nandy 2012). There is a growing emphasis on children's rights, children's agency and children's subjective wellbeing in the context of understanding poverty and addressing poverty alleviation and social exclusion (Kahn and Kamerman 2002; Bradshaw 2010; Pemberton et al. 2012; Redmond 2008; Ben-Arieh 2010).

Poverty makes its influence felt in every aspect of a child's life. Apart from the harm done to children through a lack of resources for full social participation, their education and health are seriously compromised (Bradbury 2007). Education of children living in poverty is an area of great concern. The socioeconomic environment of children has a strong impact on engagement and achievement in schooling (Wang and Holcombe 2010). The health poverty nexus alerts us to the social impact of ill health arising from material and nutritional deprivation, inadequate housing, homelessness and unsafe neighbourhoods (Yoshikawa et al. 2012; Blackburn 1991; Chen et al. 2007). Evidence from the UK, the USA and Australia shows a relationship between low socioeconomic status, homelessness and poor health of children and a link between low socioeconomic status and inferior healthcare. The link between poverty and maltreatment and the over representation of socioeconomically disadvantaged families in child protection and out of home care systems is also documented (Besharov and Laumann 1997; Drake and Pandey 1996; Pelton 1989).

The impact of poverty is experienced in different and unique ways during the life course, and particular groups may be more vulnerable than others. For instance impoverished environments experienced by children in the early years affect not only early developmental outcomes, but have continuing impact on later years (Melchior et al. 2007; Magnuson and Votruba-Drzal 2009). Researchers and policy makers have increasingly recognized the importance of the early years and the considerable developmental disadvantage children from low income families experience (Duncan et al. 1998). In both developed and developing countries, early intervention, particularly education programs have been an important policy response to the evidence relating to the significance of the early childhood years (Duncan and Brooks-Gunn 1997; Karoly et al. 2005; Fernandez 2014).

The need for such interventions also extends into youth (Garcia Bacete et al. 2014). The vulnerabilities of youth in the transition to adulthood arising from family change and family stress is also well documented. A large number of youth living in poverty are victims of structural changes in family, inadequacies of social care, some entering the labour market or choosing to leave prematurely because of economic stress or conflict. Many are forced to transition out of out-of-home care with inadequate supports. Their journeys through these circumstances often begin at early ages and are exacerbated by the material and emotional hardship they

experience during their youth and into adulthood. The impact of such youth based social exclusion and poverty on families can also be devastating (Stein 2012; Chamberlain and Johnson 2013).

The challenging environments in which families and children find themselves today means that multiple strategies are needed to combat social exclusion, adverse health, poor education and other outcomes associated with transient and persistent poverty (Ghate and Hazel 2002). Various policies, program initiatives and research agendas have emerged to address the issues that give rise to poverty. The evidence of the effectiveness of these responses to tackle poverty and assess need is also the subject of evaluations to identify short and long term outcomes.

Assumptions about the causes of poverty, factors that shape poverty, and theories of change are also debated and serve to underpin policy responses that either emphasise individual responsibility, or inform politically liberal views that advocate and support change to economic and social institutions that lead to poverty, recognizing individuals are limited by the opportunities available to them (Bradshaw 2006; Huston 2011).

1.1 About This International Collection

This volume grew out of the 2013 Annual Seminar of the International Association for Outcome-Based Evaluation and Research on Family and Children's Services (iaOBERfcs)¹ held at the Haruv Institute at The Hebrew University of Jerusalem building on discussions on poverty at the previous annual seminar in Glasgow. The Association's focus on poverty emanated from a growing awareness that poverty is a recurrent theme in research and practice in the human services, and a conviction of the need to integrate knowledge of poverty into its research agenda and the analysis of social concerns. This international collection on poverty designed to re-ignite interest in issues of poverty and its impact on children, youth and families is assembled to coincide with the fiftieth Anniversary of The Fondazione Emanuela Zancan which hosts iaOBERfcs.

This edited collection brings together a range of theoretical and empirical perspectives on conceptualization, measurement, multidimensional impacts, and policy

¹ The Fondazione Emanuela Zancan onlus Centre for Social Research was established on June 4th 1964, and is located in Padova (in the north-east of Italy). The research activities of the Fondazione can be divided into six main areas: social and health policies, promotion of social justice, family and children's policies, social and health care, professional practice in the human service sector, and strategies for evaluating and humanising services. Other information on: www.fondazionezan-can.it. The iaOBERfcs is a group of scholars in this arena, who have been invited to come together to work collaboratively on comparative evaluations and research. The Association has been able to meet annually, in the various countries of its members, since 2001. In 2013 The Annual Seminar was convened in Jerusalem at the Haruv Institute, Hebrew University of Jerusalem on the theme *Outcomes of Children Living in Poverty*.

and service responses to address child and family poverty. It takes a wide ranging approach to integrating theoretical and empirical analyses with anti-poverty programs, poverty alleviation policy responses and practice interventions. It brings together the voices of different stakeholders, children and families, practitioners, policy makers and researchers. Issues and trends are illuminated through country level chapters to shed light on dynamics of poverty in different jurisdictions. The approach taken documents poverty outcomes through an economic and a social lens drawing on multiple methods and indicators to illuminate the multidimensional nature of poverty, its manifestations and deleterious effects, and to identify those at most risk. Chapters have a combination of theoretical, methodological, policy and practice level content.

Collectively material in this book reflects three strands of work. Early chapters canvas key debates around definition, conceptualization, measurement, and theoretical and ideological positions. The relationships between child poverty and children's rights, and child poverty and children's subjective wellbeing are also crafted into these chapters. Building on the above themes the second strand of work represented in the book covers impacts of poverty on specific domains of children's and families' experience using snapshots from specific countries and geographic regions. These include issues related to health, housing, education, maltreatment, and out of home care. Impacts are also structured around life stages, and specific vulnerable population groups who experience entrenched inequalities and disadvantage. Methodologies eliciting children's, youth and family perspectives are effectively integrated here.

A third focus illuminates programs, policies and interventions to address poverty and its impact. These chapters showcase innovative, holistic, strength-based programs and interventions that attempt to de silo issues of poverty, homelessness, child maltreatment, and violence and foster community building. Specific interventions, programs and policies aimed at responding to children and families and communities and how they are, or might be evaluated, are incorporated. Policy frameworks, theoretical concepts, empirical data and value positions are considered in relation to the issues in focus, while highlighting inherent challenges and barriers to achieving outcomes, and presenting key strategies to enhance outcomes. Cross national case studies and evaluations illustrate the diversity of approaches and outcomes.

Contributors to this collection are internationally recognised researchers who have contributed in significant ways to knowledge building in their respective countries. There are some of the most respected and distinguished academics in poverty research, social justice and social policy who have made life long theoretical and empirical contributions to these subjects. We are however aware of having omitted other significant work by experts in this field. It is beyond the scope of this book to include the extensive body of research in this burgeoning field and to represent all countries. A further caveat is that while we have selected work from different countries and regions we have not addressed the transferability of concepts, policies and research conclusions. We hope that readers will exercise judgement about the applicability and relevance of content to their specific context.

Focusing on the contents of this volume Professor Fernandez and Dr Ramia (*Centre for Social Impact, Australian Business School, The University of New South Wales*) set the scene of the book by offering a review of the academic and empirical literature concerned with child poverty in the international context in Chap. 2. The Chapter examines a range of approaches used by scholars and international organisations to define, identify and measure poverty, and canvases the debates around definition and measurement, key themes to be revisited in the rest of the book. Three composite methods to measure child poverty are presented to illustrate the multiple aspects of deprivation and wellbeing captured in the assessment of poverty. The chapter concludes with an overview of studies that explore associations between child poverty, education, health and wellbeing.

In Chap. 3 Saunders (*Research Professor, Social Policy Research Centre, The University of New South Wales, Australia*) evaluates contemporary developments in poverty measurement including poverty line and deprivation approaches. In drawing attention to the limitations of poverty line studies the author sees the deprivation approach as affording greater potential to illuminate the poverty status of individuals including children and the family system. In line with the view that conceptions of child poverty must reflect the views and experiences of children the chapter reviews Australian and overseas participatory research with children to capture the forms of poverty and disadvantage they confront and how they understand and experience poverty. The significance of listening to children about their evolving experiences is amply demonstrated.

In Chap. 4 Bradshaw (*Professor, Universities of York and Durham, United Kingdom*), offers critical commentary on some of the key themes and issues of definition and measurement of child poverty posing the challenging question of ‘how good an indicator of child wellbeing is a measure of income poverty at the international level?’ The chapter reports meticulous analyses of the relationships between income poverty and multiple domains of child wellbeing. While acknowledging that no single indicator is adequate to explain child wellbeing in its entirety results support the finding that relative income poverty explains more of the variation in overall wellbeing than any other indicator, reinforcing the significance of the relative income poverty rate in measuring child wellbeing at the international level.

In Chap. 5 Dr Wearing and Professor Fernandez (*School of Social Sciences, The University of New South Wales*) attempt to make explicit the extent to which conceptualisations and analyses of poverty reflect competing social science theories and ideological positions. The chapter outlines some of the trends in conceptual thinking about the causes and consequences of poverty in the social sciences and the policies and programs that have developed around prominent theories of poverty. Major Schools of thought permeating debates on poverty and its causes and their multicausal implications are reviewed. The extent to which these theoretical and philosophical orientations find expression in policies and practice interventions to ameliorate poverty are also explored.

Moving away from issues of measurement Chap. 6 by Connolly (*Chair and Head of Social Work, School of Health Sciences, The University of Melbourne*) extends the debate on poverty and inequality reviewing the relative position of

Australia and New Zealand in relation to other OECD countries. It then takes a rights-based approach to explore inequities that fall heavily on children and families and the structural factors that underpin poverty. Expressing strong support for democratising children's rights as a means to increasing equity and reducing disadvantage, and for engaging children as 'solution finders' in their lives the Chapter advocates for strengthening the voices of children and young people.

In Chap. 7 Dr Montserrat (*Research Institute on Quality of Life, University of Girona*) and colleagues demonstrate from their recent empirical research how home, school and children's subjective perception of poverty, wealth and money concerns are fundamentally influential in children's daily lives. Eliciting the perspectives of children the study reported explores differences in subjective wellbeing between first year secondary students living in disadvantaged situations with the general population of the same age. The authors advocate interventions in health, education, leisure, judicial services and social opportunities to address deprived areas of children's lives and emphasise services where the direct beneficiaries are children.

Child poverty in Germany is the focus of Chap. 8. Andresen (*Professor for Family Studies and Social Work, Goethe University Frankfurt, Germany*) and colleagues examine children's everyday experiences of poverty and deprivation analysing data from the Third World Vision Survey on Children in Germany based on a representative sample of 2,500 children. Drawing on a multidimensional concept of poverty and framework of child wellbeing, and eliciting children's and parental assessments the authors highlight the vulnerabilities and social risks experienced by children in specific age groups and social classes.

The value of examining longitudinal trajectories of poverty and its impacts on children's outcomes is illustrated in Chap. 9. Kimberlin (*Postdoctoral Scholar, Stanford Center on Poverty and Inequality, United States*) and Duerr Berrick (*Zellerbach Family Foundation Professor, School of Social Welfare, University of California at Berkeley, United States*) track the prevalence and demographics of chronic and transient poverty. Reviewing studies on poverty duration the authors identify vulnerable groupings that experience disproportionately high rates of chronic and transient poverty: immigrant children, children in households with non-working adults and adults who are not high school graduates, Hispanic children and African American children. The Chapter draws on conceptual frameworks from epidemiology to identify differential impacts of short- and long-term poverty in children's health and educational outcomes during critical periods in the life course. Their two-pronged policy implication advocates that chronic poverty be prioritized for policy intervention, and that policies directed at transient poverty should prioritise benefits to children.

In Chap. 10 Barrientos (*Professor, Brooks World Poverty Institute, University of Manchester, United Kingdom*) and Telias (*doctoral scholar, Brooks World Poverty Institute, University of Manchester, United Kingdom*) analyse the trends in child poverty reduction resulting from emerging citizen based social protection policies. Two innovative policy directions, *Bolsa Familia* and its antecedent *Bolsa Escola* emanating from municipal activism to reduce persistent intergenerational poverty are profiled. Reviews of evaluative studies on the impact of these policy initiatives

suggest they have stimulated innovation in service development, improved access to services and demonstrated measurable progress towards social inclusion of children and reduction of child poverty.

In Chap. 11 Canali and Dr Geron (*Fondazione Emanuela Zancan, Italy*) observe that Italy ranks high with respect to risk of poverty, social exclusion and material deprivation across EU countries, while the proportion of social protection expenditure for children and families in Italy is well below the European average. The chapter highlights specific impacts of poverty and deprivation for children under 6 years old, arguing that adequate investments in early childhood education and child care services exhibit a great potential for reducing child poverty. Transnational practices aimed at the alleviation of poverty are presented.

In Chap. 12 Vecchiato (*Fondazione Emanuela Zancan, Italy; President of the International Association for Outcome-based Evaluation and Research on Family and Children's Services*) sheds further light on the nature and scope of poverty in Italy noting the uneven distribution of poverty geographically and across social groupings: families with minor children, migrant households, and single parent households. Comparative data on the impact of cash benefits and social transfers on poverty risk reduction are evaluated and current and potential solutions are explored. Notably the chapter discusses the involvement of services beneficiaries in returning to the community part of the help they received, thereby reflecting a 'generative' perspective.

In Chap. 13 Ma (*Professor and Chair, Department of Social Work, The Chinese University of Hong Kong, Hong Kong*) draws on research in Hong Kong and Mainland China to elaborate on the potential of the family centred care approach in formulating poverty alleviation policies. Integrated interventions directed at strengthening family resources through supporting their coping and problem solving capacities, enhancing their social capital through social network participation and community participation and increasing household income are advocated in the proposed family-focused orientation.

Chapter 14 by Dr McNamara (*Senior Lecturer, Department of Social Work and Social Policy, La Trobe University, Australia*) offers an informative account of youth homelessness and its intersection with poverty. The author explores the complexities of defining homelessness and estimating the homeless population while identifying specific groups of youth who are at risk of homelessness in Australia. These include young people transitioning out of home care and disproportionate numbers of Aboriginal and Torres Strait Islander youth. The chapter usefully takes us through three promising intervention programs to focus on what is needed for effective policy and practice.

In Chap. 15 Herczog (*President of EUROCHILD; Program and Training Director at Family Child and Youth Association, Hungary*) profiles the nature and scope of poverty in Hungary against the backdrop of European policies and approaches to tackling poverty. The chapter portrays the extent and depth of poverty that is characteristic of villages and settlements arising from marginal services, lack of transportation and inferior education and health care. The vulnerability of children in poverty entering a care system which is under resourced is explored in the

context of the impact of poverty on referral and placement in the public care system in Hungary.

The dynamic interplay between poverty and maltreatment is the focus of Chap. 16 by Brandon (*Professor of Social Work, Director of the Centre for Research on Children and Families, School of Social Work, University of East Anglia, United Kingdom*) who attempts to disentangle this complex and contested relationship. Using an ecological approach to re-analyse data from 800 case reviews involving harm to a child or death of a child from serious abuse and neglect the Chapter develops a typology of factors associated with serious neglect. The role of stress factors in parenting in impoverished environments is discussed, as are professional responses to families and to poverty.

Chapter 17 by Tilbury (*Life Without Barriers Carol Peltola Research Chair at the School of Human Services and Social Work, Griffith University, Australia*) explores the context and complexities of the overrepresentation of Aboriginal and Torres Strait Islander people in the Australian child welfare system. The individual family and system factors that underlie this disproportionality and that are associated with poverty, disadvantage and generations of unequal treatment and social exclusion are elaborated. The chapter advocates policies and interventions that transcend coercive child protection interventions to preventive population level strategies addressing health, housing, employment, substance use prevention, education, family violence prevention and in home family support to advance the economic and social status of Indigenous people.

The final Chapter by Lightburn (*Professor and Director, Beck Institute on Religion and Poverty, Fordham University, United States*) and Warren-Adamson (*Fellow, University of Brighton, United Kingdom*) highlights the case for community-based family centres as the context for community-based, family-centred practice responses to families who experience the pervasive life stresses inherent in the deprivations of poverty. An integrated practice model responsive to multiple hardships is presented identifying pathways for family engagement and participation in developmental enrichment opportunities for themselves and children. Building social capital within the centres and the community through fostering partnerships, providing opportunities for parents to assume leadership and advocacy roles, and fostering a 'culture of care' that affords a 'holding environment' of support and reciprocity are identified strengths of the integrated model. Such models of integrated community based practice are explored in the context of the US and the UK.

We hope this collection will offer you insights into theoretical, methodological and policy and practice developments from the different countries and contexts examined and contribute potentially to informing research directions and social policy responses to children and families experiencing poverty.

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Chapter 2

Child Poverty in the International Context

Elizabeth Fernandez and Ioana Ramia

2.1 Introduction

Poverty is a violation of children's rights at a critical time when failure to intervene can have irreversible impacts on capabilities and quality of life. The first ever internationally agreed definition of child poverty provides that

children living in poverty are deprived of nutrition, water and sanitation facilities, access to basic healthcare services, shelter, education, participation and protection and (...) while a severe lack of goods and services hurts every human being, it is most threatening and harmful to children, living them unable to enjoy their rights, to reach their full potential and to participate as full members of society. (United Nations General Assembly in the 'Yearbook of the United Nations, 2006' (2009) para 46)

Most often living in poverty interferes with child well-being, or 'the realisation of children's rights and the fulfilment of the opportunity for every child to be all she or he can be in the light of a child's abilities, potential and skills' (Bradshaw et al. 2007:8).

Poverty affects children's mental and physical health, their chance to education and further development during adulthood, and their overall well-being (Save the Children 2012). Over eight million children under the age of 5 die each year, mainly from preventable causes (Black et al. 2010). The 2012 Child Development Index report indicates that 1.5 million more children suffered from acute malnutrition in

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the 2005–2010 period than in 2000–2005. The 2012 Human Development Report (United Nations Development Programme) found that 22,000 children die each year due to poverty, 400 million children are without access to safe water, 270 million are without access to health services, and 443 million school days are lost due to water related illnesses.

Children are more vulnerable and at greater risk of poverty than adults (Save the Children 2012) and impoverished children suffer more hardship in developing than in developed countries (Gordon et al. 2003). Girls and children in rural areas are further more likely to suffer from poor health and lack of education, and have lower survival chances than boys and children in urban areas. This chapter commences with a comprehensive review of literature concerned with child poverty in the international context while focusing at times on Australia, Hong Kong, Italy, New Zealand, UK, and the USA. This is followed by a review of efforts to achieve a global definition of child poverty and a discussion of a number of models and methods to measure child poverty. An overview of studies that explore the relationship between child poverty, education, health, and wellbeing concludes the chapter.

2.2 Child Poverty: International Context

Poverty crosses geographic and demographic boundaries, affecting children in developing and developed countries. The percentage of children living in poverty as identified through the child poverty rate¹ (UNICEF Innocenti Research Centre 2012) varies from about 5 to 7 % in Northern European countries to 10.9 % in Australia, 12.1 % in the UK, and 15.9 % in Italy. At the 23 % child poverty rate, USA is the last ranking country before Romania (Fig. 2.1, UNICEF Innocenti Research Centre 2012).

Deprivation² amongst children varies across countries from as little as 1 % in Iceland and many as 57 % of children in Bulgaria and 72 % in Romania (Fig. 2.2, UNICEF Innocenti Report Card 10). In Northern European countries and the Netherlands the percentage of deprived children is under 3 %, and 5.5 % of children in the UK and 13.3 % of children in Italy are categorised deprived (Fig. 2.2).

¹UNICEF Innocenti Research Centre (2012) defines child poverty rate as the proportion of children living in households with income below the 50 % national medium income).

²UNICEF identifies deprivation when children lack at least 2 out of 14 items: three meals a day, at least one meal a day with meat, chicken or fish (or a vegetarian equivalent), fresh fruit and vegetables every day, books suitable for the child's age and knowledge level, outdoor leisure equipment (bicycle, roller-skates, etc.), regular leisure activities (swimming, playing an instrument, etc.), indoor games (computer games, etc.), money to participate in school trips and events, a quiet place with enough room and light to do homework, an internet connection, some new clothes (i.e., not all second-hand), two pairs of properly fitting shoes, the opportunity, from time to time, to invite friends home to play and eat, the opportunity to celebrate special occasions, birthdays, etc.

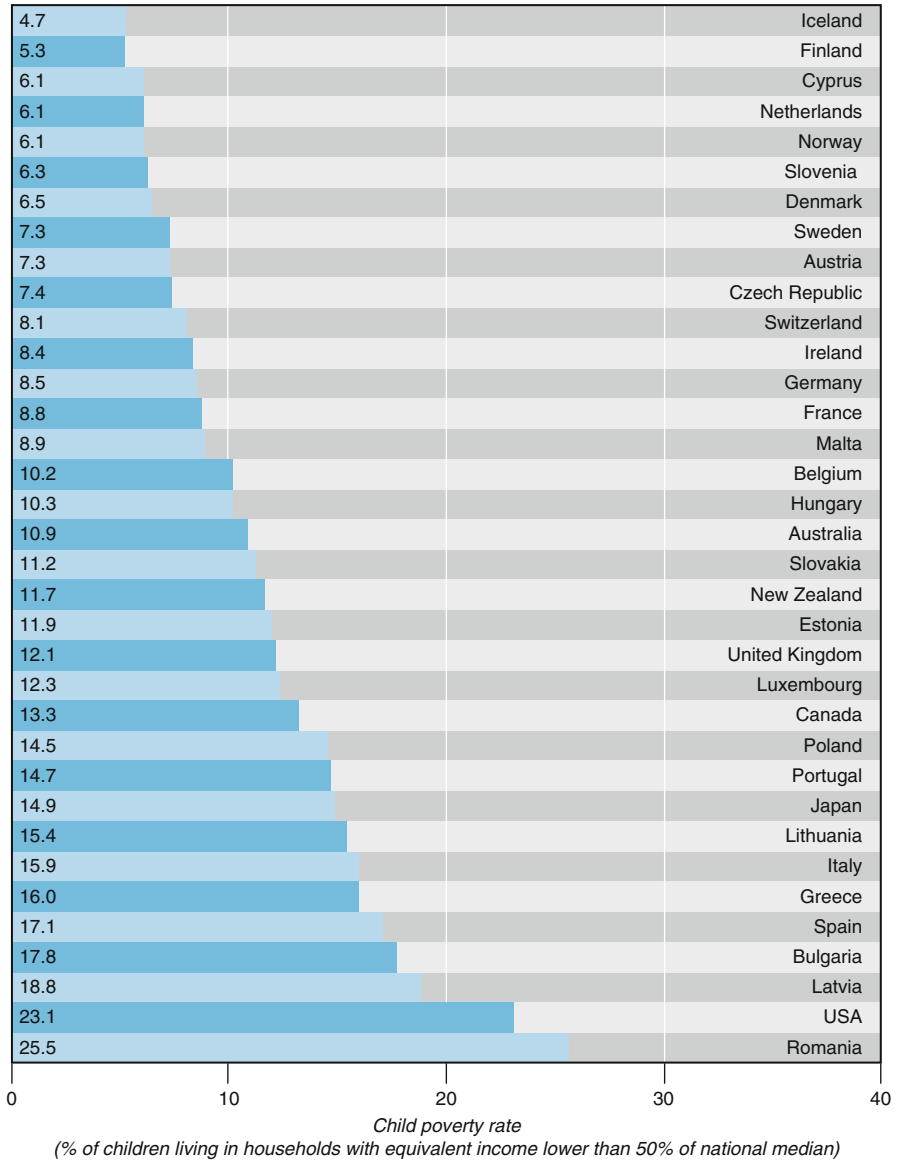


Fig. 2.1 Child relative poverty across selected countries (UNICEF Innocenti Report Card 10)

The recent mortgage crisis has forced children out of their homes and schools; it was estimated that 1.95 million children were impacted by the mortgage crisis in the US alone (Lovell and Isaacs 2008). Although the financial crisis has not affected Australians much, the most recent Salvation Army report (2013) in Australia found that 99 % of people accessing income support did not have \$500 in savings, 98 %

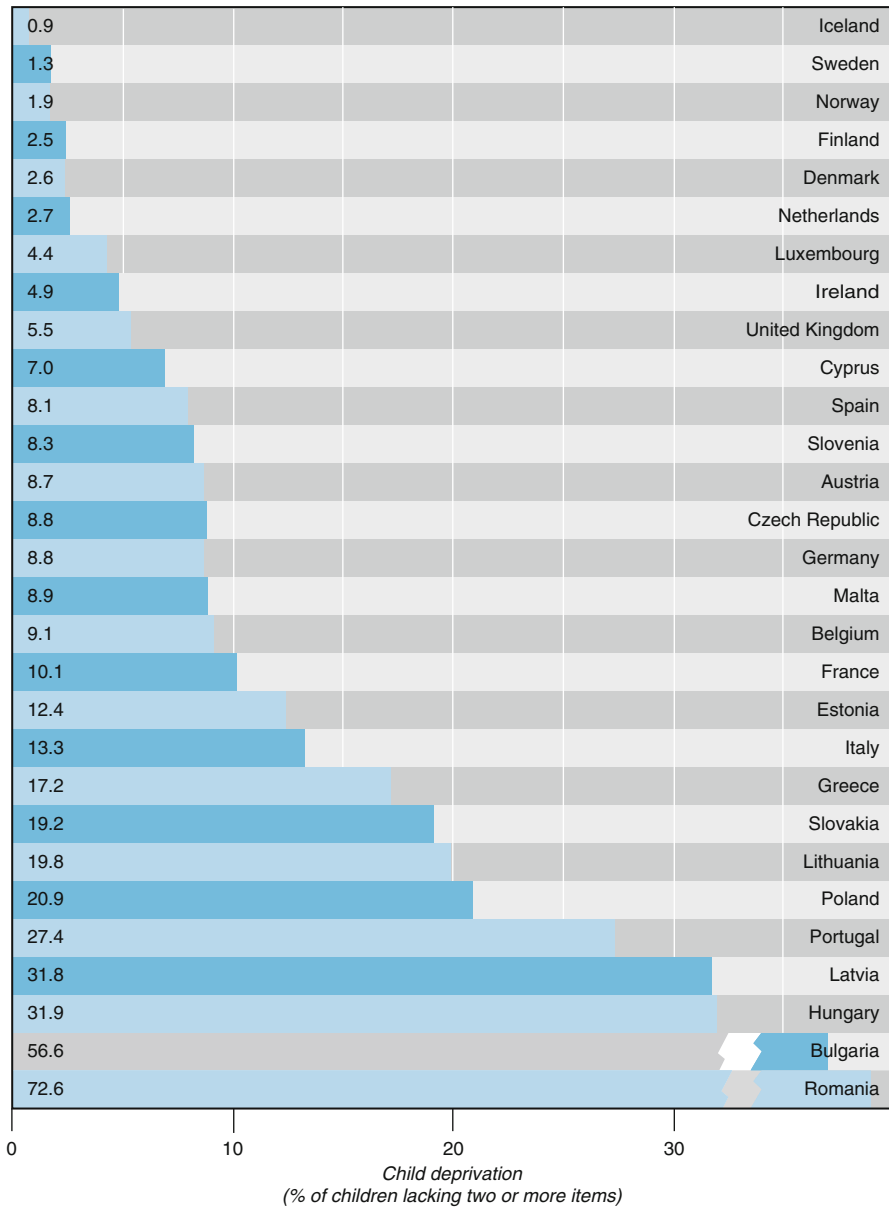


Fig. 2.2 Child deprivation in 29 economically advanced countries (UNICEF Innocenti Report Card 10)

did not have a decent stable home and 51 % came from households with children. It was highlighted that children living in poverty are missing out on out of school activities (53 %), activities (37 %), new uniforms or to date school books (39 %) and annual dental check-ups (39 %).

Over a decade ago the lack of a consistent estimate of the extent or severity of child poverty in developing countries has been noted. At that time UNICEF has estimated that approximately half of those living below the World Bank's 'poverty thresholds' (\$1–\$2 per day) are likely to be children. Furthermore, between 1987 and 2000 the number of people living on less than \$1 a day in developing countries other than East Asia and the Pacific has been increasing by 12 million a year (Gordon et al. 2000).

In 2010 Alkire and Santos presented the new Multidimensional Poverty Index (MPI)³ for 104 developing countries. Three dimensions of poverty, namely health, education and living standards, were considered through the MPI. These dimensions were selected as they are directly linked to the Millennium Development Goals (MDG). Using data collected from a number of sources available across countries, Alkire and Santos (2010) identified countries with highest levels of deprivation (high MPI) and the percent contribution of deprivation in education, health and living standard to poverty. Comparisons with the World Bank poverty thresholds of \$1.25, \$2 and the national poverty line are also provided. Within Europe and Commonwealth of Independent States (CSI), Tajikistan, Turkey and Estonia ranked highest in terms of multidimensional poverty. Haiti, Nicaragua and Bolivia are most deprived amongst Latin America and Caribbean while in East Asia and the Pacific Lao, Cambodia and Indonesia had highest MPI; for these countries income poverty was equally high. Amongst Arab states, Somalia, Yemen and Morocco were identified as poorest, and Nepal, India and Bangladesh (closely followed by Pakistan) in South Asia. A large number of Sub-Saharan African countries ranked 75 or higher (out of 104) in terms of multiple deprivation, with Niger, Ethiopia, Mali, Burkina Faso and Burundi ranking the highest. While in some countries health and living standards are the main contributors to multiple-deprivation (e.g., countries like Hungary, Latvia, Czech Republic, Guyana, Indonesia, Gabon, Zambia, Chad) in other counties education brings highest contribution to deprivation (e.g., countries like Uruguay, United Arab Emirates, Russian Federation, Guatemala, China, Brazil, Estonia, South Africa, or Ecuador). For a complete list of countries and their level of deprivation and poverty see Alkire and Santos (2010).

2.3 Child Poverty: Definition and Measures

2.3.1 Definitions of Child Poverty

Absolute or relative monetary thresholds have been long used by governments and policy makers to define poverty. Absolute poverty is identified where income is insufficient to provide basic needs such as food or shelter. Individuals, families or

³The MPI is based on the Alkire Foster Method discussed later in this chapter.

groups experience relative poverty ‘if they lack the resources to obtain 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 in which they belong’ (Townsend 1979, pp. 31). Complementing such material measures to define poverty, the past decade has seen the development of more comprehensive approaches to define, identify and measure poverty. Efforts have come from international organisations and scholars equally.

The UNICEF identifies children living in poverty as those who ‘experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of the society’ (UNICEF 2005).

The Christian Children’s Fund (CCF) defines child poverty through deprivation, exclusion and vulnerability. The CCF argues that poor children lack material conditions essential to the development of children’s full potential (deprivation), their rights are denied, their existence threatened (exclusion), and they often live in threatening environments (vulnerability).

Although the United Nations Development Program (UNDP) does not provide an exact definition for child poverty the organisation advocates a holistic approach through principles of basic needs and human rights: ‘the right to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development (UNDP 2004:12), ‘food security, shelter, and water and sanitation, all of which are essential to enhancing children’s well-being (p. 4).

The first ever internationally agreed definition of child poverty was formulated by the United Nations General Assembly (UNGA) in 2006. As described in the opening paragraph of this paper, the UNGA pinpointed a number of needs – water and sanitation facilities, access to basic health-care services, shelter, education, participation and protection – for children to develop and reach their full potential and to participate as full members of society.

Researchers and scholars have taken important steps in defining poverty through approaches that go beyond financial deprivation. Saunders et al. (2007) define deprivation (not poverty) as the lack of resources that prevent people from accessing essential goods and activities and identify severe deprivation as missing out on five or more essential items.⁴ The Childhood Poverty Research and Policy Centre (CHIP) adopted a holistic definition of poverty: children and young people growing up without access to different types of economic, social, cultural, physical, environmental and political resources that are vital for their wellbeing and for them to fulfil their potential.

⁴Saunders et al. (2007) compiled a list of essential items grouped into seven areas. The first area covered 25 ‘everyday items’ that contribute to overall living conditions (eight of which refer to children exclusively). Six items were listed under each of the six remaining areas (or living standard domains): accommodation and housing, location and transport, health and health care, social and community participation, care and support, and employment, education and skills. A number of these items refer to children exclusively.

Some scholars and organisations have migrated towards identifying not only the income poor, but those experiencing social exclusion due to income poverty. Addressing social exclusion and not income poverty alone is important from a policy perspective because aspects such as ethnic, gender or racial dimensions, which go beyond income poverty, must be addressed (Hunt 2004). In the mid-1980s the European Economic Community adopted an expanded definition of poverty: ‘the poor’ shall be taken to mean persons, families and groups of persons whose resources (material, cultural and social) are so limited as to exclude them from the minimum acceptable way of life in the Member states in which they live’ (Article 1.2 in Huston (2011)). A couple of decades later, Kahn and Kamerman (2002) defined social exclusion due to poverty as inequalities in ‘basic living; family economic participation; housing; health; education; public space; social participation; as well as subjective experience of social exclusion’ (p. 27).

Difficulties or discrepancies in definitions of child poverty often result from ‘child’ and ‘poverty’ being two contested concepts. For example, Main (2014b) explains that ‘child’ can be understood as a person under the age of 18 (according to the UNCRC definition), or under the policy definition: a person under 16 or 16–19 year old person who is not married, living with parents and in non-advanced full-time education. Furthermore, ‘poverty’ can be understood as income poverty, material deprivation, social exclusion or wellbeing. It is then recommended that research into child poverty should account for the multidimensional nature of poverty, include children’s own experiences and perceptions (such as in the *Young Lives* study), develop measures of child material deprivation based on children’s own conceptions of their material needs and draw on consensual poverty measurement methods (Main 2014b).

2.3.2 Measures of Child Poverty

How can governments and donors claim to be targeting progress when they don’t even know where they’re starting from? Indeed, how can the well-being of children be improved, if those children are – literally – not counted? (Save the Children 2012)

Poverty is a social fact and researchers, governments and international organisations equally admit the necessity to measure poverty, to answer the question ‘Who is poor?’ in order to reach those at risk of living deprived. The debate around measures of poverty is as wide if not wider than that around the definition of poverty. Efforts to measure child poverty have included:

- Measures of absolute and relative deprivation (e.g., poverty line, child poverty gap)
- Measures of national levels of child poverty through poverty indicators such as malnutrition and infant and child mortality (UNICEF)
- Composite measures of poverty (e.g., Child Development Index, Child Well-being Index, Australia Early Development Index) drawing on the Capabilities Approach (Sen 1999)
- Subjective child well-being (Bradshaw 2010)

These measures are detailed below. Without much success, some studies argue that, due to its multidimensionality, poverty cannot be measured and poverty is ‘in the eye of the beholder’ rather than an objective aspect to be measured (Orshansky 1969, p. 24). Such views are however more often disputed than supported.

2.3.2.1 Absolute and Relative Child Poverty

For decades income poverty was the main if not sole method to monitor and measure child poverty. Originating in 1963 from estimates of the minimum food budget required for adequate nutrition, the poverty line or threshold was an estimate of the minimum income needed by an individual or family to avoid serious material hardship (Huston 2011). Most often the poverty line is set at 50 or 60 % of the median household disposable income. As such, the number of individuals identified as poor differs widely depending on the poverty line or level used (Table 2.1). When the poverty line is defined at 60 % the proportion of children living in poverty more than doubles in countries like Iceland, Finland, Cyprus and the Netherlands than when the poverty line is set at 50 % (Table 2.1). At the 60 % threshold 17.6 % of children in Australia,⁵ 20.8 % in UK, 24.2 % in Italy and 31.1 % in USA live in relative poverty.

While the poverty rate counts the number of individuals below the poverty line, the poverty gap measures the mean shortfall from the poverty line, expressed as a percentage of the poverty line, i.e., how much below the poverty line the average poor is located. There does not seem to be a linear relationship between child poverty rate and child poverty gap (Table 2.2). Across OECD countries the child poverty rate (measured at 50 %) varies from 3.6 % in Finland to 23.6 % in Romania with 15 countries showing a child poverty rate lower than 10 % while 4 countries (Latvia, Romania, Bulgaria and the US) show a child poverty rate higher than 20 % (Martorano et al. 2013). The child poverty gap ranges between 10 and 40 %, with Cyprus at 11 % and Spain at 39 % (Table 2.2).

In Hong Kong measures of poverty are often concerned with the absolute monetary power people hold rather than inequalities. The Deprivation Index Score (DIS) identifies levels of deprivation by asking whether the person thinks a number of items are necessary, whether they own them, and if they don’t, whether that was because they could not afford them. Forty-two per cent of those identified as income poor (two lowest income deciles) in Hong Kong are also deprived.

There are various concerns with using income exclusively to identify the impoverished:

- Data on incomes may not be reliable and most of the time this is measured before housing costs

⁵The ACOSS Poverty in Australia Report 2012 used two poverty lines, 50 % of median household income and 60 % of median income. They found that 17.3 % of children lived in poverty in Australia in 2010 when poverty line is drawn at 50 % of median income and 26.1 % when the poverty line is at 60 % of median income. This indicates that the measure of poverty can have huge impact on the people who are considered eligible for support.

Table 2.1 Child poverty rate at 40, 50 and 60 % poverty line in selected countries (UNICEF Innocenti Report Card 10)

Country	poverty line at 50%	poverty line at 40%	poverty line at 60%
Iceland	4.7	1.9	10.1
Finland	5.3	1.5	11.9
Cyprus	6.1	1.8	12.1
Netherlands	6.1	2.9	15.4
Norway	6.1	3.1	11.3
Slovenia	6.3	2.9	11.1
Denmark	6.5	3.6	11.4
Sweden	7.3	3.7	12.7
Austria	7.3	3.2	13.6
Czech Republic	7.4	3.8	13.0
Switzerland	8.1	3.2	17.9
Ireland	8.4	3.5	18.9
Germany	8.5	4.6	14.9
France	8.8	3.7	16.8
Malta	8.9	2.9	20.3
Belgium	10.2	4.1	16.6
Hungary	10.3	3.0	20.6
Australia	10.9	4.3	17.6
Slovakia	11.2	6.6	17.0
New Zealand	11.7		19.4
Estonia	11.9	6.1	20.6
United Kingdom	12.1	5.6	20.8
Luxembourg	12.3	4.2	22.4
Canada	13.3	7.3	21.9
Poland	14.5	7.5	22.9
Portugal	14.7	9.6	22.7
Japan	14.9	9.6	20.5
Lithuania	15.4	8.8	24.3
Italy	15.9	9.7	24.2
Greece	16.0	8.1	23.5
Spain	17.1	11.5	23.6
Bulgaria	17.8	12.2	24.4
Latvia	18.8	12.8	25.0
USA	23.1	16.6	31.1
Romania	25.5	17.8	32.3

Sources: Calculations based on EU-SILC 2009, HILDA 2009, SLID 2009, SHP 2009, PSID 2007. Results for New Zealand are from Perry (2001) and refer to 2010. Results for Japan are from Cabinet Office, Gender Equality Bureau (2011)

Note: The shading in the last three columns indicates whether a country ranks in the top third (light blue), middle third (mid-blue), or bottom third (dark blue) of the relevant league table

Table 2.2 Child poverty rate and child poverty gap across selected OECD countries

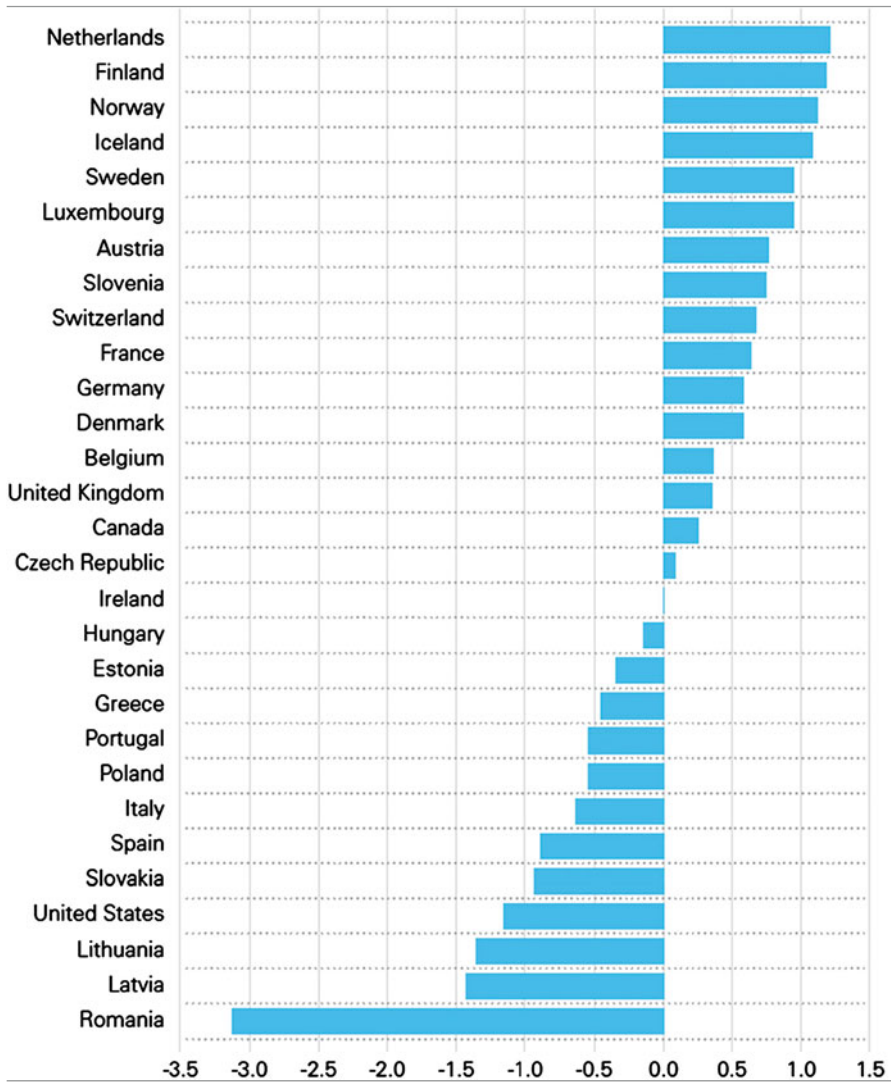
Selected countries	Child poverty rate (poverty line at 50 %)	Child poverty gap
Finland	3.6	17.0
Netherlands	5.9	15.7
Cyprus	6.5	11
France	9.5	18.2
Germany	9.4	19.4
UK	10.0	23.0
Denmark	6.3	29.0
US	23.1	37.5
Australia	10.9	13.6
Japan	14.9	31.1
Italy	17.0	31.0
Spain	19.7	39.0
Latvia	20.5	27.3
Lithuania	17.9	35.6
Romania	23.6	37.5

Source: Martorano et al. (2013), selected countries; calculations are based on Eurostat, HILDA 2009, SLID 2009, SHP 2009, PSID 2007. Poverty line is set at 50 % of the median national disposable income. The calculated poverty rate and child poverty gap measures are part of a multiple indicator of poverty

- When conducting international comparisons using income there is a failure to account for whether services such as health care, child care and education are subsidised
- Income measures do not reflect the fact that some families are more competent than others in managing income or prioritising spending (e.g., parents sacrificing such that children can enjoy same opportunities as their peers)
- By different definitions, the number of poor varies dramatically (e.g., Table 2.1)

Some studies have combined monetary and material deprivation to identify the level of material child poverty. As discussed, monetary deprivation refers to household income levels below the 50 or 60 % median income line, while material deprivation refers to the lack of ‘things’ considered necessary to live according to societal standards. The UNICEF counted as experiencing material deprivation those children who indicated they lacked at least 2 out of 14 items: three meals a day, at least one meal a day with meat, chicken or fish (or a vegetarian equivalent), fresh fruit and vegetables every day, books suitable for the child’s age and knowledge level, outdoor leisure equipment (bicycle, roller-skates, etc.), regular leisure activities (swimming, playing an instrument, etc.), indoor games (computer games, etc.), money to participate in school trips and events, a quiet place with enough room and light to do homework, an internet connection, some new clothes (i.e., not all second-hand), two pairs of properly fitting shoes, the opportunity, from time to time, to

Table 2.3 Child material deprivation, league of countries (UNICEF Innocenti Report Card 11)



The axis indicates the z-score in each country, translating into the difference between the level of child poverty in the respective country and the average level of poverty (marked at the zero vertical line) across all OECD countries

invite friends home to play and eat, the opportunity to celebrate special occasions, birthdays, etc. The Netherlands, Finland, Norway, Iceland are the best performing countries in terms of material child deprivation. Romania is by far the worst performer (amongst countries included in the UNICEF RC 11), followed by Lithuania, Latvia and the USA (Table 2.3).

2.3.2.2 Indicators of Child Poverty and Composite Measures of Well-Being

An increasing number of studies draw the attention to the risks flowing from the extensive use of income poverty measures as part of most indicators of child poverty (Bradshaw and Richardson 2008) and the necessity to use additional measures such as child deprivation or parental deprivation (Adelman et al. 2012) or multi-dimensional measures of child well-being (UNICEF Innocenti Research Centre 2007) to effectively monitor and measure child poverty. Arguing income poverty or material deprivation are not sufficient to define or measure poverty, Bradbury (2003) proposed alternative measures such as the index of child deprivation (per cent of children lacking specific items) or the family affluence scale (per cent of children reporting low family affluence) to account for material deprivation beyond income poverty.

Complementing efforts to measure child poverty through absolute and relative material deprivation, a range of methods and approaches to measure child poverty and well-being have been developed over the past decades: measures of national levels of child poverty through indicators such as child malnutrition, infant mortality or under five mortality (UNICEF), measures based on the Capabilities Approach (Sen 1999) such as the Human Poverty Index (UNDP 1997) and composite measures of poverty. Composite measures of poverty include:

- Child Development Index (Save the Children 2008)
- Bristol Deprivation approach (based on child rights to adequate nutrition, safe drinking water, decent sanitation facilities, health, shelter, education and information)
- The Alkire-Foster method (2007, 2011) (argues the importance of going beyond reporting the 'headcount' and accounting for the intensity of each person's poverty)
- Child Well-being Index (UNICEF, RC7) (measures the average of wellbeing in a number of dimensions: material well-being, health and safety, education, behaviours and risks, and housing and environment)
- EU Child Well-being Index (incorporates a summary of 23 domains)
- US Child and Youth Well-being Index
- Young Lives Approach (implemented in Ethiopia, Peru, India and Vietnam)
- Australian Early Development Index (AEDI) (measures children's development as they enter primary school in five areas: physical health and well-being, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge)
- Freedom Poverty Measure (Australia)
- Multidimensional Poverty Index (UNDP 2010)

We discuss here three of these composite methods to measure child poverty: Child Development Index (CDI), the Bristol Deprivation approach and the Alkire-Foster method. The most recent levels of child well-being in OECD countries, measured through the Child Well-being Index are presented at the end of the section.

Child development index (CDI, Save the Children) is a composite measure of three elements of well-being: health, education and basic needs. Health is measured

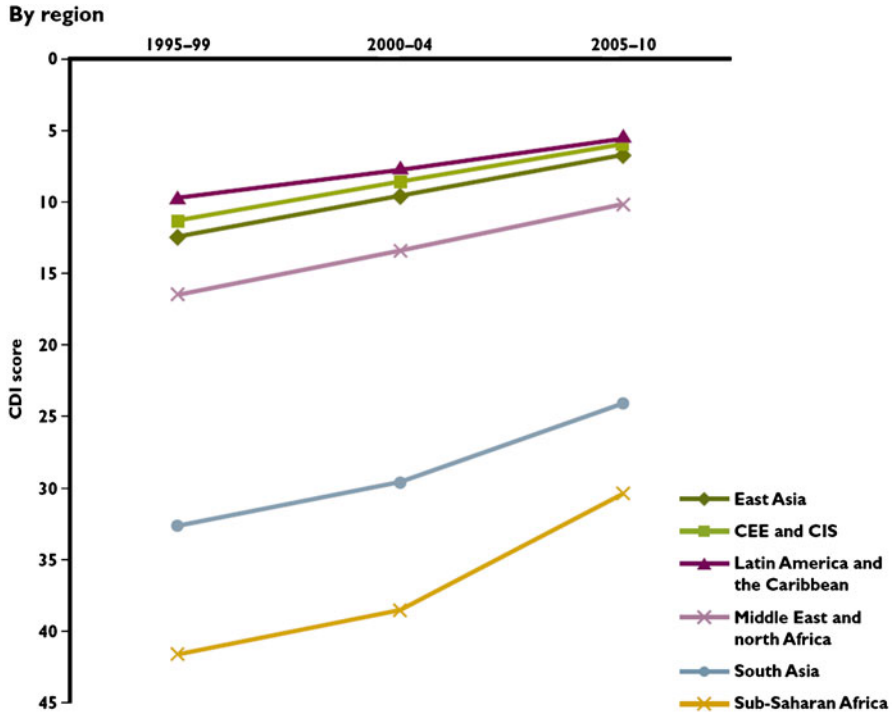


Fig. 2.3 Child development index by region, performance over time, 1995–2010 (Save the Children 2012)

through the under-five mortality rate, education is measured through the percentage of primary-age children not in school, and basic needs are assessed through nutrition (under-weight prevalence among under-fives), as the most basic need. The score can oscillate between 0 and 100 and low scores indicate lower levels of deprivation. An extreme score of zero would indicate that all children survive beyond their fifth birthday, all under 5 year olds are well nourished and all primary school-aged children are enrolled in school. The average CDI score is 1.69 for developed countries and ten times greater – 16.86 – for developing countries. Although great progress has been achieved in reducing poverty between the first and the final half of the 2000s, there are large differences between developed and developing countries (Fig. 2.3 and Table 2.4).

The Bristol method was developed by Gordon et al. (2003) to produce meaningful scientific comparisons of child poverty between developing regions of the world. The method was adopted by UNICEF as a core child poverty measure for the Global Study on Child Poverty and Disparities. Gordon et al. (2003) aimed to measure children’s living conditions that are so severely deprived that they are indicative of absolute poverty. Their method sets deprivation thresholds across a number of domains: shelter, sanitation, water, information, food, education, and health. The

Table 2.4 Child development index by region and by income level (Save the Children 2012)

	Sample size	Child development index 2005–2010
Developed countries	24	1.69
Developing countries	117	16.86
<i>By region:</i>		
East Asia	11	6.62
CEE and CIS	15	5.84
Latin America and the Caribbean	25	5.62
Middle East and north Africa	14	10.11
Sub-Saharan Africa	45	30.38
South Asia	7	24.11
<i>By income level:</i>		
Low income	50	26.31
Lower-middle income	49	6.14
Upper-middle income	18	5.01
High income	24	1.69
World	141	15.54

method identifies that a child is living in absolute poverty only if he or she suffers from two or more severe deprivations.

The Alkire-Foster (2007, 2011) method identifies the poor by measuring the intensity of each person's poverty. The measure goes beyond the headcount by accounting for the breadth, depth or severity of dimensions of child poverty (Alkire and Roche 2012). The method is implemented in 12 steps. At the end of the first six steps, which are common with other multidimensional measures, the poor are identified (i.e., headcount). The second half of the approach is concerned with measuring the depth of poverty or deprivation the poor experience. The properties and benefits of this approach are that: it can be used to compared groups within the same population, it can reveal dimensions which contribute the most to multidimensional poverty, the measure is sensitive to the multiplicity of deprivation (i.e., the measure changes if more children become deprived in additional dimensions) and it can be applied to populations of different sizes.

Accounting for multiple aspects of well-being and deprivation, the UNICEF computed a measure of child well-being as the average of well-being in a number of dimensions: material well-being, health and safety, education, behaviours and risks, and housing and environment (UNICEF Office of Research 2013, Table 2.5, UNICEF Innocenti Report Card 11).

Countries ranking best or worst in terms of overall well-being have similar rankings across all other domains measured. For example the Netherlands, Norway, Iceland have low levels of deprivation across all domains while countries with low levels of overall well-being (such as the US, Lithuania, Latvia and Romania) are more likely to have high levels of deprivation across domains. Romania and the

Table 2.5 Overall child well-being across five dimensions, OECD countries (UNICEF Innocenti Report Card 11)

		Overall well-being	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5
		Average rank (all 5 dimensions)	Material well-being (rank)	Health and safety (rank)	Education (rank)	Behaviours and risks (rank)	Housing and environment (rank)
1	Netherlands	2.4	1	5	1	1	4
2	Norway	4.6	3	7	6	4	3
3	Iceland	5	4	1	10	3	7
4	Finland	5.4	2	3	4	12	6
5	Sweden	6.2	5	2	11	5	8
6	Germany	9	11	12	3	6	13
7	Luxembourg	9.2	6	4	22	9	5
8	Switzerland	9.6	9	11	16	11	1
9	Belgium	11.2	13	13	2	14	14
10	Ireland	11.6	17	15	17	7	2
11	Denmark	11.8	12	23	7	2	15
12	Slovenia	12	8	6	5	21	20
13	France	12.8	10	10	15	13	16
14	Czech Republic	15.2	16	8	12	22	18
15	Portugal	15.6	21	14	18	8	17
16	United Kingdom	15.8	14	16	24	15	10
17	Canada	16.6	15	27	14	16	11
18	Austria	17	7	26	23	17	12
19	Spain	17.6	24	9	26	20	9
20	Hungary	18.4	18	20	8	24	22
21	Poland	18.8	22	18	9	19	26
22	Italy	19.2	23	17	25	10	21
23	Estonia	20.8	19	22	13	26	24
23	Slovakia	20.8	25	21	21	18	19
25	Greece	23.4	20	19	28	25	25
26	United States	24.8	26	25	27	23	23
27	Lithuania	25.2	27	24	19	29	27
28	Latvia	26.4	28	28	20	28	28
29	Romania	28.6	29	29	29	27	29

Lack of data on a number of indicators means that the following countries, although OECD and/or EU members, could not be included in the league table of child well-being: Australia, Bulgaria, Chile, Cyprus, Israel, Japan, Malta, Mexico, New Zealand, the Republic of Korea and Turkey

Note: A light blue background indicates a place in the top third of the table, mild blue denotes the middle third and dark blue the bottom third

USA are the two countries ranking lowest (high deprivation) across all five dimensions. There are countries however that rank well in terms of some domains but not in others, such as the UK who ranks high in terms of housing and environment, middle for material well-being and health and safety and lowest for education. Similarly, Italy ranks high for material well-being, education and housing and environment, medium for health and safety and low for behaviour and risks. Other countries with mixed ranking across domains are Slovenia, Hungary and Austria, indicating that the relationship between income and child well-being is not always strong.

2.3.2.3 Child Subjective Wellbeing; A Child-Centred Assessment of Poverty

It has been argued that policies to tackle child poverty should be well targeted, ensuring that the receiver is the intended recipient (i.e., the child); it is similarly important that children (i.e., the subject) should be given a voice in assessing poverty, and poverty and well-being indicators should capture directly their point of view and perspective (Redmond 2009).

External or 'objective' measures of child deprivation or well-being are based on indicators observable to others, while subjective measures are measures of well-being self-assessed by children. Bradshaw et al. (2013) found that the objective and subjective child well-being are positively correlated and argue that it is equally important that well-being indicators include both measures (p. 9).

The subjective well-being index (Bradshaw et al. 2013), complementing the Child Well-being Index in UNICEF 2013 RC11, has four components:

- life satisfaction: self-assessed satisfaction with life
- relationships: easy to talk to mothers, easy to talk to fathers, classmates are kind and helpful
- subjective education: young people feeling pressured by school work, young people liking school a lot
- subjective health: health fair or poor, health complaints.

Life satisfaction positively correlates with positive outcomes during adulthood and prevents psychopathologies during childhood and adolescence (Huebner et al. 2004). All other dimensions of subjective well-being correlate to certain extent to each other and overall there are strong associations between subjective and objective domains of child wellbeing (Table 2.6). Countries where material well-being, health, education, behaviour, and housing are better tend also to have happier children (Bradshaw et al. 2013, p. 8 and Table 2.6). The Netherlands and Nordic countries perform well under both objective and subjective measures, while most Central and East European countries are at the bottom of both tables. Countries like Spain and Greece have much higher levels of subjective well-being than their objective levels of wellbeing, while in other countries like Germany and Luxembourg the reverse is the case. It is possible that these findings are strongly influenced by cultural attitudes. For example the UK and US are relatively stable with only 2 and 3 points difference in rank between objective and subjective child wellbeing while Spain ranks only 19th in terms of objective wellbeing but 3rd in terms of subjective wellbeing. Similarly there are 20 points differences for Greece (subjective wellbeing being ranked much higher than objective wellbeing), while children of Germany rank their subjective wellbeing 16 points lower than their objective wellbeing (Table 2.6).

These discrepancies however are not surprising: studies like Knies (2011) and Rees et al. (2011) found little or no association between material wealth and child subjective wellbeing. Nevertheless, qualitative research (such as Ridge 2002) revealed that children in poor families perceived themselves as negatively impacted

Table 2.6 Comparison of child well-being and child life satisfaction (UNICEF Innocenti Report Card 11)

Rank	UNICEF league table of child well-being	Rank	Children's life satisfaction league table	Difference in rank
1	Netherlands	1	Netherlands	no change
2	Norway	2	Iceland	+1
3	Iceland	3	Spain	+16
4	Finland	4	Finland	no change
5	Sweden	5	Greece	+20
6	Germany	6	Belgium	+3
7	Luxembourg	7	Norway	-5
8	Switzerland	8	Switzerland	no change
9	Belgium	9	Estonia	+14
10	Ireland	10	Slovenia	+2
11	Denmark	11	Sweden	-6
12	Slovenia	12	Ireland	-2
13	France	13	Denmark	-2
14	Czech Republic	14	United Kingdom	+2
15	Portugal	15	Italy	+7
16	United Kingdom	16	Austria	+2
17	Canada	17	Luxembourg	-10
18	Austria	18	France	-5
19	Spain	19	Czech Republic	-5
20	Hungary	20	Latvia	+8
21	Poland	21	Portugal	-6
22	Italy	22	Germany	-16
23=	Estonia	23	United States	+3
23=	Slovakia	24	Canada	-7
25	Greece	25	Slovakia	-2
26	United States	26	Hungary	-6
27	Lithuania	27	Lithuania	no change
28	Latvia	28	Poland	-7
29	Romania	29	Romania	no change

A light blue background indicates a place in the top third of the table, blue denotes the middle third and dark blue the bottom third

by the experience. In the *Listening to Children* study in the UK (1990) children explained constraints to their daily activities due to the lack of financial and other resources. Children indicated that the money received from work gave them a

measure of autonomy and security and allowed them to exhibit similar social behaviours as more affluent counterparts, not an option for them otherwise. Children in poverty also admitted to problems in making and sustaining friendships, mainly due to the lack of money that would allow the same level of consumption for example of clothes, which appears to be a critical signifier of belonging (Miles 2000). Such qualitative explorations of the relationship between poverty and child subjective wellbeing suggest the possibility that children's experience of poverty is not yet well captured by current measures.

Nevertheless, exploring the relationship between the child-derived material deprivation index developed by Main and Bradshaw (2012), qualification for minimum income benefits in the UK, and various domains of children's subjective wellbeing as identified by Rees et al. (2011), Main (2014) identified poverty as an important predictor of children's subjective wellbeing. Family and choice, the two domains identified by Rees et al. (2010) as amongst the most strongly associated with subjective wellbeing were found to be also strongly associated to material deprivation (Main 2014a, pp. 465–6).

Interestingly however, when asked to identify what poverty is, poor children most often give examples of children worse-off than themselves although they are not well-off either (Fortier 2006). Children also find that living in poverty affects school life socially and academically. They also think that poor children do not receive appropriate health care, access to learning resources or have restricted sense of community. Similar findings are also cited by Goode et al. (1998).

While it is widely known that parents sacrifice for their children, children also struggle to protect their parents from the realities of the social and emotional costs of child poverty on their lives. This protection has various forms: self-denial of needs and wants, moderation of demands, and self-exclusion from social activities and school trips and activities. This is more so the case for girls and there is concern that girls are learning the gendered pattern of self-denial that are revealed in previous studies of low-income mothers (Goode et al. 1998; Ridge 2003).

2.4 Child Poverty: Impact on Wellbeing

2.4.1 Child Poverty, Early Childhood Development and Education

Inequalities in household circumstances rapidly translate into inequalities in learning and poorer children are most at risk of falling behind. (Woodhead et al. 2013)

Poverty affects children's education through a number of pathways, most of the time indirectly. Poverty, and especially poverty during early childhood, has a large and consistent direct association with negative academic assessments (Duncan and Brooks-Gunn 1997; Votruba-Drzal 2006). Children who have experienced poverty at some point have lower reading scores than children from families who were never

poor (Moore et al. 2009) and students with worst learning outcomes were found to come from the poorest 20 % households (Pells 2011). Poverty during adolescence is also associated with higher drop-out rates (Moore et al. 2009), poor children being only one third as likely to complete high school (Magnuson and Votruba-Drzal 2009).

Poor children are more likely to come from families where parents have lower levels of education, their environment being less cognitively stimulating. They are also more likely to attend schools where learning resources are lacking and poor health and social behaviour due to poverty undermine educational achievement (Moore et al. 2009). Poor children also opt out of education to join the labour market at earlier ages, to support themselves and their families (Minujinet et al. 2005; Harju and Thorod 2011). While working offers poor children the experience of money management and social responsibility, when children in poorer families work they take on more employment and work for longer hours than their more affluent counterparts (Middleton et al. 1997 in Listening to Children Study).

Other somewhat less obvious reasons behind the relationship between poverty and education relate to early development hindered by living in impoverished families. The experiences in early years impact on later stages of life. For example the lack of a wide range of nutrients during early childhood can lead to malnutrition which is linked to poor brain development and the lack of iron is perceived to be associated with a number of cognitive problems (Davies 2004). Children born in poor families were found to be developmentally behind children from non-poor families at 9 months, and by 24 months the difference between the two groups was much larger: only 30 % of children in low-income families scored at or above the average for those from more affluent families (Halle et al. 2009).

Magnuson and Votruba-Drzal (2009) present three main theoretical frameworks that describe the pathways through which child poverty may affect development: *family and environmental stress*, *resource and investment*, and *cultural theories*. The *family and environmental stress* model (developed by Glenn Elder) argues that economically disadvantaged families experience high levels of stress in their everyday environments and such stress may affect human development. Environmental stress spills over into relationship conflict and hostile parenting with parents being more likely to be more punitive, harsh, detached. Such behaviour may impact children by influencing their brain structure, especially the area responsible for memory. *Resource and investment perspective* (developed by Gaby Becker) argues that child development is affected by a combination of endowments such as genetic predispositions and values parents instil in their children, and parental investments. Parental investments are parents' preferences as well as time and money parents invest in children. (e.g., investment in good child care, education, housing in good neighbourhoods as well as parents' time enhance children's development). *Cultural perspective* (based on the 'culture of poverty' theory developed by Oscar Lewis) argues that individuals respond to their marginalised position by adapting their behaviour and values.

Nevertheless, not all research argues that poverty causes low educational outcomes. Some researchers argue that both low family income and low school achievement

Table 2.7 Net non-enrolment in primary education (Save the Children 2012)

	Value 1995– 1999	Value 2000– 2004	Value 2005– 2010	Improvement 1995–1999 to 2000–2004	Improvement 2000–2004 to 2005–2010	Total improvement
Developed countries	4.1	3.3	3.2	17.9	2.8	20.2
Developing countries	18.8	16.2	10.9	13.9	32.8	42.1
<i>By region:</i>						
East Asia	4.1	3.4	2.2	15.9	34.7	45.1
CEE and CIS	13.4	10.5	7.1	21.5	32.6	47.1
Latin America and the Caribbean	8.3	7.1	5.4	14.6	24.1	35.2
Middle East and North Africa	15.9	12.2	9.4	23.3	22.8	40.8
Sub-Saharan Africa	44.1	39.1	27.6	11.3	29.5	37.5
South Asia	20.4	17.4	10.4	14.8	40.2	49.0
<i>By income level:</i>						
Low income	29.4	25.6	17.1	12.9	33.5	42.1
Low-middle income	6.7	5.5	3.8	18.5	31.1	43.8
Upper-middle income	5.9	4.7	4.4	20.2	6.4	25.3
High income	4.1	3.3	3.2	17.9	3.1	20.4
World	17.5	15.1	10.2	13.9	32.2	41.6

are the by-products of genetic, psychological, and social differences between poor and non-poor families (Mayer 1997). Recent research however showed that increases in income predicted improvements in low-income children's achievement. Nevertheless this outcome was limited to certain types of income increases such as the Earned Income Tax Credit (Dahl and Lochner (2005)).

As with many aspects of poverty, the relationship between educational achievement and poverty is often a vicious cycle. As discussed, on the one hand poverty is often associated with poor school outcomes, and on the other hand children from impoverished families are less likely to attend school, reducing their possibilities to escape poverty. Although in the past decade there has been a general improvement, the net non-enrolment in primary education is high, and higher amongst developing countries (Table 2.7). The proportion of primary school-aged children not enrolled has decreased between 1995 and 2010 in both developed and developing countries (20.2 % improvement in developed countries from 4.1 to 3.2 % non-enrolment rate, and 42.1 % improvement in developing countries from 18.8 to 10.9 % non-enrolment rate). While the proportion of primary school-aged children not enrolled in primary education remains high in developing countries, the gap between developed and developing countries has decreased in the past decade.

2.4.1.1 Children's Education in OECD Countries

UNICEF measures children's level of deprivation in education based on the aggregation of two dimensions: participation and achievement. Participation is measured through early childhood education, remaining in education and neither in employment nor in any education and training (NEET) rate. Achievement is measured through reading literacy achievement, mathematics literacy achievement and science literacy achievement. Nordic European countries, Belgium, Germany and the Netherlands are in the high performing group. Romania appears as the lowest performer, followed by Greece, the USA, Spain, Italy and the UK (Table 2.8).

2.4.2 Child Poverty and Health

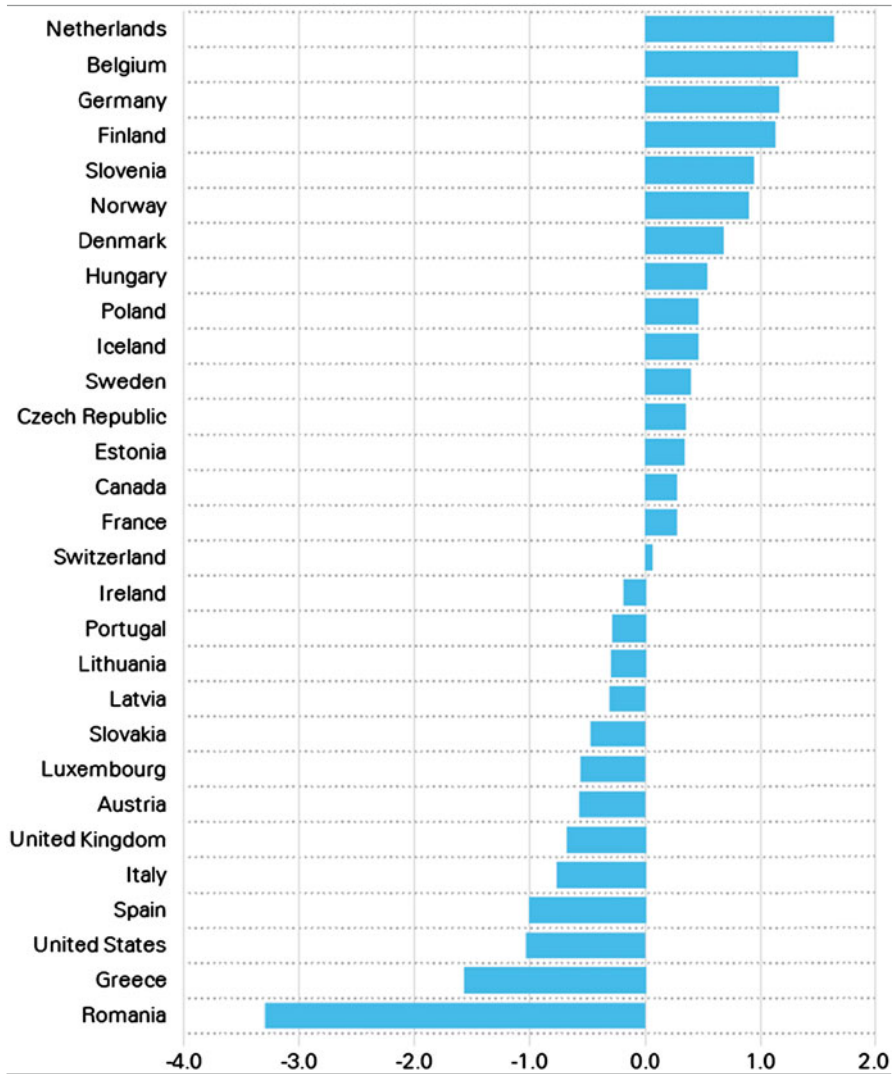
The world's biggest killer and greatest cause of ill health and suffering across the globe is listed almost at the end of the International Classification of Diseases. It is given the code Z59.5 – extreme poverty. (World Health Organisation 1995, p. 1)

Disadvantage and poor health outcomes due to poverty begin at very early age. Child poverty was found to correlate at different levels with mortality, health at birth, growth, physical morbidity, accidents and psychological and developmental disorders, the situation being more extreme in developing countries. Combs-Orme and Cain (2006) found that poor infants are disadvantaged across a number of domains: poor parenting skills, attitudes, knowledge and observed behaviour, infant's interaction with their fathers, home environment, health and safety. They found that a greater proportion of poor infants as opposed to non-poor infants were never breastfed, were exposed to tobacco smoke, and their health did not comply with paediatric recommendations. Such babies are also more likely to begin complementary and often junk food earlier than recommended.

The effects of having experienced child poverty often prevail throughout adulthood through development of conditions such as type 2 diabetes, obesity, high blood glucose levels or the consumption of high energy-dense and low nutrient-dense foods (Trevino et al. 2008). Furthermore poverty has a negative impact on life expectancy, for example in Glasgow life expectancy at birth for men is 54 years while in a neighbouring wealthier area it is 82 years (WHO 2008).

Children living in poverty are more likely to become involved in the labour market at an early age which is known to have a negative impact on the child's cognitive development and overall health (Minujin et al. 2005). The damaging effect of childhood labour on health does not refer to the immediate physical damage work might do to a child, but the long-term damage done through participation in paid labour at the detriment of an education that would provide children with skills needed for healthy development (Fassa et al. 2010). More often than not poverty has a negative impact on children's education which is further likely to affect their health. Education can improve the health of children and that of their future children for

Table 2.8 Children’s education in developed countries (UNICEF Innocenti Report Card 11)



The axis indicates the z-score in each country, translating into the difference between the level of child poverty in the respective country and the average level of poverty (marked at the zero vertical line) across all OECD countries

example by affecting the number of births, their timing and the resources available for the next generation (Fassa et al. 2010).

Severe hunger is associated with high levels of chronic illness and internalizing behaviour problems among preschool-aged children and higher levels of reported anxiety or depression among school-age children (Weinreb et al. 2002). Aspects of material deprivation such as discrimination or exclusion may also affect the child’s

Table 2.9 Under-five mortality rate (Save the Children 2012)

	Value 1995– 1999	Value 2000– 2004	Value 2005– 2010	Improvement 1995–1999 to 2000–2004	Improvement 2000–2004 to 2005–2010	Total improvement
Developed countries	2.2	1.9	1.7	13.6	7.8	20.3
Developing countries	26.6	23.7	18.9	10.9	23.3	31.6
<i>By region:</i>						
East Asia	14.7	11.9	7.9	19.0	34.0	46.5
CEE and CIS	13.9	10.9	6.6	22.0	39.5	52.8
Latin America and the Caribbean	12.8	9.9	7.1	22.9	28.6	45.0
Middle East and north Africa	17.5	14.4	10.3	17.6	28.3	40.9
Sub-Saharan Africa	49.0	47.9	39.1	2.3	18.3	20.2
South Asia	30.9	26.8	20.7	13.3	22.7	33.0
<i>By income level:</i>						
Low income	37.9	34.8	27.5	8.2	20.8	27.3
Low-middle income	14.1	11.3	7.6	19.9	32.4	45.9
Upper-middle income	9.8	8.4	5.8	13.5	31.4	40.6
High income	2.2	1.9	1.7	13.6	7.8	20.3
World	24.5	21.8	16.7	10.9	23.2	31.5

self-esteem and psychological development (Minujin et al. 2005), and intellectual and behavioural development problems are often associated with poverty (Dahl and Lochner 2005). While the evidence is not strong, some argue that the causal relationship between poverty and such behaviour is uncertain (Magnuson and Votruba-Drzal 2009). Differences between developed and developing countries however indicate higher health risks for children living in lower income countries (Table 2.9). In the past decade the under-five mortality rate has reduced by 20.3 % in developed countries and 31.6 % in developing countries. The gap between developed and developing countries remain however high – 2.2 % under-five mortality rate in developed countries and 26.6 % in developing countries in 1995–1999 and 1.7 % in developed countries and 18.9 % in developing countries in 2005–2010. Countries with high wealth inequality also tend to have higher prevalence of underweight children (Fig. 2.4)

2.4.2.1 Children's Health in OECD Countries

UNICEF measures children's level of deprivation in health based on the aggregation of three dimensions: health at birth, preventive health services and child mortality. Health at birth is measured through infant mortality rate and low birth weight. The

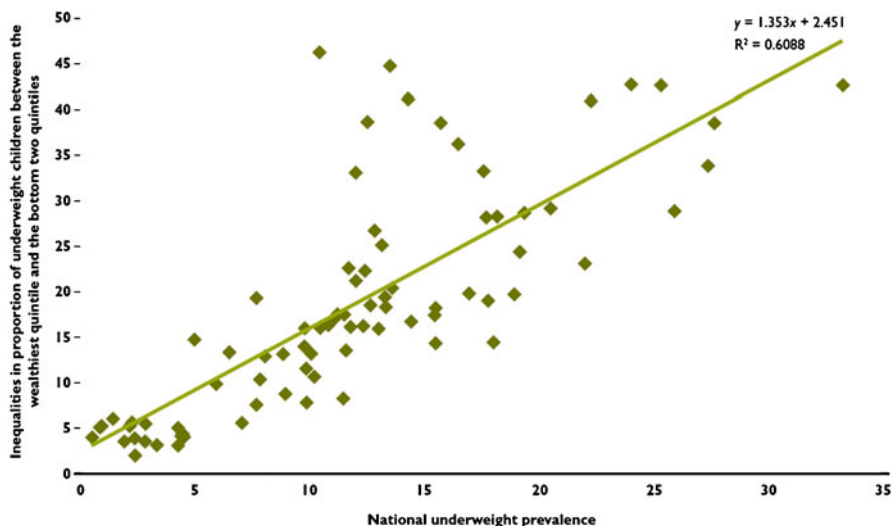


Fig. 2.4 Prevalence of underweight children and inequality in wealth by country (Save the Children 2012)

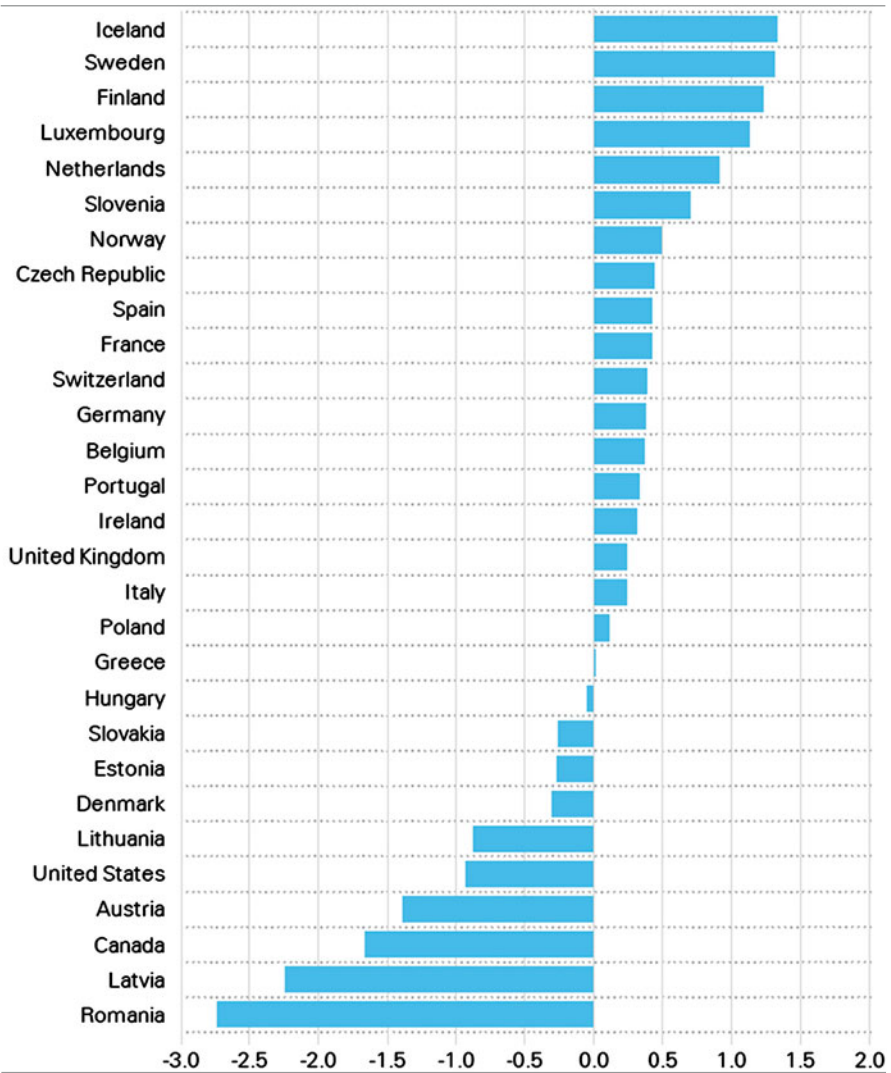
availability of preventive health services is measured through the percentage of children receiving immunisation for: measles, DPT3 and polio. Child mortality is measured through the 1–19 year olds death rate (per 100,000). In Table 2.10 the axis indicates the z-score in each country, translating into the difference between the level of child poverty in the respective country and the average level of poverty (marked at the zero vertical line) across all OECD countries. Iceland, Sweden, Finland, Luxembourg and the Netherlands are the best performing countries. The USA and some Eastern European countries (Romania, Latvia), together with Canada and Austria are in the lower performing group. Italy and the United Kingdom are just above the zero line.

2.4.3 Impact of Poverty on Families and Outlook on Life

It is not surprising that poverty affects family structures, relationships and well-being. In a longitudinal study of 35 parents over 18 months Russell et al. (2008) found that impoverished parents accepted personal responsibility for their economic and parenting failings and equated no income with bad parenting. Depression and despair associated with poverty impaired parenting and increased self-doubt about parenting capacity.

While most impoverished children in America perceive poverty as hurtful and detrimental in their lives, some children living in poverty do not see their current financial situation as limiting their future prospects. Children find however that living in poverty affects school life socially and academically.

Table 2.10 Children’s health in developed countries (UNICEF Innocenti Report Card 11)



The axis indicates the z-score in each country, translating into the difference between the level of child poverty in the respective country and the average level of poverty (marked at the zero vertical line) across all OECD countries

Analysing the parenting role of African-American fathers in the context of urban poverty, Threlfall et al. (2013) found that while many low-income urban fathers desire to be responsible fathers they see themselves as limited by material and structural challenges, and found their circumstances to be exacerbated by a hostile child-support system. The authors recommend better services and policies to support the economic stability of low-income fathers.

2.5 Conclusions

Child poverty is a multifaceted concept affecting aspects of child development and well-being from early age into adolescence and adulthood. It affects children's ability to develop to their full potential, most often through negative impacts on education, health and overall wellbeing. The past decades have seen a shift in the definition of poverty beyond income poverty and the development of measures of poverty to include the direct and indirect effects of poverty. Developing a comprehensive definition and measure of poverty is important not only to identify the poor, but also measure the depth of poverty and design policies aimed at reducing poverty at all levels. While in the past decade efforts to reduce poverty resulted in reduction of child poverty rates in both developed and developing countries, the gap between the developed and developing world remains wide.

Although scholars and international organisations have worked closely to develop definitions and measures of poverty to ensure all children affected by poverty are offered the opportunities and chances held by children from affluent families, such goals are difficult to achieve and impoverished families and children often fall between the cracks of policy. While individual efforts are important, it is also the responsibility of governments to identify the segment of their populations suffering from the direct and indirect effects of poverty. Supported by the efforts of international organisations, governments have been in a continuous struggle to develop policies to tackle poverty in general and child poverty in particular through measures such as policies to improve children's participation in education (and their education outcomes) and children and parental health, direct resources to children and families, as well as policies directed to the labour market outcomes for parents. Nevertheless the generosity of these policies is constantly debated, furthermore under the current unstable economic climate.

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Chapter 3

Not Just Statistics: Making Children's Poverty More Visible

Peter Saunders

3.1 Introduction¹

Research on poverty has expanded enormously over the last five decades. This reflects an enduring interest in the topic but also an increase in the ability of researchers to identify and examine its different manifestations. One outcome is that we now know far more about the extent of poverty, including how it varies within and between countries, although we still know much less about the underlying causes. Important methodological questions also remain unresolved and continue to attract on-going debate: which observable factors best capture someone's poverty status and how should they be combined? How should the operational definition of poverty reflect overall community living standards – at a point in time and over time? What is the appropriate unit to use when estimating poverty rates? How reliable are the data used to estimate poverty? How can the impact of policy be identified and assessed? The list goes on.

It can be argued that these questions attract more attention in liberal welfare states where poverty alleviation attracts greater attention as a focus of policy, and where poverty lines are often used to target social benefits. However, the underlying key issues have more universal relevance. As Corak (2006) has pointed out, any attempt to measure poverty must address three key issues. These relate to how resources are defined, where the threshold (poverty line) is set, and how the extent of poverty is measured. All three remain contested, although the most widely adopted approach (used, for example, in studies conducted by international agencies

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like the OECD) is to equate resources with disposable (post-tax, post-transfer) income, to set a poverty line at 50 % of median income, and to estimate the percentage of individuals living in households with incomes below that line (see OECD 2008).

Underlying these debates over the measurement of poverty is another that focuses on the definition of poverty, although the two are often deeply intertwined and this has given rise to confusion. Thus, while the concept of ‘absolute’ poverty has been largely discredited in the academic literature (e.g. by Ringen 1988) its role in assessing the impact of policy has grown – as reflected in the increased use of real (price-adjusted) poverty lines, anchored at a benchmark year to monitor progress and performance.² Prices also play a key role in the development of household budget standards (Bradshaw 1993) and in deprivation studies (Pantazis et al. 2006; Saunders et al. 2008), although in both cases quantities are equally important and serve to link the estimates to prevailing community standards of living and acceptability.

There is almost universal agreement with the proposition that income is a too narrow a framework to allow a full understanding of the nature, causes, manifestations and consequences of poverty. Despite this, poverty line studies based on income are important in quantifying the extent of the problem and identifying who is most at risk. Increasingly, this information is being combined with other measures of social disadvantage, although there is no agreed methodology for determining what to include or how to combine the components of a multi-dimensional poverty measure (Atkinson 2003).³ The scope for disagreeing about the technical specifics of poverty measurement has expanded along with the sophistication and complexity of the measures themselves. Judgements must still be made and this involves values and will always be contested. This in turn has undermined public confidence in the research findings and been exploited by some to cast doubt on their robustness, relevance and credibility. This has prompted a renewed emphasis on the value of a poverty line approach when measuring child poverty, on the grounds that income ‘is the most important aspect of child poverty to measure’ and that research has shown unequivocally that ‘money matters for children’s outcomes’ (Lupton 2014).⁴

²These ‘absolute’ poverty lines are as arbitrary as the benchmark year to which their value is anchored. Even so, they serve a useful role in capturing (some of) the impact of increases in the real incomes of those below the poverty line.

³Maître et al. (2013, pp. 26–27) have recently reviewed the EU 2020 Poverty and Social Exclusion Target and concluded that: ‘...while sympathising with what it is seeking to achieve our general evaluation would be that the approach introduces more problems than it solves ... our concerns are exacerbated by the suggestions ... that future efforts might seek to incorporate factors such as exclusion from social relationships, access to services, etc. Seeking to accommodate a variety of very loosely correlated dimensions of social exclusion appears to us to be a recipe for confusion. An incoherent index is likely to produce incoherent communication and less than productive discussion. Our preference is for keeping the focus of EU poverty and social exclusion targets and measurement on the core elements of income poverty and generalised deprivation’.

⁴In contrast, Corak (2006, pp. 29) argues that a poverty line approach does not do a very good job at quantifying the extent of child poverty and that: ‘the first step in eliminating child poverty requires governments to clearly define and measure what it means for a child to be poor. Without this, credible targets cannot be set and progress cannot be monitored’.

Those whose lives are most closely affected by these debates – the poor themselves – generally have no voice in how they play out, although some researchers (e.g. Lister 2004) have argued for greater involvement from the poor in how poverty research is designed and conducted. These arguments have particular resonance when it comes to children, who are virtually invisible in poverty line studies yet feature high on the list of action priorities that are produced. They appear only as passive actors whose (assumed) needs are reflected in the ‘equivalence adjustment’ and then conveniently forgotten. This is beginning to change, as a result of the growing body of evidence showing that poverty in childhood can have detrimental short-run and longer-term effects (Brooks-Gunn and Duncan 1997; Bradbury 2003; OECD 2009; Bradshaw 2011; Cooper and Stewart 2013), and as it is being increasingly recognised that if poverty research is to be used to shape the lives of the children who are affected by it (or face it as a potential risk), then how poverty is conceived and identified must in some way reflect the views and experiences of children.

How this can be done and what implications this has for poverty research is the focus of this chapter, which uses Australian research for illustrative purposes but has wider applicability. The over-riding aim is to show how research that is better grounded in the realities of poverty can produce new insights into the manifestations and consequences of child poverty. The chapter is organised as follows: the following section provides an overview of recent trends in poverty research and what implications they have for measuring child poverty in particular. This is followed by an overview of some of the findings from the author’s recent work with colleagues that have examined how poverty in general and child poverty in particular are identified and quantified. The important role of qualitative studies conducted with children is then discussed, before the main implications are brought together in the concluding section.

3.2 Defining Poverty

The leading international agency charged with the task of addressing global poverty – The World Bank – defines poverty in its *Handbook of Poverty and Inequality* as follows:

Poverty is “pronounced deprivation in well-being.” The conventional view links wellbeing primarily to command over commodities, so the poor are those who do not have enough income or consumption to put them above some adequate minimum threshold’ (Haughton and Khandker 2009, p. 1)

A similar approach has been proposed by the Irish Combat Poverty Agency, which adopted the following definition:

People are living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by Irish society generally. (Combat Poverty Agency 2004, p. 1)

The two key words in this latter definition are ‘inadequate’ and ‘acceptable’. The first refers to how well the resources available can meet basic needs, while the

second addresses the acceptability of the standard of living that can be supported by those resources. Although both components of the definition are important, they have generated two different strands of poverty research: poverty line studies that examine whether incomes are adequate by comparing them with a benchmark poverty line, and deprivation studies which seek to establish whether or not the living standards that can be supported by resources available are acceptable (Saunders 2013).⁵ They differ in that the focus on the former is on a resource *input* (income), while the focus of the latter is on the extent to which people are financially constrained from achieving an acceptable living standard *outcome*.

The attractiveness of the deprivation approach rests on its avoidance of having to specify a poverty line, and hence of the (untested) assumption that poverty is an automatic consequence of low-income. The approach, pioneered by Townsend (1979) and refined by Mack and Lansley (1985) has also developed in ways that allow community input into what constitutes a minimally acceptable standard of living by including only those items that are ‘socially perceived necessities’ i.e. are regarded by a majority as being necessary or essential for everyone to have (Mack and Lansley 1985; Gordon 2006). However, decisions still have to be made about how the different forms of deprivation should be combined into a single index (the weighting issue) or, if deprivation is identified as missing out on several items, where the threshold should be set.

The two forms of poverty research can be conducted independently (and often are) but in practice, deprivation studies have been used to supplement the results produced by poverty line studies by establishing whether or not an income below the poverty line is actually accompanied by deprivation and thus by an unacceptably low standard of living. This combined approach measures what has been called consistent poverty and was first developed as part of the Irish Government’s National Anti-Poverty Strategy, launched in 1997 (see Nolan 2000). The consistent poverty approach has since received wide support as one of the measures that should be used to assess the impact of the child poverty reduction targets introduced by the Blair Government in the 1990s (see Department for Work and Pensions 2003; Willits 2006) and the approach is now widely used throughout the EU as a way of documenting and monitoring poverty trends (Whelan et al. 2008). It has been applied in Australia by Saunders and Naidoo (2009) and been used by Saunders and Wong (2012a, b) to estimate the social impact of the global financial crisis. The consistent poverty approach does not reject the use of income as an important marker of the risk of poverty, but gives greater credibility to the findings (as evidenced by the widespread embrace of the concept by policy makers and governments – at least in Europe).⁶

⁵It is appropriate to refer to resources rather than income because the focus of the deprivation approach is on what can be afforded, which implies a broader conception than just monetary income.

⁶Although not discussed here, improvements have also been made to the poverty line approach in order to better capture actual living conditions and circumstances. This has involved supplementing income with information on financial stress or other dimensions of economic resources such as wealth or consumption (see Headey 2007).

There has been no mention of children in the above discussion, which has focused on the merits underlying alternative measures of poverty in quantitative research studies. However, it is clear that if children are to be given greater prominence in the methods, findings and implications of these studies, the deprivation approach is better suited to the task than a poverty line approach. The reason for this is that most forms of income result from activities undertaken by adults: employment, investments and the receipt of social security benefits.⁷ In contrast, it is possible under the deprivation approach to specify items that relate specifically to the needs of children (e.g. children's clothing, social activities or school-based items) and establish whether children are deprived of these items.

This discussion highlights another important distinction between poverty line studies and deprivation studies – the choice of unit of analysis. Poverty line studies assume that income is pooled within households and internally distributed so that each member of the household – children as well as adults – achieves the same standard of living. This is a key assumption because it avoids the need to look within the 'black box' of household functioning to understand how income is actually internally distributed. It also means that poverty can be estimated using household-level data, which is the basis of most social surveys – including those conducted by the Australian Bureau of Statistics (e.g. ABS 2013). Poverty line studies thus estimate the poverty status of the *household* and assume that this is the same for all *individuals* within it. The child poverty rate is thus actually the poverty rate of households containing children and can equally be described as the parental poverty rate (where parental status is determined on the basis of living arrangements, not biologically).⁸

Another key element in poverty line studies is the need to make an adjustment for differences in household needs so that a given level of income has the same ability to satisfy total household needs in households that differ in size and composition. This is done using an equivalence scale that shows how the relative needs of different households vary with the size and other characteristics of the household (e.g. their age or location). There is no agreement about which equivalence scale to use, although this choice will have an important bearing on which kinds of households are identified as poor, including whether adult-only households such as younger couples, 'empty-nest' couples and older people have higher poverty rates than households containing children. This in turn can send the wrong message to policy makers about the adequacy of minimum wages, family payments and pensions and lead to inappropriate policy responses.

⁷Even though eligibility for some social benefits reflects the presence of children, the payments themselves are made to the parent who has responsibility for the care of the child without any need to establish that they are used to benefit the children involved.

⁸It follows that if the equal income-sharing assumption is not appropriate – if for example, mothers put the needs of their children before their own and spend more on them at their own expense – then conventional poverty studies will under-estimate poverty among mothers and over-estimate poverty among children.

In contrast, deprivation can exist at both an individual level and at a household level because some items meet individual needs (e.g. clothing, access to health care) while others meet household needs (e.g. housing circumstances and dwelling conditions), or meet both individual and household needs (e.g. family holidays).⁹ It is possible to sum the numbers of items that each individual is deprived of and the resulting index score is a simple but intuitively appealing measure of the severity of deprivation. This index can be averaged across different groups and the resulting mean deprivation score (MDS) can then be used to compare living standards.¹⁰ A higher index score indicates a more severe level of deprivation, but it is important to note that no threshold has been used to separate those who are deprived from those who are not. Nor have any equivalence assumptions been made about the needs of each individual or about the sharing of resources within the household.

These deprivation measures provide a direct comparison of how well the resources available to different groups allow their basic needs to be met. For example, if the needs of a 70 year-old male and a 35 year-old female with a disability are the same, then if they have access to the same level of economic resources (a flat-rate age or disability pension, for example) then they should both experience the same level of deprivation. If the level of deprivation differs, then it follows that their needs differ. These conclusions do not depend on making assumptions about relative needs (using an equivalence scale) because under the deprivation approach, this can be inferred by examining how deprivation varies across different individuals, households, or social groups (holding constant the level of economic resources available).

In summary, a deprivation approach has many advantages over a poverty line approach. It avoids the need to make a judgement about where to set a poverty line or to make assumptions about how needs vary with household size and composition, or how resources are shared within the household. By relying on community opinion to identify which items are essential, the deprivation approach avoids undue reliance on the views of experts, is grounded in practical experience and reflects community views about what is needed to achieve an acceptable minimum. It also embodies an everyday understanding of what poverty means: going without basic items because they cannot be afforded. The practical significance of these conceptual advantages is illustrated in the results now presented.

⁹As Main (2012, pp. 3) has argued: 'While income can provide a household- or family level indicator of living standards, deprivation indicators that are specific to children have the advantage of being able to offer insight into intra-household distributions'.

¹⁰Alternatively, the level of deprivation can be measured by the percentage in each group that are deprived of a minimum number of necessary or essential items, although in this case a judgement is required to establish what constitutes the minimum.

3.3 Measuring Child Poverty

Australian poverty studies have concentrated on estimating how many people are poor (the poverty rate), who is most affected by it (the structure of poverty), how it has changed over time (the poverty trend) and in some instances, what it would cost to eliminate it (the poverty gap) (Saunders et al. 2012; Wilkins 2008, 2013; Phillips et al. 2013). These studies have informed debate about the impact of economic and social trends and policies and focused community attention on the need to tackle the root causes of poverty (including unemployment and discrimination) and address its consequences (including social alienation, psychological stress, restricted child development and poor health outcomes). Much attention has been directed at where the poverty line is set, since this has obvious implications for how many are identified as poor. Less obvious, but equally important is the accuracy of the income data used to identify poverty: as noted by Saunders and Bradbury (2006), a 10 % error in the reported income of a family living close to the poverty line will have the same impact on the poverty rate as a 10 % shift in the poverty line itself. These factors suggest that it is wise to use a range of different approaches (e.g. poverty lines set at different percentages of median income) when estimating poverty in order to assess the robustness of the estimates.¹¹

Table 3.1 draws on recent research to illustrate what impact some of the above variations can have on poverty rates among children in Australia.¹² The results show the impact of varying the poverty line and taking account of housing costs on the poverty rates facing specific groups of households, particularly those containing children. The aggregate estimates shown in rows 1–3 of Table 3.1 refer to all households, including those where the (nominated) reference person is aged 65 and over, while the remainder exclude these households because they distort the comparisons between households with and without children.

Several features stand out: first, child poverty exceeds adult poverty on all measures, with the gap increasing after taking account of housing costs; second, housing costs are an important factor affecting the poverty rate of all households, although the impact varies – those without children (mainly older people) face low housing costs and thus experience lower poverty rates after taking account of housing costs; in contrast, many children are drawn into poverty because of high housing costs and, as a comparison of the estimates in columns 2 and 3 indicates, housing costs have a similar impact on child poverty as raising the poverty line from 50 to 60 % of median income; third, poverty among lone parent households is more than twice as high as among couples with children; fourth, poverty increases with the number of children but declines modestly with the age of the youngest child. With

¹¹ Sensitivity analysis is particularly important in Australia, where incomes can be bunched together in small ranges because of the flat-rate nature of its social security payments, so that a small change in the poverty line can make a big difference to how many are below it.

¹² These estimates are derived using the data sources and methods applied by Saunders et al. (2012) and ACOSS (2012).

Table 3.1 Estimated child poverty rates in Australia, 2009–10 (percentages)

Household type	50 % median income		60 % median income	
	Before housing costs	After housing costs	Before housing costs	After housing costs
All persons	12.2	14.4	20.3	22.0
All adults	12.0	13.2	20.0	20.6
All children	12.7	19.7	21.6	27.9
Households without children	12.3	15.0	17.2	19.5
Households with children	11.0	18.0	19.1	25.5
Lone parent households	15.1	24.7	29.2	35.2
Couple households	7.5	11.6	12.2	16.6
One child	9.9	16.4	16.7	22.9
2 children	8.2	15.6	16.7	22.9
3 children	16.9	24.0	25.1	32.3
4+ children	31.1	38.8	48.1	55.9
Youngest child under 5	12.1	19.8	20.9	28.7
Youngest child under 10	11.4	19.3	20.1	27.3
Youngest child 10+	10.1	14.5	16.4	20.4

Source: ABS *Survey of Income and Housing* 2009–10, confidentialised unit record file; author estimates

Note: The estimates in the first three rows include all households and are weighted by persons, adults and children, respectively, while all others exclude households where the reference person is aged 65 or over and are weighted by households

one-fifth of working-age households with a youngest child under 5 living in poverty after housing costs, the estimates highlight significant failings in both income support and housing policies that will have adverse longer-term consequences for the children affected.

Table 3.2 complements the results in Table 3.1 by comparing a number of subjective and objective indicators of poverty among all non-aged households, among these households with and without children, and among couples with children and lone parent households. The first two indicators reflect people's perceptions about their poverty status and ability to make ends meet, while the next two capture 'cushioning' effects: the ability to enjoy an occasional modest 'special treat', and to raise funds in an emergency. The next 6 indicators focus on the incidence of events that often accompany poverty.

On almost all indicators, households with children are worse off than households without children, and on all ten of them lone parents fare worse than couples – often considerably worse. The poor housing outcomes for many households with children are again highlighted, with over one-quarter of lone parents getting behind with rent or mortgage payments, and one-in-eight having to move house because of high housing costs. Both figures are lower for couples with children, but still high enough to give rise to cause for concern. Overall, the findings in Table 3.2 are broadly consistent

Table 3.2 Comparing poverty indicators among non-aged households (weighted percentages)

	All households (n=1,999)	Households without children (n=1,249)	Households with children (n=750)	Couples with children (n=600)	Lone parents (n=62)
Indicators of poverty status:					
I/we haven't enough to get by on	6.7	5.7	8.2	6.9	13.8
I would describe me/my family as poor	11.1	10.3	12.2	9.2	28.4
Have not spent \$100 or more on a 'special treat' for myself for at least 12 months	21.9	18.3	27.2	26.3	39.0
I could not raise \$2,000 in a week in an emergency	11.3	10.7	12.2	9.6	22.0
Events experienced over the last 12 months because of a shortage of money:					
Had to go without food when I was hungry	5.6	5.7	5.4	4.1	7.6
Got behind with rent or mortgage	9.0	8.3	9.9	9.2	26.8
Moved house because rent/mortgage too high	3.1	3.1	3.1	2.1	12.5
Couldn't keep up with payment for water, electricity etc.	15.3	13.1	18.6	17.1	31.7
Had to pawn or sell something, or borrow money from money lender	8.2	7.0	10.1	9.7	18.6
Had to ask welfare agency for food, clothes, accommodation or money	3.1	2.9	3.4	2.1	18.3

Source: Poverty and Exclusion in Modern Australia (PEMA) survey (see Saunders and Wong 2012a)

with those in Table 3.1 in showing that the presence of children in the household increases the risk of poverty, although they also imply that lone parents are even worse off (relative to couples). Importantly, because the estimates in Table 3.2 are more closely related to actual perceptions and experiences they provide important supplementary evidence.

Attention now focuses on Australian evidence derived from the deprivation approach that draws on survey data generated by the author with colleagues (Saunders et al. 2008; Saunders and Wong 2012a, b). The surveys (conducted in 2006 and 2010) asked respondents to indicate which of over 60 common items they

regard as being essential ‘for all Australians – things that no-one today should have to go without’. The list includes some items that relate specifically to the needs of children (e.g. a separate bed for each child; children can participate in school activities and outings) while others have clear implications for children’s living standards (e.g. a decent and secure home; presents for family or friends at least once a year; a week’s holiday away from home each year). However, it is important to note that the survey respondents were all *adults*, so that the identified items do not reflect children’s own views about which items are essential.

Table 3.3 shows how deprivation of selected items (13 out of the total of 24 that were identified as essential by a majority in both years) changed between 2006 and 2010 and varies according to whether or not there are children in the household. In almost all cases, households with children face higher levels of deprivation than those without. While this is to be expected for those items that relate to the needs of children, the same pattern is also apparent for other items such as access to medical treatment when needed, a modest amount of emergency savings and a week’s holiday away each year. The overall decline in deprivation between 2006 and 2010 is also somewhat lower for households with children than for all households. Even so, the fact that deprivation fell over a period that spans the global financial crisis is testimony to the success of Australian policies introduced in the wake of the GFC (see Saunders and Wong 2012b).

Table 3.3 Selected deprivation rates in 2006 and 2010 (weighted percentages)

Item	All non-aged households		Non-aged households with children	
	2006	2010	2006	2010
Medical treatment if needed	2.2	2.1	2.8	2.2
Able to buy medicines prescribed by a doctor	5.1	4.2	5.6	5.4
A substantial meal at least once a day	1.3	1.0	1.0	0.9
A decent and secure home	7.6	7.3	8.1	7.6
<i>Children can participate in school activities and outings</i>	3.6	3.2	5.0	4.3
<i>A yearly dental check-up for children</i>	10.6	8.9	13.2	11.2
<i>A hobby or leisure activity for children</i>	5.8	5.6	7.9	6.8
<i>Up to date schoolbooks and new school clothes</i>	4.2	3.6	5.8	4.8
Regular social contact with other people	4.7	5.2	5.4	6.2
Up to \$500 in savings for an emergency	22.1	19.9	25.0	22.5
<i>A separate bed for each child</i>	1.6	2.2	2.3	2.7
Presents for family or friends at least once a year	7.1	5.9	8.5	6.0
A week’s holiday away from home each year	24.6	21.0	29.8	24.9
Mean deprivation rate (24 items)	6.8	6.2	7.7	7.1

Source: See Table 3.2

Note: Italicised items relate explicitly to the needs of children. Respondents aged 65 and over have been excluded

Table 3.4 compares deprivation across all 24 essential items using the mean deprivation score (MDS) described earlier. On this basis, couple households with children experienced a slightly lower level of deprivation than other households in both years, and while their absolute position remained constant over the period, it declined in relative terms. In contrast, lone parent households fared well over the period, deprivation falling by almost 14 %, although they still experienced a level of deprivation in 2010 that was well over twice that experienced by couples with children and other households.

The results in the previous two tables focus on how overall deprivation varies across groups and over time. It is also possible to gain an initial insight into how children are faring by focusing on those items that relate specifically to the needs of children (these items are italicised in the list of items shown in Table 3.3). This involved defining for illustrative purposes households as deprived if they lack at least three of the 24 items identified as essential, and the incidence of deprivation of the five child items is then compared between deprived and not deprived households. The results are summarised in Table 3.5.

Table 3.4 Mean deprivation scores by household type, 2006 and 2010

	2006	2010	Percentage change (%)
All non-aged households	1.56	1.44	-7.7
Couples with children	1.38	1.39	+0.6
Lone parents	4.00	3.45	-13.9

Source: Saunders and Wong 2012a, Table 5.4

Table 3.5 Item-specific child deprivation by the deprivation status of the household (weighted percentages)

	Household is not deprived (DEP <3)	Household is deprived (DEP ≥3)
Child-specific items:		
Children can participate in school activities and outings	0.1	16.8
A yearly dental check-up for children	1.9	37.7
A hobby or leisure activity for children	0.4	17.5
Up to date schoolbooks and new school clothes	4.5	41.3
A separate bed for each child aged over 10	0.4	9.6
Number of deprivations:		
0	97.4	44.0
At least 1	2.6	56.0
At least 2	0.1	30.2
At least 3	0.0	10.5
At least 4	0.0	4.8
All 5	0.0	0.5

Source: See Table 3.2

Not surprisingly, there are very few instances of child deprivation among those households that are not deprived on this definition. The main exception relates to up to date school books and clothing, where almost 5 % of non-deprived households are deprived of this item. It is also not surprising to find that item-specific rates of child deprivation and the incidence of multiple child-item deprivation are both much higher in deprived households than in non-deprived households. What is surprising however is that the majority (often a large majority) of deprived households are not deprived of any of the child-specific items, and that just over 10 % of them are deprived of at least 3 child items. These results suggest that it is not always possible to draw on evidence about the deprivation status of the household in order to draw definitive conclusions about the deprivation status of the children living within it. The two are related, but weakly enough to suggest that a different approach is needed to better identify child deprivation.

3.4 A Child-Focused Approach

As indicated earlier, the results presented so far reflect an adult-centric approach that takes no account of what children themselves think about their own needs and how much is required to fulfil them. This issue has been the focus of the emerging literature on young people's agency that has developed as part of the new sociology of childhood (James et al. 1998). A key feature of this literature is the importance attached to incorporating imbalances in adult-child power relations when examining children's perspectives and agency. This involves recognising that children exist in the present (not just as 'future adults') and have rights and agency *as children* (Qvortrup 1994; Redmond 2009). In the current context, this requires that children are consulted about how poverty affects them and have input into how the research is designed and conducted.¹³

This new theoretical conceptualisation builds on a human rights approach and has been accompanied by empirical studies that have explored how children understand, experience and respond to poverty. Research conducted by Ridge (2002, 2007) examines the perspectives of children living in poverty and facing social exclusion at school, in the communities where they live and among their peer groups. The findings highlight the status of children, not as invisible dependants, but as agents, actively constructing their worlds, and the worlds of family members and peers around them, revealing that:

¹³The New Zealand Children's Commission has recently examined how to tackle child poverty and in the process has undertaken consultations with children. The 'overarching message' that emerged from these consultations was that children and young people want to be involved in developing solutions to child poverty and can provide a unique perspective on what actions are needed (Expert Advisory Group on Solutions to Child Poverty 2012).

They engage with their lives and their circumstances, developing ways and means of participating where and when they can, and utilising alternative strategies of survival and social involvement through work and play. (Ridge 2002, p. 141)

Ridge's research emphasises that taking account of these acts of construction is important, not only to better understand children themselves, but also to guide the development of better policy responses (see also Mason and Danby 2011; Skattebol 2011). These studies highlight the need to get a better understanding of how children and young people themselves perceive and respond to poverty and other forms of adversity, not only as a way of generating better evidence, but also to promote better ways of thinking about how policy can recognise and address the underlying problems.

This involves applying new approaches by 'combining qualitative and quantitative measures [and] listening to poor people's own views on what indicators are important' (Poverty Analysis Group Discussion 2012, p. 5). It also involves engaging directly with children and young people to ensure that the research instruments reflect their views and are capable of capturing the forms of social disadvantage that they experience. Recent research by Skattebol et al. (2012) conducted interviews with over 100 young Australians to understand how they perceive and adjust to economic adversity. A major theme that emerged was the importance attached by children and young people to factors such as family, schooling, relationships and neighbourhood/location in influencing their lives and well-being. Another is the complex and dynamic nature of the economic and social relationships within which they are embedded.

This is illustrated in Fig. 3.1, which was produced by 'Jessica', one of the study participants when she was asked to sketch out who she lived with. She lived intermittently but regularly with both of her (separated) parents and as can be seen, also had close on-going relations with several other members of her extended family. Other interviews conducted as part of the same study revealed that this pattern was not unusual and was often accompanied by an equally complex map of income transfers within and between the different individuals and households involved, including the young people themselves. These relations were often not stable but fluid and constantly changing. What emerges is a radically different world to the ordered view that underlies the poverty line studies described earlier, which take it as self-evident that basic concepts like 'household' and 'income' are unproblematic and amenable to statistical analysis and quantification. An obvious consequence is that the results often have little relevance or meaning to the kinds of worlds portrayed in Fig. 3.1.

A second body of new research has applied the deprivation approach directly to children in order to produce estimates that reflect what children think (about which items are essential) and how they are faring (in terms of having access to these items). Although still in its infancy, this body of research is already having an impact on policy development. In the UK, for example, the targets established in the *Child Poverty Act 2010* (although currently under review) include deprivation-based measures and there are on-going efforts to refine them to better identify child

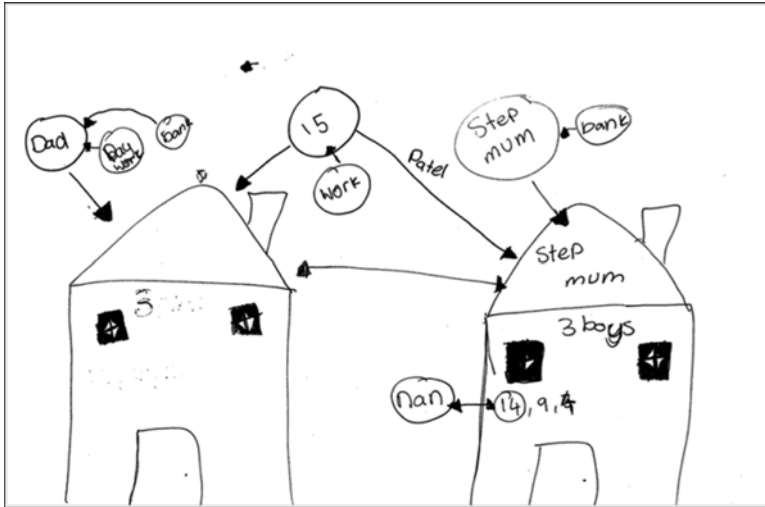


Fig. 3.1 'Jessica's' diagram of her living arrangements (Source: Skattebol et al. 2012, Fig. 4.1)

deprivation using data from the *Family Resources Survey* (McKay 2011). More significantly, survey data produced by the UK Children's Society has been used to construct a ten-item deprivation scale for children aged 10–15 (Main and Bradshaw 2012), and the approach has been further developed to explore the impact of deprivation on child well-being (Main and Pople 2012).

These studies show that the deprivation approach can be applied to measure child deprivation and the results that emerge provide new insights into the nature of child poverty and more broadly, into the determinants of child well-being. As Main and Bradshaw (2012, p. 519) conclude:

It appears that a child-derived measure of deprivation can offer greater insight into the impact of material circumstances on the subjective well-being of children than conventional poverty measures allow. The socially perceived necessities approach offers an avenue for the development of such a measure that appears to be comprehensible to children and that allows for the measurement of child deprivation at the level of the child

The conceptual advantages of such an approach, combined with the knowledge that it works in practice, suggest that child deprivation studies have a role to play in better understanding the nature of child poverty – particularly when combined with income-based household-level measures.

3.5 Concluding Comments

Addressing child poverty is a goal that has universal appeal and has the potential to generate substantial social and economic benefits in all societies. In Western countries in particular, welfare states have the instruments to achieve this, but they need

to be designed and applied appropriately and resourced adequately. This requires better evidence on the nature of child poverty and on the extent of current failings. Above all, there is an urgent need to make child poverty more visible and in ways that connect with public sentiment and mobilise support for change.

This chapter has reviewed recent developments in the poverty measurement literature from a perspective that focuses specifically on child poverty. It has drawn attention to the limitations of poverty line studies and the need to supplement this kind of research with studies that examine the actual living standards attained in order to demonstrate more convincingly that poverty exists. The deprivation approach provides a framework for doing this in a way that also allows the poverty status of individuals (including children) to be separately identified and quantified. The need for better measures of child poverty has been given impetus by the new literature on how children perceive, experience and respond to poverty, by research showing that child poverty has negative long-term effects, and by the imperatives that underlie the *UN Convention on the Rights of the Child*.

The results presented here relate to Australia but are consistent with similar studies that are being conducted in an increasing number of other countries. They highlight both the advantages and limitations of poverty line studies, particularly when the focus is on child poverty. These studies are best seen as a starting point for further research that explores how children themselves understand and experience poverty and is able to better identify child poverty from that perspective. The deprivation approach provides one way of doing this and the growing body of international evidence is cementing its role as an important complement to poverty line studies. This and related developments have the potential to replace the statistics that often bear little relation to the realities of children's lives with better evidence that embodies children's views and captures their experiences.

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Chapter 4

Child Poverty and Child Well-Being in International Perspective

Jonathan Bradshaw

4.1 Background

It is as well to start with a few definitions.

Child poverty is children who lack material resources. It may be a relative lack of material resources or a more absolute shortage. A lack of material resources can be measured in a variety of different ways: by counting the number of households below an income or expenditure threshold (the poverty rate or (to use the European Union usage the at-risk of poverty rate); by measuring the average distance between net income and expenditure and the poverty threshold (the poverty gap); by using indicators of deprivation – lacking socially perceived necessities (items and activities); or subjectively – feeling poor, having difficulty making ends meet.

Child well-being is a broader, multi-dimensional notion. It may be assessed using indicators of child poverty/lack of material resources but it may also include child mental and physical health, child education, the child's housing and environment, subjective well-being and relationships and risk and safety.

The first UNICEF (2000) Innocenti Report Card was a league table of child poverty in rich nations. The next five UNICEF Innocenti league tables were on: child deaths by injury (RC2); teenage births (RC3); educational disadvantage (RC4); child maltreatment deaths (RC5); and child poverty again (RC6). RC7 (UNICEF 2007) was the first to mention *child well-being*, but was sub-titled *Child poverty in perspective* as if the heart of the matter was still child poverty. Child poverty was again the theme in RC10 (UNICEF 2010).

Money metrics also remain the measure of choice for the World Bank, the Luxembourg Income (sic) Study, and the European Union, in its 2020 Poverty and

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Social Inclusion Strategy (though deprivation and employment are also included in the targets (and see also TARKI (2010)). Although OECD (2009) has published a multi-dimensional index of child well-being in *Doing Better for Children*, prior to that, their Family Database routinely headlined child income poverty rates.

One motive for developing multi-dimensional measures of child well-being was anxieties (for example Bradshaw and Mayhew 2011) about the reliability and validity of child income poverty rates, especially at international level. These include:

- Income is difficult for respondents to recall accurately in sample surveys, especially if one respondent is providing the information for the whole household.
- Income is only an indirect indicator of command over resources and does not take account of dis-savings, borrowing, home production, gifts.
- Income has to be adjusted to take account of the needs of different households using equivalence scales, which have little or no empirical justification.
- It is assumed that income is shared within households – that children receive their fair share and only their fair share.
- Disability and age related costs are not taken into account.
- Poverty is then defined using an income threshold, commonly 50 or 60 % of median, which has no particular justification.
- It also varies considerably in value between countries. So for example in the EU Statistics on Income and Living conditions (EU SILC) in 2012 Denmark's 60 % of median poverty threshold was €15,984 per year and Bulgaria's was €1,716 per year – hardly comparing like with like living standards.
- Perhaps a final death blow has been the fact that a number of rich countries have experienced falling median incomes since the crisis in 2008,¹ resulting in falling child poverty rates, despite the poor's living standards falling in real terms.

This latter problem has been an excuse the UK Coalition Government (DWP 2012) has tried to employ to seek to abandon their Child Poverty Act target measures based on an income threshold, in favour of an alternative (bizarre) set of indicators. It is also one reason that there has been growing interest in deprivation indicators (Guio et al. 2012), including child based deprivation indicators (Main and Bradshaw 2012).

Does child income poverty matter?

¹In the EU the at-risk-of-poverty threshold fell between 2008 and 2012 in Greece, Ireland, Latvia, Lithuania, Luxembourg, Netherlands, Spain and the UK (see Figure 12 2013 EU Social Protection Committee's report on the social situation in the EU ("Social Europe: many ways, one objective") <http://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=7695&type=2&furtherPubs=yes>)

That question is absurd. There is a huge literature demonstrating the consequences of child poverty for health, education, employment, behaviour, family and personal relationships and subjective well-being (for a recent UK review see Griggs and Walker 2008) and (again for the UK) the Joseph Rowntree Foundation (Hirsch 2008) concluded that child poverty costs the UK at least £25 billion a year, including £17 billion that could accrue to the Exchequer if child poverty were eradicated.

So let us ask a rather different question: how good an indicator of child well-being is a measure of income poverty at an international level? That question has been tackled before by Bradshaw and Richardson (2008) drawing on the earliest indices of child well-being they had produced for the CEECIS (Richardson et al. 2008) and EU countries (Bradshaw et al. 2007; Bradshaw and Richardson 2009). They found that child income poverty was related to the other domains of child well-being and to overall well-being. But it was not the most closely associated indicator – that was the adolescent fertility rate in the EU and OECD countries, and the percentage of women without knowledge of HIV/AIDS in the CEECIS countries. These findings were based on data derived in the early 2000s, and sometimes earlier. In 2013 Innocenti RC 11 (UNICEF Office of Research 2013; Martorano et al. 2013; Bradshaw et al. 2013; Klocke et al. 2014) was published, replicating the comparative analysis of child well-being they had published in RC7 in 2007, with more countries and slightly different indicators. The next part of this chapter analyses the data focusing on the relationship between the income poverty and the other domains of child well-being.

4.2 Domains, Components and Indicators

The league table in UNICEF Innocenti RC11 was based on five domains, made up from 12 components, made up from 26 indicators (for further details see UNICEF Office of Research 2013). The analysis in this chapter includes an extra domain – subjective well-being – made up of four components and eight indicators. Subjective well-being had been treated separately in RC11 (Bradshaw et al. 2013) in order to distinguish it from the more objective indicators, but it is added back here because the focus is income poverty. Table 4.1 presents a summary of the domains, components and indicators.

Table 4.2 gives the rank order on each of the domains and the average overall rank order (Australia, Japan and New Zealand are not included because of too much missing data). The first observation to note for the purposes of this analysis is that although the rank on material well-being does not coincide with the overall rank, there is nevertheless some degree of coincidence – the top five countries on material well-being are also the top five countries on overall well-being. There is also coincidence with the bottom four countries.

Table 4.1 Child well-being: domains, components, indicators

Domains	Components	Indicators
Material well-being	Monetary poverty	Relative child poverty rate
		Relative child poverty gap
	Material deprivation	Deprivation index
		Low family affluence rate
Health	Health at birth	Infant mortality rate
		Low birth-weight rate
	Preventive health	Overall immunization rate
	Childhood mortality	Child death rate (age 1–19)
Education	Participation	Participation rate: early childhood education
		Participation rate: further education (age 15–19)
		NEET rate (% age 15–19 not in education, employment or training)
	Achievement	Average PISA scores in reading, maths and science
Behaviours and risks	Health behaviours	Being overweight
		Eating fruit
		Eating breakfast
		Taking exercise
	Risk behaviours	Teenage fertility rate
		Smoking
		Alcohol
		Drugs
	Exposure to violence	Bullying
		Fighting
Housing and environment	Housing	Persons per room
		Multiple housing problems
	Environmental safety	Homicide rate
		Air pollution
Subjective well-being	Life satisfaction	Life satisfaction
	Relationships	Easy to talk to mothers
		Easy to talk to fathers
		Classmate are kind and helpful
	Subjective education	Pressured by school work
		Young people liking school a lot
Subjective health	Health fair or poor	

4.3 Statistical Analysis

The next stage of the analysis is to explore these relationships more formally statistically. Table 4.3 presents the rank order correlation of material well-being with the other domains and with overall well-being, including and excluding material

Table 4.2 Child well-being rank in rich nations by domain and overall average

	Material	Health	Education	Behaviour	Housing and environment	Subjective	Overall well-being (average) rank
Netherlands	1	5	1	1	4	1	2.2
Iceland	4	1	10	3	7	2	4.5
Norway	3	7	6	4	3	10	5.5
Finland	2	3	4	12	6	11	6.3
Sweden	5	2	11	5	8	7	6.3
Germany	11	12	3	6	13	5	8.3
Switzerland	9	11	16	11	1	8	9.3
Luxembourg	6	4	22	9	5	16	10.3
Slovenia	8	6	5	21	20	3	10.5
Denmark	12	23	7	2	15	9	11.3
Ireland	17	15	17	7	2	12	11.7
Belgium	13	13	2	14	14	15	11.8
France	10	10	15	13	16	22	14.3
Austria	7	26	23	17	12	4	14.8
Portugal	21	14	18	8	17	14	15.3
Spain	24	9	26	20	9	6	15.7
United Kingdom	14	16	24	15	10	20	16.5
Czech Republic	16	8	12	22	18	24	16.7
Hungary	18	20	8	24	22	13	17.5
Canada	15	27	14	16	11	25	18.0
Poland	22	18	9	19	26	27	20.2
Estonia	19	22	13	26	24	17	20.2
Italy	23	17	25	10	21	28	20.7
Slovakia	25	21	21	18	19	21	20.8
Greece	20	19	28	25	25	18	22.5
Latvia	28	28	20	28	28	19	25.2
Lithuania	27	24	19	29	27	26	25.3
USA	26	25	27	23	23	29	25.5
Romania	29	29	29	27	29	23	27.7

Table 4.3 Correlation coefficients of material well-being and all the other domains

Health	.630*
Education	.540*
Subjective	.664*
Behaviour	.588*
Housing	.664*
Overall well-being	.823*
Overall excluding material	.719*

(In all the correlation analysis *Correlation is significant at the 0.01 level (2-tailed))

Table 4.4 Correlation matrix of the material well-being indicators

	Child poverty rate	Child poverty gap	Lacking child items	Family affluence scale
Child poverty rate	1	.632**	.806**	.740**
Child poverty gap		1	.401*	.531**
Lacking child items			1	.876**
Family affluence scale				1

*significant at the 0.05 level; **significant at the .01 level

Table 4.5 Correlation matrix of material wellbeing indicators and the other domains of well-being

	Health	Education	Subjective	Behaviour	Housing	Overall wellbeing	Overall well-being excluding material
Child poverty rate	-.592**	-.650**	-.713**	-.648**	-.545**	-.826**	.780**
Child poverty gap	-.369*	-.421*	-.424*	-.278	-.414*	-.520**	.389*
Lacking child items	-.728**	-.428*	-.656**	-.757**	-.857**	-.873**	.857**
Family affluence scale	-.646**	-.496**	-.652**	-.790**	-.794**	-.894**	.854**

*significant at the 0.05 level; **significant at the .01 level

well-being. It shows a strong correlation between material well-being and all the other domains. The closest association is with housing and the environment and the weakest with education. Even when the material well-being indicators are dropped from the calculation of the overall well-being there remains a strong correlation with material well-being.

However material well-being is made up of two components and four indicators, only one of which is the relative income poverty rate. Table 4.4 shows the correlation coefficients of the indicators in the material domain. The strongest association is between the two deprivation indicators – the Family Affluence scale and the percentage lacking child deprivation items. There is also a fairly strong association between the child poverty rate and the child poverty gap and between the child income poverty rate and both the deprivation indicators.

Table 4.5 explores the relationship between each of the material well-being indicators and the other domains of child well-being. The relative child income poverty rate is associated with all the other domains of child well-being and it is interesting that it also has a stronger association with the education and subjective well-being domains than (the more absolute) deprivation indicators do. It is also strongly associated with overall child well-being and also when overall well-being excludes all

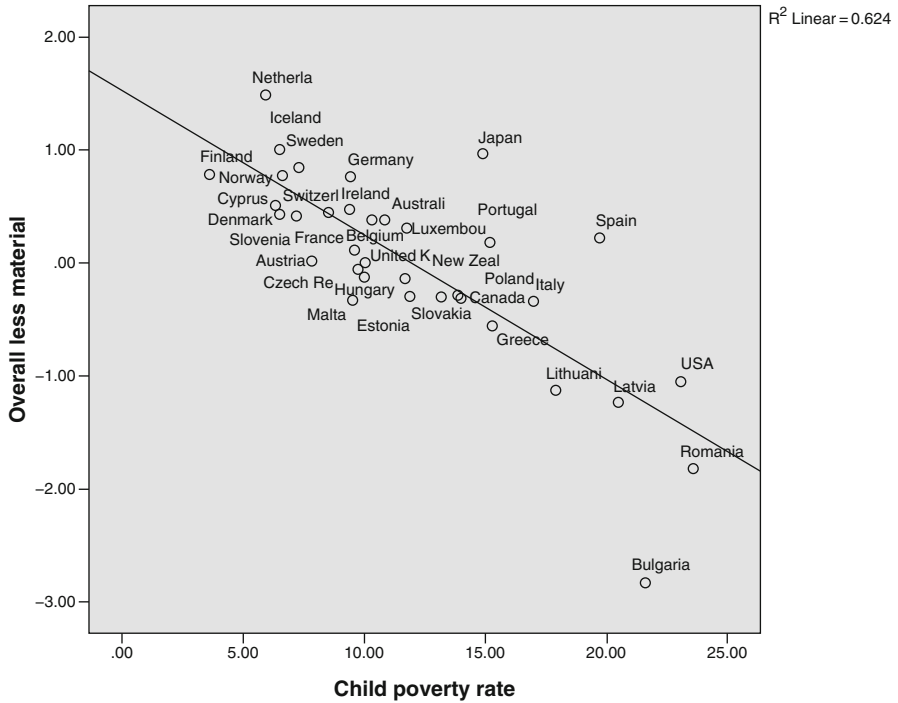


Fig. 4.1 Relative child income poverty rate by overall child well-being excluding material well-being

of the material indicators. It is interesting that the child poverty gap has the weakest association with the other domains. This may be because the child poverty gap may not be a very reliable indicator.

The association between the child poverty rate and overall well-being excluding the material domain is given in Fig. 4.1. The relative child income poverty rate explains 62 % of the variation in overall child well-being. This analysis includes a number of countries (Japan, Canada, Australia and New Zealand) which were not listed in the Table 4.2 because they have missing data. The countries to the right of the diagonal have higher child well-being than you would expect given their child poverty (including the USA, Spain and Japan). The countries to the left have lower well-being than you would expect given their child poverty (including Finland, Hungary, Malta and Bulgaria). Clearly it is not just relative income poverty that is determining overall well-being but it is still quite strongly and, given it is a relative measure, surprisingly associated with overall well-being.

The slightly stronger association between Family Affluence and overall well-being less material is shown in Fig. 4.2. It is partly a function of Romania being an outlier on the FAS (Family Affluence Scale).

The relative child income poverty rate does not have the strongest association with overall child well-being. The two indicators with the strongest association with overall child well-being

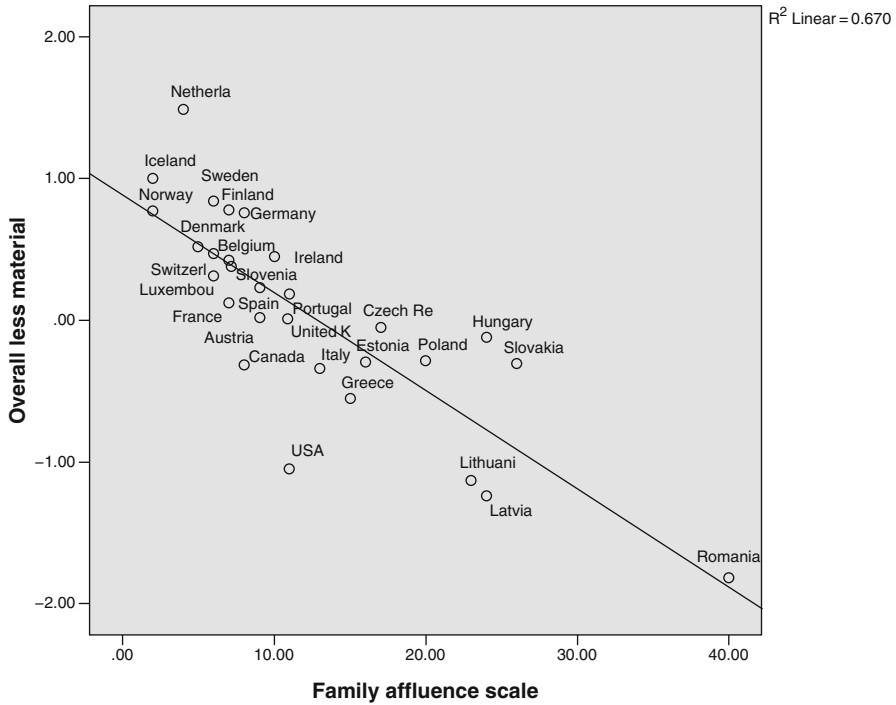


Fig. 4.2 Family affluence by overall child well-being excluding material well-being

Table 4.6 Single indicators with the strongest association with overall child well-being

Indicator	Correlation with overall child well-being
Family affluence scale	-.894**
Lacking child deprivation items	-.873**
Child poverty rate	-.826**
All child death under 19	-.806**
Housing problems	-.764**
Infant mortality rate	-.726**
Teenage fertility rate	-.681**
Maths attainment	-.667**
Life satisfaction score	-.632**

** significant at the .01 level

overall well-being are the deprivation indicators – the Family Affluence Scale and the lacking child deprivation items. This may be because they are direct indicators of lack of resources. The top nine single indicators with the closest association with overall well-being are listed in Table 4.6. The relative child income poverty rate has the third strongest association. It is stronger than the teenage fertility rate which was the most powerful single indicator in the earlier analysis (Bradshaw and Richardson 2008).

Table 4.7 Regression model of variation in overall well-being less material

	Model 1 beta	Model 2 beta	Model 3 beta
(Constant)			
Child poverty rate	-.790***	-.417**	-.355***
All child death under 19		-.556***	-.456***
Life satisfaction			.286**
Adjusted R squared	0.61	0.81	0.92

** significant at the .01 level; *** significant at the 0.001 level

Table 4.7 presents three models explaining variation in child well-being using the individual indicators. The child poverty rate explains 62 % of the variation but the best fit is a combination of the child poverty rate, all child deaths under 19 and life satisfaction which explains 92 % in the variation in overall well-being less the material domain.

As we have seen in the earlier figures these correlation and regression coefficients are also influenced by outliers. The coefficients are being dragged upwards by some former communist countries in the EU – particularly Romania and Bulgaria, but also in Fig. 4.1 the USA. The results will also be influenced to some extent by the number of countries in the analysis, which varies due to missing data. Also the single indicators are not independent of overall well-being, and they contribute different proportions to it. For example life satisfaction and the under 19 mortality rate contribute one sixteenth to overall well-being, because they are single indicators for a component. In contrast the teenage fertility rate contributes one 64th because it is one of four indicators making up a component.

Yet given that the income child poverty rate is a relative measure, the association in Fig. 4.1 is quite remarkable. It means that the relative position of children in the income distribution, whatever the absolute level of income of a country, may be associated with a range of child outcomes that we use to represent child well-being. This finding has resonance with the hypothesis in *The Spirit Level* (Wilkinson and Pickett 2010) who argue that inequality is sickening for societies. The association between overall child well-being and inequality measured by the Gini coefficient² is shown in Fig. 4.3. There is an association but it is not quite as strong as the association with child poverty shown in Fig. 4.1. This suggests that relative child income poverty may (not surprisingly) be a more salient influence on child well-being than overall inequality. However, although they are both measures of the income distribution, the Gini coefficient focuses more on the middle of the distribution while relative poverty focuses more on the bottom of the distribution.

This is confirmed by the linear regression of overall child well-being less the material domain results presented in Table 4.8. After taking account of the relative income child poverty rate income the Gini coefficient adds nothing to the model.

²The Gini coefficients for the EU countries were taken from the Eurostat database for 2012 http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database. For the non EU countries they were OECD data for the late 2000s.

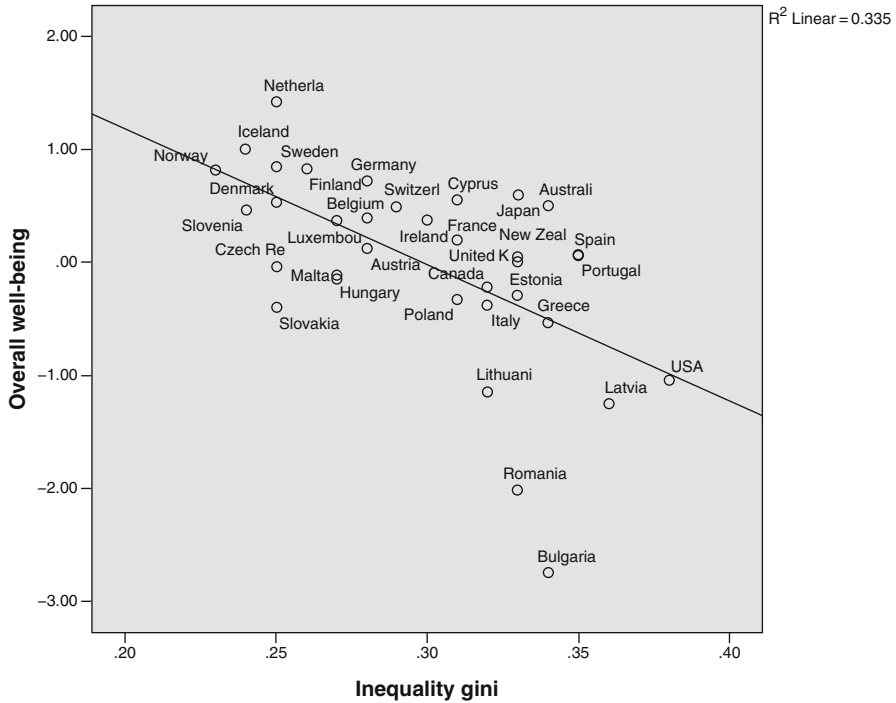


Fig. 4.3 Overall child well-being by income inequality

Table 4.8 Linear regression of overall child well-being less the material domain

	Model 1 beta	Model 2 beta
(Constant)		
Child poverty rate	-.886**	-.801**
Inequality	.125 ns	.150 ns
GDP per capita		.261*
Adjusted R squared	0.61	0.65

* significant at the 0.05 level; ** significant at the .01 level

Adding GDP per capita³ as an indicator of the overall wealth of the country adds very little to explaining the variation in overall well-being.

4.4 Conclusions

It is clear from this analysis that material resources are strongly associated with child well-being at the country level. The level of deprivation is the most important determinant but after that the relative income poverty rate explains more of the

³ Derived from the Eurostat data base (Canada, Australia and New Zealand not included in Model 2).

variation in overall well-being than any other single indicator. There is some irony in this finding. After all, one motive for developing multidimensional indices of child well-being was dissatisfaction with the relative income poverty measure in international comparisons. Yet we end up finding it is strongly associated with the multidimensional index, even when the material well-being indicators are excluded. This suggests that child well-being has a strong relative component – children experience well-being relative to their national peers and not just in relation to their absolute objective circumstances.

Clearly, despite all its faults, it would be a mistake to give up on the relative income poverty rate in measuring child well-being at an international level. Though it is also still the case – no single indicator is sufficient to describe all of child well-being.

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Chapter 5

Why Are Poor Children Always with Us? Theory, Ideology and Policy for Understanding Child Poverty

Michael Wearing and Elizabeth Fernandez

5.1 Introduction: Approaches to Welfare Reform That Tackle Child Poverty

For if welfare repeal makes it more difficult to blame poverty on ‘dependency,’ it also lays bare the reality that work is no guarantee out of poverty. So too, amidst the vast inequities of late twentieth century prosperity, is there an opening to draw attention to the misdistribution of wealth, power and opportunity, and to the price of tolerating such yawning social disparities. Recognizing these as core issues in poverty is the first step towards the larger project of imagining, organizing and mobilizing a new poverty knowledge (O’Conner 2001, P. 295)

Alice O’Conner made these statements at the end of the twentieth century and they are still relevant to our understanding of welfare reform and poverty today a decade and half later. Poverty is thus addressed from within this broader view of welfare state provision where social policies are implemented to benefit all citizens. Poverty alleviation and anti-poverty policy need to be seen in their broad social and economic context as based in the allocation and distribution of resources through government and non-government funding and service provision. We have adopted this approach to some extent below. Poverty is not only about dependency on social welfare benefits or society but also about the distribution of scarce resources such as paid work and intra family transfers. Just as our views of society are shaped by ideological

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perspectives so too our views on poverty and associated issues of inequality including why people are unemployed or on low wages. We do have a blueprint for effective and less effective anti-poverty strategies in countries such as the USA and Australia. These blueprints come through a history of social evaluations of poverty programs beginning with and more recently in the fight to end extreme global poverty over the last decade (Higgins 1978; O’Conner 2001). These however are unlikely to be achieved in our, or even our children’s life times. Child poverty and poverty itself is a systemic outcome of modern complex capitalist societies. Hence the title of this chapter ‘Why are poor children always with us’?

This reflective question also raises the empirical question as to has the nature, extent and depth of child poverty changed under conditions of globalization and welfare reform, and how so? Our chapter will canvas two dominant perspectives in the social sciences on poverty to help explain and understand some of the significant ideological and theoretical issues that underlie child poverty in western societies. These different explanations and their multi causal implications indicate that the answers to whether child poverty can be eradicated are at best ambiguous in modern society. It seems that for certain social sub-groupings such as single parents on low wages or welfare benefits their families’ experience of child and youth poverty can be challenged and overcome through targeted benefits and transfers. Yet for other sub-groupings with multiple and marginalized social identities such as indigenous families or people of colour it remains an entrenched part of life and felt conditions of children, and commonly their families living in poverty.

5.2 Multicausal Explanations and the Complexity of Child Poverty

This chapter outlines some of the trends and some conceptual thinking in social science theory and research about causes and impacts of poverty and some of the programs that have developed around prominent social science theories of poverty. The chapter is primarily but not exclusively focused on child poverty. These theories and interventions to some extent rely upon international and national definitions and measures of poverty and upon public perception through ideological positions on poverty. These explanations also assume certain cause-effect notions of the main factors that create poverty and by association inequality.

For heuristic purposes a coalescence of theories about poverty and related to child poverty can be divided into: poverty as *behaviour* associated with conservative ideology that tends to blame poor people for their plight; poverty as the relative *deprivation* of certain basic social needs and wants such as food, shelter or social rights of citizenship such as work, a decent standard of living, housing rights and so on; poverty as *culture* where it is as a (intergenerational) way of life that involves supposedly attitudes of indifference, alienation, apathy, lack of incentives and self-respect. Finally there is the prevalent view of poverty in the critical social sciences as *inequality* that asserts we cannot discuss poverty without looking at the

root cause of social and economic inequality, and *structure* studies the institutional and structural components of society that foster and help explain poverty's continuation. A related view not fully discussed here is poverty as *exploitation* in political economy traditions that see poverty as a form of exploitation in a society whereby those most in need get the least (DiNitto 2011 for an overview in the USA context).

We have emphasized the socioeconomic and sociostructural causes of poverty in this chapter but also discuss some of the individual theories in both psychology and public debate on poverty measurement (see Saunders 2005). There is also a need to mention economic theories as they depict causes of poverty and these overlap with sociological and psychological understanding. Jung and Smith (2007: 22) found over 200 articles between 1990 and 2005 that described poverty interventions indicating the quantity of research literature on the topic. Using Blank's (2003) typology they map the economic theory of poverty in these articles as covering six schools where poverty is caused by: (i) economic underdevelopment leading to lack of effective functioning markets; (ii) lack of human capital development in lack of preparedness for the workforce where poor people could benefit from training, education opportunities or job market expansion; (iii) the market itself is dysfunctional in its mode of production such as capitalism, and poverty is alleviated by social regulation; (iv) social and political forces outside the market such as political favouritism, racism and sexism; (v) individual behaviour, characteristics and choices; and finally (vi) welfare measures themselves create welfare dependency and poverty traps (Jung and Smith 2007: 23–24). While we do not explore these economic causes and theories to any great depth we will indicate some of their relevance to the broader social and personal assumptions that work with into poverty interventions and anti-poverty programs.

No one theory explains all the facts about poverty. Each perspective finds expression in policies and programs to ameliorate poverty. We spend some time advocating structural and institutional positions and outlining modes of intervention and programs in Australia and elsewhere (largely Canada, the US and UK) that encompass the institutional social causation view but also includes elements of the social selection view. Our main concern here is to indicate the importance of delivery through cash or in-kind benefits and interventions to address child poverty by directing resources to children and their families. This raises key social policy questions about whether such benefits should be universal or targeted?; whether parental employment and parenting skills alleviate and help bring children out of poverty?; and how can resource transfer and early childhood and school policies play a major role in anti-poverty interventions in these societies. Most importantly, we want to address successful policies and then discuss in conclusion how effective future programs can come about through strategic agendas at both national and global levels of anti-poverty campaigns and programs.

There are a number of social science theories that help explain the origins and directions of policies in tackling child poverty and several of these have been formulated in the past decade. In effect these policies have built-in assumptions about the causes and effects of policy some of which we will identify and discuss in this chapter. Conger and Donnellan (2007) identify 'social selection' and 'social

causation' theories to explain the causes of poverty. They frame the social selection hypothesis when individuals succeed or fail to climb the economic ladder mainly due to individual characteristics and skills. Children born into poor families are then subject to major social disadvantage and have low resources to succeed in formal education. The social causation hypothesis on the other hand states that poverty or affluence result from the social and economic institutions and structures, such as for example the lack of availability of jobs requiring certain skills which can have a strong impact on whether the individual will obtain employment.

Based on the two hypotheses and their sometimes competing, sometimes overlapping premises, policies to tackle poverty can be directed to adults or children, and can be guided by social selection or social causation theories (Huston 2011). Policies aimed at adults and guided by social selection theories include: job training, sanctions and work requirements for welfare (aimed at work motivation and behaviour), time limits on eligibility (to avoid dependence on welfare) and healthy marriage promotion programs. Some of the policies aimed at children and guided by social selection are: child support enforcement, home visiting programs to promote early childhood development and parent training programs. Policies aimed at adults and guided by social causation theories include ones such as: job creation, establishment of minimum or living wage requirements and wage supplements to assist with low wages, anti-discrimination policies to tackle race and gender discrimination, subsidies and publicly supported child care, and grants for education. Policies aimed at children and guided by social causation theories are aimed at: improving quality of child care, offering educational opportunities through schools and ensuring neighbourhood safety and resources such as parks and playgrounds.

5.3 Global and National Child Poverty

We remind the reader of the complexity of social and economic conditions and context across countries, regions, governments and local development. The global development of capital has now entrenched many deep inequalities in modern welfare states, and this in itself has established accepted and high levels of poverty especially in Anglo-states, and some Western and Southern European states such as Spain and Greece (Harvey 2010). Australia has been no exception, faring slightly better than the USA (Mendes 2008) but not to the standards of welfare as measured by social justice indicators say undertaken by Canada in the last decade (Schraad-Tischler and Azahaf 2012). Children themselves are now captive to these global markets and their corporate cultures as well as a range of relatively ineffectual government and community strategies to minimize the risks of overconsumption for children (Beder 2009).

The poorest children and 'worst off' families are the most vulnerable to the inequalities of consumption as well as production, and this inequality falls particularly heavily on indigenous and culturally diverse communities who have been excluded from mainstream societal resources. Child poverty also has become an issue that brings about contested and heated debate on any solutions or programs

that will address and alleviate or change such poverty. Conservatives tend to blame parents (Sullivan 2000) while liberals and social democrats look for institutional and structural causes (Marx et al. 2014). Solutions to the suffering of child and family poverty are much more difficult given the decades long cut backs to social welfare spending. Famously as far back as 1987 the then Australian Prime Minister Bob Hawke said that by 1990 no child will live in poverty in Australia by 1990 (Election Speech 23/6/87).

Social trends and statistics on poverty and child poverty in Australia and in other western nations indicate the depth of inequality in these countries. The most recent data developed from the Luxenberg Income Study with data collected in mostly 2003 that uses highly reliable comparative income measures indicates child poverty rates (below the age of 18) to be: Netherlands 2.6 %, Sweden 6.6 % (2005) and Germany 9 % (2007); 14 % in Australia and 13 % in the UK; whereas 22 % in the USA (2004) and 17.25 % in Spain (2007) help to indicate the disparities across and within countries (Tables 5.1 and 5.2, Marx et al. 2014: 93). These figures updated to 2012 show that the child poverty rates are increasing in several of these countries e.g., Sweden 7.3 %, Spain 17.8 %, and the USA 23.3 % (Fernandez and Ramia 2015 this volume p. 2). In 2013 the Australian Council of Social Services estimated that more than 2.2 million Australian live in poverty or 13 % of Australians – (based on a poverty line of 50 % of the disposable income as used in the UK and Europe). The most significant groups at risk included 58 % indigenous people, 28 % of jobless people, 28 % of people renting, 22 % single parents and 7 % of older people. Also in 2013 nearly 600,000 or 17 % of children in Australia live in poverty with half of these children living in sole parent families (ACOSS 2013). See also the chapter by Elizabeth Fernandez and Ioana Ramia (Chap. 2) in this volume for the most up to date global rates and statistics on child poverty. The most recent ACOSS report says 1 in 6 children or 17.7 % and 13.9 % of all people in Australia live well below an austere poverty (ACOSS 2014, 8).

In modern welfare states it is important to distinguish the types and depth of poverty through social science and the existing available data and evidence on national and global poverty. In general the contemporary European view of poverty is the one that is adopted to look at poverty rates across rich countries and related to the dynamics of social exclusion as relative poverty to the inequalities of the rest of society (Schraad-Tischler and Azahaf 2012). This view relates child poverty and relative poverty itself to exclusionary processes or the inability to participate in society and this lack of participation is due to inadequate resources (Marx et al. 2014: 5). This view ties in with social exclusion approaches and Sen's (1999, 2009)

Table 5.1 Theory and ideology about child poverty

View of poverty	Social selection	Both	Social causation
Behavioural	Yes	No	No
Cultural	Yes	Yes	Yes
Relative deprivation	Yes	Yes	Yes
Structural-institutional	No	No	Yes

Source: (Serr 2006; DiNitto 2011)

Table 5.2 Two views of child poverty and effective policy strategies

	Social selection	Social causation
Direct resources to children and their families: universal or targeted?	This view advocates means testing, residual and targeting of children's need to particular areas or locations of low income parents or carers. In some cases education and other programs are provided to lift people out of their locational disadvantage. Nonetheless, there can be 'territorial stigma' and social category stigma associated with such practice notably for single parents and the unemployed	This view is concerned to move to the causative social and economic factors of poverty. It is aligned with situational, institutional and structural explanations for poverty and intervention strategies. As well as income support, key social and economic strategies for anti-poverty policy then become providing employment opportunities, formal education and adequate health and housing for those in poverty who are on welfare benefits and for the working poor
Parental employment and parenting skills	These are deemed effective because they provide work related skills and parenting skills that change the locational and intergenerational nature of poverty in communities and amongst family members and groupings	The capacity of parents to socialize their children with values about education and hard work are seen as enabling children to bring them selves out of poverty. Nonetheless there is an element within this of blaming the family for their lived conditions of poverty rather than social structural causes
Resource transfer and school policies	Again the poorer communities and their attitudes are expressed in poor engagement with education and schooling and the need to provide pathways out of poverty through formal learning and credentials	This view fits with redistribution and social capital arguments generally in anti-poverty measures in that school programs and resources provide a source of learning, community activity and possible social mobility through higher learning in the future to earning better wages
Successful policies effective future programs	Programs have been less successful underpinned by selection as they fail to fully acknowledge the barriers particularly structural in bringing children out of poverty. Nonetheless, engaging parents in school activities and partnering with parents and guardian in local communities through school and social services can provide hope and help change material circumstances encouraging parents and children to continue education, volunteer and/or find employment	Family payments schemes such as the AFDC in the USA have been successful in topping up income measures for poor families with children on the back of social security payments. Apart from income maintenance, nutrition, health and social services all provide structural redress to child poverty. Education and parent (mother) based payments in particular are effective in providing material aid and capacity building for children

pioneering work on the capabilities approaches to poverty. The definitions of absolute poverty as existing with basic survival needs and a subsistence level is based on the most extreme conditions of poverty in the world today commonly associated with hunger and malnutrition e.g., in India and African communities or amongst Australian remote Aborigines communities and sometimes today referred to as 'extreme poverty'. The measurement of the levels of extreme global poverty is still contested (Deeming and Gubhaju 2014) though it is argued that relative poverty in affluent societies means that poverty is relative to one's position in the social structure and in terms of resource distribution. The concept 'disadvantaged' or lower socio-economic status implies both the idea of relative advantage or social exclusion. In the English speaking welfare states it is more accepted that a set poverty line (also poverty level or index) is a measure of minimum physical survival.

Poverty is measured in OECD countries using a poverty line as well as social exclusion indicators and these are both useful and contested tools for poverty alleviation strategies and anti-poverty policy. There are also developing multidimensional measures of child poverty in order to collect more rounded and accurate data on poverty rates. In Australia the Henderson poverty line was developed in the 1970s to include the sum of the basic wage (of two parents and two dependents) plus the child endowment benefit and is still used today with some adjustments. Global poverty facts give a thumb nail sketch of the magnitude of income and wealth inequalities across societies and thereby indicate how poverty rates are an outcome of such inequalities in general. More wealth has been created in the past six decades than in all previous history and it has reduced poverty. The percentage of people living on less than \$1 a day fell from 40 % in 1981 to 18 % in 2004. Nonetheless, too many people at a global and national level across both developing and developed countries still live in poverty – half a billion on \$1 a day, and 2.6 billion on less than \$2 a day.

As with the issue of global inequality so too poverty needs to be understood in the local context and with initiatives and program interventions around poverty reduction and also the more difficult matter of redistribution. For this to be effective on a global scale issues of development would have to be addressed whereas poverty itself is merely a symptom but potentially a devastating one for children and families in all countries (Weber and Berger 2007).

5.4 Causal Assumptions in Anti-child Poverty Programs

This Chapter draws on an Australian social policy and child and family welfare perspective. This country's post-welfare state context is one of heavy liberalization and marketization of social policies after an auspicious beginning in the early twentieth century as a progressive social experiment in social welfare measures backed by the industrial and political labour movements over the twentieth century. In this new more efficient and lean welfare climate the means to redress, prevent or reduce policies is limited within these fiscal and relational understandings of poverty

(Fenna 2004; Jamrozik 2009; Fawcett et al. 2010; Carson and Kerr 2014). As Jamrozik (2009) acknowledged the post-welfare state context of English speaking liberal states is one that is heavily privatized and oriented explicitly and implicitly to growing and not reducing inequalities and therefore poverty itself.

When the theory and ideology behind the study of child poverty is explored this raises questions not only of fact but also issues such as adequate housing, health, education, leisure, transport income and other social policies. Further, the questioning of the causes and effects of poverty also raise issues of perception and attitudes towards the lens by which we view poverty. Several different perspectives on poverty can be discerned in the social sciences and some of these are discussed below along the continuum of social selection to social causation views of poverty provided by this chapter. Tables 5.1 provides an overview of these views along this continuum and shows that some perspectives can take a more singular view of poverty and some can reflect an overlap of the social selection views with those of social causation. For example, the behavioral view is concerned with individual characteristics and motivations and could be used to advocate children like their parents have internalized a 'learned helplessness' about poverty.

This view seems completely unfounded given children especially young children have little control over their circumstances and harks back to English Dickensian times when children became socialized in work houses and the miseries of early nineteenth century poverty. Whereas the cultural and relative deprivation views can be both about selection and causation depending on how they are measured or analyzed. Nonetheless, children do have social agency. It is just more likely that their voices and choices in society are not heard by adults, and children in poverty are in deeply powerless positions in modern society.

An understanding of these different perspectives is important because their underlying philosophies impact on the nature of poverty, on public and social policy, and in particular on the modes of intervention and programs used to alleviate or redress poverty. Within the two perspectives on poverty in social sciences we also consider some of the possible modes of intervention and programs that have been targeted to redress or alleviate poverty that are underpinned by such perspectives. The successes and failures of policies across modern western societies are however often debated. For the remainder of this section we discuss as mentioned above three major policies: universal versus targeted resources to children and families, policies targeting parental employment and parental skills, and resource transfers and school policies.

5.4.1 Direct Resources to Children and Their Families: Universal or Targeted?

Direct resource transfers to children and families refer to governmental support in the shape of housing, food or clothing, or cash and tax benefits for children and families identified as income poor. In a longitudinal study of data from 18 Western countries Engster (2012) investigated the impact of child poverty and family policies

on child poverty rates. They found that child cash and tax benefit, paid parenting leave, and public support for child care correlate significantly with lower child poverty rates. In allocating such benefits however it is important to use comprehensive measures to target impoverished families as there is a risk that welfare reforms work for children closer to the poverty line, those worse off being left behind when income poverty measures alone are used (Adelman et al. 2012). Furthermore, the use of a poverty line to define poverty is questionable in developed countries where although individuals may be identified as income poor they benefit from the welfare state in ways not available in developing countries (Sandbaek 2013). For example, a study drawing on children's voices in a qualitative survey in Norway and Sweden found that while living with economic hardship children did not experience a lack of necessities such as food, housing and clothing. This is seen as a success of Scandinavian welfare (parents and the state taking responsibility for children's wellbeing) (Harju and Thorod 2011). However disadvantages in education outcomes prevailed with more children living in poverty joining the labour market early and taking on more responsibilities than their better off peers.

Despite the positive impact of direct resource transfers to impoverished families on child well-being, such as reduced maltreatment (Cancian et al. 2010), or higher participation in education, there is a broader discussions to be had on whether such transfers should be in the shape of universal or targeted benefits. The main arguments are around creating dependency, not reaching the target and in the long term increasing poverty. Welfare dependency is a major policy challenge; when the generosity is reduced, usually in order to engage individuals in paid labour and avoid welfare dependency, as children suffer (i.e., child poverty rates increase). On the other hand, when the generosity of the program increases children benefit but the program increases welfare dependency. A number of strategies can and have been adopted over time to reform the welfare program such as: social service strategies, institutional strategies, human capital strategies, job creation and subsidization strategies, income strategies, and child support strategies (Corbett 1993; Carson and Kerr 2014). However reviews of the impacts of welfare policies in the US point to adverse effects of welfare reform on child welfare involvement (Waldfogel 2004; Lindsey and Martin 2003). Researchers in the US analysing the impact of welfare reform notes reduced welfare benefits are associated with increased numbers of children in care (Paxson and Waldfogel 2003) and increased numbers of children not living with parents (Bitler et al. 2002). Similarly Lindsey observes that data from food stamps and free lunch programs point to increased numbers of children and families living in poverty (Lindsey 2009).

Universal child benefits are currently under attack by a number of countries due to economic difficulties in the past years (Bradshaw 2011). Nevertheless child and family benefits are important for a number of reasons: they promote horizontal equity, halt the recent fertility decline, reduce poverty rates and gaps, increase child and maternal mental health and wellbeing as well as child physical health and school performance, general take-up (which avoids stigmatising the recipients as poor), they are much easier and cheaper to administer than means-tested alternatives (as most of the time a birth certificate is the only evidence necessary), they provide a benefit to the mother regardless of the household composition. Finally, because they are

provided to all, child benefits do not contribute to the unemployment trap or to the poverty trap. Cons to universal child benefits are that they are likely to be misspent, that governments can't afford to pay them (although they must consider the long-term price of un-tackled child poverty – poor health, low educational attainment, worse outcomes in employment, family instability, crime, squalor etc.), and some argue that it is better to target only children who need the benefit most but such targeted benefits usually fail because they lack the political support of universal benefits, they concentrate on the very poor excluding others in financial struggle (Bradshaw 2011).

Busby and Busby (1996) identify six basic deficiencies of the subsidy approach in the UK and based on the multidimensionality of poverty suggest that a power perspective on poverty should be adopted. They argue that people should be supported not only economically but also by restoring their hope and undermining the sense of hopelessness, and help should be provided not when the bottom line is hit, but the focus of welfare policies should be on maintaining coping capacity rather than restoring it. A universal system is suggested through: a healthy economy, realistic minimum wage, a universal education system, universal health care system, child care voucher program, enhanced earned income tax credit, workable child support system, children's allowance, universal housing programs and a progressive income tax with no deductions. Direct payments in the form of children's allowance programs found in several nations play a significant part in enhancing the economic viability of impoverished families without the stigma of a means tested benefit and secures economic opportunity for children (Lindsey 2009).

The UNICEF Global Study on Child Poverty and Disparities pointed to the following recommendations emerging from national studies:

- A multifaceted policy response: direct, specific, focused and holistic interventions to enhance child wellbeing
- Well-designed social protection systems: social protection schemes are effective mechanisms for reducing vulnerabilities and ensuring stabilities
- Accounting for inequities: inclusive policies, equitable distribution of returns from economic growth and access to social services for the most deprived
- Safeguarding families most affected by economic crises/shocks: policies to prioritize children at greatest risk of falling into poverty as well as families experiencing structural poverty

Turning to specific theories about poverty approaches that understand poverty as caused by behavior are best framed as individualistic perspectives on why people find it hard to create opportunities and resources to bring themselves out of poverty. These perspectives are often used to argue for minimal state intervention to reduce poverty or to blame 'excessive' welfare state spending for de-motivating people to want to work or become economically productive members of society as paid labour. Quotes such as this one are common to the view:

Ironically, but predictably if we read our history, it is the very generosity of the modern welfare state which has prompted the growth of behavioral poverty by releasing individuals from all obligations to look after their own interest to the best of their ability. When there is

confidence that the welfare system will rescue them from the consequences of their own actions, the irresponsible and negligent will be more likely to maintain that kind of behavior and to become 'entangled in dependency (Maley Introduction to Sullivan 2000, p. ix).

This quote invokes the idea of behavioral poverty as poverty being about the self-responsibility and self-management issues of those whose income hovers around the poverty line. Such a view is usually associated with more Right-wing and libertarian views that the State should only intervene to change people's circumstances when they are 'deserving' by right or need. Sullivan takes her criticism further in accusing planners and social workers: 'There is never a whisper in welfare planning about behavioral components of poverty today, despite the armies of social workers presumably in a position to observe the behavior of the 'poor' at second, if not first hand. To mention this would be stigmatization, according to the ethics of the Welfare State' (Sullivan 2000, p. 7). Sullivan's work is sponsored by a conservative Melbourne policy think tank, The Centre for Independent Studies, and their policy agenda echoes many of the neo-conservative themes of late twentieth century attack on the welfare state and a retreat to individualism: taxes are a burden on citizens so bring them down, deregulate, liberalize, privatize and take away the middle class welfare state. These views need to be distinguished from more mainstream psychological approaches to poverty and child poverty.

There are a range of explanations from the discipline of psychology that focus on the individual as being responsible for their poverty. Variations of the individual perspective ascribe poverty to inherent genetic characteristics such as intelligence and link poverty to individual abilities and motivation. Intelligence-based psychological theories suggest that individuals' deficits contribute to their inferior economic and social status, though researchers (Ginsburg 1978; Pearl 1970) question the validity of such claims. Other perspectives with a medicalising orientation view the behaviour of the poor in a framework of psychological disturbance, and from a social selection hypothesis associate such disturbance with the individual's economic position, a premise challenged by Moreira (2003) who draws attention to the social, economic and political factors implicated in the causes and impact of poverty.

Contemporary psychologists have shifted their thinking on the etiology of poverty to recognise environmental factors implicated in poverty status. Developmental psychologist Bronfenbrenner's (1979) ecological theory of interacting systems has been used to illuminate the effects of the social environment on the life course of individuals and the multiple systems that can have an impact on the lives of adults and children living in poverty (Fraser 1997). More recent discourses on poverty and its causes and correlates articulated in the *APA's Resolution on Poverty and Socioeconomic Status* acknowledge structural forces and discriminatory practices in the perpetuation of poverty (APA 2000 cited in Turner and Lehning 2007).

Additionally theories of resilience and strength-based perspectives are gaining prominence. Acknowledging the capacities of individuals to overcome the negative impacts of poverty theories of resilience proposed by Garmezy (1985). Masten et al. (1990) draw attention to the strengths, competencies and resilient behaviours of individuals, in contrast to previous pathologising approaches which have been

disparaging of the capacities of poor people (Turner and Lehning 2007). Some have drawn on the empowerment oriented conceptualisations of Sen (1999) which emphasise recognition of deprivations arising from individuals' lack of power and control politically, economically and socially.

The behavioral poverty view is the most individualizing and potentially stigmatizing view of poverty. This view claims that individuals rather than their social or economic context is what explains why poor people and children as dependents on these people are in such vulnerable and deprived circumstances. People are unemployed or live in deprived circumstances because they have a low work ethic or are lazy, and do not want to change or challenge their own circumstances. There are related concepts in social science such as 'learned helplessness' or 'dependency' on social security benefits that can be mistakenly used to justify this viewpoint. These later concepts however engage with more accepted notions that poor people, as all citizens of a liberal democratic society have social agency over their lived conditions and circumstance. In this view understanding behavioural poverty is often now associated with right wing ideology that tends to 'blame the poor' for their plight. Poverty occurs because of people's behaviour – people make their own poverty.

Explicitly recognizing this view is important in terms of challenging how popular, media and public attitudes to poverty tend in many ways to individualize social problems such as poverty and place responsibility for social conditions and circumstance back on the individual commonly demonizing 'the victims' or 'have nots' of modern society. These behavioral views are sometimes related to the notion of 'concentrated poverty' in that poverty can be intensified in local and neighborhood areas by the attitudes and lack of resources in any one community (see also poverty as culture below). As a socio-spatial phenomena, economically depressed communities are vulnerable to deeper levels of poverty, violence and crime due to perhaps the notion of concentrated poverty. This is especially the case in regional, rural and remote communities.

A range of programs directed at reducing poverty reflect the individual deficiency perspective explicitly or implicitly using punitive approaches to change behaviour. From this perspective policies to restrict periods for which and individuals can receive public assistance, withhold benefits to families when children are not attending school, substitute goods and services for cash assistance, provision of shelters for the homeless in lieu of subsidies to pay for housing are cited as strategies to remedy poverty based on individual deficiency and culpability (Bradshaw 2006). Similarly, providing cash benefits and other support to low income and single mother families on a transitional basis contingent on their participation in work and work related activities reflect this perspective. The thrust of antipoverty efforts is to intervene to modify the culture. Zigler and Styfco (1996) note the success of Head Start and other educational programs in providing among other things different socialisation to reduce poverty. There are also promising programs that work within the culture to develop culturally appropriate strategies to build on strengths and assets such as micro enterprise.

One area where such notions of controlling behavior to help to push people out of poverty is in budgeting programs that are provided through non-profit, for profit

and government programs. These programs have shifted in Australia in more recent years from voluntary to involuntary for clients, and to ineffectual and disciplining income management programs according to peak welfare bodies and indigenous criticism that surrounds the Northern Territory interventions (ACOSS 2011). The justification behind them is often to keep children from harm in terms of extreme poverty by helping to manage parents' and guardians' finances. The financial moralism, regulation and control underlying these programs have become increasingly significant in public policy making as social welfare expenditure is underpinned by times of austerity. Income management programs in Australia under social security legislation are also dealing with budgeting which prior to the introduction of such management was usually the province of non-profit counseling agencies for lower income people. The issues this raises about a new state sanctioned moralism around who are 'the deserving poor' and the stigma associated with being unemployed and poor is a worrying development for the quality of life of low income people in Australia.

Poverty when seen as arising from people's cultural conditions or situation uses the lens of cultural processes and content in understanding why people are in poverty. The culture of poverty school of thought asserts that poverty is caused by cultural belief systems that support subcultures of poverty. The essence of the theory is that poverty is transmitted over generations through beliefs, values and skills that are socially generated and individually held (Bradshaw 2006). Gould (1999) notes the culture of poverty theory encapsulates low educational attainment and financial aspirations but argues these are a rational accommodation to the poverty experience and are amenable to change with access to opportunities and resources.

The term 'culture of poverty' emanated from the seminal work of Lewis (1961) who maintained that attitudes and behaviours learned in childhood can contribute to multigenerational poverty. The culture of poverty school of thought has come under controversy by scholars who ascribed socio economic poverty to class differences arguing that behaviours and beliefs displayed by the poor are reflective of their adaptation to their disadvantaged environment (Parker and Kleiner 1970; Valentine 1968). Application of the culture of poverty argument overlooks the significant norms and aspirations that poor people share with the rest of society (Valentine 1968).

Two important studies that helped initiate these traditions were Oscar Lewis's American studies of ghetto poverty in his 1961 *The Children of Sanchez* and Lee Rainwater's 1967 *And the Poor Get children*. Such books represented a growing academic and political anti-poverty movement during the 1960s that provided impetus for the USA's 1966 'War on Poverty' that developed a raft of social programs to combat poverty during the latter half of that decade, some successfully but many falling short of lifting people out of poverty. These views have had their critiques (Valentine 1968) but nonetheless the term 'concentrated poverty' is useful today as a legacy of cultural studies of poverty and homelessness to give full sense to the local and ecological circumstances. In such studies cultural and sub-cultural norms and capacities play a significant role in people's agency to overcome poverty and in motivations for lifting themselves out of poverty through the well tested avenues of paid work and formal education. However, issues of structure and agency arise in

asking questions about whether people choose poverty. The view can be used synonymously to justify behavioral explanations such as poverty as a way of life, or at its more extreme form, blaming poor people for their own plight. These cultural identities imply that one supposedly adopts attitudes of indifference, alienation, apathy, lack of incentives and self-respect. Such views are highly contested in the literature and the many critical studies of poverty. Do people create their own poverty or are they made by poverty itself?

Through the use of ethnography anthropologists have analysed the individual experiences of people in poverty and documented the interconnectedness between individual experiences, local environments and global processes. Contemporary anthropologists have drawn on critical theory to incorporate notions of globalisation, materialism, economics and feminism to examine issues of inequality and homelessness. We cannot dismiss or forget in social science the lived conditions and experiences of poverty for parents and their children, and the impact this can have on social wellbeing and health. The life histories and anthropological approaches to poverty and in particular homelessness, tell us about the actuality and lived experience of being in poverty (Wearing 1998; Mc Naughton 2008). Glasser and Bridgman's (1999) study *Braving the Street: the anthropology of homelessness* is one useful example of how the study of cultural interaction with poverty can be fruitful. They argue for a recognition of the complex mix of social practices with cultural values that brings about homelessness:

The reasons why there are homeless people, and why their numbers are ever growing in the United States and Canada, involve a tangled complex of interrelated personal problems. Housing market dynamics, social policies, labor market structures, and deeply rooted social values. Untangling this web and elucidating how the individual man, woman or family on the street has been affected by these complicated relationships is the challenge of any study of the homeless (Glasser and Bridgman 1999, p. 57)

Some of these causes are more directly related to the perspectives given below on poverty and yet tied to an anthropological and life narrative methodology. In terms of social science research this provides an enrichment of both theory and empirical study in the area. More qualitative research is needed on the lived experience of poverty and child poverty in local cultures. Interestingly some of this has been added into social economics to include the worlds of children in these perspectives on poverty (See for example Chap. 3 in this volume by Peter Saunders). In Australia descriptive and life narrative studies such as O'Hare's (2009) *Brotherhood: stories of courage and resilience* use a similar (multi) cultural and everyday lens to understand how poor people and the homeless live and relate to social services and criminal justice systems.

In the shift away from traditional individualistic perspectives social capital theories have assumed importance because of their emphasis on integrating micro and macro processes (Sampson 2001; Putnam 2000; Loury 1997). Social Capital sociologists exploring the relationship between social capital and poverty note that resources of families and communities influence the circumstances of future generations. Social capital is conceptualised broadly as more than educational and financial resources to include interpersonal relationships between families and communities.

In this respect social networks within the neighbourhood and family relationships are as important as socio economic status (see for example Lightburn and Warren-Adamson, Chap. 18). Rankin and Quane (2000) observed that those who lived in high poverty neighbourhoods had reduced access to positive social capital and social networks that could assist in bringing them out of poverty. Perspectives on geographical disparities and spatial concentrations of poverty such as rural poverty, urban poverty, third world poverty represent other framings of the issue of poverty where economic and social disadvantage concentrate in geographic areas.

5.4.2 Parental Employment and Parenting Skills

Two important areas of capacity building as anti-poverty strategies are parental employment and parental skills. Engaging parents in work and assuring the availability of permanent work for parents are important actions for potentially reducing poverty and especially child poverty. Mallon and Stevens (2012) suggest that in the USA the promise of a job, consisting of jobs of last resort, should be adopted instead of the Personal Responsibility and Work Opportunities Reconciliation Act which failed in its scope as an anti-poverty program when half of all 'welfare leavers' have fallen back into poverty within a year or 2 of their exit, mainly due to working too few hours over the course of a year.

Adequately funded maternity and paternity leave, and subsidised guaranteed child care from an early age until school age, are major components of strategies to reduce child poverty. Europe and Quebec studies found these approaches to work and also that the costs are largely recouped through increased taxes (Kershaw 2007). All these material benefits and strategies have to different extents been adopted across European countries and have been recommended for North America (Russell et al. 2008a).

As daily stressors result in depression and negative parenting, mental health services for poor parents are also necessary to tackle negative effects of poor parenting. In their study of the effects of poverty on parenting skills. Russell et al. (2008b) found that depression and despair further impaired parenting and called for the need to improve aid for impoverished parents. They identify increased public and political acceptance of increased governmental involvement in sharing responsibility for the costs of raising children. Lindsey (2004) in Russell et al. (2008a) summed the moral argument for this change: 'until private interests give way to public responsibility and a notion of civic entitlements gains precedence over under-serving poor benefits, poor children will remain in a land of affluence' (p. 327). They also find economic arguments in that everyone benefits from economic growth when optimal development of all children is obtained (Gornick and Meyers 2003 in Russell et al. 2008a). The authors call for collective political action by well-organised interest groups and parents to change social attitudes and promote increased cost sharing by government. Bradshaw (2000, 2007) advocates a community development response to intervene in systems that create barriers that prevent the poor from meeting their needs and effecting system change through the policy process.

These modes of intervention into child poverty reflect some interesting theory and philosophy, notably the view that poverty involves some forms of relative deprivation. If you are deprived of certain basic social wants such as food and shelter or social rights of citizenship such as work, a decent standard of living, or shelter and housing rights you suffer relative material deprivation. The UK social scientist Peter Townsend's (1979) is best known for prescribing this model of poverty measurement as also Australian social economist Peter Saunders and others (Saunders 2005, 2015; Marx et al. 2014). This is of course a consumption view of poverty and not a production view such as the critical views of poverty as expression of social inequality discussed below. In such views child poverty is understood as an effect of economic production and industrialization and not as causes that are structural or economic inequality within a society or across societies.

Structural stratification theories view poverty as the outcome of social isolation and segregation (Harrington 1962; Jencks 1996; Wilson 1987). Harrington notes the effects of structural and cultural racism in US society and its impact on transfer of low income status from one generation to another in communities and neighbourhoods. These perspectives on child poverty notably in the USA highlight the importance of poverty rates associations with overall levels of social and economic inequality. This is particularly interesting to both sociologist and social economist interest in social class inequalities as measured by differences between broad social variables such as socio-economic disparities of education and occupation:

Understanding classism begins with learning about the circumstances of life in a social class that does not enjoy economic power, but it does not end there. Understanding classism also means identifying the taken-for-granted social mechanisms that place obstacles in the paths of poor and working-class people, a subtle, often invisible bias that gives rise to the cliché 'the rich get richer and the poor get poorer' (Smith 2010: 31).

Smith's (2010) view follows a long standing view in social science that poor people and working class communities have been invisible in public debate including social and economic research as both a cultural and institutional issue.

Theorists in this tradition focus on the economic, political and social systems which are instrumental in causing individuals to have limited opportunities and resources to attain economic and social well-being. This perspective draws attention to the working poor from barriers to getting better jobs to lack of growth to support skilled jobs. Similarly low school achievement and poor rates of school completion are attributed to systemic failures of school systems. A further area of system related disadvantage arises from the stigmatisation of discrimination based on gender, race, disability and sexuality experienced by some individuals. Parallel exclusions may operate with respect to political systems where poor people lack the influence and power that they can draw on to mobilise economic benefits and social justice.

Rank's (2004) work reflecting a sociological perspective argues that poverty is the outcome of the deficits of economic and political structures which constrain employment opportunities, and fail to provide adequate supports and safety nets to assist low wage earners and those living in poverty. Rank advocates a shift from the old paradigm of 'blaming the victim' to one of recognising the universality of poverty and locating explanations and solutions in social institutions. Nguyen and

Peschard (2003) elaborate the dynamic interactions between poverty, inequality and ill-health. Leatherman (2005) draws on the concept of 'vulnerability' to highlight structured inequalities that are inherent in poverty and how they impact food security, health and well-being, stress and coping and overall perceptions of the social environment.

Such understanding also relates strongly to the perspective on institutional views of poverty. This is usually the liberal-left view that we cannot discuss poverty without looking at the root cause of social and economic inequality in a society. Access to the social and economic benefits provided by the welfare state, and in particular, income security takes a darker turn when considered collectively. The overall impact of welfare state measures appear to favour social inequality when social spending and taxation are considered together. The intersection of oppressions of class, race, gender, location and disability need consideration within this perspective or approach. Wallis and Kwok (2008: 17) examine the racialized and gendered impact of poverty in Canada and conclude that 'exclusion and privilege in Canada is institutionalized and systematically structured along race, gender, and class'. Australia, the USA and the UK all display varying degrees of exclusion along these intersectional lines with women particularly from minority groupings and those from non-white backgrounds as the most affected by deepening social inequality and poverty. Thus women experience the snowball effects of class and race as well as gender.

Critical theorists within sociology tend to define poverty as a form of exploitation by the ruling class and ruling elite that may involve expert elite such as professionals and bureaucrats. The added dimension to this is the similarity to the neo-conservative libertarian based on Hayek's (1944) views on 'middle class welfare' that those who most need social welfare do not benefit from the welfare state. – 'The Upside-down welfare state' or in other words 'those who need help the most get the least, and those who need it least get the most' (Walz and Askerooth 1973; Buckmaster 2009). This has been reinterpreted by critical thinkers who have pointed to the enormous benefits to the affluent through occupation and fiscal welfare following Richard Titmuss's social division of welfare arguments from the 1950s (Titmuss 1955; Jamrozik 2009; Smyth and McClelland 2010; Carson and Kerr 2014). A further dimension to this approach is direct and indirect taxation systems that can either be progressive or regressive in terms of redistribution and lifting people out of poverty. The most recent modeling of tax reforms and implementation of consumption tax such as the goods and services tax (GST) in countries such as Australia, the UK and Canada show that these taxes disproportionately disadvantage poor people and those on low income.

The modes of intervention from within these perspectives is more about changing the nature of society from a less equal one to a more equal one. Programs in areas such as progressive taxation and general redistribution of income and wealth may fit this perspective. When politicians and policy analysts talk in Australia today about 'middle class welfare' they echo debate of the Right and Left and benefits the middle class have gained from welfare state development. It is more that they are targeting a significant spectrum of the population whose incomes are mixed in with public expenditures for the broader collective (Buckmaster 2009; Jamrozik 2009;

Carson and Kerr 2014). Some might say there is a new conservatism in this of the convergence of libertarian right ideas of less welfare state measures with neo-Marxist ideas about middle class colonisation of social welfare once designed to redress social inequality. In the thick of these debates but almost forgotten stands and remains the issue of poverty and the resultant effect of child poverty in an advanced world country. Are the worst off any better off?

The broad or 'big picture' view of poverty that can underpin social causation paradigms usually views poverty as both socio-structural and institutional phenomena in any society but particularly in modern welfare capitalism (DiNitto 1991; Wallis and Kwok 2008). Such views are now more commonplace in the social inclusion and front-line practice literature.

Our work attempts to redefine poverty as a process which excludes significant segments of the population from opportunities to participate on equitable terms in the opportunities for development and decision making in society. Many such households may be identified among the income groups who hover just above the poverty line. ... Within our definition of poverty, those who denied such opportunities for participation should be termed the excluded. Eradicating poverty should, thus be measured through the changes in the opportunity structures for the excluded (Sobhan 2010, p. 2).

Sobhan is arguing for a redefinition of poverty in socio-structural terms based not only on a poverty line. His solution is to consider structural injustices as the cause of poverty (see also Sen 1999, 2009). We can consider structural injustice by studying the institutional and structural components of society that foster poverty's continuation. The concepts, theories and understandings of institutional views of poverty and child poverty are well rehearsed in the literature (Waxman 1983; Serr 2006; Di Nitto 2011; Marx et al. 2014).

On the whole a multicausal and multidimensional approach is advocated that considers both thoughtful individual and collective understandings of what causes poverty and what theories have the best explanatory power. These theories and notions of cause-effect usually come down to combinations of structural and collective explanations to cultural and individualized ones, and more recently as the multi-dimensional measurement of poverty and social exclusion. They develop alternative and more holistic approaches that encompass the multidimensional nature of poverty in different locations, situations and social circumstances. This leads into the highly technical areas of how the state and other mechanism such as the market and civil society can transfer resources. One significant area in studies has been through education and this is discussed in the next section.

5.4.3 Resource Transfer and School Policies

Education, health and family support services are central part of state support for children across both developed and developing countries (Bradbury 2003). Resource transfers, rather than income transfers are of more help to children and tend to be preferred by policy makers and taxpayers equally. Service transfers are also

preferred because policy makers and taxpayers may underestimate parents' ability to purchase services their children need.

Early interventions to enrich the experiences of pre-school children are effective in reducing the effects of poverty, such as developmental achievements (Fernandez 2013). Such interventions have short and long-term positive effects on children's outcomes, and furthermore into adulthood such as increased labour market participation. Such programs were also evaluated to be cost effective (Karoly et al. 2005). Huston (2011) argues that in order for such policies to be effective it is necessary to change not only individual behaviour as these policies aim to do, but also social structural conditions that lead to high rates of child poverty.

Self-esteem is an important factor in children's social and school performance. Adler and Figueira-McDonough (2002) focusing on children in poverty found that, with some gender differences, both school and home competence have high impacts on child self-esteem. They recommend that schools serving poor areas should preserve high self-worth by paying equal attention to school and home competence. While not as obvious in the short run, these actions are likely to improve adolescence and adulthood outcomes for children living in poverty.

5.4.4 Successful Policies

It will be useful now to explore what policies can work in alleviating or redressing child poverty. See also Chap. 2 in this volume for up to date figures on poverty rates across countries. Chen and Corak (2008) explored reasons for changes in child poverty rates in 12 OECD countries. They found that some OECD and other developed countries experienced decreased in child poverty rates during the 1990s (UK, -10.8 and UK, -7.3) and investigated causes for this decrease. They found that in the UK the cause was due to changes in the amount of government support while in the US labour market changes were the dominant influences and government transfers. In other countries found to have slightly decreased the levels of child poverty such as Norway (where the low income rate fell from 5.2 to 2 % between 1991 and 2000), income transfers were crucial in minimising the impact of a neutral labour market. In Canada the drop in poverty was due to labour market developments, changes in the amount of government transfers and demographics (mainly because of ageing parents). In Italy the level of child poverty increased between 1991 and 2000, mainly due to an increased birth rate, low parental education and low parental (and especially father's) income. Changes in government transfers also played an important role.

In North America information or counselling is believed to provide better poverty support while poverty is to be addressed by social services. The model however is contradicted by evidence from Europe where universal family benefits rather than targeted benefits were found to be most effective in reducing poverty (Cousins 2005). Family benefits can include direct economic and material payments such as child allowances, wage supports and guaranteed minimum child support benefits.

Some have also suggested housing allowances and subsidies (McLanahan and Sandefur 1994 in Russell et al. 2008a).

Table 5.2 gives a summary of how these policies and programs can be understood in the selection and causation views of child poverty research. A full analysis and literature review comparing and contrasting such initiatives and programs of anti-child poverty is not possible in this chapter. However several of the authors in this current volume have used one or the other traditions to help orient their perspectives on child poverty and exclusion as having multi-causal sources. See amongst others here especially the chapter by Sara Kimberlin and Jill Duerr Berrick on child poverty in the USA, and the introduction to this volume and Chap. 2 by Elizabeth Fernandez and Ioana Ramia.

5.5 Human Rights and Child Poverty

The issue of child poverty is also connected to that of human, social and economic rights of children as ratified by the United Nations. Without the declared universal principle of such rights by the UN the agenda to address child poverty would have little global and national impetus. All 194 United Nations member states have signed and only three countries – Somalia, South Sudan and the US – are yet to ratify the Convention on the Rights of the Child (UNCRC). The four core principles of the Convention are: non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and the respect for the views of the child. States parties to the UNCRC are obliged to develop and undertake all actions and policies in the light of the best interests of the child. Nevertheless the actions and inactions of governments often come at the cost of thousands and millions of children missing out on basic necessities, living far from the prospect of developing to their full potential. The Millennium Development Goals (MDGs) set out by the United Nations in 2000 also ask for action to reduce poverty and empower individuals. Thus a global and national agenda is set for those countries who have signed the UN Millennium goals and the rights of the child agreements. How well social and economic development and the social policies in each of the countries address or live up to such rights is at question notably in relation to the significant numbers of children and their families living in poverty.

The explicit policies to alleviate child poverty are important both for their impact and their symbolic value in ensuring that policy stakeholders and notably political leaders heed the social and economic needs of these children. Three main policy strategies to alleviate child poverty are direct resources to children and their families, policies to influence parental fertility and marriage, and policies to improve labour market outcomes for parents (Bradshaw 2007). Policies to improve children's participation in education and education outcomes, as well as child and parental health are also important strategies identified across the literature on poverty and poverty alleviation policies.

5.6 Child Poverty, Redistribution and Social Policy

The issues of child and youth poverty, and the broader repertoire of successful anti-poverty policies in affluent societies needs to be addressed in the context of contemporary trends in social welfare development, social divisions, inequality and redistribution. This is very apparent in issues affecting indigenous communities across English speaking welfare states as levels of poverty and child poverty can be three times or greater than for non-indigenous populations including Aboriginal Australians and First Nations peoples across North America (Eversole 2005). In terms of social science methodology it is also important to ‘study up’ as well as ‘study down’ to understand why children and young people are captive to certain market forces and economic globalization, and notably how this leads to greater poverty (Beder 2006, 2009). The great disparities of wealth are based themselves on both how commodity production and relentless pursuit of conspicuous consumption can enslave citizens, children and their families in modern social relations and the capitalist market economy (Stilwell and Jordon 2007; Beder 2009).

Whilst welfare capitalism can provide social freedoms through affluence and material wealth many suffer the conditions of poverty and inequality. The working poor offer their labour for low pay to afford privilege and status to the affluent in these countries. Such a view whilst not always fashionable in the circles of poverty measurement is an important normative and critical interpretation of child poverty and the lived conditions of poverty that challenges established and conservative viewpoints. This view of studying up and down also question those that look to measuring poverty alone as a solution to the effects of broader inequalities. Higgins (1978) once described so aptly the production and dissemination of social science and social policy knowledge as ‘the poverty business’.

The study and measurement of child poverty raises more conventional social policy questions about what the nature of distribution and redistribution should be in advanced welfare states. Space only permits us to raise these central questions for policy makers and other stakeholders on anti-poverty strategies. Firstly why are services distributed? Child poverty interventions need to be assessed against the normative values of adequacy, equity and equality (Gilbert and Specht 1974; Gilbert and Terrell 2002). Second what is the nature of this distribution – Universal versus Selective and/or targeted? This is a dimension we have partly addressed but require some careful consideration in terms of policy outcomes and the evidence for redressing child poverty. Finally how should social arrangements for all citizens but particularly those who are the worst off and least powerful – those living in poverty and their children – be organized by society? This raises again whether the future of social welfare in term of addressing child poverty will orient to an institutional or residual solution to child poverty (Titmuss 1955, 1974).

Current thinking amongst policy maker and politicians in advanced welfare states is that residual anti-poverty programs are a direct means to redressing child poverty. Nonetheless, the institutional view of child poverty prevention and intervention

should not be overlooked or underestimated—maintaining strong public health insurance schemes, education systems and social housing are important measures for addressing both child poverty and adult poverty. In thinking about such issues there is also the very real possibility of a two tiered social welfare system created by modern market economics and sustained by welfare states that regulate and control poor people and the working class and benefits, to a considerable degree, the rich and affluent (Titmuss 1955; Bauman 1998; Jamrozik 2009). More broadly how we view social justice as a relative and distribution concept is of utmost importance. A view is supported that needs broadly to include recognition, redistribution and political enfranchisement as the basis of social justice (Fraser 2008) for the excluded and poor people in modern societies (Steinert and Pilgram 2007; Sen 2009).

5.7 Conclusion

The theories of poverty presented here reflect a variety of influences that contribute to poverty including economic, social, political and geographic factors. This review is limited in scope – issues such as the feminization of poverty, poverty specific to particular racial and ethnic groups, poverty in developing countries and rural poverty are not discussed. Raising both the practical solutions and theoretical models that lie behind understanding child poverty help to challenge taken-for-granted, public perception and popular assumptions about simplistic causes of, and solutions to poverty. As testified by the eminent authors of this edited book, a robust social science of poverty scholarship including its multicausal nature, multi-dimensional measurement and sound strategies for alleviation in modern societies is alive and well. We need also however to ask to what ends and for whose benefit is such science put (Bauman 1998; Weber and Berger 2007)? Arguments in this volume that support the appropriate use of social science theory, methods, and evidence – based interventions can be used in the ‘real world’ of program design and in social welfare practice. Child poverty in particular need not always be with us if at the very least we encourage ways and means in public discourse of ‘imagining, organizing and mobilizing a new poverty knowledge’ (O’Conner 2001, p. 295). This is a first innovative step on the road to anti- child poverty and anti-poverty policy and hopefully to challenge broader structures of social inequality.

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Chapter 6

Disadvantage, Equity and Children's Rights in Twenty-First Century Australasia

Marie Connolly

6.1 Introduction

People tend to feel passionate about rights because they frame our understandings of fair treatment, equity and justice. They influence our feelings of equality and discrimination. In contemporary Australasian society much is said about rights and the importance of rights-based ideas within child and family welfare. Yet not all childhoods are equal, not all societies support children's rights, and not all services are rights-based.

Economic disadvantage and the prioritizing of resources can influence the life chances of children, particularly our most vulnerable children. In the context of health, Australian population statistics illuminate substantial inequalities for children and young people, which emerge in childhood but can impact well into adulthood. In addition, the price of inequality tends to fall heavily on the young and least powerful in society. For example, in 2013 the unemployment rate in Australia was 5.8 %, whilst youth unemployment reached 17.3 %. In the same year the unemployment rate in Aotearoa New Zealand was 6.2 %, but youth unemployment well exceeded this at 17.1 %. This chapter looks at the implications of being raised in economically unequal societies, how this impacts on the opportunities for children and young people, and what this says about human rights.

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6.2 Unequal Societies

Throughout history and across societies there have always been people who have more resources available to them and those who have less. Those who have less may have enough to get by, whilst others will be severely affected by poverty and disadvantage. Over the past decade significant attention has been focused on the negative impact of living in unequal Western societies (Wilkinson and Pickett 2009; Stiglitz 2012; Gould 2013). In recent decades, influenced by neoliberal economic policies across many Western countries, wealth and income disparity has widened. As a consequence, according to Gould (2013, p. 206) “the free market in its current extreme form has had the effect of weakening social cohesion and in particular the family.”

Rights, equity, injustice and disadvantage are closely intertwined and inequality generally has a price – it is associated with higher crime, lower social cohesion, health and mental health concerns, and poorer educational achievements (Stiglitz 2012). Australia and Aotearoa New Zealand have been identified as two of the most unequal nations in the developed world (Wilkinson and Pickett 2009), where free-market economic reforms have created inequities that give rise to adversity in family life and weaken social cohesion (Gould 2013). In their analysis of income inequality internationally Wilkinson and Pickett (2009) demonstrate that living in more unequal societies has negative consequences whether you are rich or poor – ill health, poor community cohesion, mental illness, violence, and the abuse of drugs, are more likely to occur in less equal societies. Australia and Aotearoa New Zealand score highly in terms of income inequality, and are among the worse across an index of health and social problems. According to Wilkinson and Pickett (2009, p. 173–4):

If ... a country does badly on health, you can predict with some confidence that it will also imprison a larger proportion of its population, have more teenage pregnancies, lower literacy scores, more obesity, worse mental health, and so on. Inequality seems to make countries socially dysfunctional across a wide range of outcomes.

This is important because increased inequality impacts on opportunity. For example, even before birth children experience differences in nutrition that can have life-long effects. As Stiglitz (2012, p. 20) notes “so difficult is it for those born into poverty to escape that economists refer to the situation as a ‘poverty trap’”. In the context of Wilkinson and Pickett’s analysis the high levels of income inequality in Australia and New Zealand are associated with high levels of teenage birth rates (New Zealand has one of the highest internationally), increased levels of mental health concerns, and both countries have high levels of criminal incarceration. All these issues have the potential to trap children and families in recycling deprivation.

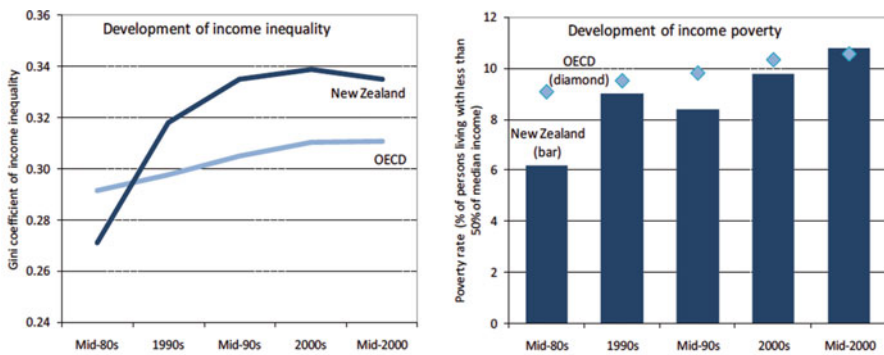
Measuring poverty is challenging and neither Australia nor Aotearoa New Zealand has an agreed definition of poverty, or official poverty measures. The following proposed definition, however, is helpful in considering child poverty in high income countries:

Children living in poverty are those who experience deprivation of the material resources and income that is required for them to develop and thrive, leaving such children unable to enjoy their rights, achieve their full potential and participate as equal members of ... society. (Children’s Commissioner 2012, p. 2)

This is very much in keeping with UNICEF’s broader definition of child poverty that incorporates material, spiritual and emotional deprivation leaving children “unable to enjoy their rights, achieve their full potential or participate as full and equal members of society” (Minujin et al. 2006, p. 485). The linking of health and wellbeing outcomes to the enjoyment of rights is important, particularly in the context of high income countries where notions of poverty are both relative and subjective. In Australia and Aotearoa New Zealand equity and the degree to which children are able to access opportunity and realize their potential fuels debate relating to children, disadvantage, equity and rights.

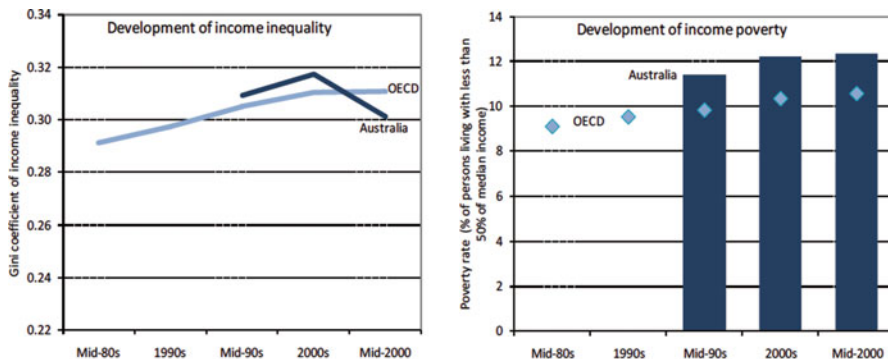
Poverty levels for children in Australia and Aotearoa New Zealand are high by comparison to other OECD countries, and it is now clear that the Australian and New Zealand economies are not delivering in ways that reduce economic disadvantage in their most vulnerable populations. In Aotearoa New Zealand whilst inequality has fallen since 2000 (but still stands well above the OECD average, (see Fig. 6.1), poverty has nevertheless increased. Poverty also falls unevenly – the level of child poverty in Aotearoa New Zealand (15 %) is one of the highest in the OECD, whereas poverty among the elderly, at 2 %, is one of the lowest.

Since 2000 Australia has also seen income inequality fall sharply (now below the OECD average, see Fig. 6.2), but there has been no reduction in poverty. In Australia one in six children live in poverty (Australian Council of Social Services (ACOSS) 2013), 17 % of Australia’s children. This means that children are at greater risk of poverty than the general population (13 %). In a recent statement UNICEF Australia noted “it is ironic that, while internationally the rate of child poverty is decreasing, a wealthy nation like Australia is slipping” (Peter 2013). Although it is difficult to calculate exact numbers, it has been estimated that child poverty affects between 500 and 600,000 children in Australia (ACOSS 2013) and between 170,000 and 270,000 in Aotearoa New Zealand (Children’s Commissioner 2012), depending upon the measures used. In any event, it is clear that children in both countries experience economic disadvantage and that effort to reduce this are having little effect.



Source: *Growing Unequal?*, OECD 2008. Income is disposable household income adjusted for household size.

Fig. 6.1 Income inequality started to decline in New Zealand around 2000 but poverty is still rising



Source: *Growing Unequal?*, OECD 2008.

Fig. 6.2 Income inequality has fallen in Australia but poverty has risen, especially since 2000

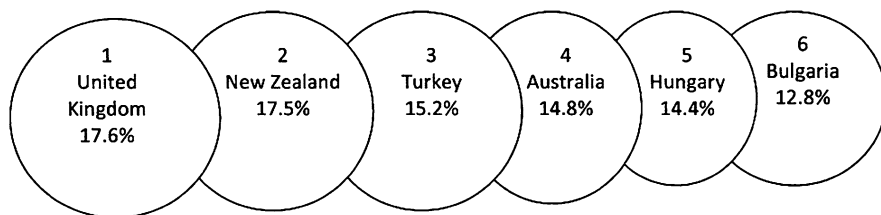


Fig. 6.3 Among OECD countries, Aotearoa New Zealand has the second highest proportion of children (5–14 years) living in jobless families, Australia has the four highest (Adapted from Moore and McDonald 2013, p. 9)

6.3 The Impact of Inequality

Both Australia and Aotearoa New Zealand pride themselves on being great countries to raise children. According to Gould (2013, p. 236) "... social justice and a fair distribution of income and wealth have always been, until recently, the hallmarks of a well-functioning society and a fully effective democracy". Yet child economic inequality continues to create inequity, disadvantage and hardship for many children and their families. Among OECD countries Aotearoa New Zealand has the second highest proportion of children (aged 5–14 years) living in jobless families, and Australia has the fourth highest (Fig. 6.3). Living in jobless households not only creates increased chances of economic deprivation, it also has the potential to frame expectations and influence work attitudes and opportunities.

Poverty is, of course, relative. People experience poverty in developing countries differently than those in high income countries. It is nevertheless clear that children in Australia and Aotearoa New Zealand experience poverty in ways that impact negatively on their well-being and future life chances. Writers have suggested that child poverty can impact on children’s health and wellbeing in three distinct ways (Children’s Commissioner 2012). Firstly it can impact on a parent’s ability to provide

basic resources such as food, and other opportunities that would enhance the child's development, the ability to access quality child care, educational resources and so on. Secondly it can create adverse parenting conditions – the stresses created by persistent poverty impact negatively on the parent's wellbeing causing negative consequences for the child. Third, poverty can influence physiological and neurological development causing long-lasting negative effects on the child's health and functioning. Experience of sustained poverty is also associated with longer term disadvantage:

poor children tend to begin school well behind their more affluent peers, and lose ground during the school years. Children from poor families also go on to complete less schooling, work less and earn less than others. (Moore and McDonald 2003, p. 13)

It is now well established that poverty can impact on health, educational achievement, the ability to live in secure housing, the ability to form friendships, as well as creating feelings of shame and a lack of hope with respect to future life chances (Children's Commissioner 2012). Some children are also more affected by poverty than others. Aboriginal and Torres Strait Island peoples are affected disproportionately, and poverty has been identified as a core explanation for ill health in Australia's First People (Walter 2007). Overall, Aboriginal households are poorer than non-Aboriginal households, having incomes at least 40 % below the national median. According to Walter (2007, p. 79):

On broader measures of socio-economic inequality, Aboriginal people are: more than fifteen times as likely to be imprisoned as adults; seventeen times as likely to be detained as juveniles; and have comparative rates of homelessness more than three times those of non-Indigenous Australians.

Similarly, rates of poverty differ across ethnic groups in Aotearoa New Zealand. Although half of all children experiencing poverty are of Pakeha/European background, Maori and Pacific Peoples experience disproportionate levels of poverty – double that of Pakeha children and twice as likely to experience severe poverty. For many Indigenous people in Australia and Aotearoa New Zealand the burden of disadvantage is inextricably linked to experiences of colonization (Ruwhiu 2013; Gilbert 2013). It is important therefore to understand the place of Indigenous peoples in colonized countries and the ongoing struggle against disadvantage and in securing human rights.

6.4 Participation, Advocacy and Democratizing Children's Rights

UNICEF's multidimensional definition of poverty, discussed earlier in this chapter, inextricably links poverty, disadvantage and experiences of exclusion with notions of children's rights. Within UNCRC's articulation of children's rights, three areas have been specifically identified for action:

- Provision – having their basic needs met
- Protection – being protected from abuse, neglect and exploitation
- Participation – playing an active role and a say in what happens to them.

In some respects, whilst material inequality and child abuse continue to challenge all Western countries, the first two areas might seem easier to come to grips with than the last. Yet without a purposeful commitment to facilitating children's participation, professionals will struggle to understand the unique circumstances of children facing poverty and disadvantage. Understanding the deep concerns that children may have about their position in the world, for example their feelings of inclusion or exclusion, requires practices that are not constrained by adult/child hierarchies. Practice needs to provide contexts in which children are listened to, where access to information is child-friendly, and where there is transparency of decision-making of which the child is an important participant. Engaging with the child's world increases professional focus toward the strengthening of equality and inclusion, and actively addressing issues of discrimination.

Although notions of children's rights and participation have now been articulated for the past several decades, the degree to which children's views and perspectives influence policies and practices that concern them is debatable. Children involved with systems of child welfare are among the most marginalized and disadvantaged children in society. Recognizing this, UNCRC clearly expects that these children will be actively involved in matters relating to their care and wellbeing:

State Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. (Article 12)

Research relating to the perspectives of children nevertheless reveals a number of challenges in fostering this active participation:

A growing body of research indicates that systems of child welfare could do much more to incorporate a children's rights perspective in their service responses. What is sometimes difficult to conceptualize, however, is what more responsive systems might look like. (Connolly and Ward 2008, p. 139)

Although children and young people are direct stakeholders in service provision, there remains what Galanos (2014, p. 11) refers to as a "gap between participation rhetoric and practice". Galanos's scoping review of research that engages with children and young people directly illuminates shortfalls in the skill base of social workers and other professionals in terms of fostering strong relationships with children and young people, including the amount of time professionals dedicate to relationship building. It is nevertheless through deep engagement that professionals can understand the expressed concerns of children and the ways in which facing poverty, disadvantage and exclusion impacts on their lives.

Creating more child-informed practices in child and family welfare is complex as so many areas of children's agency are dependent upon the authority of adults (Redmond 2008). Professionals control most aspects of child and family welfare practice and generally discretion over the sharing of information, processes of communication and decision-making rest with professionals. Child protection services tend to be adult-focused, decisions being made by adults in the best interests of children. Interpreting children's best interests through an adult lens, however, is likely to miss children's unique perceptions, and the ways in which they may be

engaged in solutions. It is clear that children want to be consulted, provided with information and have their opinions heard in meaningful ways (Morrow 2004). The challenge is to develop child-informed practices that are respectful, meaningful, and practically possible – from the most basic level of power sharing to more sophisticated levels – across the spectrum of practice.

6.4.1 *Child-Informed Practices*

At the most basic level, child-informed practice requires a commitment to listening to children, and sharing information (Fig. 6.4). Whilst it hardly seems necessary to state the expectation that professionals should listen to children, it is surprising how often children suggest this is lacking in child protection practice:

Social workers don't listen. They think they make the best decisions for you when they don't even know you. They always tell someone else – you might not want them to. (Goodyer 2011, p. 67)

In the context of child-informed practice, listening to children is not a passive activity. Rather it requires that the worker make space for meaningful dialogue, in addition to utilizing spaces that present themselves. For example, the car can provide a dual purpose – a vehicle for transporting children and young people, and also a vehicle for creating private and dedicated time for exploring concerns that children and young people may have. Child-informed practice also requires that the worker create opportunities to explore the child's views about the professional response, something that can alert the worker to the need for changes in approach, picking up on unintended consequences, or advocating in areas of need. Whilst responses to material disadvantage might lead professionals toward adult focused discussions, these may not address the child's concerns about the ways in which the experience of poverty and disadvantage impacts on them distinctly.

Children and young people are rights-holders and the State has a duty to recognize the intrinsic value and worth of rights-holders (Connolly and Ward 2008). Having information about what is happening to you can be critical to human wellbeing and peace of mind, regardless of your age. Children and young people need information that will help them understand what is happening to them, and to enable them to make sense of their world (Galanos 2014). How information is provided for children is clearly influenced by the child's age – and considerable scaffolding of rights-based ideas is required when children are young and not yet able to exercise agency.

The next level of commitment to rights-based ideas in child-informed practice involves more formalized approaches eliciting service-user feedback from children and young people. This is where feedback on service delivery is actively sought, evaluated and acted upon. This involves creating age-responsive mechanisms and methods of gathering feedback, and developing feedback loops that illustrate to the child and young person that their views have been listened to. This also creates a

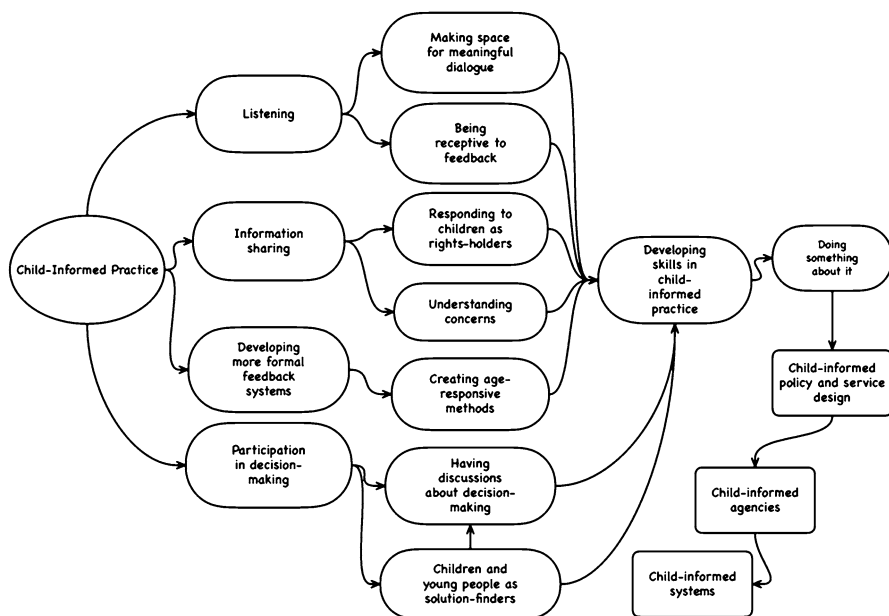


Fig. 6.4 Framework for developing child-informed practice

context for advocacy when professionals use their influence to ameliorate childrens' collective concerns and also offering the potential for mobilizing action groups.

Finally, child-informed practice requires a professional commitment to finding ways of involving children and young people in decisions that concern them. This higher level of participatory practice reflects a shift in power that takes the notion of children and young people as rights-holders seriously. Whilst it may not be possible for children to make decisions about aspects of their lives, ascertaining their views about what should happen is important, and so too having discussions about what role they may have in decision-making and why. This opens up the opportunity of perceiving children and young people as solution-finders, creating possibilities that may look quite different from those derived by adult decision-making processes. Whilst most people want to determine their own future, for a variety of reasons this isn't always possible. Indeed Morrow's (2004) research suggests that children can also appreciate the complexities of their involvement in decision-making. Being open, transparent and genuinely responsive in ways that are appropriate to the age of the child, however, requires skills that are not always part of the professional repertoire.

Munro (2011) argues that done well, children's participation can be positive and empowering. Sometimes, however, professionals may feel insecure about the skills in working with children and ill-equipped in ways of communicating. Jones (2003, p. 71) signals the importance of professional skills and being able to convey genuine

interest in children, being able to listen and understand, show respect for the child, and to reflect and manage emotions:

... good communication skills on the part of the professional are desperately needed by children who have been victimized, in order to allow them to impart any information or express their concerns.

Developing and/or strengthening skills in engaging and working with children will help to support child-informed practice within child and family welfare contexts.

Practitioners have a significant amount of autonomy in terms of the ways in which children and young people are responded to in practice, and the degree to which right-based practices will be facilitated. How enabled children and young people are in having a say in matters that concern them and represent their own interests is often constrained by adult/child hierarchies inside and outside the family. The degree to which child and family welfare agencies facilitate children's participation has also been questioned (Reynaert et al. 2009, p. 522):

...the extent of [children's] involvement has been limited. Problems include tokenism, unresolved power issues, being consulted about relatively trivial matters and the inclusion of some children leading to the exclusion of others. Among the excluded groups are disabled children, ethnic minority groups and younger children. There is also little evidence of the impact of child participation on services...

Despite the fact that more has been written about children's rights in the past 30 years than throughout history, children's rights and the degree to which children and young people have the power to influence issues that concern them continues to be largely controlled and determined by adults. Progress is slow and it could be argued that the *movement* of children's rights is in danger of becoming a purely academic debate.

From a macro perspective, it is salient that efforts to address child poverty and disadvantage have had relatively little impact upon the economic conditions marginalized children experience in Australian and New Zealand. As noted earlier, child poverty has not reduced in Australia, and it has continued to increase in New Zealand. Although advocates have continued to push for change, sadly it is rare to find a government that acts on the interests of a non-voting, silent constituency (Volpe et al. 1997).

Democratizing children's rights at the macro level through enfranchising youth citizenship is one way of building political influence. By reducing the voting age to 16 year olds young people have the potential to become a more vocal constituency.

6.4.2 *Enfranchising Youth Citizenship*

Whether the State has a role in democratizing children's rights is an important question when considering the possibilities of increasing power and balancing citizenship hierarchies. It has been argued that State systems have a key role in

redesigning societal institutions, and as they do so they have a democratizing effect (Shapiro 1999). Through international law and conventions such as UNCRC, state parties democratize family life, whilst at the same time exercising minimal interference and influencing attitudes and family norms (Connolly and Masson 2014). The introduction of compulsory schooling changed societal attitudes toward children's right to education. The prohibition of physical punishment toward children, which is increasingly being introduced into law across international jurisdictions (Wood et al. 2008) shifts attitudes and norms associated with child maltreatment so that harsh parenting is less common across the whole population. In this way, States stimulate debate and influence attitudes toward change. In the context of enfranchising youth citizenship, a similar approach could see countries such as Australia and Aotearoa New Zealand democratize children's citizen rights through a lowering of the voting age, transforming the 'silent constituency' into a vocal, and potentially more powerful one. As a voting block it is possible that young people could mobilize effort and wield influence in ways that adults speaking on their behalf cannot.

Arguments for the lowering of the voting age to 16 years have generally been made on the basis of equity – bringing it into line with other regulatory frameworks and the age at which young people are able to engage in various activities, such as holding a drivers license; the increase of political participation – as an effort to counter the decline in overall voter participation, identified as 'democratic malaise' in the UK; and the political maturity of contemporary youth (McAllister 2014). McAllister notes that there is little empirical support for the lowering of the voting age, but also notes that the evidence is sketchy and based on assumptions that may not be valid. Importantly, however, these three areas identified in the literature say very little about rights and in particular, citizenship rights. There has to be very good reason to withhold citizenship rights. Voting is an important element of democratic legitimacy. In most countries the franchise is extended to all citizens with few exceptions – non-citizens of the country; those who may have committed crime; and those who have not reached a certain age (McAllister 2014). The issue of age disenfranchisement is contentious particularly given a number of countries that have overcome barriers and have already reduced the voting age to 16 years.

Currently several countries enable 16 year olds to vote in national elections: Brazil, Austria, Cuba, Nicaragua, Bosnia-Herzegovina, Guernsey, Jersey, the Isle of Man, and parts of Norway (Democratic Audit 2013). In addition, Germany, Switzerland and Israel permit voting in local elections. Scotland has also introduced the Scottish Independence Referendum (Franchise) Bill which extends the voting age to 16 and 17 year olds enabling them to vote in Scotland's referendum on independence from the UK in September 2014 (The Scottish Parliament 2013). In the UK, Ed Miliband, leader of the Labour Party and the Opposition, has confirmed that if they win the election Labour will reduce the voting age to 16 years (Kahn 2014). It is clear, therefore, that countries are taking youth enfranchisement seriously and given the contagious nature of

progressive advances it is likely that over other countries will be encouraged to make similar changes and enfranchise youth citizenship.

6.5 Conclusions

In this chapter we have looked at how disadvantage can impact on the life chances of children, and the ways in which children and young people experiencing poverty can face cycles of deprivation. Understanding the lived experiences of this marginalized population requires practices that move beyond adult assessment and interpretations of the child's experience. Professional practices that are child-informed, that meaningfully engage children and young people as solution-finders in their own lives, present real opportunities for advocacy and creative responses that better resonate with the deep concerns that children may have about their experiences. From a macro perspective, it is clear that political systems in Australia and Aotearoa New Zealand have made little headway in reducing child poverty and the very real disadvantages children and young people face in unequal societies. We have argued that youth enfranchisement has the potential to influence political systems through the mobilization of the next generation of leadership – which is arguably far better able to advocate on their own behalf. This is likely to require us to reassess Western tendencies to extend adolescence in ways that place barriers to youth engagement in political and public service. In Australasia a politically responsive approach to children's rights would see a reprioritization of resources to purposefully drive down levels of child poverty, and the creation of social policies that would respond directly to key issues confronting youth, for example, increasing levels of youth unemployment and the critical disadvantage faced by children and young people in Indigenous and other cultural communities. Both countries have Youth Parliaments illustrating well the opportunities that exist to mobilize youth leadership. Inevitably, however, the advancement of children's rights in ways that will increase equity and reduce disadvantage will also be strengthened by professionals working at both the macro and local level. A commitment to implementing rights-based practices, at the macro and local levels, has the potential to strengthen the voice of children and young people so they become a vocal constituency in all matters that concern them.

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Chapter 7

Children's Subjective Well-Being in Disadvantaged Situations

Carme Montserrat, Ferran Casas, and James Ferreira Moura Jr.

7.1 Policy Context in Spain and the EU

The first references to the concept of social exclusion in the European Community context appeared in the European Social Charter of 1989. Its use subsequently spread to social policy developed by the Commission and led to the creation of the Observatory on National Policies to Combat Social Exclusion (1994). Although the concept was first evaluated primarily on the basis of economic income indicators, it soon evolved and expanded to include multiple deprivation indicators with a material basis, within a conceptual reformulation process (Duffy 1995).

One of the first definitions of social exclusion developed by the Observatory (Abrahamson 1997) referred to people who suffer general disadvantages in terms of education, skills, employment, home, financial resources, etc., fewer opportunities than the rest of the population in gaining access to the main institutions that distribute these life opportunities, and these disadvantages and decreased access persisting over time.

In short, this concept encompasses situations of social risk which are often completely disconnected from respect for human rights and the exercising of these rights by certain people or groups, and therefore closer to situations of inequality. Subirats (2004) refers to the concept of exclusion as a situation of disadvantage, difficulty or impossible access to mechanisms of personal development, social and

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community integration and social protection systems; deprivation of the very idea of citizenship and of the basic rights and freedoms of individuals.

One of the three pillars of the Europe 2020 strategy is that of inclusive growth. In order to assess this, the Europe 2020 strategy defines a new aggregated indicator of people living in or at risk of poverty and social exclusion, known as the AROPE group (At-risk-of poverty or social exclusion), which includes three factors: (1) income, referring to persons at-risk-of-poverty being those living in a household with an equalized disposable income below the risk-of-poverty threshold, set at 60 % of the national median equalized disposable income (after social transfers); (2) severe material deprivation, which explores the implications of income for lifestyle, representing the proportion of people who cannot afford at least four of the nine following items: (1) (arrears on) mortgage or rent payments, utility bills, hire purchase instalments or other loan payments; (2) 1 week's annual holiday away from home; (3) a meal with meat, chicken, fish (or vegetarian equivalent) every second day; (4) unexpected financial expenses; (5) a telephone (including mobile phone); (6) a colour TV; (7) a washing machine; (8) a car and (9) heating to keep the home adequately warm; (3) work intensity – people living in households with very low work intensity are defined as people of all ages (from 0 to 59 years of age) living in households where the adults (those aged 18–59, but excluding students aged 18–24) who have worked less than 20 % of their total potential during the previous 12 months.

According to Eurostat (2013), the AROPE figure for the EU-28 average was 24.8 % and for the under-18 age group (0–17) 28.1 % in 2012; the figures for Spain, more worryingly, were 28.2 % and 33.8 %, respectively. The reduction in the number of people at risk of poverty or social exclusion in the EU is one of the key targets of the Europe 2020 strategy.

Berger and Slack (2014) considered six measures of child well-being, basing their classification on the comparative ranking of 30 OECD countries (2009). Each country received a score from 1 to 30 (30 indicating the lowest score). Spain, with 17.3 % of children living in poverty, ranks low with regard to material well-being (24 points) (average available income, children in poor households, deprivation of education) and educational well-being (21) (literacy, young people in education, employment or training). It is positioned in the middle of the ranking in terms of health and safety (12) (weight of children at birth, infant mortality, breastfeeding rates, immunization rates, physical activity, mortality and suicide rates), in housing and the environment (13) (overcrowding, environmental conditions) and risk behaviours (16) (smoking, alcohol addiction, teenage pregnancy). It ranks high in quality of school life (6) (bullying, children liking school).

7.2 Theoretical Framework

The definition of risk of poverty or social exclusion refers to situations of social disadvantage which include dimensions other than the purely economic. This is consistent with the growing debate surrounding the multidimensional concept of poverty, which reconsiders the blurred and controversial dividing line between the

poor and non-poor. Both Chiappero-Martinetti (2000) and Qizilbash (2002) used different indicators to those exclusively based on income or financial expenses in their applications of fuzzy poverty measures, including social indicators related to the concept of quality of life, like those developed by Griffin (1986). These authors understand quality of life as much more than the sum of a set of economic resources. Aspects related to health, education, social relationships or feelings are constitutive elements of human life that should not be ignored if we are interested in assessing people's quality of life.

From the quality-of-life perspective (Casas 1989), we must take into account people's objective living conditions, their perceptions, evaluations and aspirations regarding their own lives (that is, their subjective well-being) as well as the perceptions of other social agents involved, whether these are adults or children, acknowledging the latter's active role as citizens.

The most intense and recent debates on quality of life continue to refer to the multiple dimensions of well-being and the complex relationships between subjective and objective indicators, showing that subjective well-being often does not correlate with objective indicators of living standards. Poverty can breed a lack of subjective well-being, but poverty itself is not equivalent to negative well-being (Ben-Arieh et al. 2014).

Sen's contribution (1993) of incorporating the concept of capability led to a new approach. By capability this author refers to the possibilities a person has to choose, relating it to their opportunities or freedom, indicating that being poor means not being able to do some basic things like having good health, being respected, or having freedom, amongst others. According to Avila et al. (2012), the person in a situation of poverty suffers multiple forms of deprivation of their capabilities to be and do things that represent a dignified life. In this sense, it is necessary to perceive that the multidimensional impacts of poverty are related to individuals' well-being (Moura Jr. et al. 2014). Authors such as Qizilbash (2002) have focused their research on poverty on concepts such as capacity and well-being, aware that there are difficulties in translating them into practical terms (Chiappero-Martinetti 2000).

From the perspective of studies on quality of life, it is worth highlighting the importance of collecting data from different social agents, as components of the same reality can be perceived in different ways, providing richness and diversity to the understanding of the phenomenon studied (Casas 1989). Poverty studies conducted by Tiwari (2009) illustrate this idea, contrasting the perspective of the affected population and that of researchers. From the point of view of the former, being poor meant not owning land, not having a job, worrying about survival, economic needs and objective well-being, taking a very local view of poverty; among the causes of poverty they named corruption and unemployment, emphasizing the need to develop economic measures. From the researchers' perspective, on the other hand, being poor meant having poor health, weak social structures, illiteracy, and low objective and subjective well-being, displaying a broad multidimensional perspective of poverty; the causes were related to health, social structures, relationships, gender and happiness.

7.2.1 Situations of Social Disadvantage in Childhood and Its Relationship with Well-Being

In the sphere of childhood, poverty is not a fully consolidated area of research. In fact, most of the studies in this sphere focus primarily on economic indicators. When this range is extended and other variables are analysed, the criterion for choosing items does not consider the point of view of children, providing solely an adult-centric perspective (Main and Bradshaw 2012), often leading to results showing a weak relationship between poverty and subjective well-being. Casas et al. (2013a) state the need and urgency to conduct research where children are the main producers of knowledge regarding their own well-being.

Main and Bessemer (2014) emphasize the fact that specific indicators on material conditions have traditionally taken the household as a unit of analysis, and from an adult perspective, which does not provide a good reflection of the living conditions of children living in a household: for example, living conditions in a given household may be acceptable as a whole, but this may not be the case for the children, in other words, a non-poor family with poor children; or conversely, the objective conditions may be very poor but the resources are mainly used for the children or they have access to services or resources that meet their needs. Therefore, if children's material living standards are studied, we are able to identify situations of child material deprivation, that is, when standards are unacceptably low, and this means studying and directly measuring the phenomenon of child poverty separately from family income.

Family circumstances may affect children's well-being, and this is often reflected in difficulties at school. Thus, Jones et al. (2013) showed how factors such as parental behaviour, family structure and the family's socio-economic situation already had an influence at the age of 7, with worse academic results when circumstances were negative. Furthermore, results were better the higher the mother's level of education. Also, children might experience a number of extremely stressful life events, such as homelessness, victimization or abuse, which could have negative long-term effects on their emotional and social well-being, but this effect may be greatly reduced if there is positive parental behaviour; that is, we are not looking at some factors being the cause, but rather a combination of these at different levels contributing to the fuzziness of the phenomenon (Casas 2003).

Main and Bessemer (2014) and Main and Bradshaw (2012) stress that some studies into children's living conditions do take their perspective into account – based on items produced by adults (child-centric perspective) – often along with socioeconomic data for their household. However, it is less frequent that the subject is treated from the child-derived perspective, that is, that children are actually the source of the items included in the research. Some qualitative studies remind us of the different perceptions held by children and adults on the subject of poverty (Ridge 2002); hence the importance of including both adult perceptions, which reflect the items they believe to identify the basic needs of children, but also, and in particular, children's. For example, Main and Bradshaw (2012), from the perspective of child-derived child material deprivation, collected such varied items from children as having

A pair of designer or brand-name trainers; A garden at home or somewhere nearby like a park where you can safely spend time with your friends; or At least one holiday away from home each year with your family or people you live with.

These items have a geographical and cultural location that makes them difficult to apply to other contexts, while also corresponding to a time period which, with the rapid changes of our age, may soon become obsolete. In this sense, Main and Bessemer (2014) argue that from an international comparative perspective perhaps we should come to an agreement regarding the concept and accept that items reflecting it will be different in each setting, an approach that generates enormous challenges, particularly methodological.

Poverty among children has a decisive effect on key areas such as health, education and ultimately social opportunities, which, as Van der Gaag et al. (2012) suggest, are highly interrelated: for example, if children are sick, they cannot go to school, or if their parents must travel a long way to look for work, they must take care of the home and dedicate time to other activities than going to school. These authors argue that the design of employment, education or welfare policies should include the perspective of children because only then will the support they need in each sphere be provided, avoiding the domino effect that may lead to certain risk factors.

According to Venturini (2008), children in a situation of poverty are generally immersed in contexts of material deprivation and social exclusion, it also being an obligation of governments to protect them from these adverse contexts.

Main and Bessemer (2014) note that one of the difficulties in identifying the impact of material deprivation on child well-being and well-becoming is that it is heavily influenced by other factors that also determine outcomes. For example, families that suffer material deprivation are more likely to suffer from health problems and stress; or low levels of parental education mean their being less involved in the education of their children and low aspirations. Material deprivation may mediate this process of constant interaction between factors, and may act as an enhancer.

Quality of housing also has a strong impact on children's situation at school and other aspects of their well-being (Barnes et al. 2008), as well as effects on health and social relations. Rees et al. (2012) found a relationship between children's personal, family or social circumstances and their level of subjective well-being. In some domains, girls had lower subjective well-being than boys, and children from ethnic minorities, in the child protection system and those who had unemployed parents had lower subjective well-being than children in the general population. Recent changes in children's family and school life also have a negative influence on their subjective well-being (Dinisman et al. 2012).

Montserrat et al. (2013) show how a lack of support at school for children in the protection system leads to unequal educational opportunities and in many cases also to social exclusion when they are adults.

Exploring their satisfaction with life and domains of their life, and satisfaction with the services provided for them, helps us identify which areas require improvement, and is a way of expanding our understanding of the phenomena of social disadvantage, using a multidimensional perspective based on the perceptions of children. This study aims to provide clues to some of the circumstances or contexts that lead to social disadvantage, inequality of opportunity and lower life satisfaction,

and thus proposes their inclusion on the political agenda and that of professionals working with children.

The present study aims to explore the differences in subjective well-being of adolescents enrolled in the first year of secondary education (mean 12 years old), comparing that of children living in situations of social disadvantage with that of the general population of the same age in Spain.

7.3 Method

7.3.1 Sample

We used a representative sample of students in the first year of secondary education (ESO) in Spain. The sampling unit comprised the schools, stratified by the 17 Spanish autonomous regions, taking into account whether they were state-run, subsidized or privately-run, and their urban, semi-urban or rural location. It is therefore a stratified cluster random sampling, including 143 schools. The overall sampling error was 1.9 %.

The sample (Table 7.1) comprises 5,934 young people aged between 11 and 14 ($M = 12.09$, $SD = 0.68$), with 56.38 % attending state-run schools, 36.45 % subsidized

Table 7.1 Distribution by gender, type of school, age, born in Spain and geographical location

Descriptive variables	Boys	Girls	Total/percentage
School ownership			
State-run	1,758	1,788	3,346 (56.38 %)
Subsidized	1,097	1,066	2,163 (36.45 %)
Private	118	107	225 (7.71 %)
Total	2,973	2,961	5,934
Age			
11	410	460	870 (14.95 %)
12	1,857	1,954	3,811 (65.51 %)
13	490	384	874 (15.02 %)
14	156	106	262 (4.50 %)
Total	2,913	2,904	5,817
Country of origin			
Born in Spain	2,640	2,617	5,257 (88.81 %)
Born abroad	326	336	662 (11.19 %)
Total	2,966	2,953	5,919
Geographical location			
Rural	146	127	273 (4.61 %)
Semi-urban	596	574	1,170 (19.71 %)
Urban	2,231	2,260	4,491 (75.68 %)
Total	2,973	2,961	5,934

schools and 7.17 % private. With regard to location and nationality, 75.68 % go to urban schools, and the vast majority were born in Spain (88.81 %).

7.3.2 Procedure

The schools were randomly selected. Participating pupils, after giving their informed consent, completed a self-administered questionnaire in their own classrooms during school hours, during the 2011–2012 school year. Two trained researchers were present at the time and informed them of the purpose of the study, its anonymous nature and their voluntary cooperation.

7.3.3 Instruments

Data were collected using the questionnaire of the International Survey of Children's Well-Being (www.childrensworlds.org). This questionnaire includes the Domains Satisfaction General Index (DSGI), which was calculated using the arithmetic mean of the 8 indexes for life domains (Casas and Bello 2012; Casas et al. 2013a): home, material belongings, interpersonal relationships, the area where you live, health, use of time, school and personal satisfaction, comprising a total of 26 items using a 11-point scale. In addition to the control variables (age, gender), it also includes a number of items related to situations we have considered possible indicators of social disadvantage.

7.3.4 Data Analysis

Situations of social disadvantage that may be considered dimensions of poverty are analysed using the multidimensional perspective of the Capability Approach (CA) (Chiappero-Martinetti 2000), which addresses people's relationship with economic failure, but also with health, education, social relations and subjective issues; that is, a more comprehensive approach to social well-being.

On the basis of this multidimensional approach, we used the methodology of fuzzy sets, which allowed us to determine the different degrees of existence of the variable used (Chiappero-Martinetti 2000). We understand that, as constructs, poverty and well-being are considered difficult to bind as a whole due to their complexity, this theory generally being used for comprehensive understanding of these phenomena (Qizilbash and Clark 2005; Lelli 2001); several authors and studies have developed means of measuring poverty from a multidimensional perspective (Chiappero-Martinetti 2000; Comim 2008; Lelli 2001; Qizilbash and Clark 2005; PNUD 2010).

Fuzzy set methodology replaces the well-delineated function (set crisp), in which the indicators are only related to non-member or yes-member values. It is widely used due to its ease of visualization and interpretation, since values are considered equidistant and have a minimum and maximum that refer to each variable's field of membership (Lelli 2001). In our database, these values range from 0 (non-members) to 10 (members). Note that differences between authors refer primarily to which values are considered maximum and minimum. For example, Comim (2008) and Chiappero-Martinetti (2000) use a parameter of between 0 and 1, whereas Qizilbash and Clark (2005) use values between 0 and 5.

Those variables that are not dichotomous are therefore conceived in a linear function of equidistant values between the parameters 0 and 10 (Table 7.2). This study considers that for each variable and dimension, the closer the values of the children's responses are to 0, the less poor they will consider themselves. The closer they are to 10, the more they will consider themselves as living in a more socially disadvantaged situation. Thus, using the same strategy as that used by Comim (2008), an average between 0 and 10 was developed for each dimension.

The dimensions explored are as follows:

- Education, with the following variables: father and mother's level of education and children repeating a school year;
- Home and material aspects, with the following variables: family having a computer, internet, a mobile, a car, clothes in good condition, a bathroom and books;
- Satisfaction with home, with the following variables: satisfaction with own space in the home, with the home itself and with spaces available to them in the home;
- Subjective poverty perceived by the child, with the following variables: satisfaction with the things they have, concern about family's money and comparative assessment of family wealth.

Descriptive analyses were conducted of the items on the DSGI with life domains using different variables (father and mother's education, repeated school year, perception of family wealth, money concerns and satisfaction with the space available at home). These analyses were performed using *t*-test or variance analysis (ANOVA), with a statistical significance of 0.05.

We then conducted a multifactorial regression analysis using the stepwise procedure (Bisquerra et al. 2004) in order to identify the influence on subjective well-being of the different variables related to poverty, using the 0.05 level of significance. The dependent variable used was the DSGI and the independent variables were the dimensions of poverty: education, home and material conditions, satisfaction with home and subjective perception of poverty. We also performed a multivariate variance analysis (MANOVA), taking as dependent variables the dimensions of education, home and material conditions, satisfaction with home and subjective poverty. The independent variable was perception of wealth and poverty, subdividing the sample into two groups: children who have the perception that their family is less or much less wealthy than others, and those who have the perception that their family is wealthier or much wealthier than others. A polynomial contrast was used.

Table 7.2 Dimensions of multidimensional poverty

Dimensions	Scores ^a				
	0	2.5	5	7.5	10
Education father's level of education	University upper secondary		Primary secondary		Did not finish primary
Mother's level of education	University upper secondary		Primary secondary		Did not finish primary
Repeated year	No				
<i>Home and material conditions</i>					
Has computer when needed	Yes				No
Has internet	Yes				No
Has mobile	Yes				No
Has clothes in good condition for school	Yes				No
No. of bathrooms and toilets in usual residence	2, 3 or more		1		None
Family has car	1 or 2 or more cars				None
No. of books at home in addition to school books	100–500, or over 500		50–100		Less than 50
<i>Satisfaction with home</i>					
Having own space at home	Totally agree	Agree	Neither agree nor disagree	Disagree	Totally disagree
Satisfaction with house/flat itself	Totally satisfied		Neither dissatisfied, nor satisfied		Totally dissatisfied
Satisfaction with space available to them at home	Totally satisfied		Neither dissatisfied, nor satisfied		Totally dissatisfied
<i>Subjective poverty</i>					
Satisfaction with things they have	Totally satisfied		Neither dissatisfied, nor satisfied		Always
Concerned about family's money	Never	Sometimes		Often	
Family wealth in comparison with other families in the area where they live	Equally wealthy, much more wealthy, or quite wealthy		Less wealthy		Much less wealthy

^a0 is associated with lower rates of social disadvantage; 10 is associated with higher rates of disadvantage

7.4 Findings

A comparative analysis of the DSGI was performed with the father and mother's different levels of education using ANOVA. Significant differences were observed between the DSGI, children with parents with a low level of education displaying a lower level of well-being. In comparisons with different variables using the *t*-test, children who had repeated a school year; were born outside Spain; perceived their family to be poorer than other families; were concerned about money; and were not satisfied with their living space displayed lower levels of DSGI (Table 7.3).

We also performed a regression analysis with the dependent variable DSGI and the independent variables dimensions of multidimensional poverty (education, satisfaction with home, subjective poverty and material conditions). The final model has a high predictive value ($R=0.669$, $F(4,3278)=703.91$, $p<0.001$), with an explained variance of 44.9 %. All dimensions studied here function as negative predictors of subjective well-being (Table 7.4). The best negative predictor of well-being is satisfaction with home ($B=-.584$, $p<0.001$), followed by subjective poverty ($B=-.159$, $p<0.001$), education ($B=-.068$, $p<0.001$) and material conditions ($-.035$, $p=.008$).

In the MANOVA (Table 7.5), significant differences were identified in the interaction of all dependent variables between the groups of children who consider themselves wealthier and those who consider themselves poorer ($F(4,5137)=665.908$, $p<.001$, Wilks' Lambda = .659). By means of a univariate analysis based on each dependent variable using ANOVA, we detected significant differences between the means of the children who consider themselves poorer and those who consider themselves wealthier than others, in all of the dimensions studied here: education ($F(1,5142)=130.42$, $p<0.001$), the less wealthy having $M=3.05$ ($SD=4.10$) and the wealthier $M=1.47$ ($SD=3.17$); home and material aspects ($F(1,5142)=172.25$, $p<0.001$), the less wealthy having $M=2.03$ ($SD=1.82$) and the wealthier $M=1.27$ ($SD=1.31$); satisfaction with home ($F(1,5142)=258.53$, $p<0.001$), the less wealthy having $M=1.78$ ($SD=1.96$) and the wealthier $M=.86$ ($SD=1.25$); and subjective poverty ($F(1,5142)=4266.33$, $p<0.001$), the less wealthy having $M=4.49$ ($SD=1.54$) and the wealthier $M=1.75$ ($SD=1.26$).

7.5 Reflective Questions and Implications

This study takes a sample of the general population in the first year of secondary education to develop a procedure for identifying children living in socially disadvantaged situations by exploring differences in subjective well-being compared with the general population of the same age in Spain. In accordance with multidimensional approaches to poverty and well-being (Chiappero-Martinetti 2000; Qizilbash and Clark 2005) and social exclusion (Abrahamson 1997; Subirats 2004), a number of variables were selected to identify which of these may be affected by

Table 7.3 DSGI mean scores for different variable values

Variables	Mean	Std. deviation
Fathers' level of education	89.70*	9.40
	88.49*	9.26
	84.43*	12.60
Mothers' level of education	88.91**	9.11
	88.20**	9.34
	83.43**	12.6
Child has repeated school year	85.82***	11.28
	89.74***	9.05
Born outside Spain or not	87.44* ¹	10.91
	89.06* ¹	9.61
Comparison with other families regarding poverty	82.07** ¹	12.89
	89.75** ¹	8.94
Concern about money	88.27*** ¹	9.91
	91.23*** ¹	8.89
Satisfaction with space available at home	60.81* ²	23.24
	92.17* ²	6.64

* (F(2,3419) = 13.63, p < 0.001)

** (F(2,3434) = 16.52, p < 0.001)

*** (t(908.58) = 8.40, p < 0.001)

*¹ (t(427.17) = 2.69, p = 0.007)

** (t(425.75) = -11.218, p < 0.001)

***¹ (t(1040.547) = 7.410, p < 0.001)*² (t(31.066) = 7.627, p < 0.001)

Table 7.4 Multiple regression analysis of the multidimensional aspects of poverty as predictors of the DSGI^a

Model predictors		B Std. error		Beta	T
1 ^b	(Constant)	93.094	.153		609.358
	Satisfaction with home	-4.715	.095	-.643	-49.555
2 ^c	(Constant)	94.987	.209		454.743
	Satisfaction with home	-4.368	.097	-.596	-45.159
	Subjective poverty	-1.040	.080	-.171	-12.950
3 ^d	(Constant)	95.201	.211		451.329
	Satisfaction with home	-4.311	.097	-.588	-44.564
	Subjective poverty	-.985	.080	-.162	-12.236
	Education	-.222	.037	-.076	-5.959
4 ^e	(Constant)	95.420	.227		421.097
	Satisfaction with home	-4.280	.097	-.584	-43.963
	Subjective poverty	-.966	.081	-.159	-11.960
	Education	-.197	.038	-.068	-5.127
	Material conditions	-.245	.093	-.035	-2.635

^aDependent variable: DSGI

^bModel 1: R=0.643; R²=0.414; Adjusted R²=0.414, p < .001

^cModel 2: R=0.664; R²=0.441 Adjusted R²=0.441, p < .001

^dModel 3: R=0.668; R²=0.447; Adjusted R²=0.446, p < .001

^eModel 4: R=0.670; R²=0.448; Adjusted R²=0.448, p < .001

Table 7.5 Means for multidimensional aspects of poverty based on comparative perception of poverty and wealth

Dimensions	How much wealthier their family is than others	Mean	Std. deviation
Education	Less wealthy or much less wealthy	3.0534	4.10299
	Wealthier or much wealthier	1.4739	3.17394
	Total	1.6751	3.34804
Material conditions	Less wealthy or much less wealthy	2.0379	1.81069
	Wealthier or much wealthier	1.2753	1.31639
	Total	1.3725	1.41203
Satisfaction with home	Less wealthy or much less wealthy	1.7809	1.96161
	Wealthier or much wealthier	.8615	1.25703
	Total	.9787	1.40081
Subjective poverty	Less wealthy or much less wealthy	4.4903	1.54665
	Wealthier or much wealthier	1.7582	1.26201
	Total	2.1062	1.58869

disadvantaged contexts. Fuzzy set methodology was used to test these variables, which were related to parents' level of education and unemployment, material belongings and own space at home, repeated school year, having been born in Spain, family or foster family, subjective perception of poverty or wealth, and money concerns. The results indicate significantly lower levels of subjective well-being in

children disadvantaged in all these variables. Main and Bessemer (2014) also argue that children are more likely to live in a situation of material deprivation if their parents have no or little education, are unemployed or have an unskilled or low-skilled job, or if they live in a single parent family, as well as other influences such as the geographical location of the home or being the child of immigrants. Ridge (2011) suggests that poverty has emotional and personal implications for children, with feelings of shame, guilt, sadness and fear of social exclusion limiting their interpersonal relationships and social participation. Numerous studies link parents' level of education with their children's academic performance, but few relate this to their level of subjective well-being. In addition, children who repeat school years display lower subjective well-being in our study, and this brings us to the more general debate regarding the non-desirability of this practice (Marchesi and Hernandez 2003). Montserrat et al (2013) has also pointed out the negative impact of educational inequalities on the disadvantaged population, and Bradshaw et al. (2011) observed lower personal well-being in children with academic difficulties at school.

According to Rees et al. (2012) and Bradshaw et al. (2011), children belonging to ethnic minorities also have lower levels of subjective well-being compared to the general population, a similar result to that in our study regarding those born outside Spain resulting from the phenomenon of immigration over the past decade.

Authors such as Venturini (2008) relate these types of variables to the more structural factor of poverty and the difficulties of escaping from it due in part to the lack of effective government actions in creating new life perspectives for children in situations of social disadvantage. According to Montserrat et al. (2013), one of these perspectives should be equal educational opportunities.

A further point to highlight from our study is that the obtained data include the perspective of children, contributing to the idea that they are producers of knowledge (Casas et al. 2013b); that said, it does not adopt a child-derived approach, given that the items were not proposed by the children themselves (Main and Bessemer 2014), and this remains an objective to develop in the future.

We believe it very interesting to note the issue of children's subjective perception of their own poverty/wealth, on the basis of which we performed a MANOVA with different dimensions of poverty. Significant differences were observed between those children who perceived themselves as being less wealthy than their classmates and those who perceived themselves as being wealthier, for the following dimensions studied: education; home and material belongings; satisfaction with home; and subjective poverty. All of these variables served as negative predictors of subjective well-being, with a greater weight for satisfaction with home, followed by subjective poverty, education and material belongings. Main and Bradshaw (2012) showed that the most relevant results taken from questionnaires aimed at measuring poverty in children are related to their subjective perception of their family situation and home. In this regard, it is very interesting to note Ridge's contribution (2002), namely that children deprived of things or situations that their peers do have display strong feelings of exclusion and experience problems with bullying, isolation and low self-esteem. Main and Bessemer (2014) state that children who do not have

things that 99 % of their peers do have are more severely impacted than children who do not have things that 60 % of their peers have.

In this respect, the results provided by our study lead us to several interesting insights from the point of view of both research and the design of policies and professional practices. One is that the perception of inequality based on peer-group comparison lowers levels of well-being among children who view themselves as less wealthy. This brings us to Pickett and Wilkinson (2007), who detect a negative relationship between well-being and socioeconomic status based on inequality at a macro level, drawing the conclusion that societies with greater inequalities between rich and poor have a negative influence on children's well-being.

Therefore, living with greater inequalities, at both a micro and macro level, has negative effects for part of the population. Working for more egalitarian and equitable societies should be a priority on political agendas, as well as promoting equal opportunities for all citizens. On a more micro level, fostering group cohesion among peers rather than attitudes of exclusion according to their living conditions constitutes a challenge for professionals working with children. The social, health, education, leisure, and judicial services should all be able to design interventions that compensate for the more deprived areas of children's lives, since effective intervention in one area can lead to positive changes in others when the focus, commented previously in this article, is on interrelated factors. Thus, it is essential to promote equal access to education, health and in general to services and products where the main and direct beneficiaries are children, that is, working (professionally, politically and in research) with and for children, as well as from their perspective, to pave the way for a change in situations of social disadvantage in childhood.

One limitation of this study is that it does not include other perspectives to contrast some of the situations contributed by children with the points of view of other informants (teachers, educators, parents), not so as to validate them, but with the idea of contributing a greater richness to the phenomenon studied; that is, in order to take the perspective of different stakeholders into account. Furthermore, it would be interesting in the future to conduct qualitative studies with children to discuss and debate the phenomenon of poverty itself.

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Chapter 8

Child Poverty in Germany: Conceptual Aspects and Core Findings

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8.1 Framework of the Survey “Children in Germany 2013”

8.1.1 *The Concept of Child Wellbeing*

The World Vision Child Surveys have just one basic philosophy: to give children in Germany a voice in their own experiences and perspectives. These surveys view children as the experts on the world they live in: on their feelings, opinions, and experiences. The First World Vision Child Survey in 2007 presented and substantiated this theoretical and methodological approach in some detail (Andresen and Hurrelmann 2007). One of the findings emphasized in 2007 has had a notable impact both in Germany and abroad: the gaps the study revealed in what we know about middle childhood, that is, children between the ages of 6 and 11 years.

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The World Vision Child Surveys have contributed to closing these gaps. The third Survey is based on a representative sample of 2,500 children from 6 to 11 years and a qualitative sample of 12 children from the younger age of 6 and 7 years and the 10- and 11 year olds. As in the past two studies in 2007 and 2010, the third study addresses the concept of well-being. In our research we are interested in finding out about not only the subjective appraisals of our respondents but also their specific social framing conditions.

Generally, well-being is conceived as a multidimensional concept (Minkkinen 2013). This means that it is composed of several dimensions such as material resources, education, health, and relationships. Whereas the dimensions define and systematically frame the concept of well-being as a whole, the single indicators assigned to each dimension serve to specify and measure well-being. One major advance has been the intensive work on determining the role of the important dimension of subjective well-being and how it should be measured. This has also drawn on established psychological research on, for example, the “quality of life.” There are now many studies addressing the assessment of subjective well-being. The UNICEF studies also work with this dimension, and they have analyzed it in depth in their latest Report Card 11 (2013). It uses an index to assess subjective well-being as broadly as possible. The index covers overall life satisfaction, close relationships with parents and peers, general well-being at school, and subjective health reports. In the near future, there will certainly be a need for further studies, including international comparisons, in order to further clarify the state of subjective well-being in children (Bradshaw et al. 2013).

In this context, we should also mention the qualitative studies on the subjective ideas of children, because we also drew on these in our surveys, in which we combine qualitative and quantitative methods. One outstanding example is the research carried out in Australia by Fattore et al. (2012). This research team asked children to report which areas of life they considered to be most important for well-being. They identified three areas: self, agency, and security. Self refers essentially to the children’s self-esteem, that is, their appraisal of themselves as good and valuable personalities. Agency assesses how far children feel that they have control over their own lives and the self-efficacy of their actions. Finally, security describes their feeling of being safe and in good hands in their relationships with their parents and other adults while nonetheless having sufficient scope when it comes to doing what they want to do themselves.

When conceiving child well-being in 2013, we have not only extended the two earlier studies but also integrated the national and international discussion sketched above. Because satisfaction can be a rather vague and everyday term in German, we asked the children to tell us how satisfied they were with every single different life domain in turn. The following dimensions form the concept of well-being in our study:

- Care from one parent/both parents measured in terms of the amount of time they devote to their children
- Freedoms in daily life measured in terms of how satisfied children are with the freedoms their parents grant them

- Recognition and codetermination measured in terms of who, in their experience, respects their opinion and to what extent they are involved in making everyday decisions
- General satisfaction with institutions measured in terms of satisfaction with school and with day-care provisions
- Leisure measured in terms of satisfaction with leisure-time opportunities
- Friendships with other children measured in terms of satisfaction with the circle of friends
- Subjective well-being measured in terms of overall satisfaction with life

As reported in the previous World Vision Child Studies, the majority of children in our survey reported being very satisfied in each of the life domains. However, this exceptionally high level of satisfaction might possibly be due to the way we surveyed the children, suggesting a need to reconsider our methods. Another possibility is that children simply accept the position of adults in the power hierarchy, and are quick to express their satisfaction for this reason alone. In that case, we need to take a more critical look at the theoretical approach in childhood studies.

8.1.2 Concepts and Measurements of Poverty from an International Perspective

What is well-being like for children living in poverty? Research on child well-being is increasingly addressing this issue. It needs to clarify how strongly poverty and social disadvantage impact on well-being, what can be done to counter this, and how child poverty needs to be defined and measured. There have been major new international studies in this field along with systematic analyses of how child poverty should be measured and evaluated. Nonetheless, we still know very little about the experiences of the children themselves. Up to now, studies on how children in poverty themselves see their world are very rare in both national and international childhood research. However, such studies are essential if we are to understand which strategies children use to counter precarious life states, how they themselves perceive their situation, and what phenomena they have to deal with in their daily lives.

The second World Vision Survey in 2010 addressed perceptions and appraisals of poverty in individual child portraits. However, none of the children we interviewed in 2010 were living in poverty themselves; and the same applies to the children in the third Survey. In the 2010 interviews, we gave children photographs to look at. These depicted typical scenarios of relatively poor, relatively affluent, and very affluent living conditions. On the basis of the children's responses to these photographs in 2010, we were able to show that most children were quite capable of classifying "being poor." Some referred to families they knew or children at their school whom they perceived to be disadvantaged. We noticed that when discussing this topic, children preferred to position themselves and their own families as being located in the middle between poor and rich, and they generally associated wealth with the need to be socially responsible.

For children, responsibility seems to be an important topic in the context of poverty. It also plays an important role in the few studies carried out with children who actually are poor. For example, poor children in Germany know exactly what the things they desire cost, but they frequently do not ask their parents for them. They know the prices and they know how much money per month their family has at its disposal. Poor children also adopt responsibility for their parents when, for example, they look after younger siblings and thereby try to ease the burdens on their mothers. Or they adopt responsibility for the emotional well-being of their parents by worrying about them (Andresen et al. 2013). There is a great need to find out about the daily lives of children living in poverty, because adults such as child-care workers or teachers need to be made aware of the precarious living conditions of these children in every location in which they interact with them.

In recent times, several international studies have made major contributions to our understanding of child poverty. The main issues here are whether there is something specific in childhood that shapes the experience of poverty in a different way to that in adulthood; whether one can determine a childhood-specific deprivation (e.g., Main and Pople 2011); and how experiencing poverty in early childhood impacts on educational processes during the further course of development (Stamm and Viehhauser 2009). For example, research on social indicators systematically analyses how early childhood poverty impacts on adult economic well-being, and which effects can be measured on, for example, labour-market success.

We draw on all these studies in our own work and we should be aware of their impact on child oriented studies.

One discussion centres on the fundamental question of how to measure poverty in adults, youths, and children and how to interpret statistical data. One established measure of poverty—also used in childhood studies—is oriented toward median income. In the European Union (EU), anybody earning less than 60 % of the median disposable income in a given nation is considered to be at risk of poverty. Having less than 50 % of median income at one's disposal is viewed as severe poverty; less than 40 %, as very severe poverty. Report Card 10 published by UNICEF (2012) under the title *Measuring child poverty*, has had a major impact on research. It assesses child poverty with a deprivation index and contrasts this index with findings based on the relative poverty concept using the median disposable household income. The approach is in line with the efforts to establish a composite index of well-being. On the one hand, this means that it assumes child poverty can be assessed in relation to child development and needs independently from the comparative wealth of a society, but, on the other hand, that it still has to be related to a nation's median income.

What goes into this deprivation index? It assesses whether a child has appropriate and at least partially new clothing; all-weather shoes; regular daily meals including fresh fruit, fresh vegetables, and meat (or a vegetarian equivalent); access to books; regular leisure activities in the sense of non-formal education; outdoor leisure equipment such as a bicycle or roller skates. However, the index also includes the opportunity to celebrate special occasions such as birthdays and the opportunity to sometimes invite friends home. Because these are aspects that also characterize children's lives in Germany, we also include some of them in our study.

If two or more of the above indicators that are considered to be relevant for an average child's life, for what we could call "normal childhood," are lacking, then a child's situation is considered to be deprived. Based on these findings, the international UNICEF research team has classified the European nations into four groups:

- The most northern nations in Europe along with the Netherlands with low child deprivation rates
- Germany, France, Spain, and Great Britain together with eight smaller nations that form a group with a deprivation rate between 11 and 20 %
- A group of new member states including Estonia, Lithuania, and Poland together with Italy and Greece with a deprivation rate of about 25 %
- Three nations—Portugal, Romania, and Bulgaria—with the highest deprivation rate

The more exploratory study by Main and Pople (2011) has shown the benefits of linking a material deprivation approach to the concept of subjective well-being: "We wanted to know what material items and experiences children themselves think are necessary for a 'normal kind of life', whether lacking these items and experiences is related to their self-reported well-being and if so, which items or types of items seems to be the most important" (Main and Pople 2011, p. 3). On the basis of focus group discussions and a survey of 300 children, Main and Pople developed different weightings and types of items.

One important finding from this kind of international comparisons like the UNICEF study, which is also confirmed in the World Vision Child Studies, is the particular risk of poverty facing children in single-parent families and in families with unemployed parents or parents with low education. This is also in line with the present findings. In Germany, children in large families with more than two siblings also face a significantly higher risk of poverty.

8.1.3 The Concept of Poverty in the Framework of the World Vision Survey

Poverty is a major topic in all three World Vision Child Surveys (2007, 2010, 2013). Our concept of poverty is multidimensional. In other words, we do not view poverty as being just a question of financial want, but take various areas of a child's life into account such as the family or leisure. This links up with the question whether research needs a specific child poverty concept and how such a concept may differ from that of youth or adult poverty. The question has emerged from concerns about whether children are particularly helpless when it comes to the causes of their poverty and whether the negative consequences of poverty have a stronger and more long-lasting effect on children than on adults; in other words, whether children represent a particularly vulnerable group.

Our study takes the perspective of the actors seriously; it tries to examine the everyday experiences of children and to relate these to social conditions. In addition,

we understand child poverty as a paucity of chances to participate in society and to engage in self-realization.

The concept of child poverty in the World Vision Child Surveys is based on the following dimensions:

- Limited financial options in the family measured by the children's subjective assessments of whether the family is short of money or has enough for all necessities such as warm clothing or school books.
- Limited participation in social and cultural life measured by the children's subjective assessments of various experiences such as not being able to go away on vacation, go to the movies, or learn to play a musical instrument.
- In addition, parents' subjective assessments of how well they manage with the money at their disposal. These were entered into what we called a class index that divided all children into five different social origins. The parents' level of education, type of accommodation (owned or rented property), and reports on the number of books in the household are also major components of this index.

Both our own research and other studies have emphasized the extent to which poverty is associated with shame and shaming. Children often feel stigmatized together with their parents. Although the German government has launched non-formal education and participation grants for poor children, not all local authorities and institutions have developed good ways of implementing them. This sociopolitical measure known as the *Bildungs- und Teilhabepaket* [education and participation package] is based on the assumption that parents will spend funds allocated to children in other ways so that they do not reach the children concerned. Therefore, parents may, or may have to, apply to receive school materials, private lessons, excursions, or 10 Euro for a club membership for their children. However, the great bureaucratic effort involved in this means that much of the funding allocated to this measure also fails to reach the children. Moreover, children are ashamed to be identified as "aid recipients" for free meals at schools or daycare centres.

In the present survey, we used the 5-point class index to analyze social origins that we introduced for the first Survey in 2007. We assigned children to a social class of origin on two dimensions: first, the parents' educational background (education dimension); and, second, the material state of the household (material participation dimension). This taps the children's central home-related and material starting and framing conditions. It focuses on the family's level of education within the context of a sufficient availability of the necessary financial resources.

Empirically, we draw on parental reports on their school-leaving qualifications supplemented by a rating of the number of books in the household gathered during the child survey, the parental evaluation of their financial situation, and the residential status (rented accommodation or home ownership). This information is comparatively easy to ask for and can therefore be gathered almost completely within a child study without any exceptional effort. Lower class and lower middle-class children accordingly come from less well-educated parental homes that also tend to have low incomes, whereas children from the upper middle class and the upper class have more highly educated family backgrounds and can also draw on a higher income.

Research itself can also contribute to generating shame: language, for example, can have a powerful effect. In this context, although we apply the term “lower class” in our World Vision Child Studies, we wish to emphasize that we use it exclusively to label low socioeconomic status. We distance ourselves emphatically from stigmatizing uses of the term such as “lower class culture.” The primary purpose of such discourses is to stigmatize the behavior of people living in precarious circumstances and to ignore the conditions in which they live. The children are very much aware of these public discussions and the attributions of blame that frequently accompany them. This is something that any study of well-being in children should acknowledge and reflect on critically.

8.2 Results on Child Poverty in Germany

8.2.1 *Discussions and State of the Art*

Up to now, most work in Germany has been based on the concept of relative income poverty and only considers the children’s perspective to a limited extent. Accordingly, the children who are considered at risk of poverty are those whose families have less than 60 % of median disposable household income. Put precisely, in 2011, this threshold was 848 Euro for a one-person household and 1,526 Euro for a couple with one child under the age of 14 years in Germany (Seils and Meyer 2012). On this calculation basis, almost every fifth child in Germany under the age of 17 years was growing up at risk of poverty in 2011. An international comparison (based on a 50 % income median) shows that Germany takes 13th place in the world (Bradshaw et al. 2012; UNICEF 2012, p. 3). However, it is necessary to take the enormous regional or geographical differences into account in any such ranking (KECK 2012; Kinderhilfswerk 2014).

In 2012, 1.6 million children under the age of 15 years were living from state transfer payments in Germany. This corresponds to at least 15 % of this age group, which is three to four percentage points above the rate in the total population (Vierter Armuts- und Reichtumsbericht BMAS 2013, p. 110). The purpose of welfare transfer payments based on the reformed social security code for the unemployed (SGB II known as “Hartz IV”) is to reduce financial poverty. However, a balance sheet drawn up by the Paritätische Wohlfahrtsverband welfare organization reveals that conditions are actually particularly problematic (Paritätischer Wohlfahrtsverband 2012). On the one hand, findings show that many families receiving Hartz IV welfare transfer payments lie below the 60 % median disposable household income and are therefore at risk of poverty. On the other hand, they show that children from these households have a restricted standard of living in many respects and are under-supplied in health-related, social, and cultural terms. They more frequently belong to families with insufficient winter clothing living in damp accommodation; they more frequently do not have their own room; and they less frequently have a computer providing access to the Internet. More than one-half of these families go without visits to the cinema, theatre, and concerts; and 78 % cannot afford to go away for a 1-week holiday (IAB 2011, p. 9).

If we then go on to look at poverty trends over the last 20 years, poverty risk rates reveal major fluctuations. For a long time, children and adolescents faced a higher risk of poverty than the general population in Germany. For children up to the age of 10 years, the rate has now dropped to the same level as the general population. This contrasts strongly with the group of 11- to 20-year-olds who continue to be disproportionately at risk (Deutscher Bundestag 2013). Our latest figures in the third World Vision Child Survey confirm this trend. However, when we look at children up to the age of 10 years with a migration background, we can see that they continue to reveal a comparatively high poverty risk of 15.1 % (Deutscher Bundestag 2013).

As well as asking how child poverty rates change over the years, it is particularly important to know how being exposed to poverty in the early years influences a child's later life. Thanks to national and international monitoring, we can observe trends in poverty over a longer period of time—as in the latest Youth Report of the German Federal Government (Deutscher Bundestag 2013). It is particularly important to know which groups experience poverty at an early age, for how long, and how permanently. One relevant piece of research for this is the AWO-ISS study that presented its latest findings from the fourth wave of measurement in 2012. The AWO-ISS is a longitudinal study of child and youth poverty that takes a multidimensional, child-related, and resource-oriented approach. It has now been tracking 900 children over a period of 15 years by comparing the living conditions of children from low-income families with children from families that do not have a low income in a range of different areas of life. It has identified three groups of children who are living in poverty:

- Poor children who reveal no social, cultural, health-related, or material impairments despite growing up in a low-income family (“poor, but with well-being”)
- Poor children who reveal impairments in a few areas and therefore have to be considered disadvantaged (“poor, disadvantaged”)
- Poor children who reveal massive deprivations or disadvantages in various areas (“poor, multiply deprived”)

The longitudinal perspective also reveals the large proportion of children who were exposed to poverty as young children and have continued to have repeated experiences of poverty as they grow up (AWO-ISS 2012). In adolescence, these children have an increased risk of multiple deprivations and disadvantages in all areas of life as well as low well-being. In contrast, poverty experienced in early childhood that is then permanently overcome seems to have no negative consequences.

8.2.2 Child Poverty as Experienced by the 6–11 Year Olds: Class Related Findings from the World Vision Survey

Over the course of studies, our class-index shows a slight trend toward upward social mobility since our first Child Study in 2007. As a result, the proportion of children from the lower middle class has dropped from 19 % in 2007 to 16 % in

2013 and the proportion of children from the middle class from 32 to 29 %. In contrast, the proportion from the upper middle class has risen from 28 to 30 % and that from the upper class from 12 to 16 %. Because we calculated the class index itself in the same way for each survey, the social change that has occurred is clear to see. Hence, there has been a slight increase in the “educational capital” of the families. Nonetheless, the complexity of both working and everyday life has also increased in our society. This makes it all the more worrying when we see that the proportion of children from the lowest social class has remained constant at 9 %. In this the most poorly educated and also the most socially deprived class, the “educational losers” continue to accumulate—those who have not managed to move upward and have remained excluded. At this point, our class index also measures a “negative educational homogeneity”: Whereas some families also manage to move up because one parent, for example, the mother, brings a better education with her, members of the lowest class remain “among themselves” (at times also as single parents with insufficient education), and their family situation grants them almost no chances of upward mobility.

This is a good point at which to summarize those indicators that provide information on potential risks. As to be expected, children from the two lower classes are disproportionately frequently exposed to poverty. A total of 57 % of lower class and 32 % of lower middle-class children experience poverty in their daily lives and report at least one of the experiences of poverty we surveyed. The proportions of children from the higher classes are significantly lower (middle-class children: 16 %, upper middle-class: 10 %, upper class: 4 %). Generally, these are specific subgroups such as families with a high educational background who are currently unemployed or passing through special status passages in the life course such as students with children, more highly educated single parents, or other special constellations in families with more highly educated parents. The findings emphasize once again that our class index does not primarily assess the current income situation in a household, but starts with the educational background and educational milieu of the parents and links them to the evaluation of the personal financial situation.

However, the general risk of unemployment is markedly higher in both of the lower social classes. For 43 % of lower class and 29 % of lower middle-class children, at least one parent has been unemployed during the previous 3 months compared to 16 % middle-class children, 11 % upper middle-class and 4 % upper class children.

A further interesting finding here is that children from the lower social classes markedly more frequently perceive their residential environment to be threatening and report being afraid of aggressive gangs of youths or of adults. This is the case for 37 % of lower class children and also 23 % of lower middle-class children. This compares with 17 % for middle-class children, 15 % for upper middle-class children, and 10 % for upper class children. What is less surprising is that 59 % of lower class children and also 41 % of lower middle-class children more frequently have a migration background. Some migrants are highly qualified people who frequently come from western OECD countries. However, the majority of migrants such as

those from Turkey or the Muslim world, from the former Yugoslavia or Eastern Europe, and also those of German descent from the former Soviet Union, frequently have a lower level of education so that their children born in Germany accordingly have lower and less well-educated social origins more frequently.

What is also notable here is the aforementioned finding that it is particularly lower class children who have less frequently attended institutional childcare facilities. No more than 16 % of the lower class children ever attended a day nursery according to their parents' reports, and only 78 % attended a Kindergarten. For all other social classes, the proportion that attended a Kindergarten is over 90 %.

Social risks, as the findings from our 2013 Study show once more, are distributed unequally and clearly to the disadvantage of children from the lowest social class. At this point, our class index points to the close relation between educational background of parents and the children's chances of social participation. With our findings we can show this applies not only to parental participation on the labour market and use of institutional childcare but also to many other areas of the children's lives. Children from the lower class are the most socially deprived class (a total of 9 % of all children) and continue to be excluded. However, children from the lower middle class (a total of 16 % of all children) also reveal markedly less favourable starting conditions and therefore a clear need for social and support of society.

8.2.3 Experiencing Poverty and Deprivation for 6–11 Year Olds in Germany

In the survey, we ask the children about their own experiences of poverty. In this case, the poverty concept is oriented toward the concept of material deprivation. We assess whether children report that certain typical goods are not available to the household because of its financial situation. These are the goods that define a minimum standard of living with their lack being described as "material deprivation." We thoroughly revised and extended the deprivation indicators for the study. Once again, it is important for us to assess the children's world of experience and their own needs. We orient ourselves toward the typical minimum need indicators that should be available for all children without linking this to any claim to reflect a "basket of goods that ensures a complete fulfillment of needs."

To introduce the topic and thereby to identify the group who should be asked to assess the deprivation indicators,¹ we have followed the same approach as in the 2010 Child Study and once again asked all children to reply to the same two items:

- We have enough money for everything we need
- We are frequently short of money in our family

¹In both the previous Child Study and the pretest for 2013, it proved inexpedient to present our poverty indicators to all children. The two introductory questions served to screen, with a degree of probability, for the group of children who have experienced deprivation in their everyday lives.

Only children who answered “no” to Statement 1 or “yes” to Statement 2 were asked to answer the following items on the experience of poverty that we have formulated as poverty indicators:

- Because my family does not have enough money, I can hardly ever go to the movies or to the swimming pool
- Sometimes we cannot afford to buy things I need for school such as exercise books or pencils
- I can't join a club or learn to play a musical instrument because my family can't afford it
- We hardly ever have birthday parties because it's too expensive
- Sometimes we get food for free, for example from the “*Tafel*” (an organization that collects surplus food from supermarkets to distribute to the poor)
- Sometimes I feel very cold in winter because I haven't got any warm clothes
- Within the last year, my parents have needed to borrow money from my savings
- Every year we take at least a 1-week vacation away from home
- We normally eat breakfast at home before I go to school
- I generally have at least one hot meal a day²

A total of 77 % of the children give positive answers to the statement “We have enough money for everything we need,” whereas 13 % give negative answers and 10 % do not reply (compared to 70 % “yes,” 16 % “no,” and 14 % “no answer” in 2010).

In contrast, as in 2010, 21 % of the children in the present Child Study report that “We are frequently short of money in our family,” whereas 60 % reject this statement and 19 % give no answer (compared to 21 % “yes,” 61 % “no,” and 18 % “no answer” in 2010).

We then went on to ask whether the children eat breakfast before they go to school or whether they generally eat a hot meal every day. A total of 88 % say they eat breakfast; 12 % said they do not. In contrast, 98 % of the children say that they generally eat a hot meal every day compared to 2 % who say they do not.

By combining the two introductory statements on the financial situation (“We have enough money for everything we need”: yes; and “We are frequently short of money in our family”: no) then, roughly one-quarter of the children indicate experiencing financial constraints in their everyday lives (2013: 24 %, 2010: 25 %).³

If we also include the single “poverty indicators” used to determine the population living in poverty, and look at the percentages for all children (and not just those experiencing financial constraints who were given the questions), we can see that 11 % of children report that they generally do not go on vacation for financial reasons; 8 % that they hardly ever go to the movies or the open-air swimming pool for financial reasons; and 6 % that their families cannot afford to pay for their

²This statement was presented to all children. However, in this context, we include only the answers from those for whom the introductory questions had indicated financial constraints.

³Currently, in 2013, 69 % report no financial constraints compared to 65 % in 2010. Currently, 7 % give no reply to both statements compared to 9 % in 2010.

membership of a club or for them to engage in other activities such as learning to play a musical instrument. Likewise, 6 % report that they can hardly ever have a birthday party, 5 % that their parents have had to borrow from the child's own savings during the past year, and 4 % that they sometimes cannot immediately afford the things they need for school (exercise books, pencils, etc.), 2 % that they need to get free food from the "*Tafel*," 2 % that they sometimes lack warm clothing in winter, and 2 % that they do not get a warm meal every day.

Taking all poverty indicators together, 18 % of all children report experiencing at least one of the indicators we surveyed when assessing experienced poverty in the family; 12 % report two or more indicators; and 8 % report three or more experiences of poverty.

8.3 Conclusion

With respect to our research, the challenges in defining and measuring child poverty in relation to the class status of parents seem to be important to get more knowledge of experienced deprivation in relation to the relative poverty rate of a society. More questions have to be asked such as:

- How do experiences of poverty and deprivation relate to the well-being of children?
- How can a deprivation index be defined that also systematically takes into account the experience of deprivation and the perspectives of children themselves?
- How can the already known consequences of poverty and deprivation be combated in childhood?

Another issue is the development of strategies against child poverty, which are based on empirical findings like those of our World Vision Surveys. A central safeguard against poverty in Germany as well as in other countries is for the parents to be regularly employed. Differentiated according to participation in the labor market, children with two parents holding down regular jobs have the lowest rates of experienced poverty. When both parents are employed full-time, only 12 % of the children report experiencing poverty, and when one parent is employed full-time and the other part-time or even both are employed part-time, then the proportion of experienced poverty even goes down to 9 %. The latter indicates that models in which both parents may be employed part-time are evidently to be found more often in families earning a higher income. The rate is markedly higher at 18 % in families in which only one parent is employed. A completely different dimension of exposure to poverty is found, in contrast, among 30 % of single parents even when they have a job. However, if none of the parents living in the household work, the rate of poverty reported by the children even reaches 55 %.

Findings are quite clear here: The way to avoid poverty is to strengthen the parents' participation in the labor market. Under the given conditions in society,

a partnership model with a joint gainful employment of both parents seems to be most appropriate in order to secure the material framing conditions that will ensure that children are not excluded from major fields of social life for financial reasons. This also corresponds to the parents' wishes. In cases in which this cannot be achieved, appropriate social provisions should ensure that children exposed to poverty receive corresponding assistance without any great access barriers, in other words, in easier ways.

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Chapter 9

Poor for How Long? Chronic Versus Transient Child Poverty in the United States

Sara Kimberlin and Jill Duerr Berrick

9.1 Introduction

Child poverty is widely recognized as a problem of significant proportions in the United States. Compared to other industrialized nations, the U.S. stands out for the large number of children living in poverty. In fact, a recent UNICEF report showed the U.S. had the second-highest rate of relative child poverty among 35 economically developed nations (UNICEF 2012).

Poverty in the U.S. is often examined from the perspective of a single year, with families categorized as poor by comparing annual income to an annual poverty threshold amount. Indeed, the official government method for measuring poverty in the United States follows this cross-sectional approach, comparing annual household cash income to an annual poverty threshold that varies by family size and composition. Individuals are thus considered poor if their family's annual cash income is below the threshold designated for their family type.¹

Using this point-in-time measure, official data show that in 2012, 16.1 million children in the U.S. lived in households with annual incomes below the official federal poverty threshold, for an annual child poverty rate of 21.8 %. In other words, more than one in five American children was poor (DeNavas-Walt et al. 2013).

While these data provide a snapshot of child poverty in the U.S., they do not capture information about whether these children were poor for 1 year only, or poor

¹In 2012, the official federal poverty threshold for a family of two adults and two children was US\$23,283 (U.S. Census Bureau 2014).

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across multiple years. Assessing child poverty using a cross-sectional approach ignores the time dimension of poverty. Yet theory suggests, and empirical research shows, that the persistence of poverty is relevant to understanding the demographics of the poor population and the impact of poverty on life outcomes, particularly for children. Long-term or chronic poverty has different causes and impacts compared to short-term or transient poverty, with implications for prioritizing policy and program interventions.

This chapter moves beyond a cross-sectional, annual perspective to examine poverty from a longitudinal perspective, focusing on the persistence of poverty among children in the United States. Throughout the chapter, we follow the official U.S. government method for defining annual poverty in terms of annual cash income amounting to less than the official U.S. poverty threshold. However, we differentiate between children and families that are poor under this official poverty definition for one or a few years versus several years in a given period of time.²

The chapter begins with an overview of general research on poverty persistence in the United States, and then reviews research on the prevalence and demographics of chronic and transient poverty specifically among children in the U.S. Updated estimates of chronic and transient child poverty rates and demographics, developed through analysis of national longitudinal panel data, are then presented. Next the chapter provides an overview of empirical research on the different impacts of chronic and transient poverty on children's health and development. The chapter concludes with suggestions for policy approaches that might address child and family poverty more effectively by specifically targeting chronic versus transient poverty.

9.2 Addressing the Time Dimension of Poverty

Studies examining the time dimension of poverty in the United States reveal that a substantial proportion of the population experiences poverty at some point during their lifetimes (Sandoval et al. 2009; Rank and Hirschl 1999; Duncan 1984; Bane and Elwood 1986; Cellini et al. 2008). An analysis of data from the nationally representative Panel Study of Income Dynamics (PSID) for the years 1968–1992 found

²The cash-only official definition of annual poverty has some limitations, as it does not account for near-cash or in-kind benefits like food stamps, tax credits, or housing subsidies, which may be important non-cash resources used by families to meet their basic needs. Nor does this definition of poverty account for non-discretionary expenses such as medical out-of-pocket costs or payroll taxes, which may significantly reduce the amount of income available to families to spend on basic needs. Some alternative poverty measures, such as the Supplemental Poverty Measure recently introduced by the U.S. Census Bureau and Bureau of Labor Statistics, incorporate these and other factors to create more nuanced measures of whether families' resources are adequate to meet their basic needs. To date, however, longitudinal analysis of U.S. poverty using these alternative measures has not yet been published, hence this chapter focuses on the official cash-based definition of annual poverty that has been used in prior research on poverty persistence in the United States.

that 51.4 % of adults between the age of 20 and 65 had an annual household income below the poverty line for at least 1 year. Among African Americans, 84.4 % of those reaching age 65 had experienced at least 1 year of poverty since the age of 20 (Rank and Hirschl 1999).

However, studies of poverty duration in the United States also show that most individuals who enter poverty remain poor for only a short period, then see their incomes rise again above the poverty line (Sandoval et al. 2009; Rank and Hirschl 1999; Edwards 2014; Anderson 2011; Bane and Elwood 1986; Cellini et al. 2008). The likelihood of subsequently re-entering poverty varies by household demographics (Stevens 1999).

While there is no single standard definition of transient/short-term versus chronic/long-term poverty (Yaqub 2000), a generally accepted broad definition of “chronic poverty” is poor all or most of the time, while “transient poverty” describes those who are poor some but not most of the time (Hulme and Shepard 2003; Hulme et al. 2001; Islam 2012). Research on poverty persistence in the United States has used a variety of measures and methods to categorize individuals as transient and chronic poor. Across these different studies, results consistently show that short-term poverty is much more common than long-term poverty.

For example, Sandoval et al. (2009), analyzing PSID data, found that 20–38 % of adults in their twenties through sixties in the U.S. experienced poverty in at least 1 year during the 1990s, but only 5–7 % were poor for 5 years or more during that decade. A similar pattern has been found over shorter and more recent time frames as well. For example, an analysis of monthly income data from the national Survey of Income and Program Participation (SIPP) for the 3 years from 2009 to 2011 found that 31.6 % of individuals had incomes below the poverty threshold for at least 2 months during the study period, but only 3.5 % of individuals were poor during the entire 36 months (Edwards 2014).

Though the number of individuals experiencing chronic poverty over a given period of time is relatively small as a proportion of the total population that experiences poverty, these individuals represent a disproportionately large share of the poor population at any given point in time, because of their slow exits from poverty (Cellini et al. 2008; Corcoran et al. 1985; Bane and Elwood 1986). For example, in the SIPP study described above, more than one in four (26.4 %) of the individuals who were poor during the first 2 months of the study period were categorized as chronically poor (poor for the full 36-month period), though these persistently poor individuals represented only one in nine (11.1 %) of the people who experienced poverty for 2 months or more during the study (Edwards 2014).

Studies that partition the U.S. poor population into those experiencing transient versus chronic poverty have found that these groups have somewhat different demographic profiles. Various studies use different timeframes and different approaches to measure chronic poverty. Nonetheless, a general pattern across studies is that demographic groups that are disproportionately likely to experience any poverty – such as children, African Americans, and female-headed households – are represented with greater disproportionality among the chronically poor (Duncan 1984; Stevens 1999; Edwards 2014; Anderson 2011).

9.3 Prevalence and Demographics of Chronic and Transient Child Poverty in the United States

9.3.1 *Review of Prior Research*

Patterns in the prevalence and demographics of chronic and transient child poverty in the United States follow these same trends. Thus Duncan and Rodgers (1988), examining longitudinal rates of child poverty in the U.S. from the late 1960s to early 1980s using PSID data, found that 33.9 % of the cohort of children they examined were poor for at least 1 year during the 15-year study timeframe, but only 4.8 % were poor for 10 or more years. African American children experienced much higher rates of both short-term and long-term poverty, and longer average duration of poverty, compared to white children. Longer duration of poverty for African American and white children was associated with having a disabled head of household, single parent, or never-married mother, or living in a rural area. Duncan and Rodgers similarly found that persistent child poverty was much less common than short-term child poverty when examining separate child cohorts across two 6-year timeframes beginning in the late 1960s and early 1980s using PSID data (Duncan and Rodgers 1991). Again, African American children had higher rates of both short-term and long-term poverty compared to white children. Similar results using PSID data were also found by Ratcliffe and McKernan (2010), who examined children born from 1967 to 1974 (and followed through adulthood), finding that 37 % of children were poor for at least 1 year before age 18, while 10 % were poor for at least half of their childhood.

Grieger and Wyse (2008), also using data from the PSID, calculated the prevalence of long-term child poverty (by comparing 10-year family income to the 10-year sum of poverty thresholds) for child cohorts in the 1970s, 1980s, and 1990s. Using family cash income, they found long-term child poverty rates of 7.3 %, 11.3 %, and 8.8 %, respectively – substantially lower than annual child poverty rates during the same period, which ranged from 14 % to 23 %. The rates of long-term child poverty were similar using an alternative measure of family resources that included food stamps and tax credits and excluded income taxes and payroll taxes. Like Duncan and Rodgers, Grieger and Wyse found a large racial gap in rates of long-term child poverty, with African American children having long-term poverty rates ten times or more the rates of white children.

Both Duncan and Rodgers (1991) and Grieger and Wyse (2008) also examined trends over time in the prevalence of chronic child poverty in the United States. Examining two periods, 1967–1972 and 1981–1986, Duncan and Rodgers calculated long-term child poverty for white and African American children, finding that persistent child poverty increased somewhat between the two periods. Grieger and Wyse (2008), examining a longer time frame, found that chronic child poverty increased from the 1970s to 1980s for both African American and white children, then decreased for white children in the 1990s while remaining stable and relatively high for African American children.

In subsequent research, Grieger and Wyse (2013) examined persistent child poverty over the time periods 1987–1995 (before welfare reform was enacted in the United States) and 1997–2005 (post-welfare reform). The first time period represents a “cash entitlement” policy context, when the primary policy approach to family poverty in the United States was a cash welfare benefit through the federal Aid to Families with Dependent Children (AFDC) program. The second time period represents a “wage supplement” policy context, after the passage of landmark federal welfare reform legislation in 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). Welfare reform ended the AFDC cash welfare benefit, replacing it with the work-first Temporary Assistance to Needy Families (TANF) program, along with expanded tax credits for low-income working families. Grieger and Wyse found that long-term child poverty (measured using after-tax income plus food stamps) decreased overall in the post-welfare reform era, largely due to increased wage income among low-income families, coupled with the expanded federal tax credits tied to employment. However, children with chronically unemployed parents did not see a decline in persistent child poverty.

9.3.2 Rates and Demographics of Chronic and Transient Child Poverty in the U.S., 1998–2008

For an updated estimate of the rates of chronic and transient child poverty in the United States, we present an analysis of data from the Panel Study of Income Dynamics (PSID), a longitudinal survey that follows a national sample of U.S. households, surveyed biennially to collect detailed income and demographic information. Using publicly available PSID data (PSID 2011), we examine chronic and transient child poverty rates for the 11-year period from 1998 to 2008, a timeframe representative of the contemporary welfare policy context in the United States (spanning the period from the initial implementation of welfare reform to the start of the Great Recession). While prior research on child poverty persistence in the U.S. focused only on African American and white children, we use an expanded PSID sample that includes a nationally representative sample of immigrants, allowing us to examine poverty persistence for Hispanic and other race children as well as African American and white children.³ Similar to previous findings, our analysis shows that during this period, chronic child poverty in the United States was much

³Due to its long-term panel study design that follows individuals and their offspring over time, the original PSID sample did not include individuals who had immigrated to the U.S. after 1968, the year when the study was initiated. As a result, over time the PSID sample became non-representative of the U.S. immigrant population. This problem was addressed by adding a “refresher” sample of post-1968 immigrant families in the 1997 and 1999 waves of the survey. Prior research on child poverty persistence used earlier years of PSID data, before this immigrant refresher sample was added. The more recent timeframe of our analysis allows us to use the more representative expanded PSID sample.

less common than transient child poverty, and the two types of poverty had somewhat different demographics.

The sample includes all children with survey data and variables required for analysis for all biennial survey years across the 11-year study timeframe, in 1998, 2000, 2002, 2004, 2006, and 2008. We limit the sample to children who were ages 0–7 in 1998, and were thus children (no older than age 18) for the duration of the study period ($n=2,029$). The PSID utilizes complex sample weights to account for differential sampling and sample attrition; all analyses are conducted using the individual longitudinal weights for survey year 2009, the last survey year included in this study.

Children are categorized as poor in individual years using the official U.S. federal poverty measure, and are thus considered poor in a given year if their family's annual cash income is below the official poverty threshold amount designated for their family type for that year.

Annual poverty status across the 6 years of data is then used to categorize children as chronic poor, transient poor, or nonpoor. Children are categorized as chronic poor if their family was poor in more than half of the data years, and as transient poor if they were poor in at least 1 year but no more than half of the years.

Results show that a relatively large proportion of children experienced poverty for a single year across the period under study, but the number of children experiencing 2, 3, and more years of poverty generally declined as the number of years in poverty increased (Fig. 9.1).

Overall, the proportion of children experiencing chronic poverty (poor in 4–6 years examined) was relatively small at 8.4 %, while the proportion experiencing transient poverty (poor in 1–3 years examined) was substantially larger, at 21.1 % (Fig. 9.2).

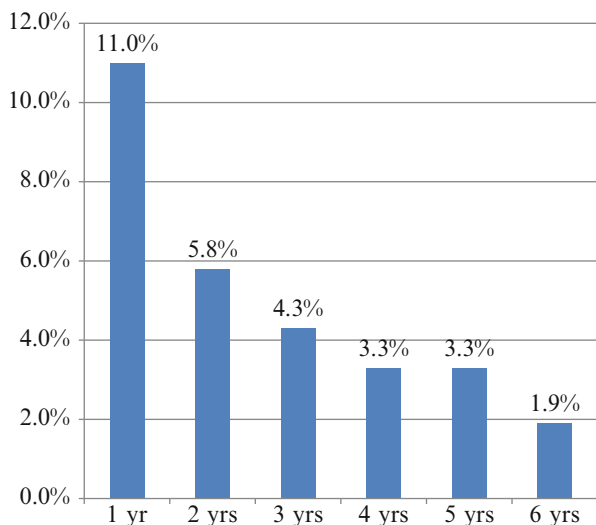


Fig. 9.1 Distribution of years in poverty for children ($n=2,029$)

Consequently, chronic poor children represented a relatively small proportion of the overall poor child population. Of the total population of children who experienced any poverty during the study period, 71.3 % were transiently poor while 28.7 % were chronically poor (Fig. 9.3).

Several vulnerable demographic groups experienced high rates of both transient and chronic child poverty (Table 9.1). In terms of transient poverty, groups with disproportionately high rates included children in African American, Hispanic, and immigrant households, as well as single mother households. Children in households with a non-working adult had particularly high rates of transient poverty, as did children in households with a disabled adult, and with an adult who was not a high school graduate. Transient poverty rates for these groups ranged from 26.4 to 47.2 %, up to more than double the overall child transient poverty rate of 21.1 %.

Chronic poverty rates were also particularly high for children in households with no working adult (34.0 %) and with an adult who was not a high school graduate (26.0 %). These rates represent three to four times the overall chronic child poverty rate of 8.4 %. Chronic poverty rates were more than double the overall rate as well for children in African American, Hispanic, and immigrant households and in single

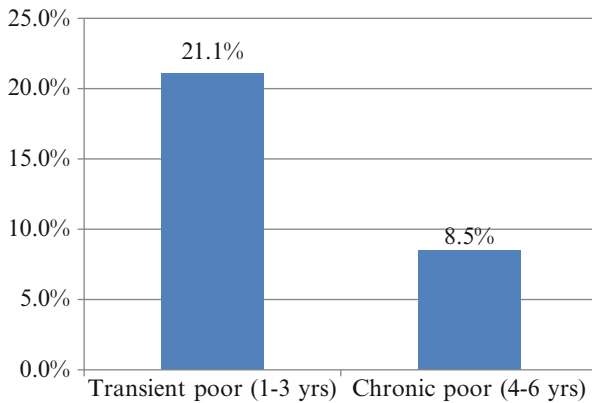


Fig. 9.2 Percent of children transient and chronic poor (n=2,029) (Authors’ analysis of PSID data)

Fig. 9.3 Proportion of poor children in chronic versus transient poverty (n=815) (Authors’ analysis of PSID data)

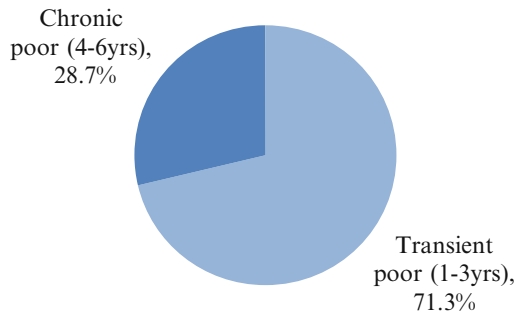


Table 9.1 Transient and chronic child poverty rates for different demographic groups (Authors' analysis of PSID data)

Demographic subgroup of children	Transient poverty rate	(se) [95 % CI]	Subgroup rate as % of rate for all children	Chronic poverty rate	(se)[95 % CI]	Subgroup rate as % of rate for all children
All children ^a (n = 2,029)	21.1 %	(1.7) [18.5, 24.1]	100 %	8.4 %	(1.6) [6.0, 11.6]	100 %
African American household head	40.0 %	(5.4) [31.3, 49.3]	190 %	23.9 %	(4.8) [16.8, 32.8]	285 %
Hispanic household head	26.4 %	(4.2) [19.9, 34.0]	125 %	22.3 %	(5.8) [14.1, 33.4]	265 %
White household head	16.4 %	(1.7) [13.8, 19.4]	78 %	2.3 %	(0.7) [1.4, 3.8]	27 %
Other race household head	14.7 %	(7.3) [6.2, 31.2]	70 %	0.9 %	(0.7) [0.2, 3.6]	11 %
Immigrant household ^b	28.0 %	(4.4) [21.3, 36.0]	133 %	17.4 %	(4.7) [10.8, 26.8]	207 %
Single mother household ^c	37.7 %	(4.2) [31.0, 45.0]	179 %	18.2 %	(4.2) [12.1, 26.4]	217 %
Non-high school graduate head/wife/cohabitor	33.6 %	(4.8) [26.0, 42.1]	159 %	26.0 %	(5.0) [18.6, 35.1]	310 %
Disabled head/wife/cohabitor ^d	37.3 %	(4.4) [30.3, 44.8]	177 %	15.1 %	(2.8) [11.0, 20.4]	180 %
Working head/wife/cohabitor in all survey years	16.8 %	(16) [14.2, 19.7]	80 %	4.1 %	(1.3) [2.4, 6.9]	49 %
No working head/wife/cohabitor in 1+ survey years	47.2 %	(4.6) [39.7, 54.9]	224 %	34.0 %	(5.1) [26.0, 43.1]	405 %
Full population (children and adults) (n = 12,367)	16.5 %	(0.76) [15.3, 17.8]		4.5 %	(0.57) [3.6, 5.6]	

^aChildren ages 0–7 at baseline (therefore under age 18 for entire study period)^bHead of household immigrated to U.S. after 1968^cOne or more years in household with a single mother and no other adults^dHead, wife, and/or cohabiting partner had a disability that prevented work “a lot” during 1 or more years

mother households, and were also high for children in households with a disabled adult. Chronic poverty rates for these groups ranged from 15.1 to 23.9%.

Overall, the demographic groups experiencing high transient poverty rates also experienced higher-than-usual rates of chronic poverty. In fact, in most cases chronic poverty rates for these groups were substantially more disproportionate. As a result, chronic poverty was more concentrated among specific highly impacted demographic subgroups compared to the transient poor population. The transient poverty population also had overrepresentation of vulnerable groups, but by comparison was more similar to the general population (Fig. 9.4).

Thus immigrants represented approximately one fifth of transient poor children, and one third of chronically poor children. Approximately one third of transient poor children lived with adults who were not high school graduates, and more than half of chronically poor children did so. Similarly, approximately one third of transiently poor children lived in a household with no working adult during at least 1 year of the study timeframe, while for chronically poor children, nearly 60 % lived with no working adult in at least 1 year.

A racial gap was also evident. African American children experienced a transient poverty rate nearly two and a half times the rate of white children, and a chronic poverty rate more than ten times the rate of white children. The pattern was similar for Hispanic children. Thus children of colour represented half of the transient poor, and more than 80 % of the chronic poor (Fig. 9.5).

These results generally parallel the trends in chronic and transient poverty in the United States found in research on the full U.S. population (Sandoval et al. 2009;

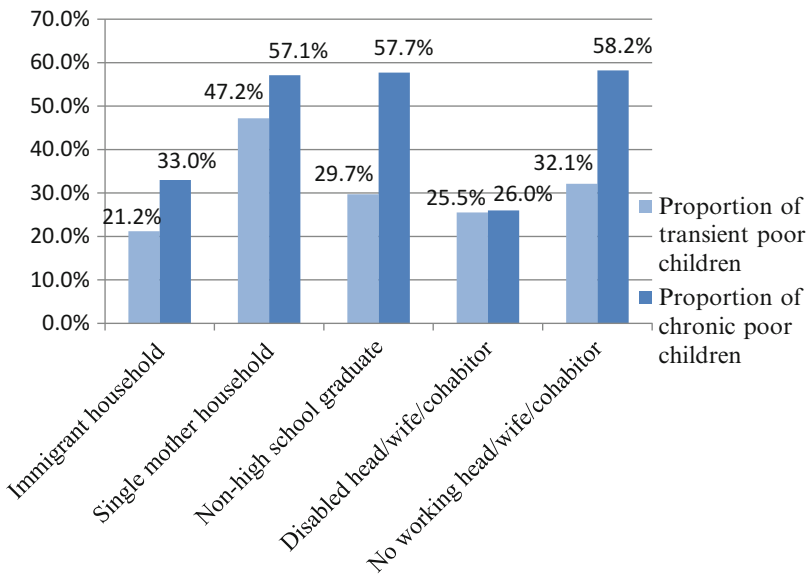
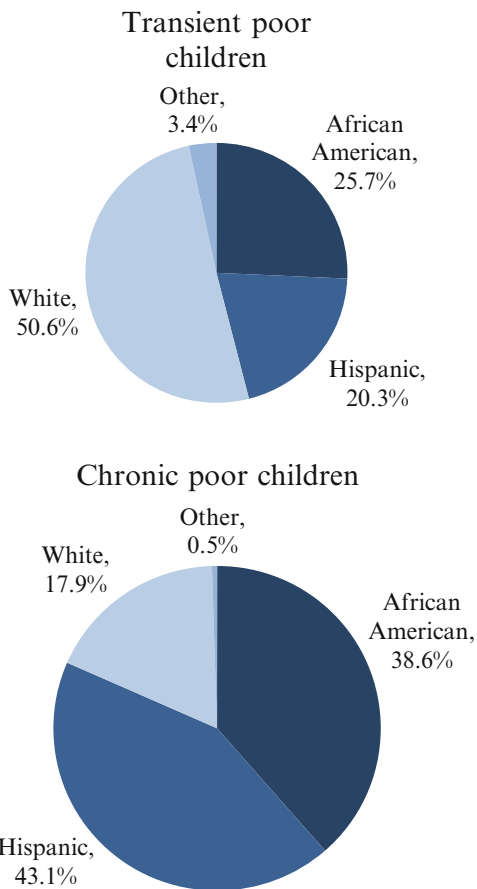


Fig. 9.4 Proportion of transient poor children and chronic poor children with specific demographic characteristics (Authors’ analysis of PSID data)

Fig. 9.5 Racial/ethnic distribution of transient and chronic poor child populations (Authors' analysis of PSID data)



Rank and Hirschl 1999; Edwards 2014; Anderson 2011; Stevens 1999; Bane and Elwood 1986; Cellini et al. 2008) and in research on poverty persistence in the U.S. population of African American and white children for earlier time periods (Duncan and Rodgers 1988, 1991; Grieger and Wyse 2008; Grieger and Wyse 2013). The high rates of transient and especially chronic poverty among Hispanic and immigrant children are noteworthy, as these populations have not been examined in prior U.S. research on child poverty persistence.

9.4 Impact of Transient Versus Chronic Poverty on Life Outcomes

Chronic and transient child poverty rates are markedly different, but similar vulnerable subgroups within the U.S. population are disproportionately affected by both types of poverty. Children at greatest risk for experiencing either transient or chronic

poverty include children of color (African American and Hispanic children and/or immigrant children) as well as children with parents who have not completed secondary education, are not employed, are disabled, and/or are single. These findings are especially troubling given the considerable research evidence pointing to the deleterious effects of poverty on children. Conceptual frameworks from the field of epidemiology provide a useful lens for understanding these poverty impacts, and undergird our understanding of the differential effects of short- and long-term poverty on children's outcomes.

9.4.1 Epidemiological Framework: The Life Course Approach to Health

Scholars in epidemiology and public health have recently called attention to the need to consider health risks and outcomes from a life course perspective. This approach entails attending to time as a factor in the development of disease and other negative health outcomes over the lifespan, specifically focusing on the duration and timing of exposures that lead to later health problems (Lynch and Davey Smith 2005; Ben-Shlomo and Kuh 2002; Kuh et al. 2003). Many of the documented negative impacts of poverty on life outcomes relate to health, mental health, and development; thus this epidemiological framework is useful for conceptualizing the impact of poverty as an “exposure” that can lead to problematic health and well-being outcomes. There are two primary conceptual life course models in epidemiology, both of which are useful for conceptualizing the impact of chronic and transient poverty.

9.4.1.1 Chronic Poverty as an Accumulation of Risk

The first, the accumulation of risk model, focuses on the duration of exposure. This model proposes that the effects of exposure to negative health influences accumulate over time, with more exposure potentially leading to greater impact on health. In its simplest form, the accumulation of risk may be conceptualized as a “dose-response” model, where a longer duration or greater number of detrimental exposures over time results in more health damage (Lynch and Davey Smith 2005; Kuh et al. 2003).

The accumulation of risk model is particularly useful for conceptualizing the impact of chronic poverty, which can be understood as a long duration of exposure to a negative health influence. Thus the accumulation of risk model suggests that chronic poverty is likely to result in greater damage to health and well-being than transient poverty.

Indeed, empirical research provides evidence that longer-term poverty is associated with worse outcomes than shorter-term poverty in a variety of domains. Research consistently shows that longer-term child poverty has more adverse

consequences than short-term poverty, across multiple domains of well-being. In terms of health, a study using U.S. data from the National Longitudinal Survey of Youth (NLSY) found that lower cumulative family income from birth to age 10 or 11 was associated with greater odds of having a health condition that limited childhood activities, in addition to greater odds of having a health condition that required medical treatment, with results replicated for a sample of children ages 14–15 (Chen et al. 2007). With respect to mental and behavioral health, another NLSY study found that the percentage of years of life spent in poverty was a stronger predictor than current-year poverty for several types of mental health problems in children, including depression and antisocial behavior (McLeod and Shanahan 1996). Studies using data from the U.S. and other developed countries have similarly found that chronic poverty is more strongly associated with internalizing symptoms among children than transient poverty (Duncan et al. 1994; Hanson et al. 1997; Pagani et al. 1997), and some have found similar associations with externalizing symptoms as well (Duncan et al. 1994; Hanson et al. 1997; Korenman et al. 1995).

Children's educational outcomes may also be adversely affected by chronic poverty. Studies from the U.S. and other industrialized countries show that chronic child poverty is associated with deficits in reading, math, and verbal skills (Korenman et al. 1995), and increased likelihood of grade retention and placement in special education classes (Pagani et al. 1997; Zill et al. 1995). Chronic poverty has also been shown to be associated with greater childhood cognitive and developmental deficits than transient poverty. A study of a sample of low-birthweight, preterm infants, followed over 5 years, showed that children experiencing chronic poverty (income below the federal poverty line in all 4 years of data) had significantly lower IQs at age 5 than children experiencing transient poverty (income below the poverty line in 1–3 years). In fact, the effect of chronic poverty on IQ was approximately twice the effect of transient poverty (Duncan et al. 1994). Other studies provide further evidence of increased developmental deficits associated with chronic versus transient poverty in childhood (Korenman et al. 1995; Smith et al. 1997; Zill et al. 1995).

9.4.1.2 Impact of Transient Poverty During Critical or Sensitive Periods

The second conceptual model prevalent in the life course approach to epidemiology is the critical or sensitive period model. This model focuses on the timing of exposure, positing that exposures during certain windows of development have a greater impact on health. These time windows of greater impact of exposure may be critical periods of development, when exposure has the potential to dramatically and irreversibly modify the structure of tissues or body systems in ways that lead to health problems later in life (e.g. malnutrition during the prenatal period), or less-extreme sensitive periods of development, when exposure has a particularly strong impact on later development of health problems but with more potential for reversing the changes that lead to problematic outcomes (e.g. obesity just before puberty) (Lynch and Davey Smith 2005; Kuh et al. 2003).

Transient poverty may generally lead to less health damage than chronic poverty, as it involves a shorter duration of exposure to a negative health influence. However,

the critical periods model suggests that transient poverty occurring during particularly important developmental windows may have an especially strong or even irreversible influence on later health and well-being, even if this exposure to poverty is relatively brief. Childhood is the most obvious sensitive period during which short-term poverty might be expected to have a disproportionate impact on later health and well-being. Empirical research from the U.S. and other industrialized countries provides some support for this proposition, in that poverty during childhood is associated with poor health outcomes in adulthood (Melchior et al. 2007; Elo 2009; Braveman et al. 2011; Hertzman and Boyce 2010; Duncan et al. 2010) as well as cognitive and developmental deficits that have lifelong consequences (Bradley and Corwyn 2002; Aber and Bennett 1997; McLoyd 1998). Studies that have explicitly examined the impact of short- versus long-term poverty in childhood on cognitive and developmental problems have found stronger effects for long-term poverty, but significant effects for short-term poverty as well (Dearing 2008; Duncan et al. 1994; Korenman et al. 1995; Smith et al. 1997; Zill et al. 1995).

9.4.2 Policy Implications of Life Course Models of Poverty Impact

Together, the accumulation of risk and critical/sensitive periods life course models suggest two types of poverty across the lifespan that may be particularly damaging to health and well-being: (1) chronic poverty, because longer duration of exposure to poverty is likely to result in greater damage to health and well-being; and (2) transient poverty that occurs during a sensitive developmental period, such as childhood or the prenatal period, when even short-term exposure to poverty may have particularly intense or irreversible consequences for health and well-being. In terms of impact on children, specifically, chronic child poverty is likely to have the greatest impact on life outcomes, but even transient poverty that occurs during childhood can also have serious consequences. The implications are that chronic child poverty should be a high priority for poverty policy intervention, and policies that aim to address transient poverty should prioritize benefits to children.

9.5 Policy Implications for Poor Children and Families

The immediate needs of children who experience chronic versus transient poverty may be similar, as both live in family circumstances with insufficient resources to meet basic needs. However, the causes of poverty for these families and the prognosis for children in these two situations are different, per economic theory (Friedman 1957; Jalan and Ravallion 1998; Morduch 1994; Lipton and Ravallion 1995; Carter and Barrett 2006). Transient poverty generally reflects a temporary income shortfall due to a particular shock (e.g., a job loss). The child living in a family experiencing transient poverty can be expected to emerge from poverty without major

intervention, once his or her family's income recovers from the short-term shock (e.g. income due to employment). Chronic poverty, in contrast, reflects an ongoing income shortfall due to lack of sufficient financial or human assets necessary for an individual to reliably secure an income above the poverty threshold (e.g., lack of the education required to qualify for a job with sufficiently high wages). As such, the child living in a chronically poor family can be expected to continue to be poor in the future, absent some type of intervention.

These differences in cause and prognosis imply different policy approaches for addressing chronic versus transient poverty (Lipton and Ravallion 1995; Carter and Barrett 2006). Policies to address transient child poverty should be short-term, and should aim to reduce the impact of temporary income shocks at the household level, and to smooth income fluctuations over time.⁴ In contrast, policies to address chronic poverty in households with children should function in one of two ways. Chronic poverty policies can aim to build human or financial capital among mothers and/or fathers in order to permanently increase the potential for income generation (Lipton and Ravallion 1995; Carter and Barrett 2006). Alternatively, policies to address chronic poverty can function through income substitution or expense subsidy, thus directly increasing long-term incomes or reducing long-term expenses so that permanent income matches the level required to meet basic needs.

Targeting these different types of poverty policies to the inappropriate population is inefficient. Thus short-term insurance or one-time cash assistance will not address the asset problems of chronically poor families; once the short-term benefits end, these families will predictably return to poverty. On the other hand, asset-building interventions and long-term subsidies may be unnecessary to address the needs of transient poor families; they may have adequate human and financial assets to generate sufficient income over the long-term, and can be expected to see their incomes rise above the poverty threshold again without intensive or long-term intervention.

The fact that several vulnerable demographic groups tend to be disproportionately affected by both transient and chronic child poverty suggests that policies targeted to certain demographic groups could yield important benefits in addressing both types of poverty. Policies to improve human capital or income stabilization opportunities for families of color, immigrants, parents with limited education, and parents with disabilities may be especially valuable.

⁴Unexpected one-time expenses can also impact a family's ability to fund its basic needs over the short-term, though this type of situation does not impact a family's official poverty status under the cash-income-based official U.S. definition of poverty. A major one-time expense like large medical bills from a serious illness, for example, reduces the amount of family income available to pay for housing, food, and other basic necessities. Such situations can be addressed by policies like the recently adopted Affordable Care Act (ACA), which increases the availability and affordability of quality health insurance for most U.S. residents. The impact of the ACA is yet to be seen, but this policy may be expected to reduce major out-of-pocket medical costs for many families experiencing serious injury or illness, and thus could reduce the number of families experiencing short-term periods of necessary expenses exceeding available income.

9.6 Conclusion

Analyzing child poverty from a longitudinal perspective produces insights about the characteristics of those we categorize as poor, and the impacts of poverty over time. When child poverty is examined across multiple years, it becomes clear that long-term child poverty is distinct from short-term child poverty, with implications for designing effective antipoverty policies.

In the U.S., the proportion of children who experience transient poverty at some point in their childhood is significant. Our estimates show that more than one in five U.S. children experienced transient poverty from 1998 to 2008. Research across a longer timeframe has shown that more than one third of U.S. children can expect to be poor for at least 1 year of their full childhood (Ratcliffe and McKernan 2010), and more than half of American adults fall into poverty for at least a year during their lifetime (Rank and Hirschl 1999). These figures, combined, suggest that the experience of transient poverty in the U.S. context is a normative phenomenon, touching the lives of a majority of residents. Because childhood is a sensitive period of development, even a short spell of poverty during this key developmental window can have serious negative effects with potential lifelong impact. As such, reducing the likelihood of transient poverty among children should be a U.S. policy priority.

In contrast to transient poverty, chronic poverty affects a relatively small proportion of children in the United States. About 1 in 12 U.S. children were chronically poor from 1998 to 2008, according to our estimates. But the relative infrequency of chronic child poverty should not diminish concern about this particularly vulnerable population. Chronic poverty represents an accumulation of risk to children's health and development, and research shows that it is associated with more severe impacts on life outcomes, on average, than short-term child poverty.

Several vulnerable demographic groups in the U.S. experience chronic and transient child poverty rates that are substantially higher than the population average. African American and Hispanic children are particularly affected, as are immigrant children. Children in households with non-working adults, single mothers, and with adults who are not high school graduates also experience disproportionately high rates of both types of poverty. These vulnerable groups are most overrepresented in the population of chronically poor children.

The policies likely to be most effective in addressing transient and chronic child poverty are different. Economic theory posits that transient poverty is caused by a temporary income shortfall, thus policies to address transient child poverty could include, for example, expanding short-term unemployment benefits to cover more workers with children, or offering government-funded paid family leave for individuals who must interrupt their work to care for ill family members.

Chronic poverty, on the other hand, is caused by insufficient long-term assets to generate a reliable non-poverty income, per economic theory. Policies to help parents (and future parents) build their human assets are likely to have the most profound effect on preventing chronic child poverty. An example would be educational

interventions or vocational training opportunities to enhance the likelihood of qualifying for jobs that pay adequate wages. The conditions of chronic child poverty could also be ameliorated through sustained income supports or expense subsidies for asset-limited families who are particularly likely to experience chronic poverty. These could include generous child allowances; income supplements for parents with disabilities, particularly in high cost-of-living areas; or ongoing housing subsidies.

Overall, examining child poverty over time, and considering chronic and transient poverty separately, is an approach that suggests additional dimensions of poverty's causes, effects, and policy impacts. Efforts to address child poverty are likely to be more effective if dimensions of time are taken into consideration when designing, targeting, and prioritizing policy interventions.

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Chapter 10

Child Poverty Reduction in Brazil: Reversing Bismarck?

Armando Barrientos and Amanda Telias Simunovic

10.1 Introduction

Welfare institutions began to be established in Brazil in the 1930s and 1940s. They consisted of contributory social insurance funds covering life-cycle and work related contingencies for workers in formal employment, principally in the public sector (Barreto de Oliveira and Beltrao 2001). The funds were designed along Bismarckian lines, as occupational schemes based on the contributory principle. Over time, and with growing government support, occupational schemes were co-opted into two large pension funds, one serving public sector workers and another one serving private sector workers. A shift in approach began in 1988 with a new Constitution following two decades of dictatorship. The Constitution enshrined a range of social rights, entrusted government with responsibility for a guaranteed minimum income and for the provision of basic services open to all (Jaccoud et al. 2009). Initially, the focus of policy activism following the Constitutions was on non-contributory pension programmes covering older people and people with disabilities in poverty. In effect, these programmes extended coverage to include older people without access to contributory pensions. In 1995, municipal experimentation led to *Bolsa Escola*, a programme providing income transfers to families in poverty linked to children's school attendance and utilisation of health services (Barrientos 2013a). *Bolsa Escola* became a federal programme in 2001. In 2003, it was expanded to become the main component of *Bolsa Família* (Cotta and Paíva 2010). By prioritising

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families in extreme poverty and children's human development, *Bolsa Escola* and *Bolsa Família* represent a shift in the paradigm which had dominated Brazil's welfare institutions for almost a century. They effectively reversed the Bismarckian perspective on the role of the state in social policy. The main objective of this paper is to examine this shift in perspective and the implications for child poverty and human development.

This shift in paradigm is part of a process of far reaching change and expansion in welfare institutions in Latin America and other developing countries suggesting an emerging institutional architecture (Anton et al. 2012; Barrientos 2013b). Several dimensions of this shift need examination, but the focus of this chapter is on the implications for child poverty. In the Bismarckian paradigm, the state becomes responsible for ensuring that workers unable to work due to old age or sickness are protected from poverty and destitution, but responsibility for children remains firmly with their families. This enforces a strong age bias in scope of welfare institutions. In Brazil's context, where social insurance institutions have historically failed to reach low income and informal groups, this translates into poverty rates among children which greatly exceed the poverty rates among the elderly, even where the comparison is based on a measure of per capita household income (as will be shown below). The paradigm shift in social policy in Brazil is bound to have implications for the age bias in welfare provision and therefore for child poverty (Sposati 2010).

Lynch studied the age orientation of welfare states in high income countries (Lynch 2006). She draws a distinction between occupational and citizenship-based welfare institutions, and finds that the former are biased towards older groups and pensions, whereas the latter pay more attention to families, children and to groups with weak ties to the labour market. Interestingly, she suggests that age orientation is a by-product of the structure of welfare institutions, rather than a causal factor. As she puts it, "the explanation why welfare states differ in their age orientation is perhaps most surprising because it has little to do with age" (p. 190). Particularistic politics go with occupational welfare institutions and mutually reinforce each other. Programmatic politics, on the other hand, are more likely to support a shift to citizenship-based welfare institutions. Shifts in orientation are feasible, but they depend on changes in political processes. Social and economic transformation in particular can create the conditions for change in political processes and welfare institutions. In Lynch's view, Holland and Germany underwent such shift to youth-oriented welfare institutions in the aftermath of WWII, while Italy, the USA, and Japan failed to make a shift. Extrapolating this analysis to a Brazilian context, the argument in this chapter hypothesises that democratisation and the renewal of the social contract following the 1988 Constitution initiated a shift towards citizenship-based welfare institutions, with implications for their age orientation and child poverty.

The rest of the chapter is divided into three sections. Section 10.2 discusses the evolution of poverty and child poverty in Brazil, demonstrating the age orientation of welfare institutions and the emerging shift. Section 10.3 examines *Bolsa Escola* and *Bolsa Família*, their origins, development, and outcomes. Section 10.4 asks how deep, and how sustainable, is the paradigm shift in Brazil. This section also discusses the implications for child policy. A final section draws out the main conclusions.

10.2 The Evolution of Child Poverty in Brazil

Brazil has experienced a reduction in poverty since the mid-1990s and a sharp acceleration in that trend in the new century. Historically, rates of poverty among children greatly exceeded poverty rates among older persons, even if measured on per capita household income. In part, this was a consequence of the age bias in social policy associated with the Bismarckian approach. Transfers were focused on old age, as opposed to families and children. The rapid reduction of aggregate poverty has been accompanied by a more than proportionate fall in poverty among children. This is associated with improved economic growth and employment. The expansion of child focused antipoverty programmes, like *Bolsa Família*, has also played an important role in addressing child poverty directly. This section discusses the main trends.

Brazil does not have an official poverty line, but the minimum wage and the income thresholds associated with participation in *Bolsa Família* are commonly used as reference points for the analysis of poverty trends. Access to social assistance benefits like the *Benefício de Prestação Continuada* is restricted to older people and people with disabilities living in households with per capita income of a quarter of the minimum wage or less. *Bolsa Família*, on the other hand, provides the full range of transfers to families with household per capita income below R\$70 (US\$40); and a restricted set of transfers for families with per capita household income between this value and R\$140 (US\$80). Households in the former group are considered to be in extreme poverty, while households in the latter group are considered to be in moderate poverty. R\$70 and R\$140 are taken as the extreme poverty line and the poverty line respectively. These thresholds correspond approximately to the US\$1.25 a day and US\$2.5 international poverty lines; while the extreme poverty line threshold corresponds approximately to the quarter of the minimum wage threshold for entitlement to social assistance. The analysis below focuses on *Bolsa Família* extreme poverty and poverty thresholds.

Figure 10.1 describes the trends in the poverty headcount rate, the proportion of the population in poverty, and the number of people in poverty (in millions). The figures reported here are from the most recent set of estimates provided by the Brazilian Government think tank, the *Instituto de Pesquisa Econômica Aplicada* (IPEA), and are based on analysis of household survey data from PNAD, the *Pesquisa Nacional por Amostra de Domicílios* conducted annually by the *Instituto Brasileiro de Geografia e Estatística* (IBGE).

As can be seen from the Fig. 10.1, Brazil shows impressive poverty reduction trends. Poverty has declined significantly in the last two decades to 2012. The decline in poverty accelerated in the decade since 2002 (Ferreira de Souza 2012; IPEA 2013).

The share of the population in poverty fell from 31.5 to 8.5 % between 1992 and 2012, while the share of the population in extreme poverty decreased from 13.7 to 3.6 %. This meant that 12 million people escaped extreme poverty and 28 million people left poverty behind during this period (IPEA 2013). The poverty target of

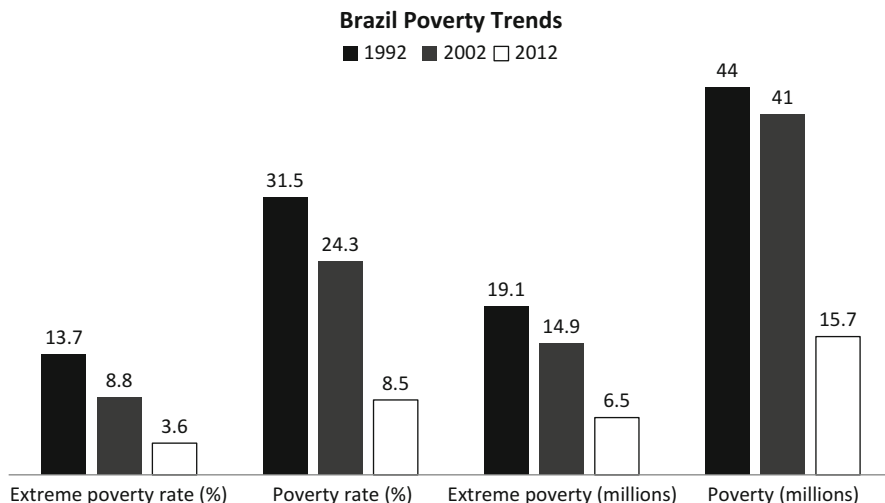


Fig. 10.1 Brazil Poverty Trends. Data Source: IPEA (2013)

reducing extreme poverty by one half by 2025, established under the Millennium Development Goals in 2000, was achieved by Brazil in 2007 (Ferreira de Souza 2012).

Aggregate poverty trends can average out important disparities across age groups. Latin American countries have a higher incidence of poverty among children than for the rest of the population. It has been estimated that the incidence of extreme poverty among children is 2.3 times the incidence of extreme poverty in the rest of the population (UN Millennium Project 2005). Children make up a large proportion of the population in Brazil, with the implication that higher incidence of poverty among children translates into large numbers. According to the 2010 Census, approximately 40 % of the Brazilian population in extreme poverty consist of children below 14 years of age, 17.4 % consists of children aged 0–6. Other disparities are relevant too. Close to 78 % of children in extreme poverty are in the North and Northeast regions, and 68 % are black (Ministry of Social Development and Fight against Hunger 2013).

Figure 10.2 shows the incidence of poverty and extreme poverty across age groups, based on per capita household income in 2004 and 2009. It shows large differentials in poverty incidence. Poverty headcount rates are significantly higher for children below 18 years of age, than for people aged 65 and over. In 2004, the incidence of poverty and extreme poverty among the older group was 1.5 % and 0.9 % respectively; the respective figures for children aged 14–17 were 28.7 % and 14 %. The Figure also shows the sharp reduction of poverty in the period between 2004 and 2009 across age groups, and indicates that poverty fell faster for children, from a significantly higher base. The decline in poverty incidence over time is particularly marked for the youngest age group (Guerreiro Osorio et al. 2011). Needless to

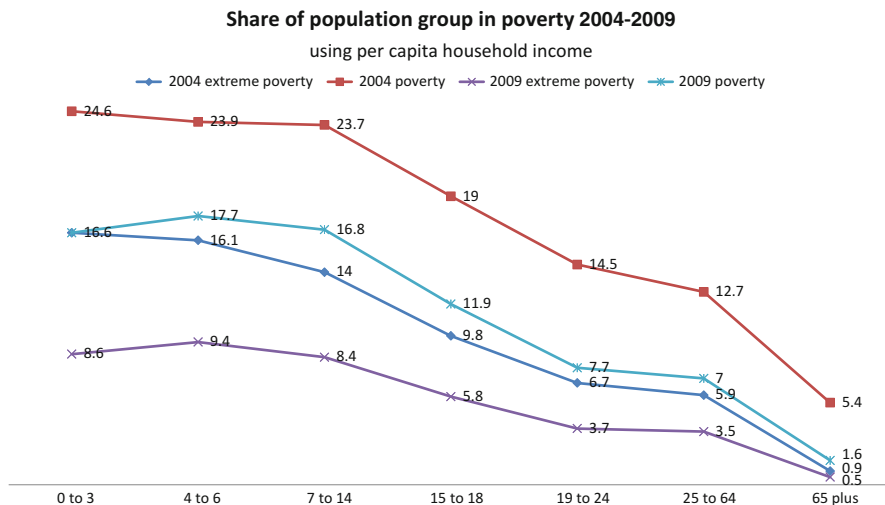


Fig. 10.2 Share of population group in poverty 2004–2009. Data Source: Osorio et al. 2011; extreme poverty and moderate poverty thresholds set at Bolsa Familia eligibility thresholds [R\$50 and R\$100 respectively in 2003]

say, there is much further work to be done to eradicate poverty and extreme poverty among children.

Life-course factors generate differential wellbeing across age groups. Ferreira et al. (2002) find there is a positive correlation between the proportion of children in a household and their probability to be in poverty. And this correlation is stronger for younger children. Older people can also benefit from asset and wealth accumulation during their lifetimes with the implication that the presence of older people in a household is not correlated with poverty status.

Differential poverty incidence across age groups is strongly influenced by the fact that public transfers directed at older groups reach a large share of this population with higher transfer values compared to public transfers focused on children (Turra et al. 2007). To an important extent, public transfers to older groups are shared within their households. Having an older person in the family acts like an insurance against extreme poverty and poverty because they receive at least one minimum wage (Guerreiro Osorio et al. 2011). However, patterns of co-residence attenuate this intra-household distribution of the transfers, especially among better off pensioners. The expansion in the coverage of *Bolsa Família* has increased the resources flowing to families with children in poverty, but public transfers to older groups remain, in aggregate, significantly larger.

In addition to reductions in child income poverty, access to services including education are improving. School attendance rates increased from 88.7 to 97.6 % for children aged 6–14 and from 66.7 to 85.2 % for children aged 15–17 between 1995 and 2009 (Ferreira de Souza 2012). The educational attainment of the economically active population increased during the same period. The share of the economically active population with completed primary education rose from 34.5 to 61.7 %, the

share with completed secondary education rose from 20.7 to 44.1 %, and the share with tertiary education almost doubled from 5.6 to 10.2 % (Ferreira de Souza 2012).

The discussion in this section described trends in poverty reduction in Brazil for the last two decades. They show a strong and sustained reduction in poverty and extreme poverty. Poverty incidence is significantly higher among children, but there are indications that the shift in social policy in Brazil has had some effect in generating a relatively faster decline in child poverty, from a high base. The next section introduces and discusses the role of *Bolsa Escola* and *Bolsa Família* in child poverty reduction in Brazil.

10.3 Bolsa Família and Child Poverty Reduction

The policy initiatives which followed the 1988 Constitution challenged the contributory approach characteristic of the Bismarckian approach, and sought to extend citizenship-based social policy. But there was little change in their age bias. They focused primarily on old age poverty and with supplementing social insurance with tax-financed transfers to older groups in poverty.¹ The *Benefício de Prestação Continuada* was introduced in 1996 with the aim of ensuring older people living in households with per capita incomes below a quarter of the minimum wage received a monthly transfer equivalent to the minimum wage. The scheme also extended to include people with disabilities in poor households. By 2010 the majority of beneficiaries qualified on grounds of disability. Children with disabilities accounted for around one third of beneficiaries. In parallel, municipal activism began to plant the seeds of a different approach to poverty reduction, free from the limitations of the Bismarckian approach and firmly focused on children. This is the focus of this section.

10.3.1 From *Bolsa Escola* to *Bolsa Família*

Bolsa Família has its roots in *Bolsa Escola*, a programme introduced in parallel in a handful of municipalities in 1995 with the aim of addressing the impact of crises on poor households. *Bolsa Escola* emerged from a combination of political support for income guarantees, a focus on persistent intergenerational poverty, and an understanding that its causes are multidimensional.² The innovation was in linking income transfers with children's school attendance and primary health care. The experimental programmes soon began to be replicated in other municipi-

¹Social insurance schemes include a *Salário-Família* providing family transfers to low income workers contributing to the schemes (Sposati 2010).

²There are several 'fathers' of *Bolsa Escola*, including Cristóvão Buarque in Brasília and Magalhães Texeira in Campinas.

palties. In 1997 the federal government offered financial incentives to municipalities to support the adoption of *Bolsa Escola*.³ *Bolsa Escola* became a federal programme in April 2001 under the responsibility of the Ministry of Education. *Bolsa Escola* developed alongside federal initiatives, including the *Programa de Erradicação do Trabalho Infantil* (Programme for the Eradication of Child Labour or PETI) first introduced in 1996. Initially located in municipalities with high incidence of child labour in hazardous employment, the programme provided direct transfers to households as well as remedial education in after-school sessions. The programme was very successful, in part because of the supplementary education provided (Brazilian Court of Audit 2003). The success of *Bolsa Escola* and *PETI*, and especially their core idea of providing direct transfers to households in poverty, stimulated similar policy initiatives in other areas. The Ministry of Health introduced a *Bolsa Alimentação* in September 2001, aimed at expectant mothers and infants and with the objective of reducing malnutrition and infant mortality. In 2003, the Ministry of Mines and Energy began to implement a gas subsidy, *Auxílio Gás*, to compensate households in poverty for the phasing out of gas subsidies. *Agente Jovem* was another transfer programmes directed at young people.

The arrival of Lula to government in 2002 did not seem auspicious for this policy agenda at first. His campaign emphasised giving priority to the fight against hunger (Hall 2006), but in short time he announced the implementation of *Bolsa Família* as a single programme aiming to provide transfers to households in extreme poverty, and integrating all the existing subsidy programmes, which began in 2003. A new Ministry for Social Development and Zero Hunger was established to manage *Bolsa Família* in 2004.⁴ *Bolsa Família* greatly expanded the coverage of *Bolsa Escola* and the other income transfer programmes, from 6.5 million in 2004 to 14 million in 2013.

10.3.2 Programme Design

Bolsa Família is targeted to all families in Brazil experiencing extreme or moderate poverty. In 2010, families with per capita monthly income at or below R\$70 (US\$ 40)⁵ are considered to be in extreme poverty, while families with per capita income between R\$71 and R\$140 are considered to be in moderate poverty. Families in extreme poverty receive a basic monthly transfer of R\$70, plus a transfer of R\$32 (US\$ 18) for each child up to the age of 15 and a transfer of R\$38 (US\$22) for up to two children aged 16 or 17. Families in moderate poverty receive child transfers only. Since 2012, families in extreme poverty and with a child aged up to 15 are

³In 1998 60 municipalities had adopted the programme. Their number mushroomed to 1,115 by 2000.

⁴Until 2004, social assistance was the responsibility of the Ministry of Labour and Social Assistance.

⁵The US\$ figures are at the PPP exchange rate of US\$1 = R\$1.7.

guaranteed a top up to R\$70 if their per capita monthly income after transfers is below this amount (*Benefício de Superação da Extrema Pobreza*). Transfers are guaranteed for 2 years regardless of a subsequent change in economic circumstances for participant families.

Like *Bolsa Escola*, *Bolsa Família* attaches several conditions to the continuation of transfer payments. They cover schooling, health and social services. Participating households commit to ensuring that children up to 15 years of age have an 85 % record of school attendance, while youths aged 16–17 are required to complete 75 % of school attendance. Health conditions include a full immunisation schedule, child development monitoring for children under 7 years of age, pre-natal monitoring for pregnant women and monitoring for nursing mothers. Attendance of remedial education for children and youths at risk of child labour, which was a requirement under the PETI programme, has been retained in *Bolsa Família*. The conditions have a diagnostic role. Failure to comply with conditions should lead to consideration of whether additional interventions are needed. Non-compliance can lead to suspension of payments and exclusion from the programme.⁶ Compliance following suspension of a single payment can lead to restitution of payment with arrears. In a comparative context, conditions in *Bolsa Família* are described as ‘soft conditions’ (Cecchini and Martínez 2011).⁷

10.3.3 Impact

There is a growing literature assessing the impact of *Bolsa Família* and its antecedents *Bolsa Escola* and *PETI*.

The main findings from evaluation studies of *Bolsa Família*, based on surveys collected in 2005 and 2009 indicate strong positive effects on children and their families (Januzzi and Pinto 2013). These include improvements in children’s weight-for-height and body mass; as well as some immunisations; improvements in school attendance by 4 percentage points on average; and improvements in grade progression and a reduction in grade repetition. They also find that children’s entry into the labour market is reduced on average by a year. Gains also cover increased pre-natal visits by participant expectant mothers (1.6 additional visits); improved influence of mothers in decisions over household budget and contraception. The analysis found no significant effects on adult labour supply, but it did note a reduction in formal sector hours by males and an increase in hours worked in the informal sector.

Surprisingly perhaps, there are few studies assessing the impact of *Bolsa Família* on poverty. This is in part explained by the difficulties involved in identifying beneficiaries of social programmes in Brazil’s household survey data as well as the

⁶To 2010, just over two million households received a warning, 0.7 million had a payment blocked; 0.3 million had a payment suspended; and 0.09 million were excluded (Castro and Modesto 2010).

⁷See Castro and Modesto (2010) for a review of studies on the impact of conditions in *Bolsa Família*.

fact that the improved growth of the Brazilian economy and the expansion of a range of social policies make it harder to isolate the impact of *Bolsa Família*.⁸ Soares et al. (2010) estimate the poverty and extreme poverty headcounts with and without *Bolsa Família* transfers. This approach does not account for behavioural responses to the transfers. It is also problematic that they focus on headcount measures, whereas perhaps the greatest impact of the transfers is on the poverty gap. They are able to establish that in the absence of *Bolsa Família* transfers, headcount rates would have been significantly higher. Their analysis of changes in poverty in the decade 1999–2009 suggests that *Bolsa Família* was responsible for one sixth of the reduction in poverty (2 percentage points of a reduction from 26 to 14 % in the period in question) and around one third of the reduction in extreme poverty (1.6 percentage points of a fall from 9.9 to 4.8 % in the period).

Some studies have focused on the impact of *Bolsa Família* on schooling and health which are directly targeted by the conditions in the design of the programme. Magalhães et al. (2013) review the findings on the impact of the programme on basic education; while Craveiro and Ximenes (2013) do the same for health. In addition, Glewwe and Kassouf (2012) used a school census panel data for 1998–2005 to examine the effects from the expansion of *Bolsa Escola* in 2001 as a natural experiment. They find that *Bolsa Escola* raised enrolments by 5.5 % in Grades 1–4 and by 6.5 % in Grades 5–8. They also find a reduction in dropout rates and improvements in grade progression among *Bolsa Escola/Bolsa Família* participants. They simulate the longer term effects of the programme on the productive capacity of participant children and suggest that an 11 % rise in labour earnings associated with a predicted additional 1.5 years of schooling is greater than the costs of the programme. In this simulation, *Bolsa Escola/Bolsa Família* pay for themselves in terms of improved productivity. A study focuses on the combined impact of the Family Health programme and *Bolsa Família* on child morbidity and mortality at the municipal level using data collected by the Health Ministry (Rasella et al. 2013). The study finds strong impact from both programmes and especially from *Bolsa Família* in reducing child mortality and morbidity.

Overall, the impact evaluation studies point to a strong contribution of *Bolsa Escola* and *Bolsa Família* to the reduction of child poverty and to improvements in access to basic service.

10.4 How Deep Runs the Change in Perspective in Brazil?

In the previous section we argued that the emergence and development of *Bolsa Escola* and *Bolsa Família*, as leading programmes with an emphasis on children and families in extreme poverty, marks an important shift in the orientation of social policy away from a Bismarckian approach. In this section we examine how well

⁸ Researchers have focused on studying the incidence of social programmes, as opposed to their impact.

embedded is the change in approach and briefly review the implications for the future evolution of social policies directed at child poverty in Brazil.

The rapid expansion of *Bolsa Família*, its leading role in social policy, and its institutionalisation within government, all indicate a significant shift towards a citizenship-based social policy. This shift has important implications for the priority attached to policies aimed at children and families and, as a consequence, for child poverty. *Bolsa Escola* and *Bolsa Família* reflect innovative programmes reaching a scale capable of making a significant difference to the welfare of large sections of Brazilian society. However, this shift in policy has not generated a proportionate reallocation of resources and budgets. Measured in budget terms, the Bismarckian component of social policy in Brazil continues to absorb the bulk of public expenditure on social policy, dwarfing the citizenship and child focused component. This merits some discussion.

Budgetary comparisons across the Bismarckian and citizenship components of social policy in Brazil are complicated by the fact that the former has a large contributory component. On paper, social insurance pension schemes are financed from contributions by workers and their employers, but with time hypothecated taxes and public subsidies have come to make a large contribution to financing social insurance benefits. For our purposes it will be important to focus on social insurance expenditures net of contributions, a measure of public subsidies to this component of social policy. This is not a straightforward calculation to make. Barrientos (2014) estimated that net subsidies to the civil service pension fund were around 2.4 % of GDP in 2008 while the *Bolsa Família* budget was 0.5 % of GDP. The civil service pension fund had around 1 million beneficiaries compared to around 10 million households participating in *Bolsa Família*, around 30 million people. It is hard to escape the conclusion that changes in social policy orientation priorities have not been fully reflected in budgetary reallocations. In fact, the fiscal space associated with growth in the 2000s enabled the Lula administrations [2002–2010] to increase expenditure on poverty programmes without the need to switch expenditure from social insurance. Moreover, pension and other benefits from social insurance schemes have risen faster than *Bolsa Família* transfers.

Reversing Bismarckian patterns of social expenditure is bound to prove harder to achieve than reversing the dominance of Bismarckian policies. Pension schemes are hard to reform in the short run, in part because of the long term nature of the commitments involved and in part also because of the strength of the political constituencies generated by them (Pierson 1993). Recent reforms to pension schemes in Brazil will reduce public subsidies in the medium term, but the scale of these changes is uncertain at this stage. An advantage of *Bolsa Família*'s relatively low budget and its perceived effectiveness in reducing extreme poverty is that it provides a very small target for budget (and tax) reductions. Nevertheless, this is an issue which needs to be considered in assessing the depth and sustainability of the changes in social policy. Proposals to re-shape *Bolsa Família* as a universal child benefit, discussed in more detail below, are in part motivated by a desire to shift budgetary changes in the direction of citizenship approaches to social policy (Sposati 2010).

What is the future of *Bolsa Família*? Different perspectives have been offered regarding the future evolution of *Bolsa Família*. Among them, Sposati's (2010) proposal to extend *Bolsa Família* into a universal child benefit is of particular interest given the focus of this chapter. She notes that the programme is usually described as an income transfer program, but it is important to examine it as social protection programme focused on children and teenagers. Looked at from this viewpoint, it emerges that by 2010 Brazil had no fewer than six programmes or schemes transferring resources to children and teenagers through their families. They all have different target groups, as well as different requisites for entitlement, different transfer values, conditions, age range, and transfer duration. The absence of coordination across these different programmes ensures large inequalities in provision, and gaps in coverage. Different levels of provision are available for citizens in similar, or even the same, conditions. Against this background, a guaranteed universal child benefit is a strong option, one that acknowledges children as right holders and grants them equal treatment.

In the chapter we have focused until now on income transfers, but improvements in the opportunities for children have an important role to play in preventing child poverty and ensuring equity. Paes de Barros et al. (2009) study the extent to which circumstances that are beyond the control of the children – such as gender, birthplace, ethnicity or family background – affect their life chances; and go on to develop a measure of inequality of opportunities for a number of countries in Latin America. In particular, they measure the effect of these circumstances on a set of indicators of basic opportunity, including completing sixth grade on time, school attendance at ages 10–14, and access to water, sanitation, and electricity. They also measure the effect of circumstances on specific outcomes, including income inequality and inequality in educational achievement. Among the 19 Latin American countries, Brazil shows improvement in the opportunities for future advancement of children. Brazil is close to achieving universal access in electricity. It is midway the country rankings in sanitation, but it has room for improvement in education (Paes de Barros et al. 2009). Brazil is described as a country in transition, with relatively high income inequality but also relatively high basic opportunities for children.

What would it take to eradicate child poverty in Brazil? The fact that poverty is more severe among children than for rest of the population persuaded the government to establish the *Ação Brasil Carinhoso*, an initiative aimed at coordinating the work of different agencies and programmes in Brazil around the goal to reduce intergeneration poverty persistence. This initiative recognizes that children have the right to adequate care, attention, stimulus and feeding in order to be able to achieve full development as adults. It combines social assistance (income transfers), health care (guaranteed access to health care) and education (guaranteed access to nursery and pre-school education) with the aim of eradicating extreme poverty in childhood. One of the components of the *Ação Brasil Carinhoso* is the guarantee that families with children with per capita household income after transfers below R\$ 70 will receive an income supplement to lift their income to this level. This will ensure extreme income poverty eradication. Initially, the initiative was focused on

families with children aged 0–6, but it has been extended to families with children up to 15 years of age. This establishes a guaranteed minimum income for the first time in Brazil (Ministry of Social Development and Fight against Hunger 2013).

What about children with special needs? So far our discussion has focused on children in poverty, but it is important to consider children with special needs. The *Benefício de Prestação Continuada* targets older people and people with disabilities living in household in extreme poverty. This is interesting because this programme can be considered as transitional between Bismarckian and citizenship approaches. In the Bismarckian tradition, the *Benefício de Prestação Continuada* is directed at groups unable to sustain adequate labour income and consequently unable to participate in social insurance schemes. The scheme provides a transfer equivalent to one minimum wage to beneficiaries and it is income tested at regular intervals. Since its inception, the share of people with disabilities among beneficiaries has risen and today they constitute a majority. Importantly, one third of them are children. Because transfer levels are significantly higher than *Bolsa Família* transfers, *Benefício de Prestação Continuada* beneficiaries are seldom entitled to *Bolsa Família*. Moving beyond reliance on pure income transfers to address poverty and social exclusion, the programme has developed and implemented a complementary programme to facilitate the integration of children with disabilities in school. At the same time, the Ministry of Social Development is strengthening intermediation services through Social Assistance Centres in municipalities (Jaccoud et al. 2010). The Centres are a first reference point for families in poverty with special needs. The integration of *Benefício de Prestação Continuada* and *Bolsa Família* under the Ministry of Social Development will facilitate a coordinated and comprehensive approach to children with special needs.

The discussion in the section suggests continued progress in the establishment of citizenship based social policies. In some areas, change has been slow. This applies to budgetary allocations. In other areas, the shift in policy priorities has stimulated innovation and development. Overall, there is measurable progress towards the social inclusion of children and the reduction and eventual eradication of child poverty.

10.5 Conclusions

This chapter has examined the recent reduction in child poverty in Brazil. Until the turn of the century, Brazil was characterised by high levels of poverty and high and rising inequality. Poverty affected children particularly, who as a group experienced the highest incidence of poverty. This was matched by limited access to basic services and high incidence of child labour. It is remarkable that in the 2000s, Brazil has managed significant reductions in poverty and inequality. The fall in poverty has been more pronounced for children. Favourable economic conditions ensured sustained growth in the economy and in employment, but social policy has been a key

factor behind declining trends in poverty and inequality, and child poverty in particular.

The chapter argued that Brazil has undergone a significant change in the orientation and priorities of social policy, which underpins progress in child poverty reduction effectiveness. Brazil's social protection had been largely shaped by a Bismarckian approach, leading to occupationally stratified social insurance schemes focused on pension provision. Notably, Bismarckian approaches to social policy and social protection have an inherent age bias. According to Lynch (2006), the age bias is less to do with age as with the political processes which sustain welfare institutions. Change in welfare institutions is associated with change in political processes. In Brazil, the 1988 Constitution raised an alternative perspective on social policy, based on citizenship. This has led to the expansion of tax-financed social assistance programmes focused on social, economic and political inclusion. *Bolsa Escola* and *Bolsa Família* focus on child and family poverty, linking income transfers with schooling and health care. *Bolsa Família* and its component programmes have contributed to reversing the Bismarckian approach which had dominated Brazil's social policy. *Bolsa Família* has grown in scale, now reaching 14 million households, a quarter of the population and on third of all children. The chapter argued that *Bolsa Família* reflects the shift in the orientation of social policy. This shift has important implications for child poverty.

In important respects, the shift to citizenship-based social policy in Brazil remains work in progress. Budgetary allocations and the pattern of social policy expenditure have lagged behind changes in policies and institutions. The priority given to eradicating extreme poverty hardly needs justification, especially given Brazil's high baseline inequality, but as this target is increasingly within reach, the scope and direction of social policy can expand to reach children and families in moderate poverty and vulnerability. Reducing the stratification in social policies addressing children and families is an important project for Brazil and other middle income countries. This will require paying attention to the opportunity sets facing children. While much work lies ahead, the main conclusion reached by the discussion in our chapter is that low and middle income countries have a lot to learn from Brazil's success in addressing child poverty.

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Chapter 11

Poverty and Social Exclusion of Children and Families in Italy and Europe: Some Comparisons

Cinzia Canali and Devis Geron

11.1 Inequality, Poverty and Crisis

Recent research suggests that in the years between the 1980s and 2008, income inequality has been increasing in the OECD developed countries (OECD 2011a). On a larger scale, important emerging countries (such as China, India and South Africa) also experienced this trend (OECD 2011b). The recent economic and financial crisis seems to have exacerbated this long-term trend. In OECD countries, market dynamics, excluding the redistributive effects of publicly provided benefits, led to an increase of income inequality over the 3 years 2007–2010 that was higher than the increase recorded in the previous 12 years.

A recent report (OECD 2013) emphasizes that social benefits¹ have limited the impact of the crisis in the first period up to 2010, but the persistent economic and jobs crisis puts at risk the most vulnerable socio-economic population groups.

While market income inequality (i.e., inequality of income before taxes and public cash transfers²) increased significantly between the beginning of the crisis

¹The OECD Glossary of Statistical Terms (<http://stats.oecd.org/glossary/index.htm>) defines “social expenditure” as “the provision by public (and private) institutions of benefits to, and financial contributions targeted at, households and individuals in order to provide support during circumstances which adversely affect their welfare, provided that the provision of the benefits and financial contributions constitutes neither a direct payment for a particular good or service nor an individual contract or transfer. Such benefits can be cash transfers, or can be the direct (“in-kind”) provision of goods and services.” Eurostat (<http://epp.eurostat.ec.europa.eu>) defines “social benefits” as “transfers, in cash or in kind, by social protection schemes to households and individuals to relieve them of the burden of a defined set of risks or needs”.

²Social benefits can be provided either in cash (“cash transfers”) or in kind (goods and services).

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(2007–2008) and 2010, public redistributive intervention did play a role in curbing these trends in most developed countries. In Italy the capacity of social benefits in cash (and income taxation) to reduce income inequality was, however, lower than the average across developed countries in the 3 years to 2010. The higher level of disposable income inequality in Italy than on average across developed countries can also, though not only, be explained by such “effectiveness gap” of transfers.

The OECD report highlights that the crisis, at least in its first phase, had its hardest impact on the most vulnerable socio-economic groups. The “poor” lost more than the “rich” in those countries which experienced a general decline in incomes, and gained less in those countries which experienced a (moderate) rise in incomes. Overall, across OECD countries, the average disposable income of the poorest 10 % of households fell by 1.9 % annually during the first phase of the crisis, while that of the richest 10 % decreased by 0.8 % annually. In Italy, the disposable income of the bottom 10 % significantly decreased by 6.2 % per year. Thus, the first phase of the crisis in Italy hit the poorest harder than in other countries. With the exception of Spain, in no other OECD country was the gap between the loss suffered by the poorest and the richest as large as in Italy.

In addition to inequality, poverty has also increased over recent years. In particular, between the beginning of the economic crisis and 2010, the incidence of relative poverty increased in about two-thirds of OECD countries. The average increase at the OECD level was 0.1 %, but with considerable differences among countries. Notably, among all 33 OECD countries, Italy recorded the fourth largest increase (1 %), preceded only by Turkey, Spain and the Slovak Republic. The increase in the incidence of relative poverty in Italy and other countries suggests that in many cases the impact of recession has been higher for lower incomes.

However, if the relative poverty rate reflects the position of some socio-economic groups with respect to others, it does not necessarily reflect changes in living standards of people, especially the “poorest”. For example, if all incomes decrease, but the fall is smaller at the bottom than at the middle of the income distribution, the relative poverty rate will decrease. On the basis of these considerations, the OECD also attempts to measure the incidence of poverty by “anchoring” the poverty line to half the median real income in 2005, thus linking it to living standards before the crisis. The aim of this procedure is to obtain a measure of the actual impoverishment that occurred in the period 2007–2010, by calculating the percentage of households whose income falls below the 2005 threshold. In this way, the incidence of poverty increased by more than suggested by changes in relative poverty: 0.5 % on average across OECD countries, 2.2 % in Italy. The increase in Italy is the fifth highest, after Spain, Greece, Ireland and Estonia.³ During the first phase of the crisis Italy was therefore one of the countries which recorded a larger increase in the share of population whose economic conditions fell below the pre-crisis levels.

OECD data also demonstrates that the dynamics of poverty did not affect different age groups in the same way. The increase in the incidence of poverty particularly affected young people, while other age groups were affected to a lesser extent. For instance, in almost all OECD countries (with a few exceptions, the most relevant

³Estimates for anchored poverty are not available for Turkey.

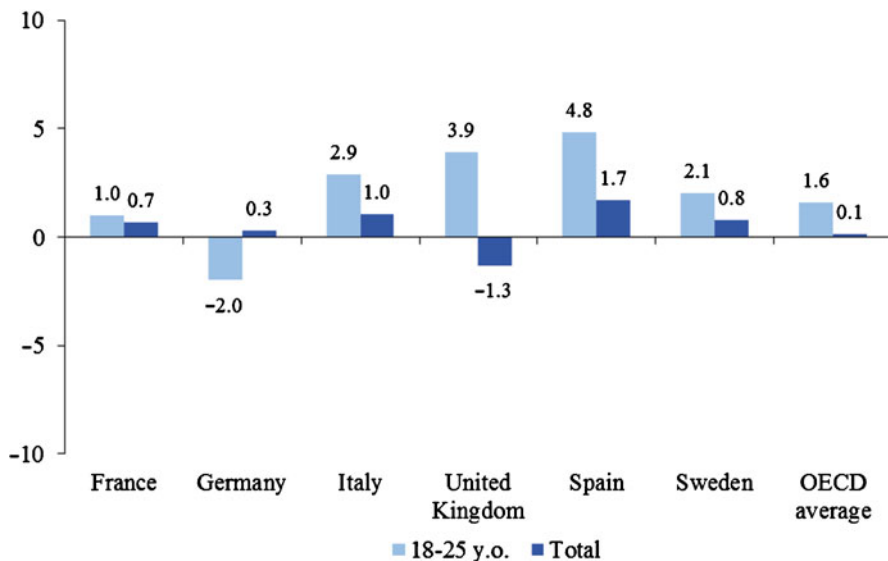


Fig. 11.1 Percentage point change in relative poverty rates (a) between 2007 and 2010 (b), 18–25 year olds and overall population (OECD 2013). Here are two notes, (a) and (b), which aim to clarify the previous text below Fig. 11.1.

Therefore:

- note (a) illustrates what is meant by “relative poverty rates”
- note (b) specifies the exact time periods considered for each country

being Germany), the relative poverty rate among 18–25 year olds increased significantly after the beginning of the economic crisis (Fig. 11.1).

The gloomy picture is confirmed by European-level data. The “Europe 2020” strategy of the European Union sets the goal of reducing the population at risk of poverty or social exclusion by at least 20 million people in the coming years. According to recent Eurostat data,⁴ in 2012 around one-fourth of European people were considered at risk of poverty or social exclusion (24.8 % in the EU-27 and EU-28 countries). In Italy almost one-third (29.9 %) of the population was estimated to be at risk of poverty or social exclusion, more than 5 percentage points above the European average. Europe identifies three specific indicators of “poverty or social exclusion”: people at risk of poverty, people who are suffering from severe material deprivation, people living in households with very low work intensity.⁵

⁴Eurostat, *Europe 2020 indicators*, <http://epp.eurostat.ec.europa.eu>

⁵Persons at risk of poverty are those who have an equivalised disposable income below 60 % of the national median equivalised disposable income after social transfers. Persons are considered as severely materially deprived if they live in households who cannot afford at least four of the following nine items: (1) coping with unexpected expenses; (2) 1 week annual holiday away from home; (3) avoiding arrears (in mortgage or rent, utility bills or hire purchase instalments); (4) a meal with meat, chicken, fish or vegetarian equivalent every second day; (5) keeping the home adequately warm; (6) a washing machine; (7) a colour TV; (8) a telephone; (9) a personal car. Persons living in households with very low work intensity are those who are aged 0–59 and live in households whose working-age members worked less than 20 % of their potential during the past year.

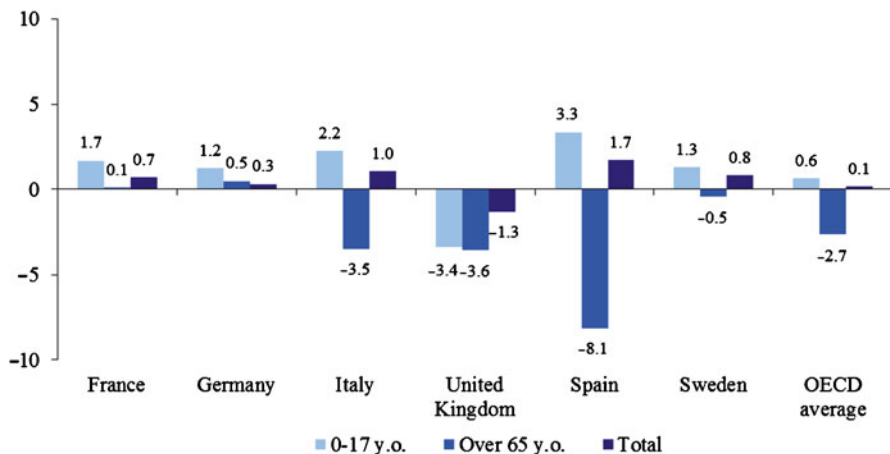


Fig. 11.2 Percentage point change in relative poverty rates (a) between 2007 and 2010 (b), by age groups (OECD 2013). Here are two notes, (a) and (b), which aim to clarify the previous text below Fig. 11.2.

Therefore:

- note (a) illustrates what is meant by “relative poverty rates”
- note (b) specifies the exact time periods considered for each country

11.2 The Impact of Public Policies

As mentioned above, public policies based on taxes and social transfers mitigated the marked increase in overall income inequality between 2007 and 2010 in OECD countries. However, the impact of taxes and transfers differed among different population groups. The crisis has particularly affected families with children. Between 2007 and 2010, poverty among children and young people increased in a large number of OECD countries. Notably, on average across OECD countries, the rates of relative poverty increased among children (by 0.6 percentage points) and moderately decreased among the elderly (by 2.7 percentage points), against a general stability (slight increase of 0.1 percentage points) in the overall population. Italy underwent the same trends, although on a larger scale: the incidence of relative poverty increased significantly among children (by 2.2 percentage points) while it decreased among the elderly (by 3.5 percentage points), compared to an overall increase by 1 percentage point in the overall population (Fig. 11.2).

11.3 Poverty of Children and Families

In comparison to Europe, Italy has a critical position in terms of exposure to the risk of poverty for children and families. According to Eurostat data,⁶ the rate of severe material deprivation across the overall population in Italy in 2011 (11.2 %) was

⁶Eurostat, <http://epp.eurostat.ec.europa.eu>

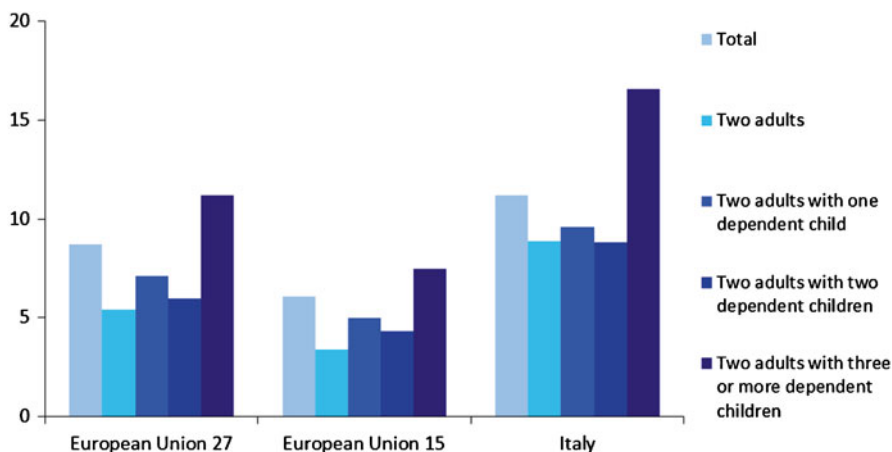


Fig. 11.3 Rate of severe material deprivation, by family type, 2011 (Eurostat, Income and living conditions)

higher than the average of the “old” EU-15 (6.1 %), but also compared to the average of the EU-27 (8.7 %). Considering families with a couple of adults, the Italian rate was systematically higher than the European average, peaking at 16.6 % among families with two adults and three or more children, against 7.5 % in the EU-15 and 11.2 % in the EU-27 (Fig. 11.3).

Overall, risk of poverty or social exclusion increases with the number of children. Rates are systematically higher in Italy than on average in Europe: the percentage of people at risk of poverty or social exclusion in 2011 was 22.9 % among adult couples without children (compared to 16.9 % and 18.4 % on average in the EU-15 and in the EU-27), 24 % among couples with a child (compared with 17.1 % and 18.5 %, respectively), 27.1 % among couples with two children (compared to 17.9 % and 19.3 % respectively), up to 42 % among couples with three or more children (compared with 27.4 % and 30.8 %, respectively).

Eurostat data confirm that children are particularly at risk of poverty or social exclusion. At the European level, the average percentage of people at risk of poverty or social exclusion in 2011 was higher among children less than 6 years old (24 % in the EU-15 and 25.4 % in the EU-27, rising to 24.7 % and 25.9 % respectively in 2012) than among the overall population (22.6 % in the EU-15 and 24.3 % in the EU-27, rising to 23.2 % and 24.8 % respectively in 2012). In Italy the risk of poverty or social exclusion for children up to 6 years (28.9 % in 2011, rising to 31.9 % in 2012) is significantly higher than both the corresponding EU average and the rate among the overall Italian population (28.2 %, rising to 29.9 % in 2012). The national picture is therefore particularly worrying. The percentage of people at risk of poverty or social exclusion in the overall population in Italy was the 7th highest in the EU-27 (after Bulgaria, Romania, Latvia, Lithuania, Hungary and Greece) in 2011, whereas the percentage among children younger than 6 years old was the 5th highest (after Bulgaria, Romania, Latvia and Hungary).

The incidence of poverty risk in 2011 was also significantly higher among children less than 6 years old (18.9 % in the EU-15 and 19.2 % in the EU-27) compared to the overall population (16.7 % in the EU-15 and 16.9 % in the EU-27). Italy is characterized by a significantly higher incidence of poverty risk in early childhood (24.5 % in 2011) both in comparison to the European average and in comparison to the rate among the overall Italian population (19.6 %). In an ideal European ranking (EU-27) of the at-risk-of-poverty rate in 2011, Italy ranked 6th considering the overall population (after Bulgaria, Romania, Spain, Greece and Lithuania), but 3rd (after Romania and Bulgaria) considering the age group of children up to 6 years.

Early childhood is also particularly exposed to the risk of severe material deprivation. At the EU level in 2011 the risk of severe material deprivation was higher among children younger than 6 years (7.3 % in the EU-15 and 9.6 % in the EU-27) compared to the overall population (6.1 % in the EU-15 and 8.7 % in the EU-27). In comparison with Europe, Italy is characterized by a higher risk, affecting 11.5 % of Italian children younger than 6 years in 2011 (compared to 11.2 % of the overall Italian population). In 2011 Italy exhibited the 8th highest rate of severe material deprivation among total population at the European level (after Bulgaria, Latvia, Romania, Hungary, Lithuania, Greece and Poland), and the 9th highest rate among children less than 6 years old (after all countries listed above, plus Slovakia).

Across the EU-27 countries, Italy therefore ranks among the top positions as regards the risk of poverty, social exclusion and material deprivation, and these effects are particularly pronounced for children less than 6 years old.

The situation is even more serious considering only the “old” EU-15: within this group of countries, in 2011 Italy exhibited the highest percentage of children 0–6 years old at risk of poverty, at risk of poverty or social exclusion, at risk of housing deprivation; and the second highest percentage (after Greece) with respect to the rate of severe material deprivation in early childhood.

11.4 Transfers and Services to Tackle Early Childhood Poverty

The poverty that affects children has long-term effects. Inadequate investment in the “human capital” of today’s children involves a greater risk of poverty and social exclusion for the adults of tomorrow. Already detectable at the age of 3 is a disadvantage in cognitive, social and emotional development of children from poor backgrounds, and in the absence of appropriate intervention the gap widens further by the age of 5. International research (European Commission 2011) has shown that returns on investment in early childhood education are higher for children from low socio-economic background, while returns on educational investment at later stages are higher for children from high socio-economic background.

The long-term benefits derived from investing in early childhood emerge from the analysis of specific indicators. For example, Italy exhibits benefits from pre-school which are among the highest in Europe: in the reading score of the OECD Pisa test in 2009, the difference in favour of children who had attended pre-school education was the third highest across the EU-27 countries (Save the Children 2012). This is an indicator of the potential returns on educational services for children aged 3–5 in Italy.

Despite the social returns on investment in childhood, the total resources in favour of families with children in Italy rank among the lowest in Europe, being significantly lower than the European average, namely 1.3 % of GDP (0.7 % transfers and 0.6 % services) against a European average of 2.3 % of GDP (1.5 % transfers and 0.8 % services) in 2010, according to Eurostat data.

While transfers are shown to have limited effectiveness (see Chap. 12 by Vecchiato for details), the provision of child care services may have a greater potential for reducing poverty and inequality. The importance of investing in early childhood educational services, especially for children with low socio-economic status, is well known. An adequate investment in quality services for early childhood leads to higher returns for children from disadvantaged families, thereby producing a “social return” in terms of reduced socio-economic inequalities (Del Boca and Pasqua 2010; Van Lancker 2013).

A recent study (Förster and Verbist 2012) shows that overall child poverty (among all children less than 6 years old) is reduced by about one quarter due to early childhood education and childcare (ECEC) services, on average across OECD countries. Considering only children beneficiaries of ECEC services, the effect is much greater: child poverty is more than halved. Whilst cash benefits exhibit a limited effectiveness in reducing poverty in Italy (as in other countries of Southern Europe), the provision of services is among the most effective in reducing poverty. In 2007 Italy was the OECD country with the highest percentage of poverty reduction among children enrolled in education and care services: 74.2 % against an OECD average of 54 % (Fig. 11.4).

11.5 TFIEY: A Transatlantic Forum for Contrasting Poverty

European and North American foundations have established the Transatlantic Forum on Inclusive Early Years (TFIEY), aiming to bring together leading scientists, practitioners, civil society members, business leaders and political decision-makers from different countries to explore policies and projects supporting the early childhood development of children from migrant and low-income families.

The aim is to exchange research results, strategies, policies, innovations and best practices as well as to create the opportunity to scale-up existing knowledge and evidence-based research, with a view to making early childhood education and care for children from migrant and low-income families a priority on the political agenda in Europe and beyond.

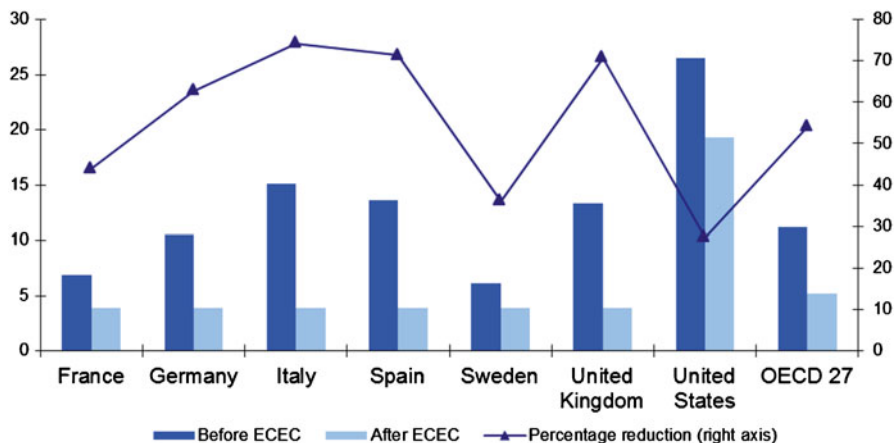


Fig. 11.4 Reduction in poverty rates among children less than 6 years old beneficiaries of ECEC services, before and after accounting for ECEC services, OECD countries, 2007 (Förster and Verbist 2012)

The Forum is meeting seven times in 3 years and focuses on specific themes:

1. Quality Early Childhood Services for All: Addressing Disparities in Access for Children from Migrant and Low-Income Families;
2. Workforce Preparation and Curriculum Innovations;
3. Successful Parent and Family Engagement in the Early Years: Reaching out to Immigrant and Low-income Families;
4. Evaluation of Early Childhood Programs and Assessment in the Early Years;
5. Integrated Systems and Effective Transitions in Early Childhood;
6. Multilingualism and Multiple Identities/Belongings in Early Childhood Programs;
7. Role of National Governments, Policy Levers, Effective Decentralization.

This Forum presented Italy with an opportunity to focus attention on child poverty and strategies to combat it.⁷ Alongside the international forum, a group of Italian Foundations are engaged in preparing recommendations and guidelines for policy makers, service managers, professionals and advocacy groups for addressing these issues in Italy (Table 11.1). The Forum represents an important opportunity for discussing the existing situation but also for making contributions in terms of innovation, at a time when the great difficulties we are experiencing may lead us to think the opposite. The economic crisis could lead us to leave early childhood in a chronic

⁷Italian activities are coordinated by Compagnia di San Paolo (Turin) with the scientific support of Fondazione Zancan (Padua). In 2014 Italian activities benefit from the support of Fondazione Cariplo (Milan), Fondazione Cassa di Risparmio di Padova e Rovigo (Padua) and Fondazione CON IL SUD (Rome).

Table 11.1 Recommendations from the Italian working group to professionals and service organisations on the theme “Parents in the life space of children” (Milan, 9–10 January 2014)

To professionals and service organisations, we recommend:
1. To involve families both in the development of networks among professionals and services and in less organized experiences in the local community
2. To bridge the distance between policy makers and professionals so that decisions are shared also at technical level
3. To invest in public communication to inform families about available opportunities
4. To stimulate local authorities and foundations to promote and value, through their own tools, new ways of thinking and designing interventions with and for families and children
5. To promote professionals’ ability to consider services as a place/opportunity for involving families in innovations that are fostered and carried out by families and with families
6. To implement training paths through which professionals develop competence and knowledge to effectively face social changes
7. To overcome public-private polarization, so as to start an effective debate on what is to be guaranteed and how
8. To streamline rules and procedures to facilitate the access to care pathways of children experiencing high-risk situation

gap of social and institutional care. This would mean that “life is not growing” (Barbero Vignola et al. 2013; Fondazione Zancan 2013; Vecchiato 2013).

11.6 Conclusions

Analyses presented in this chapter highlight differences in needs, service provisions and political decisions across countries. Notably, total resources devoted to families with children in Italy rank among the lowest in Europe, while the risk of poverty or social exclusion in Italy for children up to 6 years is significantly higher than the EU average.

The EU and other organisations have devoted many efforts and resources to foster policies against poverty and social exclusion. However these issues are not always uniformly tackled at the European level. There is still much to do.

To this end, fruitful contributions are provided by foundations which – thanks to their independence from any political influence – are promoting social innovation which can be evaluated for impact.

The crisis and the related reduction of available resources makes it more and more important to responsibly use resources and systematically adopt outcome and impact evaluations, so as to privilege more effective decisions. Evaluations should be driven by the following questions: what has changed in the lives of children, their families, their communities as a whole? Has professional support generated individual and social changes? Have the living conditions of direct and indirect beneficiaries improved? Are beneficiaries more engaged in the care pathway? Have they contributed to outcomes? Answering these questions is crucial if we are to

effectively address the risk of poverty and social exclusion of vulnerable children and families and enable those living in poverty to regenerate their own resources.

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Chapter 12

Poverty in Italy and Generative Welfare Approach

Tiziano Vecchiato

12.1 Introduction

The poverty issue is particularly severe when it affects children. Not all children are equally poor. Their living conditions are diverse, as are their conditions of poverty and deprivation. These may involve the lack of necessary goods and services, such as food and health care. For many children however poverty means experiencing neglect and deprivation, inadequate housing, lack of love, care and protection (Bezze and Canali 2013). This is a further reason why child poverty is difficult to tackle. Poor children lack much more than poor adults usually do. Children and adolescents can be referred to as “minors”, recalling the words of Alfredo Carlo Moro: “despite continuous claims on the importance of childhood and adolescence, the focus on minors is becoming weaker and weaker, often non-existent in habits and policies” (Fondazione Zancan 2006). They are “minors” as to their rights and possible future chances.

12.2 Poverty in Italy

The Italian National Institute of Statistics (Istat) has recently documented¹ that poverty in Italy has become a structural problem. After remaining stable for years, the relative and absolute poverty rates² substantially increased in 2012, reaching

¹Istat 2013, *Poverty in Italy, 2012*, www.istat.it

²The relative poverty threshold for a two-member household corresponds to the average monthly consumption expenditure per person in Italy (1,011.03 euro in 2011 and 990.88 euro in 2012). The

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Table 12.1 Individuals and households in *relative and absolute* poverty in Italy, 2011 and 2012, thousands of units and percentage variation, by geographical area (Istat 2013, *Poverty in Italy – 2012*)

	Relative poverty			Absolute poverty		
	2011	2012	Perc. change 2011–2012	2011	2012	Perc. change 2011–2012
North						
Poor households	601	760	+26.5 %	454	677	+49.1 %
Poor individuals	1,634	2,157	+32.0 %	1,096	1,783	+62.7 %
Centre						
Poor households	318	358	+12.6 %	203	256	+26.1 %
Poor individuals	936	1,121	+19.8 %	491	684	+39.3 %
South and Islands						
Poor households	1,863	2,114	+13.5 %	640	792	+23.8 %
Poor individuals	5,603	6,284	+12.2 %	1,828	2,347	+28.4 %
Italy						
Poor households	2,782	3,232	+16.2 %	1,297	1,725	+33.0 %
Poor individuals	8,173	9,563	+17.0 %	3,415	4,814	+41.0 %

record levels since the beginning of the current series of data. A considerable increase in the number of relatively poor individuals (+17 %) and households (+16.2 %) was estimated to occur between 2011 and 2012, with the biggest percentage variations recorded in the northern regions. Even higher was the increase in the number of absolutely poor individuals (+41 %) and households (+33 %), who cannot attain a “minimum acceptable” standard of living: also in this case, the biggest percentage variations occurred in northern Italy (Table 12.1).

To properly understand the scope of poverty in Italian society, the number of poor should be compared with the overall number of residents. By doing so, the incidence of relative poverty turned out to equal 12.7 % among households (3.2 million relatively poor households) and 15.8 % among individuals (9.6 million relatively poor individuals) in 2012 at the national level. The relative poverty rate sharply increased in 2012 in comparison to 2011 (when it equalled 11.1 % among households and 13.6 % among individuals), reaching the highest level since 1997 (Fig. 12.1). Besides 3.2 million households in relative poverty, another 1.4 million (5.6 % of all households) were at risk of poverty: these are defined as “nearly poor” by Istat, in that they are slightly above the relative poverty threshold.

Absolute poverty affected 6.8 % of households (1.7 million households) and 8 % of individuals (4.8 million individuals) in 2012 at the national level. These rates are considerably higher than they were in 2011 (5.2 % among households and 5.7 % among individuals), and represent the highest rates since 2005 (Fig. 12.2).

absolute poverty threshold corresponds to the minimum expenditure required to purchase the basket of goods and services that are considered essential, in the Italian context and for a given household, to attain the “minimum acceptable” standard of living.

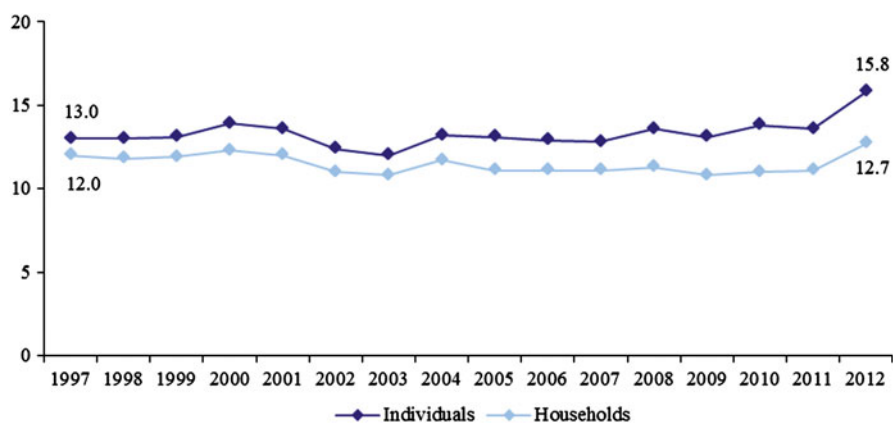


Fig. 12.1 Relative poverty rate, among individuals and households in Italy, 1997–2012 (Istat 2013)

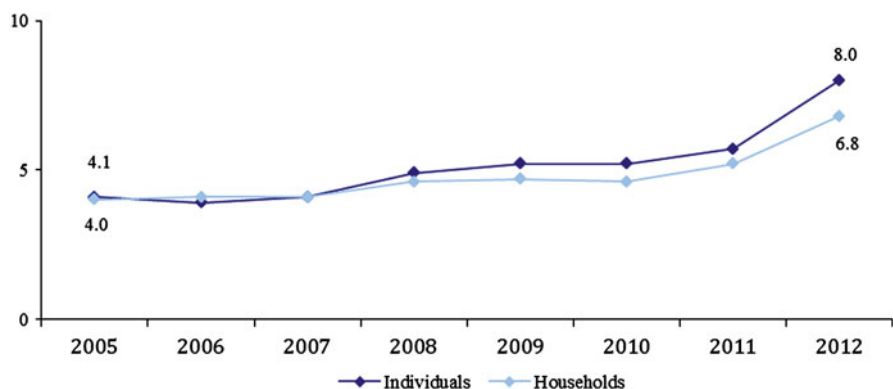


Fig. 12.2 Absolute poverty rate, among individuals and households in Italy, 1997–2012 (Istat 2013)

The worsening in the living standard of Italian families is reflected by the dynamics of relative poverty through time. As noted above, the percentage of relatively poor people substantially augmented in 2012 in comparison with 2011. This increase occurred despite the concurrent reduction in the poverty threshold (down by 20 euro, without taking inflation into account), implying that if the 2012 threshold had been hypothetically “anchored” to its 2011 level – i.e. to the average “standard of living” in the previous year – the relative poverty rate in 2012 would have been higher than that actually estimated.

The problem of poverty has been historically rooted in the South more than elsewhere in Italy. Istat estimates show that this trend continued in 2012. The incidence of relatively and absolutely poor households in the South and Islands exhibits much higher values than in the Centre and in the North (Fig. 12.3). This gap is far from

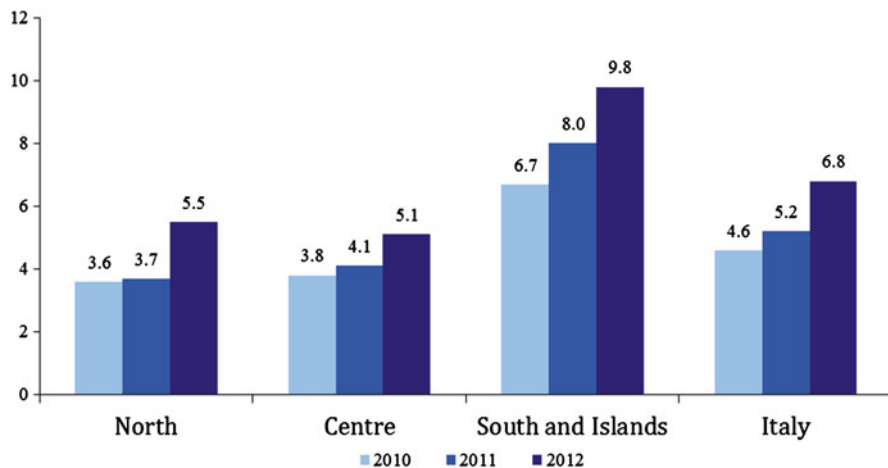


Fig. 12.3 Relative poverty rate among households in Italy, by geographical area, 2010–2012 (Istat 2013)

being bridged. During the period 2010–2012 the difference in the relative poverty rate among households increased both between southern and northern Italy (from 18.1 to 20 percentage points) and between southern and central Italy (from 16.7 to 19.1 points). Over the same 3-year period the difference in the absolute poverty rate among households also increased both between southern and northern Italy (from 3.1 to 4.3 percentage points) and between southern and central Italy (from 2.9 to 4.7 points).

The chance of being poor affects migrants to a greater extent than the overall population. For instance, relative poverty affects nearly half (49.1 %) of individuals living in households whose members are all migrant and 43.9 % of individuals living in households with at least one migrant member, in contrast to 17.4 % among individuals living in households without migrant members (Istat et al. 2012).

12.3 Poverty Among Children and Families

Poverty rates are not evenly distributed across social groups. Istat data show that the increase in poverty in 2012 was bigger among households with more minor children. Larger families are more at a disadvantage: the relative poverty rate among households with 3 or more minor children in 2012 was 28.5 % at the national level, 40.2 % in southern Italy. Some social groups are more at risk of poverty. This concerns younger parents: the relative poverty rate among households whose reference person (r.p.) is aged less than 35 equalled 14.7 % in 2012, higher than the rate among households having an older r.p. The chance of being poor is also related to the occupation and professional position of the r.p.: the incidence of relative poverty

among households having as r.p. a manual worker (16.9 % in 2012) is significantly higher than the estimated incidence among households having as r.p. a self-employed worker (11.9 %), a manager or a salaried employee (6.5 %), an entrepreneur or a freelance (4.9 %). Among households whose r.p. is unemployed and seeking employment, the relative poverty rate was 35.6 % nationwide, 49.7 % in southern Italy.

Facing difficulties in the job market implies a greater risk of being poor: relative poverty affects nearly half of Italian households whose members are neither employed nor retired following employment. These families – as suggested by Istat – are typically composed of single members aged 65 and over without a work history and people out of the labour market, either couples with children or single parents.

Similarly, absolute poverty particularly affects younger households (8.1 % of households with r.p. aged less than 35 in 2012), larger households with minor children (17.1 % of households with 3 or more children) and households whose members are at a disadvantage in the labour market. Notably, almost one in four (23.6 %) households with r.p. seeking employment were classed as in absolute poverty in 2012, as were nearly one in three (30.8 %) households whose members were not employed nor retired. These values substantially increased in comparison to the previous year (15.5 % and 22.3 %, respectively).

Poverty in Italy particularly affects families with minors (Tables 12.2 and 12.3). One in eight families (12.7 %) were estimated to be relatively poor in 2012. Breaking these figures down by family size, the incidence of relative poverty among households with 5 or more members in Italy was 30.2 % (compared to 28.5 % in 2011), against much lower incidence among households with 4 members (18.1 %), 3 members (15.9 %), 2 members (10.8 %), 1 member (6.8 %). Poverty tends to increase with the presence of minor children: 18.3 % of households with at least

Table 12.2 Incidence of relative poverty among households, by family type and number of minor children, by geographical area, 2011–2012 (Istat 2013, *Poverty in Italy – 2012*)

	North		Centre		South and Islands		Italy	
	2011	2012	2011	2012	2011	2012	2011	2012
Total	4.9	6.2	6.4	7.1	23.3	26.2	11.1	12.7
<i>Family type</i>								
Couple with 1 child	4.8	7.4	7.3	8.2	20.5	31.3	10.4	15.4
Couple with 2 children	5.7	8.4	7.0	8.8	27.5	30.9	14.8	17.4
Couple with 3 or more children	10.0	13.6	17.9	21.6	43.0	43.3	27.2	29.8
<i>Families with minor children</i>								
With 1 minor child	5.8	7.6	8.3	7.1	26.0	32.7	13.5	15.7
With 2 minor children	7.3	10.9	8.5	12.3	30.5	34.3	16.2	20.1
With 3 or more minor children	12.4	17.4	^a	^a	50.6	40.2	27.8	28.5
With at least 1 minor child	6.8	9.5	9.0	10.3	29.7	33.9	15.6	18.3

^aThe value is statistically unreliable given the small sample size

Table 12.3 Incidence of absolute poverty among households, by family type and number of minor children, Italy, 2011–2012 (Istat 2013)

	2011	2012
Total	5.2	6.8
<i>Family type</i>		
Couple with 1 child	4.0	5.9
Couple with 2 children	4.9	7.8
Couple with 3 or more children	10.4	16.2
<i>Families with minor children</i>		
With 1 minor child	5.7	7.1
With 2 minor children	5.8	10.0
With 3 or more minor children	10.9	17.1
With at least 1 minor child	6.1	8.9

1 minor child were relatively poor in 2012 (in comparison with 12.7 % among all households), increasing from previous year's value of 15.6 %. Moreover, the incidence of relative poverty tends to increase with the number of minor children living in the household, being equal to 15.7 % among households with 1 minor child, 20.1 % among households with 2 minor children, 28.5 % among households with 3 or more minor children. The situation is particularly negative in southern Italy, where relative poverty affected 33.9 % of households with at least one minor child and 40.2 % of households with 3 or more minor children in 2012.

Similar trends hold for absolute poverty. While the incidence of absolute poverty was 6.8 % among all households in 2012, it equalled 17.2 % among households with 5 or more members (against 8.3 % among households with 4 members, and lower percentage values as household size decreases), markedly rising in comparison with 12.3 % in the previous year. Absolute poverty affected 8.9 % of households with at least one minor child (in comparison with 6.1 % in 2011) and increased with the number of children: 7.1 % among households with 1 minor child, 10 % among households with 2 minor children, 17.1 % among households with 3 or more minor children.

Income poverty among children and families is related to social exclusion. The presence of dependants, especially minors, is generally associated with higher frequency of economic strain (Barbero Vignola et al. 2013). According to Istat EU-SILC data,³ households with 3 or more children are most likely to incur such difficulties in Italy: 17.9 % of them were severely deprived in 2011, reaching 20 % among households with 3 or more minors. Notably 18.3 % of couples with 3 or more minor children in 2011 reported they could not afford a meal with meat, chicken, fish or vegetarian equivalent every second day, 25.2 % (against 15.4 % in 2010) reported they could not keep the home adequately warm, more than half (53.3 %) reported they could not afford a 1 week annual holiday away from home.

The incidence of poverty and social exclusion is on the rise in all geographical areas in Italy. The situation is however particularly negative in southern Italy, where

³ Source: Istat, Eu-Silc (Statistics on Income and Living Conditions), www.istat.it

Table 12.4 Household income, expenditure and poverty indexes, by age group, Italy, 2010 (Bank of Italy 2012)

Age group	Equivalent income ^a		Per capita income		Equivalent expenditure ^a	
	Value (euro)	Poverty index ^b	Value (euro)	Poverty index ^b	Value (euro)	Poverty index ^b
18 and under	16,053	22.6	9,024	32.7	13,140	12.8
18–34	17,361	17.7	11,497	21.2	13,497	11.2
35–44	18,322	17.1	11,985	21.8	14,066	9.4
45–54	19,563	13.2	13,066	16.0	15,154	7.6
55–64	23,365	9.3	16,883	9.0	16,741	5.1
Over 65	20,116	6.0	15,860	3.8	15,182	3.4

^a“Equivalent” income and expenditure are measures that allow for the size and composition of families

^bShare of individuals below the poverty line (half of the median value of the corresponding statistic)

the percentage of people at risk of poverty or social exclusion⁴ increased from 42.7 % in 2004 to 46.2 % in 2011. Nationwide the risk of poverty or social exclusion considerably increased especially among couples with 3 or more children – by 5.4 percentage points from 2004 to 2011 – and among single-parent households – by 5.7 percentage points.

As highlighted on the basis of the above data, family composition appears to play an important role. In particular the presence of minors influences the probability of a household suffering from economic strain. By dividing the Italian population into age groups (Table 12.4) it can be noticed that individuals aged 0–18 exhibit on average lower income and consumption expenditure as well as higher poverty levels – particularly in terms of per capita income – than other age groups. Therefore individuals aged 0–18 face higher risk of being poor in economic terms. In 2010 the economic poverty index with respect to per capita income among minors (32.7) was e.g. nearly 9 times as much as that among the elderly over age 65 (3.8).

12.4 Children in Poverty

In order to identify poor children, a distinction can first be made between “absolutely poor” and “relatively poor” children. Absolute poverty concerns children lacking essential resources to attain a minimum acceptable standard of living,

⁴At the European level three specific indicators of “poverty or social exclusion” are identified: being at risk of poverty (i.e. having an equalised disposable income below 60 % of the national median equalised disposable income after social transfers), suffering from severe material deprivation (i.e. living in households who cannot afford at least four of nine items, such as ‘coping with unexpected expenses’ or ‘keeping the home adequately warm’), living in households with very low work intensity (i.e. households whose working-age members worked less than 20 % of their potential during the past year).

Table 12.5 Incidence of absolute poverty (% values) among minors (0–17 years old), by age group, 2005–2012

Age group	2005	2006	2007	2008	2009	2010	2011	2012
0–3	3.9	3.1	3.1	4.5	4.4	4.1	4.9	8.4
4–6	4.6	5.6	4.9	6.6	6.5	6.2	7.8	11.0
7–13	5.2	4.5	5.2	6.7	6.9	7.0	7.2	11.1
14–17	4.6	5.1	5.0	5.4	6.6	7.1	7.7	10.1
<i>Total</i>	<i>4.7</i>	<i>4.6</i>	<i>4.7</i>	<i>6.0</i>	<i>6.3</i>	<i>6.3</i>	<i>7.0</i>	<i>10.3</i>

Source: Istat et al. (2013)

whereas relative poverty concerns children living in families with consumption expenditure below a given threshold.

The substantial increase in poverty rates in Italy in 2012, after years of (relatively) steady levels, considerably affected children and adolescents. According to Istat estimates, nearly 1.1 out of 4.8 million total individuals in absolute poverty were minors in 2012, compared to 723,000 minors out of 3.4 million total individuals in absolute poverty in 2011. Consequently the number of absolutely poor minors increased by 46 % in 2012 over the previous year, whereas the overall number of absolutely poor individuals increased by 41 %. Over the last years the socio-economic conditions of children and adolescents have been worsening more than the overall population, particularly in southern Italy where poverty rates are higher especially among larger households with 3 or more minor children (Group for the CRC 2013). A large share of absolutely poor Italian children live in southern regions: more than 400,000 out of 720,000 in 2011 (Save the Children 2012). While the significant increase in the incidence of absolute poverty in 2012 affected minors of all age groups, children aged 7–13 were estimated to represent the age group with the highest incidence of absolute poverty in 2012 (Table 12.5).

These figures certainly underestimate the actual extent of poverty among minors. Official data only consider minors who are legal permanent residents, thus not including the “invisible” minors, i.e. immigrant or Roma children, who live in Italy either illegally or with temporary permits.

Relatively poor minors were estimated to equal 1.822 million in 2011, equivalent to 17.6 % of all Italian minors. One in three lived in southern Italy. Big differences exist among Italian regions, particularly between regions in the Centre-North of the country on the one hand and regions in the Centre-South of the country on the other hand. Nearly 1 in 2 minors were relatively poor in Sicily (42.3 %), 1 in 3 in Campania, Puglia, Calabria, 1 in 13 in Lombardia and Trentino Alto Adige, 1 in 18 in Veneto (Fig. 12.4).

Over the last years the living conditions of larger families have been worsening. Notably, nearly one in three (29.6 %) couples with 3 or more children were estimated to be relatively poor in 2012. Considering relative poverty among minors, children aged 4–6 exhibited the highest incidence of relative poverty in 2012 (Table 12.6).

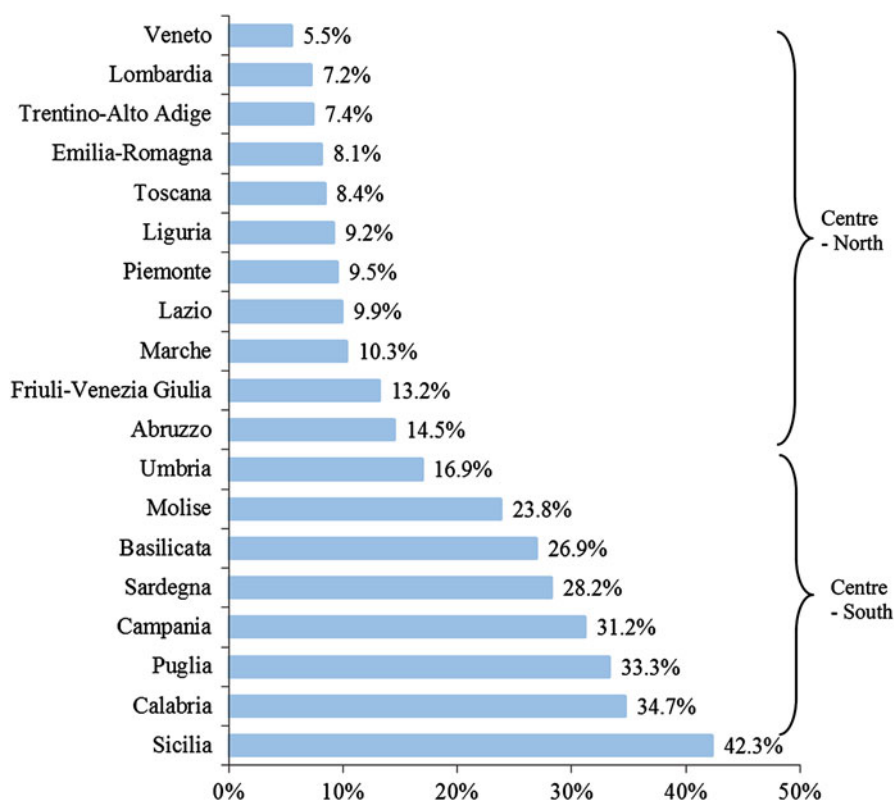


Fig. 12.4 Percentage of minors in relative poverty, by Italian region, 2011 (Save the Children 2012)

Table 12.6 Incidence of relative poverty (% values) among minors (0–17 years old), by age group, selected years, 2000–2012

Age group	2000	2004	2008	2012
0–3	16.0	16.9	16.6	21.2
4–6	17.5	18.1	18.7	23.1
7–13	17.7	16.9	18.2	19.7
14–17	15.9	14.4	17.0	18.4
<i>Total</i>	<i>16.9</i>	<i>16.5</i>	<i>17.7</i>	<i>20.3</i>

Source: Istat et al. (2013)

12.5 What Could Reduce Poverty and Inequality Onwards

Poverty affecting children produces long-term effects. An inadequate investment in the “human capital” of children today will put them at higher risk of poverty and social exclusion as adults tomorrow. Differences in cognitive, social and emotional development between children from poor and rich backgrounds can already be

Table 12.7 At-risk-of-poverty rate (% values) before and after social transfers (pensions excluded from social transfers), by age group, 2011

	Minors (0–17)		Adults (18–64)		Elderly people (65+)		Total population	
	Bef.	After	Bef.	After	Bef.	After	Bef.	After
France	35.8	18.8	24.0	13.5	12.9	9.7	24.7	14.0
Germany	33.0	15.6	26.1	16.4	15.4	14.2	25.1	15.8
Italy	33.0	26.3	23.6	18.5	19.3	17.0	24.4	19.6
United Kingdom	42.4	18.0	27.1	14.1	28.6	21.8	30.5	16.2
Spain	34.8	27.2	29.4	20.5	25.7	20.8	29.8	21.8
Sweden	32.0	14.5	26.5	12.5	27.5	18.2	27.9	14.0
European Union (27 countries)	34.8	20.6	25.5	16.0	19.6	15.9	26.3	16.9
Euro area (17 countries)	33.3	20.4	25.3	16.2	18.4	15.3	25.6	16.8

Source: Eurostat, *Income and living conditions*

found at the age of 3, with this gap further widening by the age of 5 in the absence of adequate intervention. International research shows that the positive effects of early childhood services are greater for children from disadvantaged socio-economic backgrounds. Notably, returns on investment in education are highest during early childhood, when benefits are greater for children from low socio-economic background, whereas benefits from investment in education at later stages are greater for children from high socio-economic background (European Commission 2011).

Despite potentially high returns on investment in early childhood, the overall expenditure (including transfer payments and services) for family and children in Italy ranks among the lowest levels in Europe (around 1.3 % of GDP in Italy against 2.3 % of GDP on average in the EU-27 in 2010, according to Eurostat data).

On the basis of Eurostat classification, cash benefits accounted for almost three-quarters (73 %) of total expenditure on social protection in Italy in 2010, against less than two-thirds on average in Europe (64.1 % in the EU-15, 64.6 % in the EU-27). The effectiveness of cash benefits is however lower in Italy than on average in Europe. Eurostat data show that social transfers (pensions being excluded) in 2011 reduced the at-risk-of-poverty rate⁵ in Italy by 4.8 percentage points (from 24.4 to 19.6 %), about half the average European impact (9.4 percentage points, from 26.3 to 16.9 % in the EU-27). Consequently, while the share of at-risk-of-poverty population before social transfers was lower in Italy than on average in the EU (24.4 % against 26.3 %), it became higher after social transfers (19.6 % against 16.9 %).

Generally the risk of poverty among minors in Europe is higher than among adults and elderly people, even after social transfers: 20.6 % of minors in the EU-27 were at risk of poverty in 2011, in comparison with around 16 % of adults and elderly people. In Italy the risk of poverty after social transfers among minors (26.3 %) is considerably higher than the EU average (Table 12.7). Poverty risk

⁵ According to the definition of Eurostat, persons are deemed to be at risk of poverty if their equivalised disposable income is below the risk-of-poverty threshold, which is set at 60 % of the national median equivalised disposable income after social transfers.

Table 12.8 Variation (percentage points) in the share of population at risk of poverty after social transfers (pensions excluded from social transfers), by age group, 2011

	Minors (0–17)	Adults (18–64)	Elderly people (65+)	Total population
France	–17.0	–10.5	–3.2	–10.7
Germany	–17.4	–9.7	–1.2	–9.3
Italy	–6.7	–5.1	–2.3	–4.8
United Kingdom	–24.4	–13.0	–6.8	–14.3
Spain	–7.6	–8.9	–4.9	–8.0
Sweden	–17.5	–14.0	–9.3	–13.9
European Union (27 countries)	–14.2	–9.5	–3.7	–9.4
Euro area (17 countries)	–12.9	–9.1	–3.1	–8.8

Source: computations from Eurostat data, *Income and living conditions*

before social transfers among minors in Italy (33.0 %) is instead lower than the European average (34.8 %). This is due to the impact of transfers in terms of poverty-risk reduction among minors being much lower in Italy (6.7 percentage points) than on average in Europe (14.2 percentage points). While Italy exhibits a lower impact of social transfers (pensions excluded) than the European average across all age groups, such Italian “effectiveness gap” is particularly wide within the 0–17 age group (Table 12.8).

The provision of early childhood services is generally shown to exhibit a potential to reduce poverty and inequality, also in the long term. In particular, investing in high-quality childhood services is considered to yield higher returns for children from low socio-economic background, thereby reducing socio-economic inequality (Del Boca and Pasqua 2010; Van Lancker 2013).

On the whole, publicly provided services (education, health care, social housing, childcare and elderly care) are shown to fulfil an important redistributive role in many countries. Such services contribute both to increasing economic resources of families and to reducing income inequality (by between one-fifth and one-third on average across OECD countries).

Notably public education services are estimated to increase household income by 12 % and to decrease inequality (as measured by the Gini coefficient) by 2 percentage points on average across OECD countries. Total education expenditures tend indeed to benefit lower income groups more than top income groups. About one-quarter of total education expenditures in Italy is estimated to go to the bottom income group (Verbist et al. 2012).

Early childhood education and childcare (ECEC) services also exhibit redistributive potential. ECEC services are shown to represent a higher share of disposable income for poorer than for richer households on average across OECD countries. Inequality therefore generally decreases when imputing ECEC services into household income (Verbist et al. 2012). Moreover, by analysing the impact of early childhood services, Förster and Verbist (2012) estimate that although the reduction in overall income poverty may be negligible, poverty among young children drops by

one-quarter and poverty among children enrolled in childcare services is more than halved on average across OECD countries (Table 12.9). Italy in particular recorded the highest percentage reduction in poverty rate among children enrolled in ECEC services in 2007 (74.2 % reduction against 54 % on average).

Table 12.9 Poverty rates before and after accounting for ECEC services, 2007 (Förster and Verbist 2012)

	Young children < 6			Beneficiaries only		
	Before ECEC	After ECEC	% change	Before ECEC	After ECEC	% change
Australia	13.8	13.0	-6.1	11.9	9.9	-17.3
Austria	11.4	8.6	-24.9	9.4	3.9	-58.5
Belgium	13.9	7.3	-47.6	11.4	3.9	-65.9
Canada	15.9	12.9	-18.8	16.6	8.0	-51.8
Czech Republic	9.6	6.7	-29.7	9.9	3.9	-60.8
Denmark	6.2	4.1	-33.8	6.1	3.9	-36.0
Estonia	11.2	9.9	-11.6	11.3	3.9	-65.6
Finland	4.9	3.3	-32.0	4.4	3.9	-12.0
France	6.5	3.4	-47.2	6.9	3.9	-43.9
Germany	10.3	6.5	-36.8	10.5	3.9	-62.7
Greece	15.2	13.8	-8.9	11.8	3.9	-67.0
Hungary	13.1	5.6	-57.2	13.8	3.9	-71.7
Iceland	11.6	5.6	-51.4	12.0	3.9	-67.5
Ireland	10.8	11.5	6.3	4.0	3.9	-1.6
Italy	15.7	10.2	-35.0	15.1	3.9	-74.2
Luxembourg	11.7	4.5	-61.2	11.9	3.9	-67.1
Mexico	22.8	20.6	-9.6	24.0	12.9	-46.5
Netherlands	7.3	4.2	-41.6	6.9	3.9	-43.4
Norway	10.4	7.4	-28.3	9.4	3.9	-58.5
Poland	14.7	12.6	-14.4	12.8	3.9	-69.6
Portugal	11.4	9.8	-14.1	8.0	3.9	-51.4
Slovak Republic	10.5	8.6	-18.5	9.7	3.9	-59.7
Slovenia	7.0	4.5	-36.2	5.9	3.9	-34.4
Spain	14.4	9.5	-34.0	13.6	3.9	-71.4
Sweden	6.7	3.3	-50.4	6.1	3.9	-36.1
United Kingdom	15.9	13.9	-12.5	13.3	3.9	-70.7
United States	24.2	21.2	-12.3	26.5	19.3	-27.4
Oecd-27	12.1	9.0	-25.8	11.2	5.2	-54.0

Note: Data for Canada, Mexico and the United States refer to 2004. Poverty rates are defined as the share of the population below 50 % of median disposable cash income (including cash transfer, but “before ECEC services”) and 50 % of median extended income (“after ECEC services”)

12.6 The Need for a New Welfare Paradigm

These figures suggest that public and private expenditure on social protection, notably on family and children, needs to be redefined. It should be no longer considered as merely a “cost” to public finances, as it may be the case with e.g. cash benefits having short-term impact in terms of poverty reduction. Policies for family and children should rather be perceived – and consistently managed – as a fruitful “investment” yielding long-term benefits to society as a whole, as it is the case with e.g. ECEC or education services providing benefits to beneficiaries (minors aged 0–17) and their families and potentially reducing poverty and inequality in the long run.

Also due to persistent poverty over time, Italy has had difficulty transforming its resources (human as well as material) into social value. The problem is not only how to reduce spending, rather how to fruitfully make use of it. Available resources for social policies are currently managed as “cost”, not as “investment”, without getting any significant “social return”. Every living being does more than just collecting and consuming resources. They do more, nourishing and fostering life, making their fruits available. Its opposite is wasting energies which causes the impossibility of giving hope to life. It is a challenge for policy makers in the hard times we are currently facing to tackle such difficulties.

Welfare systems have historically shared a common feature: the shift from “charity” to “justice”. Most of the welfare innovations stemmed from such effort which transformed sociality, starting from the most disadvantaged, and yielded results which went beyond expectations. This effort had consequences not only in terms of services to people, since it also favoured the shift towards democracy. Valuing each and every person has meant contributing to freeing them, thereby creating societies made of citizens rather than subjects.

Nowadays the new reference principle should be “I cannot help you without you”, which translates into “what can I do with the help received?”, “how can I regenerate resources by making them available to other people who may also need them after me?” From this perspective, any social policy intervention can be seen as implementable at increasing levels of “quality”, each of them yielding additional outcomes. This basic idea can be represented as a three-stage process (Fondazione Zancan 2013), described as follows.

- stage α : a properly managed intervention (i.e. in line with good practices) produces benefits which are the typical positive consequences of expenditure per se;
- stage β : in addition to the outcome produced at the first stage α , the intervention is also capable of producing additional benefits resulting from its equity and customisation of care;
- stage γ : in addition to the outcomes produced at the previous stages α e β , the intervention may also yield additional outcomes stemming from the adoption of a social return perspective, i.e. a perspective of social “investment” involving beneficiaries.

The three phases should not be considered as mutually exclusive. Each step can be rather interpreted as the result of a better implementation of the previous one. A further stage is therefore more “generative” than the previous one, in that it is capable of better re-generating the resources employed as input (Fig. 12.5).

This logic applies to a broad range of interventions both at the “macro” level (government social expenditure) and at the “micro” level (e.g. volunteering experiences at the local level). Considering for instance services targeted at children, the three stages can be interpreted as follows.

- stage α : public or private provision of care or education services, adequately arranged and implemented – *Additional outcome*: adequate learning of pupils (*education*) / children are properly taken care of (*care*);
- stage β : care or education services are “tailored” to the specific needs of each child and their family – *Additional outcome*: children learn by making the most of their specific capabilities and aptitudes (*education*)/children are taken care of considering their specific needs and their family’s – e.g. cultural specificity of migrant children (*care*);
- stage γ : children and their family directly contribute to achieving their own (individual) outcome and to enhancing other children’s and families’ (social) outcome – *Additional outcome*: children are helped develop critical thinking and prosocial behaviour (*education*)/parents are involved in caring for their own and other parents’ children (*care*).

Considered at the “macro” level, the “generative perspective” urges the current welfare systems to shift from the traditional approach, based on collecting taxes and redistributing resources (mainly through transfers), towards a powerful approach capable of regenerating resources and letting them yield individual and social returns, by also making beneficiaries responsible for helping others and thereby

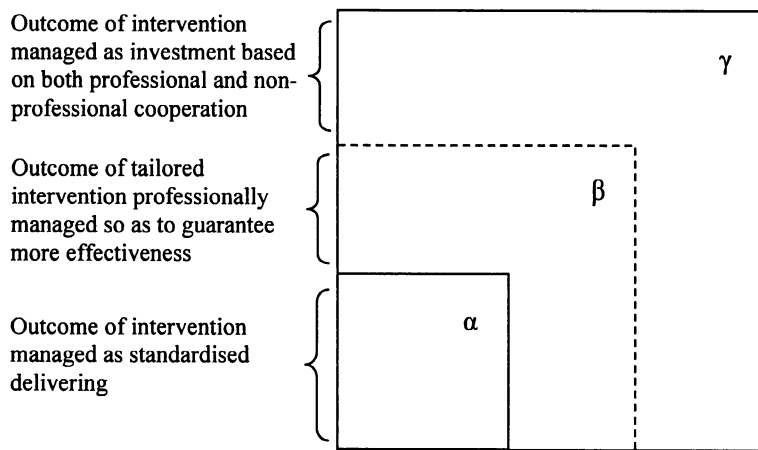


Fig. 12.5 Increasing levels of generativity of a social policy intervention

giving back to the community part of the help they received. The “generativity” implied by this approach stems from employing public and private resources with a view to yielding social returns for the benefit of everyone (Fondazione Zancan 2012).

Among the key words of a “generative welfare” approach there is the transition from delivering services towards professionally transforming needs and capabilities, measuring the contribution to the outcome resulting from professional and personal cooperation. Generative welfare allows a shift from individual rights towards “social rights” with “collective return”, thanks to the contribution of each person’s capabilities, since the help received should also be returned to other people in need. This transition is not culturally nor politically feasible within the current recessive welfare paradigm.

The legal framework should therefore be redefined starting from the essential meaning of “social rights”, which no longer focus on individual benefits only, since they also aim to yield social returns. The support one receives is not only meant to help them, as it can also be redirected and regenerated to the benefit of others. These are different ways of describing a challenge which is professional, political and social at the same time (Vecchiato 2013). This perspective also implies analysing the conditions to improve the effectiveness of public intervention against poverty. Delivering care levels is not the end, rather the starting point of any investment, following these questions: was this action appropriate? Was it effective? How much “social return” did it yield? How many resources did it regenerate?

The answers to these questions can guarantee a better future for poor children and their families.

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Chapter 13

A Family-Centred Approach in Helping Poor Children in Hong Kong

Joyce Lai Chong Ma

13.1 Introduction

Although Hong Kong has been known as one of the Four Asian Tigers for its high rates of economic growth in the past decades, the economic prosperity has brought about a widening gap of wealth between the rich and the poor in society as indicated by the change in the Gini coefficient from 0.45 in 1981 to 0.53 in 2011 (Hong Kong Census and Statistics Department 2012), which has exceeded 0.4 of the international standard (United Nations Human Settlements Programme 2008, p. 51). The number of children living in economically disadvantaged families has become a rising concern in society. The reason is simple. Today's children are masters of our future society. Children are dependent, being in need of nurturance, care and opportunities for growth provided by their parents, school and community. Their right of being adequately taken care of and having access to familial and societal resources for their healthy growth and development, as stipulated by the United Nations Convention on the Rights of the Child (UNCRC) (UNICEF 1989), is equally applicable in Hong Kong since 1994, when the government signed the UNCRC.

Hong Kong is a densely populous city, with nearly 7.8 million people living in only a land area of 1,104 km². The resumption of sovereignty by the People's Republic of China (PRC) since 1997 has not made any significant change in the daily life of this former British colony. Its political, economic and social systems have remained unchanged under the 'one country, two systems' policy adopted by the PRC government.

However, the market-driven and very open economy is not immune to worldwide economic changes, especially in an age of globalization. Hong Kong people have

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been buffeted by the East Asian financial crisis in 1997 and the global financial crisis emanating from the U.S.A. in 2008. The economy has almost come to a standstill with the sudden outbreak of the severe acute respiratory syndrome (SARS) epidemic in 2003. During the economic downturn from 2003 to 2007, Hong Kong was still ranked as the world's most expensive city for rental accommodation (ECA International 2007) and ranked sixth among 214 cities in terms of cost-of-living (Mercer Human Resource Consulting 2007). The disparate income between the rich and the poor can be attributable to changes from an industrial-based to a service-based economy due to globalization and the open door policy of Mainland China since the 1980s (Chiu 2005).

People in Hong Kong are vulnerable to stresses and tensions under the threat of a volatile economy. The long working hours of parents (Lau et al. 2014), unstable household income and crowded living conditions have unfavourable effects on family functioning of low income families as a secure and nurturing base for their children (Ma et al. 2012). The wide income disparities and slackening pace of social mobility have perpetuated an intergenerational poverty, which refers to an individual's poverty induced by the socially or economically challenged background of a person's parents (Hong Kong Commission on Poverty 2007, p. 2). The poor children's future is less optimistic than that of children from the high income group. In the past 10 years, the government has delineated multiple measures to reduce poverty. Nevertheless, the problem persists. Child poverty has become the top policy agenda in the policy address of the Chief Executive in 2014 (Hong Kong Special Administrative Region Government 2014).

The negative association of pre-school children's well-being and the socio-economic hardship of their parents or caregivers have been found in a representative survey in Australia (Davis et al. 2010). Children cannot be helped unless their parents or caregivers are being helped. Family-centred care is the right route to alleviation for child poverty. Measures to foster and strengthen the family functioning of poor families would be the best way to reduce the number of children in poverty and ensure a better life for them (Department of Work and Pensions and Department of Education of United Kingdom 2012). Nevertheless, the results of Hong Kong studies (e.g., Ma et al. 2009, 2011) have shown that low-income families' family functioning was less satisfactory than family functioning of families of high and median household income, indicating that more work needs to be done to enhance family functioning of the economically disadvantaged families.

Family-centred care advocates for the importance of engaging families as full partners in all aspects of service delivery and decisions around care, in the belief that the family is an expert in self-help (Allen and Petr 1996). The results of a qualitative study (Ma and Lai 2014) have revealed that in helping children with mental health needs, family-centred care policy is a myth rather than a reality. Chinese parents of children with attention deficit hyperactivity disorder (ADHD) liked to play an active role to help overcome their children's mental health challenges. They felt frustrated and helpless in facing the hindering factors embedded in the larger socio-cultural context, namely (a) a long waiting period in our current mental health service; (b) insufficient informational support; (c) academically oriented education

system and insufficient service backup from publically funded social service; and (d) the lack of empathic understanding from the teachers (Ma and Lai 2014). To what extent is this true in policy formulation and service development for children in poverty?

In this chapter, the author will describe how poverty is defined in Hong Kong, give an overview of child poverty, understand the impact of financial hardship on children and their families, and critically examine the poverty alleviation measures adopted in the perspective of family-centred care, followed by discussion and recommendations.

13.2 Definition of Poverty in Hong Kong

In line with the current international practice of most developed countries in understanding poverty in society, the Commission on Poverty (CoP) in Hong Kong adopts the concept of relative poverty to define poverty. Relative poverty focuses on living standards below that of the general public, and is different from the concept of absolute poverty that refers to individuals whose basic needs are not met. In 2012, the CoP set the poverty line at 50 % of median household income to estimate the size of the poor population (Hong Kong Special Administrative Region Government 2012).

While recognizing such an historic endeavour as a step forward for Hong Kong government to realistically face the problem of poverty, critics have argued that the current definition of poverty is narrow and simplistic, especially in an affluent society such as Hong Kong. The definition has failed to take into account the individuals' and families' financial demands and available assets. Financial demands required for the care of people with special needs due to disability or illnesses can be huge. For instance, families of children with special educational needs (SEN) have to bear the extra costs of remedial education and medical care services for the child. On the other hand, jobless people may have savings or fixed assets such as a property even though they have no income.

Comparatively speaking, the concept of social exclusion seems to be more appropriate to understand social deprivation experienced by children of the poor than using the poverty line defined on the basis of household income. According to the definition of the poor developed by the European Union back in 1984, the poor referred to those with 'resources (material, cultural and social) [that] are so limited as to exclude them from the minimum acceptable way of life in the Member States in which they live' (Eurostat 2000, p. 11). Based on the concept of deprivation, Saunders et al. (2013) have defined the most deprived groups in Hong Kong in terms of a list of 35 basic needs items that were commonly agreed upon by the general public. The overlap between deprivation and income poverty is relatively low but the deprivation perspective has provided another lens to understand life experiences of the vulnerable groups (e.g., people with disability and the migrants).

13.3 Population of Poor Children and the Specific Socio-economic Households

There are 1,312,300 people living in poverty (poverty rate = 19.6 %), which makes up to 540,600 deprived households (Hong Kong Special Administrative Region Government 2012). Among all children aged 0–17, there are 253,600 deprived children (poverty rate = 24.2 %), which is lower than 27 % in the UK, 30 % in the USA and is comparable to the situation in Australia (poverty rate = 24.4 %) (Sutherland 2006). One out of four children in Hong Kong is in poverty. Although the government reported a reduction in general of the poor population from 2009 to 2012, the results of a survey conducted by the Hong Kong Council of Social Service (2012) have indicated a rising trend in the number of poor children aged 6–14 (Fig. 13.1).

Households with children, single-parent households and immigrant families are the three most vulnerable groups to have financial difficulties. The poverty rate ranged from 21.8 % (number of household = 167,900) for households with children to 49.9 % (number of household = 37,600) for single-parent households (Hong Kong Special Administrative Region Government 2012), and 32.6 % for children of immigrant families (Chou 2013).

Among the 156,700 working poor households, 60.1 % have children, of which 32.1 % have one child; 23.9 % have two children; and 4.1 % have three or more children. Among the 31,700 new-arrival poor households, 83 % have children. Among 28,500 single-parent poor households, 51.7 % of the parents have low educational attainment; 92.4 % are with poor job skills and 37.8 % are employed part-time or underemployed (Hong Kong Special Administrative Region Government 2012). Children of the immigrant families have joined their parents to migrate to

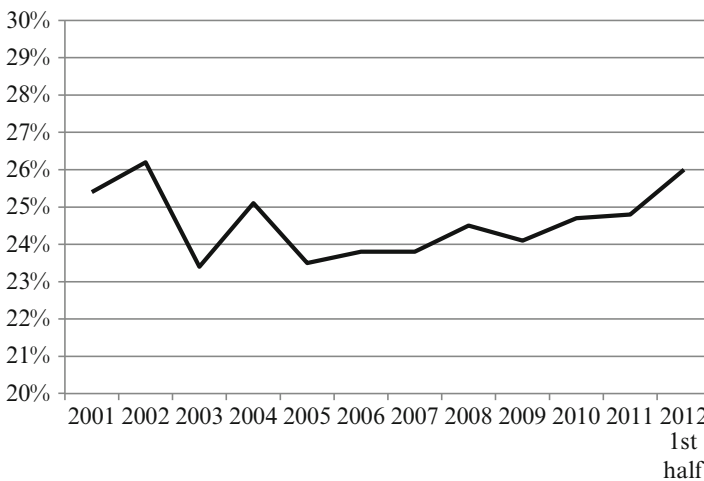


Fig. 13.1 Rate of children aged 6–14 in low income households (2001–2012 1st half) (Hong Kong Council of Social Service 2012)

Hong Kong from different parts of Mainland China. The majority of their parents' educational level is low and has to work as unskilled workers. Unsurprisingly, the poverty rate of children of the immigrant families (36.2 %) was two times higher than the children of local families (12.1 %) (Chou 2013).

In brief, children of the poor come from single-parent households; from families whose parents are with low educational attainment and employed in unskilled part-time work or are underemployed; and from immigrant families.

13.4 Multi-dimensional Effects of Poverty on Children and Their Families in Hong Kong

With the birth of the first child, a couple has to adjust their marital life to allow time and energy for child rearing (Carter and McGoldrick 1989). Taking up this developmental task is particularly challenging for vulnerable families such as the dual-career families, sole parent families and families in poverty. For families with economic hardship, they would be devoid of sufficient family resource to better take care of their children, which in turn would undoubtedly affect the children's healthy growth and development. Family resource refers to the amount of time spent with family; actual household income and the efficacy in financial management; human capital such as parents' educational attainment; psychological capital such as stress-coping efficacy of parents; and social capital such as social support from friends and relatives (Ma et al. 2009). The situation would be worse in view of insufficient societal support (e.g., provision of health care service and social welfare services) provided for these families.

13.4.1 Effects of Poverty on the Children

Results of longitudinal studies (Micklewright 2004; Davis et al. 2010) conducted in western countries such as the UK, the USA and Australia have shown that the longer children stay in poverty, the more deprived and disadvantaged they would be in terms of access to quality education, better health care and social services in society, and the greater association of these socio-economic disadvantages with the unfavourable long term child development and health outcomes. What is the situation of children of the poor in Hong Kong?

Children whose parents with unfavourable socio-economic status usually have fewer options when making important choices, such as finding a good school or a good job; and their motivation to break out of poverty might be influenced by poverty, resulting in a vicious cycle of intergenerational poverty (Shek 2004).

The results of a local survey (Boy's and Girl's Club Association of Hong Kong 2006) had shown that the health condition of children of the poor was worse than that of children without economic hardship; their psychological well-being was less

satisfactory with lower self-esteem; they experienced more learning challenges at school; and their overall quality of life was lower than children who are not living in poverty. Yip's (in press) secondary analysis of the data gathered from the official thematic study (2009) had indicated that children of the poor were the most unhappy group in comparison to the elderly poor and the unemployed adults.

Children of poor families face different kinds of deprivation, which exist when they do not have and cannot afford things perceived by a majority in the community as being essential for all. Among the perceived necessities, the results of Saunders et al.'s study (2013) have shown that medical needs, such as dental check-ups (29.2 %), affording medication (17.4 %) and emergency doctor consultations (14.3 %) are essentials of life that most poor people are deprived of in Hong Kong. This may account for the poorer health outcome of the children of the poor (Boy's and Girl's Club Association of Hong Kong 2006). About 6–7 % of the economically deprived families have not had any financial capacity to engage in social activities such as visiting a tea house or having any general leisure activity (Saunders et al. 2013), which explains why the overall quality of life for children of the poor is lower than children without economic hardship.

13.4.2 Effects of Poverty on the Families

Similar to the results of the Australian study (Zubrick et al. 2000), the results of Ma et al.'s study (2009) have shown that low-income families have less family resources to perform their roles and functions. Economic hardships not only affect families' ability to meet their family members' basic needs (e.g., food and physical care) but have also negatively impacted on parents' health outcome (Boy's and Girl's Club Association of Hong Kong 2006), parenting (Ma et al. 2011), family health (Ma et al. 2009, 2011) and perceived satisfaction toward family life (Yip in press).

The health status of the poor parents was less satisfactory than the health status of the parents without economic hardship (Boy's and Girl's Club Association of Hong Kong 2006), with lower satisfaction on their overall quality of life in comparison to the families without poverty (Yip in press).

The family health of the low-income families, which was measured by the level of family functioning in two territory-wide telephone surveys (Ma et al. 2009, 2011), was not as good as family health of families with high and median household income. For poor families, the degree of satisfaction toward their family life (mean scores = 3.68) was lower than the degree of satisfaction (mean scores = 3.94) of families without financial difficulties (Yip in press).

The parental stress of low-income families was higher than that of median and high income families. Low-income parents with less education were less warm and nurturing than the high income parents or the better educated parents (Ma et al. 2011); the results were in line with Tam and Lam's findings (2003), in which children of the low-income families tended to perceive their father as indifferent or dictatorial.

Family functioning was found to have mediating effects on the relationship between the perceived parental stress and the parental warmth of the mother with younger children; that is, the higher the parental stress, the lower the perceived family functioning, which in turn was associated with lower level of warmth (Ma and Lai 2013). However, in reading the results of these studies, one has to be cautious of the limitations including their cross-sectional research design which renders them impossible to identify the causality among different variables under study. Most importantly, the majority of the studies have failed to study the linkage of these family variables to children's short-term and long-term developmental outcome, with the exception of one study (Shek 2002, 2008).

In Shek's study (2002), there was stronger negative association between family functioning and adolescent's psychological well-being for economically disadvantaged families. The follow-up study (Shek 2008) showed that the negative effect of poorer family functioning on adolescent adjustment in these families lingered on.

Despite the gloomy picture painted above, poor families have their strengths and resilience to face their difficulties. Social networks and family relationships are the protective factors of poor families to prevent malfunctioning of the families (Lam 2011). The results of a cross-sectional telephone survey with representative samples (Ma et al. 2011) have indicated the powerful influence of the traditional Chinese cultural belief—importance of the parental roles to discipline and educate the children—in shaping parenting of Chinese parents irrespective of the socio-economic status and family structure. Low-income parents place high regards on educating their children as much as the median and high income parents do. The same is applicable to sole parent families; they value the importance of educating their children as much as the nuclear and extended families do (Ma et al. 2011).

Since poor families have insufficient financial and family resources to deal with their numerous difficulties (e.g., finance and illnesses), they tend to rely on outside help and assistance (e.g., their social network and social service agencies), except for childcare (Yip *in press*). However, as argued by Yip (*in press*), what is unsure is whether parents of the poor take care of their children without seeking any outside assistance is simply because alternatives or options in childcare arrangement in the community is lacking.

13.5 Poverty Alleviation Policy in Hong Kong

Symptomatic relief through cash transfer or financial assistance cannot tackle poverty in general, nor break the vicious cycle of intergenerational poverty in particular. Child poverty has been found to relate to some specific characteristics of their parents such as teenage pregnancy, low income, low education attainment, and growing up in single-parent households in the UK (Karger and Stoesz 1998; DiNitto 1995). In Africa, poverty is closely linked to outbreak of epidemics (e.g., malaria, AIDS), war or natural disasters (e.g., drought) (Sachs 2005).

In Hong Kong, the root of poverty lies in: (a) personal mishaps such as physical and mental illnesses and disabilities (Tang and Lam 2005; p. 11); (b) familial factors such as migration (Chou 2013); (c) unemployment, underemployment and low income brought about by rapid economic changes (Wong 2013); and (d) the dynamic interplay among personal (e.g., illnesses and disability), familial (e.g., migration, divorce and separation) and societal factors (e.g., economic downturn, outbreak of SARS).

Ending child poverty calls for the government's commitment to delineate policy measures and social interventions to address the complex phenomenon underlying poverty. Past major policy measures and social interventions developed by the government and the community to combat poverty in general and to help poor children in particular are listed in Table 13.1. These poverty alleviation interventions are broadly grouped into three types on the basis of their primary function in meeting the children's needs: (a) financial and material needs; (b) academic and educational needs; and (c) other developmental needs.

13.5.1 Financial and Material Needs

Poverty alleviation measures such as student financial assistance scheme (SFA), school textbook assistance scheme (TA), and student travel subsidy scheme (STS) are specially designed for children of the poor to meet their financial and materialistic needs, in addition to the provision of the welfare subsidies such as the comprehensive social security assistance (CSSA).

In 2014, the government introduces a full basic allowance of HK\$600 (US\$76.92) or HK\$1,000 (US\$128.20) per month for the working poor whose family income is equivalent to or below 50 % of the median monthly domestic household income and meets the working hour threshold. For families with children/youths, they are entitled to an additional full allowance of HK\$800 (US\$102.5) per month for each child/youth (Hong Kong Special Administrative Region Government 2014). The cash transfer will definitely reduce the families' economic hardship. However, it remains unknown whether the parents would make constructive use of the financial subsidies for their children.

13.5.2 Academic and Educational Needs

School-based programmes such as school-based after-school learning and support programmes, small class teaching for children of welfare families and free internet access service provided by the enterprise are means to raise the academic performance of these children in school and after school.

Table 13.1 Child poverty alleviation policies and programmes (Tang and Wong 2013; Policy Address 2014)

	Provider	
	Government	Community
Interventions on financial and material needs	1. Comprehensive Social Security Assistance (CSSA) scheme	1. “Grant-in-aid” Brightens Children’s Lives Charity Project provides free education-related materials and activities to children in poor
	2. Student Financial Assistance (SFA) scheme	2. Free extra-curriculum activities funded by the Apple Daily Charitable Foundation, which is donated by the public
	3. School Textbook Assistance (TA) scheme	
	4. Student Travel Subsidy (STS) scheme	
	5. Subsidy Scheme for Internet Access Charges (SIA)	
	6. Financial assistance and services funded by the Community Care Fund (CCF)	
	7. Full basic allowance ^a	
Interventions on educational needs	1. Small class teaching in primary schools with 40 % of their primary 1–3 students receiving CSSA or full grant assistance under SFA	1. Free internet access service provided by enterprise
	2. School-based after-school learning and support programmes funded by School-based Grant (SBG) and in the format of Community-based Projects (CBP)	
	3. After-school care pilot scheme funded by CCF	
Interventions on developmental needs	1. Understanding the Adolescent Project (UAP) to serve for screening purpose	1. Positive Adolescent Training through Holistic Social programme to adulthood: a Jockey Club Youth Enhancement Scheme (Project P.A.T.H.S.)
	2. Accumulation of social capital by “Mentorship Fun” and “Adopt-a-School” projects	2. “Toy Bank Project” launched by NGO to encourage children in poor to work hard towards their goals
	3. The Child Developmental Fund (CDF) serves as the key strategy to tackle intergenerational poverty	3. “Project Chance” launched by the collaboration between NGO and enterprise to facilitate accumulation of assets and capacities of poor children

^aA full basic allowance of \$600 or \$1,000 per month will be given to families whose household income is equivalent to or below 50 % of the median monthly household income, and the applicant is a working member who meets the working hour threshold. Families are also eligible for an additional full allowance of \$800 per month for each child or youth member

13.5.3 Other Developmental Needs

Community-based programmes, namely the Toy Bank Project, Project Chance and Child Developmental Fund (CDF) aimed to help the children to develop their talents and skills other than academic attainment (Tang and Wong 2013).

Among all these poverty alleviation measures, the CDF has adopted a social investment approach to tackle child poverty. In 2008, the Government has invested 300 million in CDF, with the goal to prevent intergenerational poverty through assets building of the younger generation of the poor. Providing children with easy access to develop non-monetary well-being and creating social capital in community are means to achieve the goal of prevention. In so doing, hopefully it can help poor children to climb up the socio-economic ladder by fostering their personal efforts and active participation of the families, private sector, community and the government.

There are three components in CDF, namely (a) a 2-year saving scheme; (b) a personal developmental plan; and (c) a mentorship scheme. The saving scheme is provided in cash through subsidies from the government and the business sector, which allows the service recipients a certain degree of freedom of choice to exercise their individual preferences on how to spend the saved amount at the end of 2 years. For the personal developmental plan and mentorship scheme, both are provided in services that aim at building children's personal asset. Community volunteers are recruited by the NGO and each child is paired up with one volunteer as the mentor, who would guide the child to design and implement the personal development plan. The results of an evaluation study (Department of Applied Social Science of Hong Kong Polytechnic University 2012) have shown that the parents and children have regarded targeted savings as an additional subsidy, which helps to temporarily ease their financial burden. Besides cultivating good saving habits, children and their parents have transformed targeted savings from a short term subsidy into personal assets that benefit them for life. Good mentoring relationship has promoted the child's personal development, enhanced family relationships and facilitated asset development.

Most of the poverty alleviation interventions are short-term and remedial in nature, except the CDF, which is more long-term and developmental. While appreciating the contributions of CDF in helping children of the poor, there is no room for complacency as the number of children served is too small ($n=2,270$ children) (Tang and Wong 2013, p. 130) to tackle the huge problem. More effort has to be made to further expand the coverage of the scheme to reach out to a greater number of beneficiaries. The government is trying hard to help poor children by fostering intersectional collaboration among the business sector, social welfare agencies, the parents and the children. Nevertheless, parental involvement can be strengthened. Under the present scheme, the major duty of the parent is to contribute a sum of money monthly and encourage their children to visit the NGO and design their personal projects with guidance of a community volunteer and a mentor through-

out the 2 years. However, the parents, whose knowledge and skills in budgeting and financial planning are weak, do not receive any help. The positive impact of mentoring on the child may be watered down. Ideally parents are the life models for their children to learn from. Equipping the parents with knowledge and skills on effective budgeting and financial management would multiply the positive outcome of the scheme.

Despite the multiple measures and social interventions implemented in the past, social deprivation of children with economic disadvantage has no significant improvement in Hong Kong. Social inequality in terms of access to quality education, better health care service and opportunities for holistic growth and development for children of the poor persists. It is because these policy measures and social interventions are symptom-focused and uncoordinated, rather than holistic, developmental and integrative. As observed by Tang and Wong (2013), most of the measures have placed too much emphasis on raising the children's educational attainment, rather than the holistic development of the children. The policy makers and service providers have failed to see poor children holistically within the context of their families, school and the community. For instance, an inattentive, distractive and unmotivated learner at school, when contextualized in the family, school and the community, may most likely reveal the child's nutritional deficiency or malnutrition, inadequate parental supervision due to the long-working hours of the parent/s, maternal depression, lower quality of schooling or social isolation from the community. Understanding the children within their immediate social context would illuminate the new meanings of the children's difficulties at school.

13.6 Discussion and Call for Policy Reformation

A family perspective is needed in formulating poverty alleviation policy. While recognizing the significance of helping the parents to develop their human capital such as job skills in order to be gainfully employed (Wong 2013), it is equally important to preserve and foster the strength and resilience of the poor families, to name but a few, family relationships and social capital (Lam 2011); family health (Ma et al. 2009); parenting (Ma et al. 2011); and parents' physical and psychological well-being.

The family-centred care approach to end child poverty regards parental involvement as an integral part of social interventions. It is also the first step towards parental empowerment. Poor families are usually unaccustomed to take an active role in the social welfare system, and they often expect social service agencies to do something to or for them (Minuchin et al. 2007). Beneath their passivity is their learned helplessness, which was acquired as a result of their repeated failures in life (e.g., being sacked or excluded from better education), experience of being discriminated and stigmatized, and their negative interactions with the service providers from multiple sectors (e.g., social welfare, health care service and education system).

How can the families' participation be strengthened to help their own children? The essence of the family-centred approach is to develop a mutually beneficial partnership (Johnson 2000) among the children, their families and the community sectors combined to give a helping hand. The poor children and their families should be treated with respect and dignity. Relationship and communication between the parties are important in the helping process. Children and their families should be given opportunities to make any decision in their own ways. Connections to other social supports should be facilitated. In so doing, they can participate in planning, implementation and evaluation of policies and programmes (Johnson 2000).

In view of the limited family resources available to the poor families, poverty alleviation policy interventions would aim to increase the family resources, namely time spent with the children, psychological capital (e.g., coping and problem-solving ability), human capital (e.g., job skills) and social capital (e.g., social network and community participation), in addition to an increased household income (Zubrick et al. 2000; Ma et al. 2009). With better family resources, family functioning of the poor would be improved, which in turn would cultivate a safe haven for the children to grow and develop.

Integrated social interventions should be targeted to children and parents of the poorest and the most vulnerable families: (a) the sole-parent families, (b) the immigrant families and (c) parents with low levels of human capitals (e.g., lower educational attainment, poorer job skills and language proficiency) (Hong Kong Special Administrative Region Government 2012; Chou 2013). The following programmes are to be considered in the integrated intervention including health and nutrition programmes addressing safe motherhood and early childhood; parenting education (Nordtveit 2008); non-formal education on budgeting and financial planning; pre-school or after-school programmes (Hong Kong Special Administrative Region Government 2012) and programmes addressing the children's developmental needs (e.g., CDF) (Tang and Wong 2013).

Using the CDF as an example, parental education specifically on budgeting and financial planning would be a means to empower the parents. The parents are encouraged to discuss and plan their future together with their children and the mentor, and then try a little experiment with the help of the community sector. These help to develop non-financial assets and create new experiences to the poor families on how to change their usual pattern of life. However small the change may be, the new experiences would empower the families to master their seemingly uncontrollable lives.

Besides, the integrated social interventions have to take care of the families of children with SEN too. The caring for children with SEN is challenging to parents and teachers, who are in desperate need of professional guidance, advice and service support from the community. Compared to parents of the non-problem children, parents of children with SEN are in greater need of societal help and support as their cost of care is really heavy and the different services provided in our society are grossly inadequate (Ma and Lai 2014). Provision of quality education from pre-school to college level in the long run would benefit the children and bring hope to the parents. Intersectional collaboration among the education system, health care

services and social welfare services would help to bridge the service gap and have better service coordination in response to the service needs of the children and the parents.

13.7 Conclusion

Adopting the family-centred care approach to reduce child poverty is better than the current symptom-oriented approach because of its dual focus: both child-focused and family-focused orientations. Provision of quality education and better health care services are undoubtedly fundamental to help the poor children to break away from the wrecked life of poverty. Nevertheless, strengthening the families' functioning and enhancing the parents' capacities must not be downplayed. In order to empower the parents to be the strategic partner in helping their children, their needs and problems merit our professional attention and support.

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Chapter 14

Young People at Risk of Lifelong Poverty: Youth Homelessness in Australia

Patricia McNamara

14.1 Introduction



'HELP ME' BY NEBULA -

INK ON PAPER – 2013/

A shelter is not a home, whether it is a few sheets of cardboard up a back lane in the shadow of a city church steeple, or a valued bed for the night provided by one of Melbourne's welfare or charity organisations (Birch 2014).

Australians were recently listed as the richest people in the world (Credit Suisse 2013). Australia has indeed been considered a 'lucky country' since its 'discovery' by white settlers around 250 years ago. In a context of relative plenty, the face of poverty in Australia is often in shadow, rarely glimpsed by the middle classes, physically or statistically. Poverty was once starkly manifest within the high-rise public

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housing estates in inner city areas. However, these are now disappearing (unmourned) from the metropolitan landscape. Their absence means, of course, that poor children and families are often hidden from view. Capital cities that once merged relatively gracefully with the coastline now relentlessly invade rural areas. It is on these metropolitan margins that many of our poorest citizens are housed. Some too, are re-located to regional towns and cities, where housing is much cheaper. Others remain, of course, inner urban fringe dwellers.

Too often, our fringe-dwellers are without stable housing. Australia's poorest communities, like most others in the western world, lack adequate infrastructural support systems and are burdened by high rates of family breakdown. Domestic violence, drug and alcohol misuse, child neglect and abuse, mental illness, unemployment and housing problems are major contributors to homelessness. In this context, young people are often at risk, unprotected and unsupported (Homelessness Australia 2015; Australian Homelessness Clearing House (AHCH) 2014; Open Family 2014). It can be unsafe for them to remain within their family of origin. At times, family conflict is extreme and young people are directed to vacate their parents' home(s). In other instances, young people are statutorily removed from home by child protection authorities and placed in foster or residential care. Often, this too, breaks down, especially by mid-adolescence. Care leavers are at even higher risk of youth homelessness than other young people in the community, even when compared with those who have grown up in serious disadvantage, including long term family homelessness (CREATE 2014). Without stable accommodation young people usually find it impossible to attend school, training or employment regularly (Open Family 2014).

The links between poverty and homelessness are powerfully interactive. Notwithstanding the country's obvious affluence, Australia's child poverty rate lies at the middle of international rankings. UNICEF's 2007 report on child poverty in OECD countries reveals that Australia had the 14th highest child poverty rate (UNICEF Innocenti Research Centre 2007). Lack of housing and limited access to education in childhood and adolescence puts young people at heightened risk of poverty. This often leads on to enduring adult experience of poverty. The longer a young person is homeless the more likely they are to embark upon a life of adult homelessness and poverty. Mental health issues and substance abuse often increase the length of homelessness. Thirty-five percent or more of those who become homeless as teenagers can still be homeless as adults (Chamberlain and Johnson 2013; Johnson and Chamberlain 2008a). Poverty, including family poverty involving children, unsurprisingly impacts on young people's perceptions of their own wellbeing and that of those around them. Surveying European children and adolescents Bradshaw et al. (2011) found strong associations between the different domains of subjective well-being – especially personal well-being, family well-being and school well-being. Just as youth homelessness increases risk of poverty, in both short and longer term, poverty clearly impacts on ability to secure stable housing. A third of people presenting to specialist homelessness services also require financial assistance. More than three quarters of those supported by specialist homelessness services are in receipt of government benefits of some kind. For young homeless people there are often delays and interruptions to such financial support; having 'no fixed address', discontinuity in educational placements and lack of experience in negotiating formal support systems can

contribute to this. More than 10 % of people in specialist homelessness services have no source of income at all (Homelessness Australia 2015). This chapter describes contemporary patterns of youth homelessness in Australia, along with some promising intervention programs. It suggests areas for further research.

14.2 Defining Youth Homelessness

The accepted statistical definition of homelessness among all age groups in Australia includes several elements defined by the Australian Bureau of Statistics (ABS):

When a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate; or
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations. (ABS 2012d)

The ABS definition of homelessness is informed also by cultural understandings of what it means to be homeless.

'Home'lessness, not rooflessness. It emphasises the core elements of 'home' in Anglo American and European interpretations of the meaning of home as identified in research evidence (Mallett 2004). These elements may include: a sense of security, stability, privacy, safety, and the ability to control living space. Homelessness is therefore a lack of one or more of the elements that represent 'home'. The definition has been constructed from a conceptual framework centred around the following elements:

- Adequacy of the dwelling;
- Security of tenure in the dwelling; and
- Control of, and access to, space for social relations. (ABS 2012d)

In defining youth homeless herein, all of the ABS categories are included: from young people literally without a 'roof over their head' to young people whose accommodation lacks minimum community standards for housing. The levels of permanency and privacy afforded within their current housing are especially important considerations when assessing the adequacy of a young person's living situation (ABS 2012a, c, d). However, neither statistical nor cultural definitions appear to have adequately facilitated accurate identification of what actually constitutes youth homelessness and how many young people are homeless. Young people can be moving around, staying overnight with friends and acquaintances, often returning home intermittently. Those who are 'visiting' or 'couch surfing' on Census Night can often be obscured in homelessness statistics. Their homelessness is obscured because, for many, their profile is little different from many other youth who are not homeless but are simply visiting on Census night. 'Couch surfers' (McLoughlin 2013) can often be masked from identification as a homeless young people, perhaps because they prefer not to disclose to the people they are staying with that it is not possible for them to return home, or that:

...the person who fills out the Census form on behalf of the young person staying with them assumes that the youth will return to their home. Homeless youth will be underestimated

within the group: 'Persons staying temporarily with other households'. ABS has not yet been able to establish any reliable way, with existing data sources, of estimating homelessness among youth staying with other households and for whom a usual address is reported in the Census. Service providers and researchers have indicated that the estimates of homeless youth derivable from Census data do not concord with their knowledge about youth homelessness. (ABS 2012c)

The ABS has taken steps to redress under-enumeration. A promising recent initiative is a scoping to platform a nationally representative homeless school students' survey (ABS 2012c). School student homelessness is apparent to many welfare service providers and those in the secondary education sector, especially school counselors and principals. It is, however, ill-defined and often masked from view within the broader Australian community. Even in affluent private schools, students are sometimes placed informally with families in the school community, in the hope that a family crisis might 'settle' and the young person will be able to return home. In tertiary education youth homeless is also difficult to define and identify. In the author's experience students are often reported by security staff to be sleeping in cars on campus or spending nights in the library. This is not formally defined as homelessness.

For the purposes of this Chapter, the age range of homeless young people is identified as 12–24 years (ABS 2012d; Open Family 2014). Whilst some definitions of 'youth' refer to the 18–24 age bracket, this would not appear to realistically represent normative access to accommodation within the family home. In contemporary Australia, many young people live in the family home will they are in their mid-twenties. When they are engaged in long courses of tertiary study, it is not uncommon for young people to approach 30 years of age and still be living at home.

14.3 Counting Homeless Youth

Census figures remain inaccurate, despite recent attempts at refinement. This remains the status quo, notwithstanding the fact that Australia holds one of the longest track records in the western world for compulsory census programs (Commonwealth of Australia 1905). Homelessness statistics have been actively sought within Australia's five yearly census counts since the middle of last century (AHCH 2014). More recently, vigorous pursuit of accurate youth homelessness figures has been specifically targeted by the ABS (2012d). This is actively supported by the Homeless Statistics Reference Group (HSRG) established in 2011 (AHCH 2014) to guide improvement of measurement and analysis of homelessness statistics; the HSRG includes sector representatives, academics and government officers.

The ABS conducted the last Census of Population in 2011 (ABS 2012b). Everyone in Australia (who participated) was counted, on the night of 9th August 2011, including people experiencing homelessness. This included:

- People living in hostels and refuges;
- People without a usual address staying temporarily with friends or family, and those in temporary accommodation (e.g., motel, hotel or night shelter);

- People living in a single room, with no kitchen or bathroom of its own, in a private unlicensed boarding house; and
- People 'living rough' on the night of Tuesday 9th August 2011.

For 'rough sleepers', the Census administrators engaged temporary officers called Special Collectors to go to places where these homeless people, including young homeless, can often be found. The Census administrators recruited some workers and volunteers from homeless services as Special Collectors, as well as people who were homeless at that time or who had been homeless. All people they encountered who had 'no usual address' were encouraged to answer 'None' for the question 'Where does the person usually live?' on the Census form, regardless of where they were staying that night. The Census officers worked closely with service organisations to locate boarding houses, refuges and hostels and accurately count the people staying in them. This collaborative approach seems to have developed, in part, from the work of the Homelessness Statistics Reference Group and identifying both adults and young people hitherto less likely to be accurately counted as "Absolute Homeless" (ABS 2012c). The approach was considered innovative internationally. It appears to have been relatively successful in improving the accuracy in counting homeless people, including homeless youth, within Australia (Table 14.1).

Notwithstanding their acknowledged limitations, ABS census data, and that derived from the Special Homelessness Data Collection, are generally accepted as the most reliable sources of information on Australian youth homelessness. However, considerable caution should clearly be applied in interpreting census figures, particularly given limitations and discontinuity of data collection approaches over time. This must contextualise our examination of the most recent ABS 2011 Census data, when it was estimated that around 43 % of the total homeless population in Australia was under the age of 25 years (ABS 2012c; AIHW 2012a, b). The figures collected at that time suggest that the number of young homeless people per 10,000 people in the general population aged 19–24 increased from 75.4 in 2006 to 88.0 in 2011. Figures suggest a slightly lesser increase in those aged 12–18 years from 51.1 in 2006 per 10,000 to 55.9 in 2011.

The number of homeless people aged 12–24 years counted in the two most recent Census statistics increased from 21,943 in 2006 to 26,239 in 2011, an overall increase of 4,296 young people or 7.9 %. It would appear that young people aged between 12 and 18 have, for some years, been the single largest group experiencing homelessness in Australia (ABS 2012a).

Whilst ABS census data is often presented as currently the most reliable sources of information on Australian youth homelessness, there is an alternative view. It has been suggested by some in the sector that the most realistic way to estimate youth homelessness may be to look at levels of help-seeking by young people presenting to Specialist Homeless Services (SHS) (AIHW 2013). The Australian Institute of Health and Welfare (AIHW) coordinates Homelessness Data Collection. SHS provide client information to the AIHW through an online reporting mechanism called the Specialist Homelessness Online Reporting (SHOR). This new data collection

Table 14.1 YFoundations (2014) <https://yfoundations.org.au/>

Homeless Persons 2006,2011						
Australia						
	2006			2011		
	No.	%	Rate per 10,000 of the population	No.	%	Rate per 10,000 of the population
Age group (years)						
Under 12	15,715	18	50.5	17,845	17	53.8
12–18	9,788	11	51.1	10,913	10	55.9
19–24	12,155	14	75.4	15,325	15	88.0
Total homeless persons	89,728	100	45.2	105,237	100	48.9
Sex						
Male	51,159	57	52.2	59,424	56	55.9
Female	38,569	43	38.4	45,813	44	42.1
Indigenous status						
Indigenous	25,950	29	570.6	26,744	25	487.9
Non-indigenous	57,324	64	31.4	70,085	67	35.2
Not stated	6,454	7	57.0	8,408	8	79.4
Not stated						
Total homeless persons	89,728	100	45.2	105,237	100	48.9

Source: Census of Population and Housing, 2001, 2006, 2011, AIHW SAAP collection

approach was established only in 2011, but holds promise for future estimation of youth homelessness. Of the requests made for assistance in 2012–2013, 45,000 were initiated by young people aged between 15 and 24 years (AIHW 2013). This constitutes an estimated 20 % of the total homeless population and is a considerably higher figure than the ABS Census data. Sixty three percent of those seeking help were female. It is important to recognise that many young people who are homeless do not seek assistance from SHS which suggests that these figures are likely to be a considerable underestimate of the total in need (AIHW 2013; YFoundations 2014).

14.4 Profile of Homeless Youth

There are a variety of reasons why children and young people become homeless that are often outside of the control of the young person. The general public often has a view that young homeless people are run-aways and could really return home if they wanted to. In reality many young people become homeless due to family breakdown, family violence and child abuse. National Youth Coalition for Housing, NYCH (2014)

Around 45 % of homeless young people identify interpersonal relationship problems including family violence and parent/adolescent conflict as the major cause of

their homelessness. Other common reasons are accommodation problems (18 %), including being evicted or unable to find suitable accommodation and financial problems (14 %), such as inability to pay rent or other financial difficulty (AIHW 2012a). Many young people fail to be approved for rental leases due to high demand and landlord reluctance to contract with young tenants. Overcrowding and the cost of housing can result in young people becoming homeless. Young people who abuse substances, are from a single or blended family, have been homeless as a child or have been in statutory care (including youth justice facilities), are at greater risk of homelessness (CREATE 2014; NYCH 2014; Daley and Chamberlain 2009; Johnson and Chamberlain 2008a). The Victorian homelessness support service Open Family in Melbourne reports that teenage pregnancies, young people becoming parents early in life, renewed and increasing economic pressure and substantial population growth without supporting infrastructure are major contributors to contemporary youth homelessness (Open Family 2014). Gay, Bisexual, Lesbian, Transsexual, Intersex and Queer (GBTLIQ) young people often face extreme stigma and prejudice at home and in the wider community that exacerbates their risk of homelessness (Oakley 2013; Gay and Lesbian Taskforce 2006). Asylum seeker and refugee young people on 'Bridging' or other visas often fear deportation and 'disappear' from residential support services frequently joining the ranks of the homeless (Refugee Council of Australia 2014).

Australian evidence (AIHW 2013) appears consistent with Canadian research which suggests that age-adjusted mortality of homeless young people is two- to eightfold greater than the housed population. In addition, they more often suffer from psychiatric disease, mental and physical disabilities and the consequences of drug and alcohol abuse, including violence, sexual exploitation and infectious diseases such as tuberculosis, HIV and hepatitis C (Turnbull et al. 2007).

The AIHW concludes that in 2011–2012 in Specialist Homelessness Services across Australia:

- 34 % of clients were escaping domestic or family violence (18 % of male clients and 44 % of female clients); 28 % of clients who were escaping domestic or family violence were children aged under 15
- 19 % of clients who received assistance in 2011–12 were young people aged 15–24 who presented to a specialist homelessness agency alone
- 19 % of clients were identified as having a current mental health issue (not including alcohol or other drug use), with similar rates for male and female clients (21 % and 19 % respectively)
- 2 % of clients had recently left (or were about to leave) a care setting such as a hospital or residential care facility
- 2 % of clients had recently left (or were about to leave) a custodial setting such as a correctional facility of detention centre (AIHW 2012b)

Without powerful interventions, at-risk and homeless young people appear to be far more likely to transition from youth to adult (chronic) homelessness (Chamberlain and Johnson 2013; Johnson and Chamberlain 2008a, b). Young people living with serious mental illness or whose parents have a mental illness and those who have an intellectual disability are at higher risk of homelessness (Chamberlain and Johnson 2013). Young women are overrepresented (by 50 % in

some instances) amongst homelessness help seekers (Melbourne City Mission 2014; YFoundation 2014). The Australian Institute of Family Studies (AIFS) estimates that the cost to the community of a person being homeless from mid-adolescence to death is \$2 million (AIFS 2013).

One of the few cross-national comparisons of Australian homeless youth and others internationally was conducted by Milburn et al. (2007) in Melbourne, Australia, and Los Angeles, CA, United States. Newly (n=427) and experienced (n=864) homeless youth were recruited from each site. This study found that compared to Australia, homeless youth in the United States were younger, more likely to be in school or jail, demonstrated fewer sexual and substance use risk acts, fewer suicidal acts, and reported less need for social services. Further research is needed to determine the service system implications of these findings.

Johnson and Chamberlain (2008a) bring depth to the profile of homeless young Australians with rich qualitative data. The voices of the young people themselves deliver a poignant narrative of the lived experience of youth homelessness in twenty-first century Australia:

Most people also reported that sleeping rough resulted in a drop in their self-esteem. According to John:

I looked like a real rough nut ... didn't brush my hair, never had showers. I looked like a street person I suppose ... looked disgusting and everyone could see I'd changed. I ended up staying in this building. It had nothing in it, it had a mattress, it had no electricity.

Others tried to avoid being seen by the public because they did not want to be negatively judged. Sarah told us:

I remember one time ... there was somebody walking their dog ... I was so embarrassed. She must have known we were sleeping in the car, so that's when we started to move around.

14.5 Homeless Indigenous Youth

The ABS reports that Aboriginal and Torres Strait Islander Australians, including young people, have been under enumerated in the Census and suggest that any appraisal of homelessness based on Census data will almost certainly amount to an underestimation (ABS 2012a). Chamberlain and MacKenzie (2008) raise the issue of relevance in relation to the 'no usual address' response to the Indigenous population. They argue that the 'usual address' question must be approached with a different cultural frame of reference. It would appear culturally inappropriate to record 'no usual address' on Census night for some Aboriginal people because 'home' is understood quite differently from the traditional western concept. They argue that this applies particularly when Aboriginal and Torres Strait Islander people are staying with extended family or friends, especially those from their traditional lands.

Due to the different cultural frame of reference for Aboriginal and Torres Strait Islander people, it is widely assumed that the western concept of 'no usual address' is under-reported

Table 14.2 Homeless people by State and Territory, Census Night, 2011 -AIHW (2013)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Number	28,190	22,789	19,838	9,592	5,985	1,579	1,785	15,479	105,237
Per cent	26.8	21.7	18.9	9.1	5.7	1.5	1.7	14.7	100.0
Rate (per 10,000 population)	40.8	42.6	45.8	42.8	37.5	31.9	50.0	730.7	48.9

Source: ABS (2012b)

by Aboriginal and Torres Strait Islander Australians. This issue will impact on Census based estimates of homelessness among Aboriginal and Torres Strait Islander persons enumerated in the Census who are classified as being in the categories for ‘improvised dwellings, tents, sleepers out’, or temporarily visiting friends or relatives while (actually) homeless (ABS 2012d)

The hugely disproportionate number of Northern Territory homeless people recorded in the 2011 Census would seem to manifest the challenges encountered in accurately identifying Aboriginal homelessness (Table 14.2).

One quarter (28 %) of all homeless people who provided information on their Indigenous status self-identified as being of Aboriginal or Torres Strait Islander origin, which is equivalent to 1 in 20 Indigenous people, almost 300 times as many as non-Indigenous Australians. The homelessness rate for non-Indigenous people was 1 in 284 people (AIHW analysis of ABS 2012b). Three-quarters (75 %) of Indigenous homeless people were living in severely crowded dwellings, compared with 30 % of non-Indigenous homeless people at the 2011 Census. Services to young Indigenous homeless people cite overcrowding as a major contributor to Indigenous homelessness (Youth off the Streets 2014). The same Census figures suggests that Indigenous homeless people are less likely than their non-Indigenous counterparts to be staying in boarding houses, staying temporarily with other households (especially of kith or kin) or in supported accommodation.

14.6 Policy Responses

Homelessness in general and youth homelessness specifically have gradually assumed greater prominence with Australia policy makers over the past decade. In 2008, the Australian Government made homelessness prevention a priority. Its Green Paper, *Which way home? A new approach to homelessness* (Australian Government Department of Social Services 2008a) as followed by a White Paper on homelessness, *The Road Home: A national approach to reducing homelessness* (Australian Government Department of Social Services 2008b). It was launched by the then Prime Minister Kevin Rudd whose government was responding to vigorous sector advocacy over the past decade especially. *The Road Home* came with a pledge to outlay \$1.2 billion over 4 years to build new housing and increase services for the homeless. The plan was to halve the number of homeless in Australia and

accommodate all those sleeping rough by 2020. Brotherhood of St Laurence executive director Tony Nicholson said at the time that this plan was “by far the most substantial commitment to tackling homelessness that we have ever seen in Australia” (Sydney Morning Herald 2008). The White Paper outlined a vision for reducing homelessness in Australia by reorienting services towards prevention along with supplying affordable and supported housing. It also outlined long-term goals of the Australian Government and state and territory governments to halve homelessness overall and to offer supported accommodation by 2020 to all rough sleepers who needed it. It outlined three broad strategies to achieve this:

- ‘turning off the tap’ – prevention and early intervention to stop people from becoming homeless and to lessen the impact of homelessness
- ‘improving and expanding services’ – enhancing the service response to homelessness to achieve sustainable housing, improving economic and social participation, and ending homelessness
- ‘breaking the cycle’ – moving people through the crisis system to stable housing and, where possible, employment, with the support they need so that homelessness does not recur.
- ‘The road home: A national approach to reducing homelessness’ (Australian Government Department of Social Services 2008a)

The response to the White Paper is administered by the Council of Australian Governments (COAG) under the National Affordable Housing agreement (NAHA) which covers all states and territories in the Commonwealth of Australia. COAG is the peak intergovernmental forum in Australia. The members of COAG are the Prime Minister, State and Territory Premiers and Chief Ministers and the President of the Australian Local Government Association. The NAHA is a new COAG initiative.

This agreement between the Australian Government and state and territory governments and local government is innovative and promises far more internal continuity of response than was the case hitherto. The framework offers an opportunity for all parties to work together to reduce homelessness and improve housing affordability. The NAHA is supported by a number of partnership agreements, including the National Partnership Agreement on Homelessness (NPAH) (Australian Government Department of Social Services 2013; COAG 2009, 2013). The NPAH contributes to the NAHA outcome target that ‘people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion’ and outlines the roles and responsibilities of the Australian Government and state and territory governments in reducing and preventing homelessness (AIHW 2013).

14.7 Programmatic Responses

The AIHW (2013) describes four main categories of service response: general assistance and support, accommodation, assistance to maintain a tenancy or prevent mortgage foreclosure, and specialised services. Where providers do not deliver

direct services, they refer clients to other agencies (for example, for specialist counselling, dental or health services).

General assistance and support services include the provision of advice, information, advocacy, material aid, transport, meals, financial information and other such services. Such services are generally needed by a high proportion of clients – in 2011–12, 92 % of clients were assessed as needing some kind of general support. Agencies, on the whole, are well positioned to directly provide most clients with these services (AIHW 2012b). The provision of accommodation is an important service which is most often provided alongside other support services to help the client resolve the issues that are preventing them from accessing long-term secure housing. Overall, 60 % of clients of specialist homelessness agencies in 2011–12 needed accommodation services – 40 % of these needed short-term or emergency accommodation, 27 % needed medium-term or transitional housing and 34 % needed assistance to obtain long-term housing. (AIHW 2013)

Young People aged between 12 and 25 years of age are the largest group (20 %) assisted by the homelessness service system in Australia (AIHW 2013). A large number of programmatic responses can be identified across the country. Over 100 programs are identified by Victoria's peak body for homelessness services alone (Council for Homeless Persons, Victoria 2014). Crisis accommodation, alcohol and other drug services, individual and family counselling, health and mental health programs, specialist secondary schools, pre-employment training, community outreach, residential programs and mentoring are some of the services in place. Early intervention and diversionary programs and collaborations between educational, mental health and homelessness services are especially promising. Within the scope of this Chapter it is impossible to describe the full range of Australian service responses to youth homelessness in detail. Three programs identified as good practice by experienced professionals within the sector are therefore described: a new diversionary program and a longstanding therapeutic residential program are both from Victoria; the multifaceted Aboriginal youth homelessness service operates in New South Wales. None of these programs has been formally evaluated but each is identified within the sector as currently delivering promising outcomes for homeless young people.

14.7.1 A Diversionary Response: The Detour Model

Based on workplace coaching models, the *Detour Innovation Action Project* (Detour IAP) (Turton 2013, 2014) applies coaching to early intervention case management with young homeless people. It integrates coaching into existing case management approaches (Turton 2014). The *Detour* program has recently been developed by Melbourne City Mission (MCM) and is being delivered in metropolitan and regional Victoria. *Detour* is based on:

- Person centred planning principles,
- Practice well established in disability services

- Relational, timely, comprehensive and practical support
- The Victorian (state Government) Homelessness Action Plan aspirations of providing tailored, holistic and integrated service responses (2011–2015)

The rationale for adopting person centred planning principles derives from the UK Government's White Paper 'Valuing People' in 2001, and 'Valuing People Now', a 2009 revision. Person centred support has the potential to meet individual need, facilitate involvement of the young person in decision-making, support and empower young people and improve health outcomes (McLoughlin and Carey 2014; Victorian Government 2014; Shergold 2013). The adaptation of workplace coaching models into a case management framework was identified as a key strategy to achieving these case management objectives. Coaching aims to support case management that embodies a 'strengths oriented' focus, engages clients early, provides a clear methodology and a 'case management toolkit'. The adaptation of workplace coaching models into a case management framework was identified as a key strategy to achieving the above case management objectives. Key coaching concepts and tools include:

- Assisting young people to reframe or develop a more optimistic view about their ability to overcome obstacles; challenging limiting beliefs
- Using Neuro-linguistic Programming to gain insight about effective communication
- Development of Detour's 'Coaching Act' model as an effective client engagement tool (Achievement – Challenge – Transformation)
- Adaptation of the GROW model (Reality – Options – Way forward) to assist young people to set goals and make real progress
- Development of the 'Wheel' coaching tool to assist young people to identify goals, create an 'action plan', celebrate progress, and stay committed to their goals (MCM)
- Use of Peer Action Learning techniques to improve case management (MCM) (Turton 2014)

The *Detour* case management approach engages clients early in the homelessness experience or when clients are at serious risk of homelessness. *Detour* provides a clear and replicable methodology together with a 'case management toolkit'. Coaching case management practice in the youth homeless service promotes collaboration between clients, coaches, case managers and specialist workers. Coaching with a strengths focus (Saleebey 2006) creates enthusiasm and possibilities among case managers and improves intersectorial case management responses. Reframing confronts limiting beliefs that are often unhelpful. It replaces these with constructive beliefs. For example, "This is too hard." – "What would make it easy?"

'Kate' was referred to Detour by social security and youth welfare services after leaving her family home. Kate moved in with her older brother and his partner; two positive people in her life. Kate worked two part-time jobs to pay her school fees, but felt stressed and tired as a consequence. Kate was coached to assist her to identify her strengths, set goals, overcome challenges and develop skills in problem solving. Kate's mental health and motivation to make changes in her family relationships were key concerns.

While the household started well, arrangements broke down within weeks. The youth coach/case manager, after receiving coaching from her supervisor, prepared a coaching session for the household that began by asking each person about the things they valued about living together.

The problems were put into perspective and new arrangements were put in place. Kate is attending school every day and is receiving high grades. Living with her brother has enabled Kate to focus on strengthening her relationship with her parents. She now attends a weekly dinner with her Mum and Dad. Kate's goals include successfully completing year 12 with a good tertiary entrance score and undertaking university study that will help her secure employment.

Using effective reframing, the case manager was able to assist the household to develop new strategies that stabilised Kate's accommodation. Coaching supported strengths based case management that took into account Kate's abilities, hopes and dreams, acknowledging that she is the 'expert' in overcoming her own challenges; a view of case management as a partnership that is founded more on 'solution finding' than problem solving.

De-identified case example: Melbourne City Mission (2014)

Peer Action Learning has been utilised in ongoing development of the Detour Program, to strengthen case management capacity and coordination of specialist support.

Collaborative inquiry assisted case managers to provide a high standard of support, utilising Peer Action Learning seminars (based on Proctor 1997) that work with real challenges being faced by the team. Case management effectiveness has improved markedly along with a high degree of job satisfaction. The review of Peer Action Learning (Internal review, MCM – 2013) highlighted its contribution to developing greater personal awareness and insight from "the way other workers consult and use coaching" and about one's own practice style. Peer learning helps people to "explore opportunities for learning and reflect on one's encounter on a situation, how they felt and how they handled it." (internal review, MCM – 2013) (Turton 2014)

14.7.2 A Therapeutic Residential Response: The Lighthouse Model

The Lighthouse Foundation was founded 22 years ago in Victoria, by long term foster parent, Susan Barton. Lighthouse Foundation is a not-for-profit organisation, based in Melbourne. It services young people aged 15–22 years. It aims to help young people who have experienced homelessness, abuse and neglect, heal and rebuild their lives. Lighthouse Foundation has developed its own Therapeutic Family Model of Care (see Fig. 14.1 below). It provides long-term therapeutic residential care and specialist mental health support for children and young people who have experienced complex trauma as a result of childhood abuse and neglect.

The Lighthouse Therapeutic Family Model of Care is based on attachment theory and addresses the biological and psychological need of individuals to bond with and relate to primary caregivers as fundamental to the survival and future development of human beings. Each young person is encouraged to be active in school, work and personal development, while undertaking programs to address individual barriers. The continuing support and access to these programs from within the home and on an outreach basis ensures that a sense of belonging within a community is maintained and strengthened. (Lighthouse Foundation <http://www.lighthousefoundation.org.au/lighthouse-therapeutic-family-model-of-care.html>)

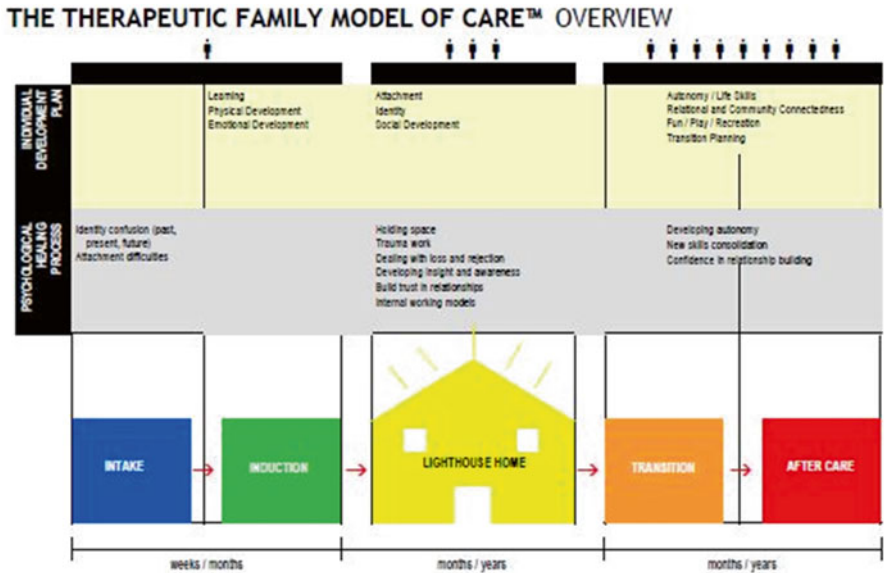


Fig. 14.1 “Lighthouse Foundation Therapeutic Family Model of Care™ from guidance manual” by R. Gonzalez and P. Tomlinson, 2011, p.x. Copyright 2011 by Lighthouse Foundation

Young people are usually cared for in a Lighthouse home for at least 2 years and are highly supported when they transition from the program; they are strongly encouraged to remain connected with the organisation. They are offered Life Membership to Lighthouse as they transition to independent living via the Outreach and Aftercare Program. Many young people regularly check in to Lighthouse, especially at important family gathering times, such as Christmas. Lighthouse Home Committees of trained local volunteers support professional staff by assisting with home maintenance and by socialising and building mentoring relationships with the young residents (McNamara 2014).

The organisation has developed a psychodynamic, attachment and trauma informed approach to its work (Barton et al. 2012). The Lighthouse Therapeutic Family Model aims to offer traumatised children and young people a safe and consistent physical living environment, with positive and consistent parental role models, as well as clinical and support services so they can (re)build their sense of self, learn new ways of trusting and relating to others, and develop pro-social connections within their broader communities (Becker-Weidman and Shell 2005, 2008, 2010; Dockar-Drysdale 1990; Scharff and Scharff 1991; Bowlby 1980). The Therapeutic Family Model of Care is grounded in the belief that new and constructive behaviours can be learned by children and young people from carers, who act as ‘therapeutic parents’ (Pughe and Philpot 2007).

Family-like settings, strong relationships with carers and the support of other specialists, including psychotherapists, encourages children and young people to

confront and work through the complex impacts of childhood trauma (Gonzalez and McLoughlin 2014). A key element of the Lighthouse model is that children and young people are assisted to form and sustain positive and reciprocal relationships with others in and beyond the program that will extend throughout their lives. This is facilitated by developing the young residents' coping and life skills, support networks, helpful attachments and broader community networks. The Lighthouse model targets multiple domains that aim to shape young people's positive overall development. The Therapeutic Outcomes Assessment tool measures the recovery of children and young people across eight developmental areas:

- Learning
- Physical development
- Emotional development
- Attachment
- Identity
- Social development
- Autonomy/life skills
- Relational and community connectedness

The success of the Therapeutic Family Model of Care is measured by monitoring the number of young people in care, the number of active homes and active individual development plans, the number of young people in education and employment and reduction in young people re-entering youth homelessness services; staff retention is also considered an important measure of success. A formal outcomes study is currently being developed at Lighthouse.

14.7.3 A Multi-faceted Indigenous Service: Youth Off the Streets – Aboriginal Services Model

In terms of disadvantage, there can be little argument that there is no group in Australia facing more challenges than the Indigenous population. There are Indigenous communities in Australia who are living with third world health and life expectancy outcomes. The Sydney, New South Wales based organisation Youth Off The Streets' has a major focus on Aboriginal services. Since opening in 1991, Youth Off The Streets (YOTS) has remarkably grown from a food van delivering meals to young homeless people on the streets of inner city Kings Cross to a major youth specific agency offering a range of services. The agency's 25 programs encompass crisis accommodation, alcohol and other drug services, counselling, accredited high schools, outreach and residential programs.

YOTS *Aboriginal Services* works to specifically improve outcomes for Aboriginal children, young people and their families and communities. The program aims to provide evidenced-based Outreach and Early Intervention services that are culturally appropriate and specifically matched to the needs of Aboriginal communities.

The organisation works in partnership with Aboriginal Elders, local service providers, government departments and community members to create sustained improvement in outcomes at individual family and community levels. Early Intervention and Outreach services for Aboriginal young people focus on:

- Re-engaging young people with their community
- Building self-resilience and self-confidence through positive experience
- Enhancing leadership
- Teaching communication and team building skills
- Fostering a strong sense of pride in the young people's cultural identity and heritage

Youth Off The Streets Aboriginal Services' vision is for all communities to “*work within a spirit of co-operation; accepting diversity, acknowledging strengths and supporting each other*”. The Program's Mission is to: “*Equip and empower Aboriginal youth and their communities to embrace the future – standing strong and proud*” (Youth off the Streets 2014).

Youth Off The Streets Aboriginal Services currently operates three Outreach and Early Intervention programs in disadvantaged communities. The *Koch Centre for Youth* in the Macquarie Fields community opened in 2011 and would appear to exemplify YOTS' mission in its work with homeless Aboriginal youth. The *Centre for Youth* aims to create a safe and engaging environment ‘based on trust and respect and supports young people by providing opportunities to encourage and facilitate life choices’. It targets Aboriginal youth aged between 13 and 24 years. The programs aim to promote recognition and cultural appreciation of Aboriginal people, their history and culture. YOTS Aboriginal Services operate the following programs at the *Koch Centre for Youth*:

- Learning and development (educational support)
- Aftercare, integration and mentoring
- Cultural and community support
- Wellbeing programs (Youth off the Streets 2014)

14.7.4 Potential for Effectiveness

Whilst none of the programs presented above has published a formal evaluation of outcomes to date, each is consistent with evidence based international recommendations for an ecological-developmental approach. Haber and Toro (2004) propose that broad perspective as an appropriate theoretical underpinning for homelessness policy, practice and research. They present a convincing case for an approach that actualises strengths and resources of service users and systems and attributes differential meanings to homelessness across the life course. In reviewing their 20 years of influential homelessness research Paul Toro and his team in Michigan, USA identified a fractured service system typically confronting homeless people, who often came with multiple problems. Such access barriers are exemplified here:

Largely separate service systems existed for mental health, substance abuse, housing, job training, public assistance, child care and education, and health care. Most homeless people with multiple problems had difficulty negotiating any one of these complex systems. Getting their needs met across several such systems was beyond the capabilities of all but the most sophisticated in the population. A federal grant allowed us to serve all referred clients with their full range of problems and to provide them with multiple services, including job training and placement and locating permanent, high-quality housing. (Toro 2006, p. 350)

All of the responses described in this chapter adopt a similar ‘wraparound’ approach which appears to be proving helpful in facilitating pathways out of homelessness for some Australian young people.

14.8 Future Directions

Notwithstanding sector commitment and creativity of responses, many Australian young people continue to experience long-term homelessness. We do not know enough about these young people. Clearly much effort has been applied in recent years to better identify homeless youth in Australia and more accurately estimate the extent of the problem. The establishment of the Homelessness Statistics Reference Group (HSRG) in 2011 (AHCH 2014) is an important initiative that has the potential to guide improvement of measurement and analysis of Australian homeless statistics. There is, however, more to the pursuit of an accurate profile. Internationally, and within Australia, estimating the numbers of youth and identifying their profiles differs, depending on data sources, the variety of definitions of homelessness used, age ranges of youth surveyed, and sampling strategies and methods employed (ABS 2012d; Toro et al. 2011; Robertson and Toro 1999). Resourcing research initiatives to accurately estimate the number and describe the profile of homeless youth in Australia has been identified as a national priority (Australian Government Department of Social Services 2013; AHCH 2014). Without accurate data in these domains service responses cannot be developed to meet need. Cross national research, too, is needed to improve global understanding of these issues and assist in the sharing of evidenced-based responses.

Programmatic responses to youth homelessness need to be matched with early intervention services for children and families. An experience of family homelessness during childhood years increases risk of youth and later, adult homelessness (National Youth Coalition for Housing 2014). All Australian families clearly need adequate and affordable housing options available to them to prevent homelessness. The national peak body *Homelessness Australia* (Homelessness Australia 2015) is urging the Australian Government to commit to the adoption of policies, programs and strategies that will deliver an additional 220,000 affordable homes including social housing dwellings by 2020. Tenancy support programs are also important. These have been shown to be effective in assisting families to sustain tenancies in both social housing and the private rental market.

Supporting women and children to live in homes free from threat of violence and abuse is a vital step toward this. Family violence constitutes a major cause of family homelessness. It would appear that action to address social inequality and alleviate child poverty is vital if youth homelessness is to be prevented (Homelessness Australia 2015).

Periods spent in out-of-home care also increases risk of youth homelessness. Within their first year of leaving, around one third of former out-of-home care residents are homeless (CREATE 2014). Transition-from-care programs are underdeveloped in Australia. There is need for better resourcing of research in this domain so that a stronger programmatic evidence base can be established. When homelessness endures through adolescence and early adulthood it puts young people at risk of lifelong marginalisation and poverty (Johnson and Chamberlain 2008a). We need to better understand better common pathways to youth homelessness, especially child abuse and neglect, family violence, unemployment, criminality, mental health issues and alcohol and other drug use. Cross-sector programs must be resourced to prevent young people from becoming homeless and provide them with affordable housing. Young people's health and wellbeing must be supported so that they can maintain stable homes.

14.9 Conclusions

This Chapter has profiled key aspects of contemporary youth homelessness in Australia. The narrative almost seems anachronistic in the haloed context of 'Australia, the lucky country'. However, many believe that a society must be judged on how it treats its most vulnerable – including its young people. Australia still appears to lack adequate vision and commitment at a policy level to respond to the grim reality of youth homelessness. It is clear that far too many of our young citizens do not know where they will sleep at night. They cannot effectively commit to education, training or employment because they lack secure homes. In this context, key relationships are stressful to maintain and often fracture. Without secure homes, young people's mental and physical health is also at serious risk. Long term homeless youth confront adult poverty as a reality. Programmatic responses to meet their needs are, however, inspiring and diverse. The research community, too, is clearly keen to build better understanding of our homeless young people. A stronger and more coordinated national research framework to enumerate and socio-demographically profile Australia's homeless youth is a powerful first step. This must be complemented by well orchestrated program evaluations to develop a strong evidence base for service provision.

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Chapter 15

Poor Children, Poor Services, Poor Outcomes: Child Poverty and Its Impact on Referral and Placement in Public Care System in Hungary

Maria Herczog

15.1 European Policies and Approaches to Defining, Measuring and Tackling Poverty

Poverty is part of a complex set of determinations with many links to the history, culture, traditions, economy and social policies of each country in the EU. It is a social construction; individual, family and community needs and challenges, changing perceptions and expectations must be considered. Due to the global financial crisis, austerity measures and the unmet expectations in many EU countries, there has been a growing tension, with changing and challenging political climates and public opinion on the use, function and role of the EU (Frazer et al. 2010).

Article 3 of the EU Treaty states: “It shall combat social exclusion and discrimination and shall promote social justice and protection, equality between women and men, solidarity between generations and protection of the rights of the child”. In Article 9: “In defining and implementing its policies and activities, the Union shall take into account requirements linked to the promotion of a high level of employment, the guarantee of adequate social protection, the fight against social exclusion, and a high level of education, training and protection of human health” (Charter of the Fundamental Rights of the European Union 2010).

The Treaty on the Functioning of the European Union, particularly Art. 292 clearly declares that: “Respect for human dignity is a founding value for the European Union, whose aims include promoting the well-being of its people: the Union must protect the rights of the child, combat social exclusion and discrimination, promote social justice and protection. Preventing the transmission of disadvantage across generations is a crucial investment in Europe’s future, as well as a direct

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contribution to the Europe 2020 Strategy (European Commission 2010) for smart, sustainable and inclusive growth, with long term benefits for children, the economy and society as a whole” (European Commission 2013c). The Treaty refers directly to children, and the Charter of the Fundamental Rights of the European Union (2010). It includes articles on the right to education (14), the rights of the child (24), reconciliation of family and professional life (33), social security and social assistance (34), and access to services of general economic interest (36).

The category “at risk of” poverty has become widely used, just like vulnerability, to express concern and the need for access to preventive and early intervention services to avoid poverty and its consequences. Being at-risk-of-poverty means living in a household with a normalized net disposable household income below 60 % of the national median normalized net disposable household income. The European Union (EU) and Eurostat (Statistical Office of the EU) use the concept of relative poverty, which is closely connected to the issue of income inequalities, including the risk of exclusion from the minimally acceptable way of life in that society. The participation of the new member states, the so called “transition countries”, in the EU has required that the approach to poverty be challenged; many of these new member states are facing absolute poverty and a high risk of further deprivation, lacking the material and financial resources necessary, if not for direct survival, but for meeting basic needs (Eurostat 2010).

The term “social exclusion” has become part of the social and political terminology extending the focus far beyond the economics of poverty and directing attention to the issues of social rights. In most countries ensuring rights to work, housing, health care, pension, education, access to services is guaranteed by law or by the constitution based on the ratification of human rights treaties such as, in the case of children, the UN Convention on the Rights of the Child (UNCRC) ratified by all EU Member States and for the Committee on the Rights of Persons with Disabilities the ratification of the Convention by the EU.

2007 was declared a year focusing on child poverty and children’s well-being. In the 2008–2010 National Strategy Reports for Social Protection and Social Inclusion, 19 of the 27 member states identified tackling child poverty and social exclusion as one of their key priorities. In 2010 the “trio” presidency of Belgium, Hungary and Spain signed a joint declaration of the 2020 Strategy efforts to reduce the poor by at least 20 million people.

The UNCRC forms the framework for the policies in the EU. According to the EU Agenda on Child Rights: “The standards and principles of the UNCRC must continue to guide EU policies and actions that have an impact on the rights of the child. The EU’s commitment to the rights of the child requires a coherent approach across all relevant EU actions” (European Commission 2011a). The Agenda mentions the most vulnerable groups – children with disabilities and special needs, Roma children, those in alternative care,¹ street children, children of imprisoned

¹ “Alternative care” is used e.g. by the UN Guidelines for Children in Alternative Care, and in many countries for children placed out of home care, out of their family, into public care.

parents, migrant, refugee and unaccompanied and separated minors, children living in one-parent and in large families.

The most important components of recent EU policies are high quality, accessible and affordable early childhood education and care programs for all children (European Commission 2013b), prevention and reduction of early school leaving to under 10 % by 2020 (European Commission 2013a), community-based care instead of institutional, public care provisions (Common European Guidelines 2012), and child friendly justice (European Commission 2014). The recommendation “Investing in children: breaking the cycle of disadvantage” aims to provide country-specific recommendations to the member states on combating child poverty and improving child well-being. These include suggestions on children’s rights-based integrated strategies and promotion of equal opportunities for children, a balance between universal and targeted approaches, to support the most disadvantaged children and a focus on children at risk (European Commission 2013c).

Of the 500 million inhabitants in Europe, 10 %, 50 million people live in a household where no-one has a job; 40 million suffer from severe material deprivation. Every fourth child is at risk of poverty (European Parliament 2014). In 2010 an overview on child poverty (Fig. 15.1) and child well-being in Europe described the higher risk of poverty for children than for the overall population in Europe (in 2011 this was 27.1 % vs. 24 %), increasing with the age of children in 21 countries (TARKI Social Research Institute and DG Employment 2010). In contrast, in Belgium, Denmark, Hungary, Austria, Finland and the UK younger children were at greater risk.

The last two decades have seen a shift in risks of poverty and social exclusion from the elderly to younger generations and children, especially the most vulnerable children and young persons. There is a wide gap in performance of the welfare systems of the EU countries – the best reduced the risk of poverty by 35 %, the least effective by less than 15 % (EU average 35 %) (DG Employment and Social Affairs and Inclusion 2014).

The economic crisis and the austerity measures have affected the different countries of the EU in very diverse ways. Officially, by 2010 most European countries moved out of recession, but there are many signs of an on-going and long lasting crisis. These include large cuts in public spending in health, education and the social services, tightening of eligibility criteria and reduction of provisions and access in many countries. Rising housing and energy costs and debts of the population, especially in the new member states, are causing tension. Changing employment patterns primarily affect poorer and less educated groups, now accompanied by reduction of social support as well. Discrimination of women, disabled persons and minorities (in Hungary the Roma) has not been reduced and the financial crisis has deepened the problem. Reductions of public expenditure have resulted in more unpaid work, with a greater burden on family members (Oxfam International and European Women’s Lobby 2010).

Thus, while the need for intervention is increasing, key services and policies supporting children and families are being affected by budget cuts, tighter eligibility

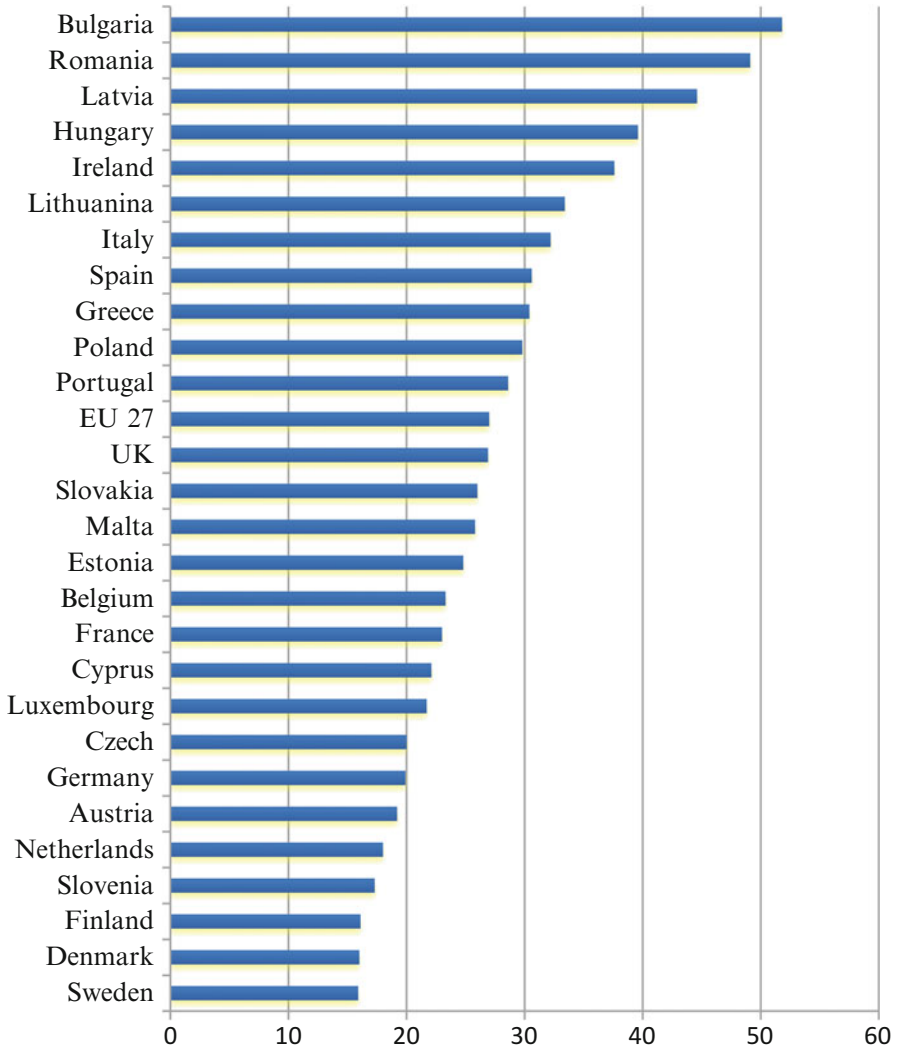


Fig. 15.1 Children at risk of poverty or social exclusion – AROPE (Percentage of all children), 2011 (Eurostat SILC 2013)

criteria, and cut or freezes in level of benefits. Even while considering budget consolidation, we must find ways to keep investing in Europe’s children and give them the best possible start in life (Andor 2012).

15.2 Poverty in Hungary

In 2011 the population of Hungary was almost ten million,² 20.6 % of the population was under 18 years of age. Life expectancy for men at birth was 70.93 and for women 78.23 (HCSO 2011). In 2012, 17 % of the Hungarian population was poor due to low income, 19 % were poor due to the lack of any type of employment by any member of the family, 37 % were living in severe material deprivation. Forty-seven percent of Hungarian families were living in a household, where at least one form of social exclusion (of women, disabled people and minorities), and poverty was present and 8 % where all three instances of exclusion of were present. This covers half the population, five million people, of whom one million were living in deepest poverty, lacking running water, toilet, basic facilities and, often, electricity. In 2011, 15–20 % of children were living in a household where no-one worked. Due to the reductions of allowances and financial and in-kind aid provided to the poor there has been a sharp increase of poverty and deep poverty. The proportion of child poverty has risen by 50 % in 4 years, between 2010 and 2014 (Ferge and Darvas 2012). In 2013 Hungary was the fifth worst of the 27 EU member states. It showed the fourth highest risk of poverty and social exclusion among those experiencing severe material deprivation, particularly among children, young people and women (Europe 2020 Targets, Fig. 15.1).

Poverty in the more developed part of Europe is more an urban phenomenon, but in Hungary poverty is more characteristic in the villages. The significant regional differences in poverty levels are related to very limited access to employment, transportation and services in many small, isolated settlements, as shown on the map on gross income and tax (Fig. 15.2). Approximately 100 settlements are almost purely Roma and in a further 200 the proportion of Roma in the settlement is increasing as others move to more developed areas of the country (Fig. 15.3). Together these form almost 10 % of settlements in Hungary. Two third of the 15 million Roma in Europe are unemployed due to the lack of proper education, qualification and discrimination. Almost half the population are younger than 18 years of age, 50 % of the children attend only kindergarten and only 15 % complete secondary education (Report on the implementation of the EU framework for the Roma National Integration Strategies 2014). In Hungary in 2011 25 % of the Roma population between 15 and 64 was employed, this ratio for Roma women was 13–16 % with a high proportion of casual or informal work in the grey or black economy (Open Society Foundations and Decade of Roma Inclusion 2013). The distribution of the Roma population and settlements are shown on Fig. 15.3 demonstrates the concentration of the Roma at the most deprived, poorest regions, areas of Hungary.

²9,937,628 according to the census data of the Hungarian Central Statistical Office (2011).

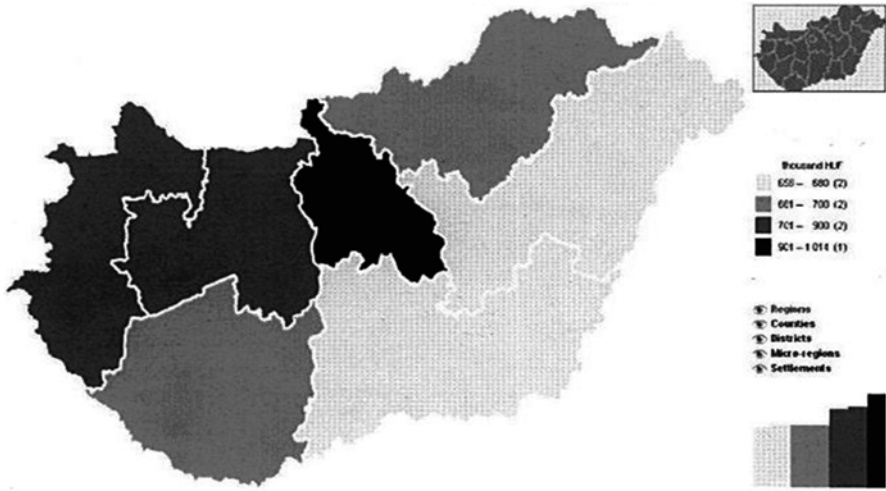


Fig. 15.2 Hungary: gross income serving as the basis of personal income tax of permanent population (HCSO 2013a)

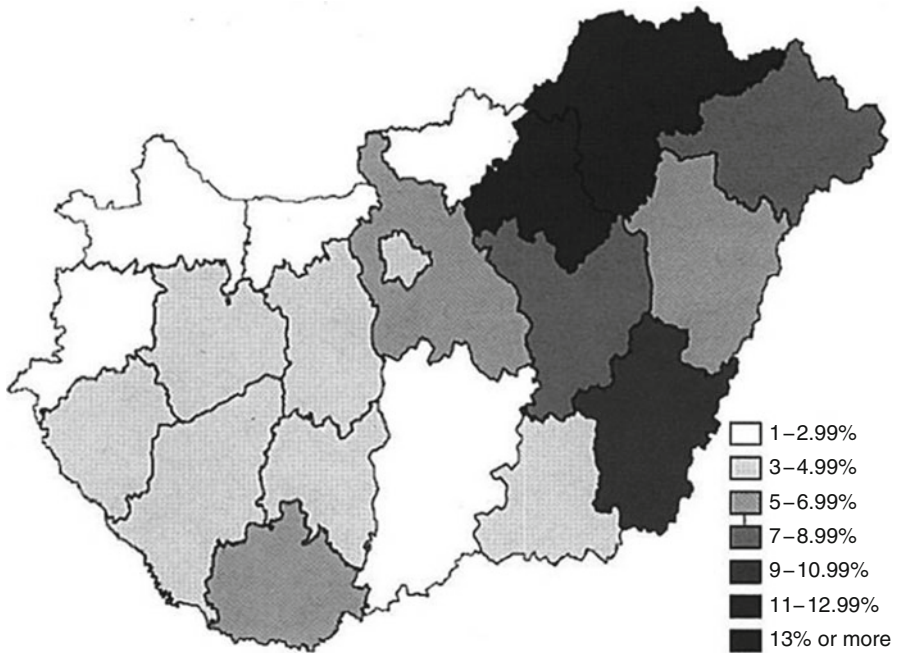


Fig. 15.3 Proportion of Roma population compared to the constant population by counties, 2003 (Kemeny et al. 2004)

The lack of belonging, isolation, segregation and discrimination faced by poor children increases the risk of leaving school early, of committing offenses or becoming a victim of crime or both, of teenage pregnancy and of substance abuse (Bäckman and Nilsson 2011). Reducing childhood and intergenerational deprivation and poverty requires high quality, accessible and preferably free services for all children in need, that can be targeted and specialized as required.

For decades Hungary has provided a generous and well-developed set of universal services. “The communist system led to a ‘premature welfare state’, with universal entitlements out of all proportion to the country’s resources and the fiscal capacity of the state. Many citizens suffer heavy losses when the proportions are restored” (Kornai 1997). For instance, the 3 years paid maternity allowance established in 1967 is a unique opportunity that no political party or government has dared to touch, despite its controversial nature (Blasko 2009).

For decades there has been an understanding that education, health care and all type of available social services would be universal and free. The more recent recognition of the costs, the tax-based contribution, privatization and paid services, and selectivity of eligibility have caused severe disappointment, especially as there has been no discussion nor transparent political articulation of the problems and the possible solutions. As in other countries, the increasingly strong and growing negative sentiments against the poor, disadvantaged and those with special needs has led to the growing popularity of populism and extremist, radical approaches (The Extreme Right in Contemporary Europe 2009).

15.3 Child Welfare, Child Protection

Despite the steadily declining birth rate and decades of efforts to encourage births, there has been only very little acknowledgement of the reasons for the low fertility rate and little support for families struggling to provide a good enough upbringing for their children (Giczi 2010). There are wide ranges of universal services (health visitation, pediatric GPs, early childhood education and care services, free primary and secondary education, child welfare services) but their allocation does not match the needs of the poor areas with the greatest child populations.

Services like after- or out of school care, counselling, prevention and early intervention, mental health services, help for victims of abuse and substance abusers are very limited and especially not available for the poorest, most deprived, isolated communities, families, children.

Abandonment is a further problem. In Western Europe children are mainly abandoned due to mental illness, other psychological reasons or substance abuse. In Central and Eastern Europe many children are abandoned due to poverty and lack of access to services, lack of social support, lack of contraception or access to abortion. In Hungary poverty causes 75 % of abandonments, followed by poverty-related homelessness and single or teenage parenthood (University of Nottingham 2012).

In Hungary there are over 5,000 highly skilled health visitors, almost 80 % of them working as home visitors, the rest in schools and as youth community nurses. Their 4 years of college training prepare them for a very demanding and complex profession. They are providing universal services to children, pregnant women and mothers. They are also dealing with counselling on contraception, pre-natal care, home visits and parenting support; their job description covers more than possible to fulfill (ESzCsM Regulation 2014).

Mostly children under 7 years of age are visited. The visitation of newborns after release from hospital has decreased sharply, preventing early detection of at-risk families and children. Pre-natal home visits could serve as a prevention opportunity but health visitors mostly only warn child welfare services if they consider that an immediate out-of-home placement for the newborn is required (Draft of the Government Decree 2009).

Nationally a further 5.8 % of health visitors are required but in the poorest area an average of 7.9 %, sometimes even 15 % are lacking. Each health visitor must take care of 250 children, and due to the distances between settlements and poor transportation opportunities, the poorest children and families, those most in need, are often not visited or not supported properly. A health visitor complained to the Ombudsman that she had to take care of over 600 children instead of the 250, which could not be done (Report of the Ombudsman 2010). Investigations by the Ombudsman revealed that two cases of child death from starvation were partly due to insufficient visits, interventions and referrals. The responsibility of family doctors and social workers, as well as of the health visitors, was documented (Report of the Ombudsman 2008).

Almost 3,000 social workers provide services all over the country, but their caseload numbers are extremely high, without proper specialized services to which the family members can be referred. According to the data almost one-third of the problems are related directly to poverty or financial needs, while others need specialized support. Social workers in child welfare services can provide such support only in a limited number of cases, due to the lack of skills, knowledge and caseload capacity (Table 15.1).

Table 15.1 Number of problems managed by the child welfare service (HCSO 2013a)

Type of problem	2000	2012
Financial	102,370	180,081
Child rearing	60,775	158,692
Integration difficulties	16,603	57,556
Disorder of behavior	32,764	94,348
Family conflict	40,895	68,256
Life management issues	51,093	111,800
Neglect by parents	21,954	50,285
Abuse within the family	4,857	13,802
Disability	8,972	8,989
Addiction, substance use	15,258	12,583
Total	355,541	756,392

Table 15.2 Data on child welfare services by region and county, 2012 (HCSO 2013a)

Region, county	Number of			Number of	Ratio of	Number of children receiving service	Number of families receiving service
	Child welfare services	Settlements running child welfare service	Settlements covered by service	Settlements supplied by child welfare service, %			
Central Hungary	98	71	119	187	99.5	34,587	21,684
Transdanubia	137	130	1,023	1,145	98.7	36,520	20,688
Great Plain and North	403	393	871	1,252	100.0	74,217	39,942
Country, total	686	639	2,514	3,128	99.2	145,324	82,314

Table 15.3 Settlements with local unit of family support services in proportion of settlements providing services (HCSO 2012a)

Population	Proportion (%)
0–499	2.7
500–999	7.4
1,000–1,999	20.4
2,000–4,999	47.2
5,000–9,999	87.9
10,000–19,999	94.2
20,000–49,999	97.5
50,000–99,999	100.0
100,000–x	100.0
Budapest (capital city)	100.0

In 2000 51.2 % of settlements provided family support services only. By 2011 this had risen to 93.2 %, although the number of provisions locally declined from 39.5 to 22 % due to centralization (Tables 15.2 and 15.3, Fig. 15.4). Centralization has led to decreasing access to services locally. It has also increased the workload, with less time spent with clients, and more travel time for those working in family help centres in the sub-regions, or limiting the access of the services for clients who cannot afford transportation to the centres. As shown in Table 15.3 the small settlements lost their local services based on the financial rationalization and budget cuts.

15.4 Day Care and Education

The low number of crèches and family day care centres accommodates 13 % of the 0–3 years old children in Hungary, most of them in bigger cities. The available spaces are overcrowded; some are taking care of 25 % more children than permitted

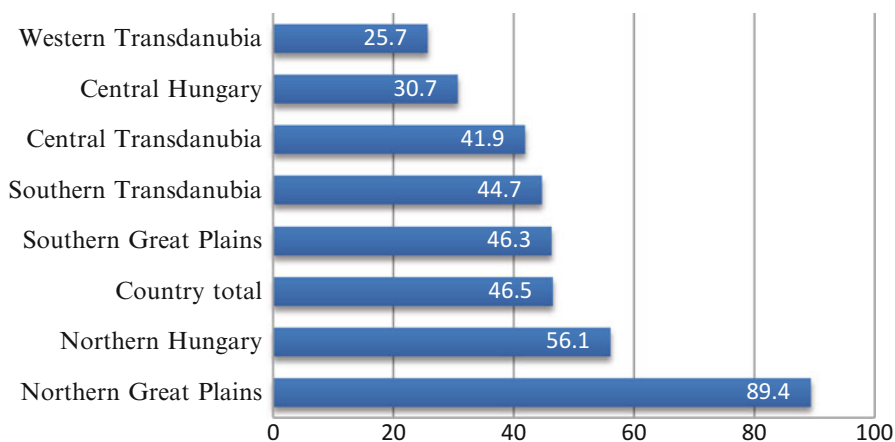


Fig. 15.4 Number of service users of family support services per 1,000 inhabitants by region, 2011 (HCSO 2012a)

and many are understaffed. At least 10 % of children cannot be enrolled due to the lack of places. In the deprived regions the proportion of children in day care is only 4.5 %, which contrasts strongly with the EU recommendation of at least 33 % of the children of this age group (HCSO 2012b). According to legislation (Act III. Social Governance and Social Benefits 1993) only settlements over 10,000 inhabitants are obliged to provide day care services for children under age 3, despite the strong recommendations by the EU to increase women's participation in the labour market and to give a fair start to vulnerable children and those with potential developmental delays (European Commission 2011b). In many small settlements the local authorities cannot fund the facilities, despite the high demand among poor and deprived children. In 78 settlements in the poorest regions there are no education facilities at all (Szabone 2010). Despite the Conditional Cash Transfer program (CCT) introduced in 2009 to encourage the enrolment of 3 years old children from families with multiple disadvantages, many of them could not use this opportunity (Kertesi and Kezdi 2014). The disproportionate distribution of placements and the unbalanced quality of care is disturbing from the perspective of rights, inclusion and equal opportunities for children, despite the impressive number of children attending kindergarten.

Many of the children living in regions or settlements experience multiple disadvantages including low educated and poor parents, and attend schools where most of the children are from the same deprived conditions. There has been a sharp increase of such schools, with segregated classes increasing by one-third since 2004, when 15 % of Roma children were in such classes. By 2010, there were more than 50 % in such classes in 141 schools. These numbers are increasing as poor families move from cities and towns to small, deprived villages and well-off families, even community leaders and administrators, are either leaving these settlements or commuting and enrolling their children in the day care and

schools in nearby cities. Now only every third Roma child can attend integrated schools. However, segregated classes and schools almost automatically mean lower quality and reduced educational opportunities.

While 75 % of school pupils attend secondary grammar school, only 30 % of Roma children are enrolled in such schools and at least 7 % never graduate. The lowering of the permitted school leaving age from 18 to 16 years of age in 2012 also increased the dropout rate and early school leaving among the most deprived and Roma children, further narrowing their opportunities. In 2012 this was 4 % in secondary grammar schools, 9 % in technical grammar schools, 33.2 % in vocational schools (Rado 2013).

Roma are also highly overrepresented in classes or schools for children with special needs, and often they are placed there for no reason (Havas and Zolnay 2011). On 29 January 2013, in the case of *Horvath and Kiss v Hungary* the European Court of Human Rights found that Hungary had indirectly discriminated against the applicants due to their Roma origin in relation to their right to education, its procedures for identifying children with mental disabilities to be sent to remedial schools disproportionately and unjustifiably impacted on the Roma (Equal Rights Trust 2013).

Despite the government's much publicized Roma inclusion strategy, the Minister responsible for human resources, speaking as a witness in a court case against segregated schools, called the segregation of Roma children by Greek Orthodox Church schools in the poorest region of country not 'segregation', but an 'upgrading' program to help them catch up. He stated that this served the best interest of the children, providing a more protective environment for them and fitting their level of knowledge and skills. The court did not agree and prohibited the segregation (Balogh 2014).

More than two thirds of the families raising children with a disability of some kind are living below the subsistence wage. There has never been any comprehensive research on people with disabilities in Hungary. According to a survey by the Kézenfogva Foundation in 2008, 79 % of families, where at least one member of the family has a mental disability, have never sought or received help from any kind of service providers. In fact, there are hardly any services available for them, and many families were not informed about their eligibility or were not treated with respect. The services are "everything or nothing" and mostly mean institutionalization. They are not tailored to the needs of the individuals or their families but are rigid, bureaucratic, over-caring and encourage inactivity, reducing empowerment, and participation. Many disabled children are forced to move to institutions or boarding schools, as local schools will not integrate them. Due to lack of minimum requirements, skilled staff and facilities, there are frequently no accessible services locally. 10,500 children with disabilities live in institutions, half in boarding school type facilities often not going home for the weekends or vacations (Bass 2008).

In 2011 there were altogether 127 child psychiatrists in Hungary, 27 outpatient psychiatric facilities, and 130 beds available nationwide in 6 hospitals. Parents are often separated from their children during treatment. It is clear that there is a chronic shortage of outpatient services, with hardly any possibility of prevention or awareness

raising. Two rural counties have no such services at all. Two thirds of schools have no school psychologist, and the outpatient services provided for counselling for children and their parents are very limited (Verdes et al. 2012).

The situation and working conditions of those in the social services, education and health sectors and of other professionals working with children, especially with poor and deprived children can vary widely. Their working conditions are indicators of those they serve. The main issues emerging from the literature are related to salaries, high caseloads, administrative burdens, risk of violence, limited or inadequate supervision, and insufficient training (Jessen 2010; Mandell and Frensch 2007; Collins 2008). As mostly women work in these sectors, their salaries are lower than in many other areas. In Hungary the poor working conditions and payment and low prestige, as well as the lack of feedback through evaluation of outcomes, and very limited, if any, supervision all lead to burnout, anger, dissatisfaction, a feeling of hopelessness and lack of opportunities (Alternatives to Custody for Young Offenders). The main reason for staying in the field seems to be a strong motivation to help and receiving good feedback from clients and employers (Clark 2005).

Indicators of the poverty of social services are the salary and the income difference between those working in various sectors and their average income. Many highly qualified health visitors, social workers and kindergarten teachers leave the profession because of the very low payment and heavy workload. A recent calculation by the Hungarian Alliance of Child Welfare Services (Fig. 15.5) shows that while the average minimum wage has increased by 85 % to match inflation, salaries

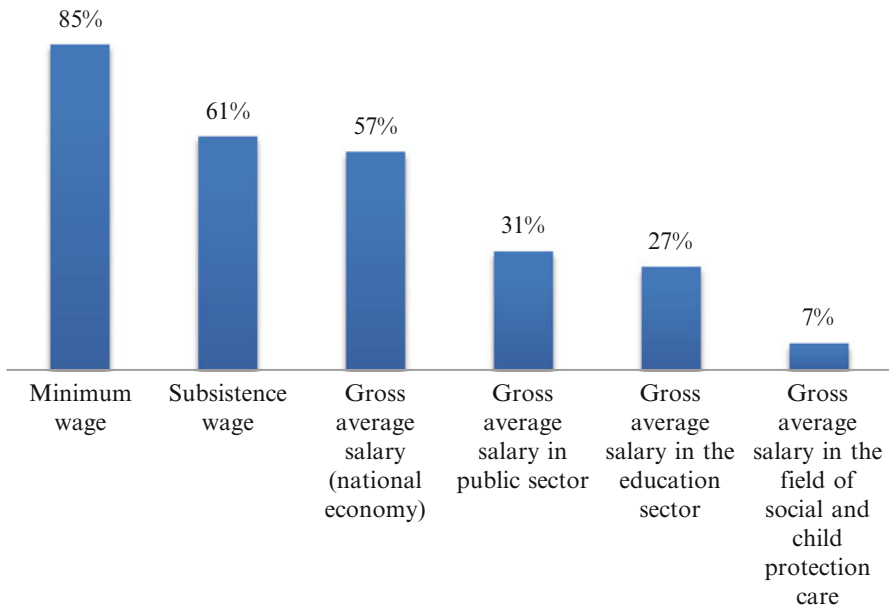


Fig. 15.5 Percentage of raise between 2004 and 2012 (HCSO 2013b)

in social and child protection services have risen only 7 % (Gal 2013) Despite tertiary education, the social workers treating the poorest children and their parents earn less than the minimum subsistence wage. Families with two children, where both parents work in the social or child protection sector, live well below the poverty line. They need a minimum of 12 years work experience even to reach the poverty line (HCSO 2013b). The consequences are visible in the quality of work, attitudes towards the children and families, where devotion and commitment are in question. During many interviews, focus group discussions and vocational training courses, professionals have expressed their anger and disappointment in a currently conducted research program.³ Their tension and frustration is often directed towards the families in need, rather than their solidarity or understanding.

15.5 Children and Care Providers in Public Care

In 2013, 21,500 children were living in the child protection system, 15 % of them older than 18 years of age living in aftercare. Sixty-three percent were placed in foster care and 37 % in residential care, including group homes and homes for children with special needs. Four thousand one hundred and seventy-three children in children's homes were aged over 12, 822 3–12 years and 316 were under 3. There are no data on sibling groups (age, separations and current placements). Over 30 % of children are referred to the care system due to poverty, despite a clear prohibition. As in other countries, the term “neglect” is often used, as the parents living in poverty cannot provide their children with the basics – shelter, heating, food – and do not receive help (Herczog 2008; Baer 2009).

In 2011, over half the children living in institutions and a quarter of those living in foster care were over age, meaning they started school late due to lack of school readiness or left late due to repeating classes. In 2010/2011 72 % of children in care started technical school, with a dropout rate of around 30 %. Only 9 % attended secondary grammar school. Only 25 % of the children in care finished their secondary education compared to 75 % of the general population. 48.7 % left with only primary education, while 2.6 % were studying in a tertiary institution (Gyarmati et al. 2009).

The survey by the European Roma Rights Centre (2011) estimated that 60 % of the children in public care have a Roma background. Seventy percent of them are overage and have repeated classes several times. 38.7 % of them are considered to have special needs and have been referred to special classes or schools. They are frequently not correctly diagnosed and are cut from any further educational routes.

Foster parents, like professionals working with poor and deprived families, have low socioeconomic status. There is no evidence that they can break the cycle of disadvantage of the children in their care. In 2013 3,200 of 5,600 foster parents

³ ‘Alternatives to Custody for Young Offenders – Developing Intensive and Remand Fostering Programmes’ Project reference: JUST/2011-2012/DAP/AG/3054.

(57 %) had no paid work and were supported solely by the allowances paid for the children placed in their families. Almost half the settlements, in which foster families live, have fewer than 2,000 inhabitants, meaning very limited services and opportunities (Anderson 2001; Babusik 2009).

A clear policy on de-institutionalization of children was introduced on 1st January 2014. Children under the age of 12 cannot now be placed in institutions and those children living in institutions have to be placed in foster families until the end of 2016. However, the policy is discriminatory as siblings and disabled children can be placed in institutions regardless of their age (Act XXXI. on the Protection of Children and the Administration of Guardianship Affairs 1997). Although the policy's intention complies with international recommendations and trends (United Nations 2009; Common European Guidelines 2012), it contains no comprehensive strategy to prevent out-of-home placements, to reintegrate children into their families and to improve the quality of care. There are not enough foster families and the recruitment and the conditions offered them only attract families that are themselves vulnerable, on the edge or living in poverty themselves, or not finding other employment opportunities. A successful long-term program needs investment in local services, improvement in quality, provision of resources and evaluation of outcomes.

15.6 Good Practices, Promising Programs

To provide services to families living in poverty and isolation, Hungary adopted the UK Sure Start Program in 2004 supported by EU funds and starting in the 36 most deprived sub-regions of the country. The target group was children under 5 years of age, their parents and grandparents, and the program aimed to facilitate their preparation for and integration in kindergarten, also empowering parents and providing them with the information and skills to meet their children's developmental needs. After initial positive results, the government extended the scope of the program by financing the centres to enable parents, particularly mothers, to take advantage of the services provided in the "children's houses", a kind of drop in centre, for the most deprived children and their families. The specific training provided in the centres and the friendly atmosphere aim to attract mothers at home with their young children and to support them in finding employment and in learning about the developmental needs of their children, appropriate care and nurturing (UK Sure Start Program 2004; Ministry of Public Administration and Justice 2011).

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Chapter 16

In What Ways Might Poverty Contribute to Maltreatment?

Marian Brandon

16.1 Introduction

There is much emphasis on learning about child maltreatment in the UK and internationally from those most serious cases where children die or are seriously harmed as a result of abuse or neglect and this chapter considers what can be gleaned about the impact of poverty in such cases, with a focus in particular on England. The type of child maltreatment most often associated with poverty is neglect (Connell-Carrick 2003) so this form of harm and its association with death and other grave outcomes will be the primary focus for discussion here. The chapter draws on findings from a study which re-analyses information about neglect from over 800 reviews undertaken in England between 2003 and 2011 where a child had died or been seriously harmed through abuse or neglect (Brandon et al. 2013, 2014).

Both poverty and child maltreatment are extensive and constitute public health and welfare problems. Whether they are considered separately or in combination, poverty and maltreatment have a damaging impact on the wellbeing of individual children and their families. Child maltreatment is known to have a deleterious long term impact on mental health, and is associated with drug and alcohol misuse, risky sexual behaviour, obesity and criminality, and in rare cases can lead directly or indirectly to a child's death (Gilbert et al. 2009; Norman et al. 2012). The relationship between poverty and poor child health and wellbeing is well established, especially in relation to chronic health conditions and respiratory illnesses (Lanier et al. 2010). Poverty can also kill children (Wolfe et al. 2014). Living in poverty damages physical and psychological health in families and harms relationships; poverty often brings social isolation, feelings of stigma, and high levels of stress (Jack and Gill 2013).

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16.2 Extent of Maltreatment, Extent of Poverty

Population-based studies in rich nations estimate that between 4 and 16 % of children under 18 years are abused or neglected each year (Gilbert et al. 2009). While maltreatment rates are mostly stable (Sidebotham et al. 2011a, b) the levels of poverty and deprivation are increasing. In England, for example, the numbers of children living in vulnerable families are expected to more than double between the years 2010 and 2015 (Ofsted 2014). Some families are more vulnerable than others to poverty and this includes families with disabled children. Four out of ten children with disabilities in England live in poverty in comparison with three out of ten children in the general population (Office of the Children's Commissioner 2013).

16.3 Professional Responses to Child Maltreatment and Poverty

More than two decades ago there were arguments that the child protection system which had been designed to remedy individual and psychosocial disorders was instead being used to deal with wider structural problems associated with poverty (Besharov and Laumann 1997; Bebbington and Miles 1989). Besharov argued that intervention in such cases is at best ineffectual and at worst harmful and that in the absence of specialised services, society (in particular the US) 'would do better if it did nothing in poverty related cases, rather than the wrong – and often harmful-something' (Besharov and Laumann 1997:5). To improve interventions for maltreated children in poor families, Drake and Pandey argued that it was important to understand the dynamics of maltreatment among those living in poverty (Drake and Pandey 1996).

The recent global recession and widespread austerity measures in the UK to counteract the economic crisis have put the link between poverty and maltreatment into even sharper relief and offered difficult moral choices. For some families, the child protection system represents a starting link in the chain of possible removal of children from their parents. In England, there are renewed claims that the child protection system places a disproportionate burden on those who are already disadvantaged and marginalised (Bywaters 2013). This was demonstrated in the analysis of the socio-economic background of children in the child protection and out of home care system undertaken so much earlier by Bebbington and Miles (1989). However this analysis has been allowed to lapse and is now said to be in urgent need of updating (Bywaters 2013).

This debate has been widened by robust new evidence which suggests that it is income inequality rather than poverty which is a more powerful link with maltreatment. A large-scale US epidemiological study has shown that the effect of inequality remained significant after adjustments were made for county-level variations in child poverty and for state variations in child maltreatment rates

(Eckenrode et al. 2014). The impact of income inequality was also greatest in areas with the highest child poverty rates (Eckenrode et al. 2014:459). While it is commonly argued that more equal societies and communities have fewer health and social problems than those that are less equal (Wilkinson and Pickett 2007; Wolfe et al. 2014) lower rates of maltreatment should now be added to the list of benefits of a more equal society.

16.4 Neglect and Poverty

Child welfare professionals in the UK report seeing more cases of suspected neglect than a year ago and attribute this to higher levels of localised poverty (Burgess et al. 2014). These anecdotal practitioner reports echo substantial evidence to suggest a strong association between poverty and child maltreatment and especially neglect. Neglect is more commonly linked with poverty than other forms of child abuse (Connell-Carrick 2003; Connell-Carrick and Scannapieco 2006; Pecora et al. 2012). The close relationship between poverty and neglect arises because a number of the factors that underlie poverty are also associated with neglect. Poverty is typically associated with unemployment, low rates of pay, being a lone parent and having a large family (Connell-Carrick 2003). Parents with a low income are more likely to feel chronically stressed than parents with higher incomes and this is exacerbated for those living in poorer neighbourhoods (Ghate and Hazel 2002).

Although poverty is a risk factor for neglect it is important to note that the majority of poor families do not neglect their children. But the increased stress which poverty creates, makes coping with the psychological as well as the physical and material demands of parenting much harder (Howe 2005; Crittenden 2008). In this respect, poverty can be one of a succession of negative consequences, which, if not halted, can add to the likelihood of poorer or even dangerous parenting.

16.5 Tensions in Defining Neglect

Neglect can be defined from the perspective of a child's right not to be subject to inhuman or degrading treatment (European Convention on Human Rights, Article 3). It has been argued that this focuses, unhelpfully, on parental intentions, when one of the distinguishing features of neglect is the omission of specific behaviours rather than the deliberate commission of abusive acts (see Connell-Carrick 2003). Defining neglect in terms of the impact on the child (likelihood of significant harm or impairment to the child's development) puts the emphasis, instead, on whether a child's needs are being met, regardless of parental culpability, and is the approach adopted in England. Neglect is defined in statutory guidance as:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs (HM Government 2013, p. 85).

The 'persistent failure to meet the child's needs' in the definition puts the emphasis on the frequency, enormity and pervasiveness of the behaviours that would identify them as abusive. This helps to offer a benchmark for when neglect becomes maltreatment.

There are tensions in working with this definition where it abuts family poverty. Although few parents will physically or sexually abuse their children, most will, on occasion, neglect them, not least because of force of circumstances. This makes neglect more complex, morally and socially, to identify or 'name' because it may be closer to normative parenting behaviour. The UK children's charity Action for Children notes that it takes extraordinary levels of organisation and determination to parent effectively in situations of poor housing, meagre income, lack of local resources and limited educational and employment prospects (Burgess et al. 2014).

16.6 Poverty and Enquiries into Child Death Through Maltreatment

International human rights legislation demands that Nation states undertake enquiries into the deaths of children where maltreatment is known or suspected to see what more could have been done by the state (Rose and Barnes 2008). In the four UK nations these enquiries take place at a local level and the learning from these local reviews is collated nationally. Earlier national studies of small numbers of reviews found high levels of poverty among families where a child had died or been seriously injured (Brandon et al. 2002). Gauging the extent of poverty and hardship in more recent reviews is hampered because poverty is only patchily recorded (Devaney et al. 2013; Brandon et al. 2008). There are two possible inter-connected reasons for this; firstly agencies seeking to learn lessons about their own practices are not primarily concerned with improving the socio-economic circumstances of families; secondly those writing reviews may not consider this information relevant to the purpose of the review so may not record it, even though poverty is a known risk factor for maltreatment (Devaney et al. 2013; Vincent and Petch 2012). 'Poor living conditions' was used as the best proxy measure for poverty in a national study of reviews for England (Brandon et al. 2008) but even this information was sometimes found to be absent in a Northern Ireland study (Devaney et al. 2013).

Up to date findings about poverty rates from these reviews are therefore unreliable and likely to be an under-estimate. Hence evidence of poverty in families where children die or are seriously harmed ranges (unreliably) from just under a fifth in Scotland (11 out of 56 cases, Vincent and Petch 2012) to just under a third in England (14 out of a sub sample of 47 cases, Brandon et al. 2008) to just under a half in Northern Ireland (10 out of a total of 24 cases, Devaney et al. 2013).

16.7 Study of Neglect in Cases of Child Death and Serious Injury in England 2005–2011

The study reported here sought to learn more about the extent and meaning of neglect in the most serious maltreatment cases in England through a re-analysis of a sub sample of cases drawn from over 800 local reviews (Serious Case Reviews or SCRs) from 2003 to 2011 (Brandon et al. 2013). The wider study offered both a quantitative analysis of all cases ($n = 101$) where neglect had been clearly substantiated (child was named on a child protection plan for neglect) as well as a qualitative analysis of material drawn from summarised overview reports from a total of 46 available SCRs, selected because of the outcome of catastrophic neglect (see also Brandon et al. 2014). The focus here is a re-analysis of these 46 cases. Each case was analysed repeating the ecological transactional approach (Cicchetti and Valentino 2006) used in our previous SCR studies (for example Brandon et al. 2008, 2012).

The ecological transactional approach helps to understand the impact of poverty alongside other risks for neglect. It provides a theoretical framework for thinking about the dynamics between children, carers and helping agencies and the way that different risks of harm combine and interact to influence children's development and safety. This model offers a framework for the analysis of both research and practice (Connell-Carrick 2003). It extends learning from ecological theory to take into account developmental psychopathology (for example Cicchetti and Valentino 2006). It frames the understanding of parenting capacity primarily in terms of the caregivers' psychological sensitivity and availability to their child. Thus a major predictor of poor parenting is a lack of parental understanding of the psychological complexity of children, especially babies (Sroufe et al. 2005).

Maltreating parents' complex patterns of behaviour and responses are in part derived from their own past experiences of relationships. Parents' resources and ability to keep children safe and well are challenged by social and economic factors like poverty and community violence and other hardships which affect their capacity to be attuned and sensitive to their developing child.

During the analysis, a sixfold typology emerged of circumstances linked to the catastrophic neglect (deprivational neglect, medical neglect, accidents with elements of forewarning, sudden unexpected deaths in infancy, physical abuse combined with neglect and young suicide). The extent to which poverty might have played a part is considered as one of many interacting risk factors. The Joseph

Rowntree Foundation definition of poverty was used to determine where families were living in poverty (Parekh et al. 2010).

16.7.1 Deprivational Neglect

These children experienced extreme deprivation through the withholding of food or water (six cases).

Death through starvation occurs very rarely – there were only six SCRs concerning fatal cases of deprivational neglect between 2005 and 2011 plus a very small number of near fatalities where the child survived after treatment (Brandon et al. 2013, 2014). Not all families were in poverty although most had limited resources.

In one household the fridge was full of food but the child was denied access to food. Children experienced food being withheld or limited as a form of punishment or as a way of establishing adult authority. Some older children were kept in partial imprisonment and babies and children of all ages were often kept out of sight and hearing of their parents for long periods. In these extreme cases the relationship between the child and caregiver had become so poor that for the adult the child may have all but ceased to exist or they had stopped being seen as worthy of any care and were subject to torture as well as starvation.

Some families justified a child's restricted diet because of (spurious) health needs or because of a particular faith or lifestyle choice. A number of caregivers had mental health needs.

In common with many other families where there is neglect, these families were socially isolated; but unlike most other neglecting families the degree of social isolation was extreme. The parents had mostly withdrawn their child from school or nursery and had ceased to take up health care. This isolation removed the possibility of outside oversight of children who were confined within the privacy of the family home. This masked the child's often rapidly deteriorating health. Changes in the parents' behaviour and a worsening in the pattern of cooperation with agencies were apparent. The intensity of their isolation and withdrawal and an increase in hostility tended to coincide with the arrival of a new (usually male) partner in the family home.

16.7.1.1 Professional Responses

Maltreatment had never been substantiated for any of the six children who died (none of these children had ever been the subject of a child protection plan). The extreme neglect had either not been recognised, or previous attempts to stem lower level neglect had been unsuccessful or halted. Families and children became increasingly 'invisible' to professionals who lost sight of the children, both literally and in the sense of being aware of their needs. Poverty in the families and poor home

conditions might have distracted workers from the severe harm the children were experiencing, but professional contact with these families was minimal and issues relating to poverty were not commented upon in these reviews.

16.7.2 Medical Neglect

These children died in circumstances where parents did not comply with medical advice or administer medications (five cases).

The children's ages ranged from infancy through to the teenage years and all had complex health needs or a disability which required long-term and often complicated care. These children were not receiving adequate care or supervision and their particular health needs were not being attended to; often they were not getting their appropriate medication. Although these families were from diverse socioeconomic status, cultural, and educational backgrounds, most were struggling financially, in keeping with the dominant profile of families with disabled children. However most homes were said, initially at least, to be 'clean and comfortable with adequate food'.

These families had little or no family or community help and their only support tended to be provided by the medical community. Single mothers were mostly young and vulnerable with little or no contact with, or help from, the child's father. Some parents were unwilling to accept, or unable to understand, their child's diagnosis or condition, although most did initially try hard to meet their child's medical needs. Some were depressed or felt shame or cultural stigma as a result of having a child with long-term disabilities. Despite initial efforts, most of these parents soon struggled to care adequately for their child and to keep up with numerous medical appointments and the cost of attending appointments.

16.7.2.1 Professional Responses

Professionals in these cases, especially health clinicians, over-estimated the extent of parental support and coping and were unrealistically optimistic about the parents' capacity to cope. They expected both that parents wanted to and were able to care for their seriously ill or disabled child – in spite of indications to the contrary. Hospital staff were often concerned about the child's development or growth, or suspected that the parent(s) were not properly administering medication long before the incident which prompted the child's death. Schools/nurseries likewise noted concerns about the child's failure to grow or about their behaviour and demeanour. Practitioners were very reluctant to share their concerns with child protection or support services. This was sometimes in an attempt to shelter the family from further professional involvement, or because of a lack of awareness of what these concerns might mean. The influence and involvement of step-fathers as either a risk or a resource was seldom considered.

16.7.3 Accidents with Some Elements of Forewarning

Neglectful supervision was a key factor (nine cases).

Accidents are sudden, unexpected events without forewarning and although childhood accidents are common they are not often fatal. The children who died or were seriously injured as a consequence of accidents, had been living in a context of chronic, long-term neglect and an unsafe environment. All families were living in poverty. The most common accidents included house fires or drowning, or less frequently accidental poisoning, burns or scalds. For all of them there were a range of factors that meant that the appalling incident, although not directly predictable, offered some element of forewarning.

These children experienced few boundaries, in the physical sense of inadequate fences and gates, and also in relation to lax, inattentive, supervision. In these isolated cases this put the children in danger. Very young children died while playing unsupervised by a garden pond, and when left in the bath unattended; others died or suffered serious scalds or burns through house fires or when left alone in the kitchen. The impact of negative life experiences, depression and alcohol misuse made it hard for parents (often single parents) to manage the home and to adequately supervise their children. Most homes were in a very poor state of repair with fire hazards, and many lacked basic amenities like water, sanitation and heating. Often homes were in unsafe and unsuitable locations.

16.7.3.1 Professional Responses

Review reports showed that although the risk of accidental harm was known to be high and although there was substantiated maltreatment (a child protection plan) for most, there was a lack of urgency in the work with families. Thresholds for child protection services were deemed not to be met, and assessments were delayed or poorly completed. Years could pass with children's safety remaining compromised. Moreover, professionals often tacitly accepted a hazardous caregiving environment and domestic conditions. Lack of an effective response may have increased risks to children, since agencies assumed their concerns would be dealt with by children's (protective) services, when in reality there was poor liaison and no clear plan was being enacted.

These accidents also highlighted the need for adult and community services (for example drug and alcohol treatment agencies, housing, fire and ambulance service) to take account of children in the family or household and pass on concerns. Adult workers appeared slow or reluctant to make connections between adults' difficulties and vulnerabilities and their impact on parenting and children's safety.

16.7.3.2 Community Level Implications

Accidents raise important issues about environmental dangers and broader links between neglect, maltreatment and deprivation. Children from deprived backgrounds have a higher risk of accidents than those from better off households. The

UK suffers high levels of underlying household risk factors that prompt childhood injuries (Reading et al. 2008:925). On the basis of findings from their large scale study, Reading and colleagues argue that there is a higher chance of successful prevention of accidents in vulnerable communities if interventions are focused on behavioural risks in the child, parental factors and household circumstances rather than on environmental or community based risks.

16.7.4 Sudden Unexpected Death in Infancy (SUDI)

These unexplained infant deaths all occurred in a context of known neglectful care and a hazardous home environment (ten cases).

While the causes of SUDI deaths are not fully understood (Willenger et al. 1991), established risk factors include placing babies to sleep on their fronts, parental smoking, premature birth or low birth weight and, in circumstances of drug or alcohol consumption, co-sleeping. Although maltreatment was not the *direct* cause of death, neglect seriously compromised these infants' survival. Maltreatment figures in a very small proportion of the 200 SUDI cases per year in England and Wales (Sidebotham et al. 2011a), but SUDI cases do account for one in six of all death-related serious case reviews (Brandon et al. 2012).

Many babies had confusing and unpredictable care, were not always tended to when distressed or ill and not always fed regularly. In large families, new babies tended not to be seen as individuals or understood as especially vulnerable by parents (or professionals). Most of these parents misused alcohol and or drugs and were not honest with professionals about the extent of their dependency, and its impact was often underestimated.

16.7.4.1 Professional Responses

Interacting risk factors, for example prematurity, parental smoking, alcohol misuse, deprivation, and co-sleeping, elevated the risks to the infants – but cases were not considered in this light. Issues were often addressed singly for example treating heroin misuse and not the impact of a pattern of poly drug and alcohol misuse on the child's safety.

16.7.4.2 Community Level Implications

Although messages about SUDI risks have been widely disseminated, there has been limited success in reducing sudden infant deaths among more vulnerable families in areas of high deprivation (Blair et al. 2006; Wood et al. 2012), where deaths often occur in a potentially hazardous co-sleeping environment (Blair et al. 2009). These authors all argue that national-level prevention strategies are needed to help children and families at highest risk.

16.7.5 Neglect in Combination with Physical Abuse

This is defined as physical assault, causing both fatality and very serious injury, in a context of chronic neglectful care (seven cases).

The high profile reporting of the toddler Peter Connelly in England showed that children known to be experiencing chronic neglect and living in dire poverty can die in situations of horrific abuse. The existence of neglect does not preclude the possibility of children also experiencing other very serious maltreatment. Our wider study showed that there was evidence of physical abuse for over a third of the children who had a child protection plan in the category of neglect (Brandon et al. 2013:32) and that almost a quarter of the children with a plan for neglect who died, did so as a result of physical assault.

Warning signs of physical abuse in these ‘neglect’ cases included, regular, insensitive ‘rough handling’ of babies and toddlers being smacked. Rough handling sometimes occurred in the build-up to domestic violence or when a parent had poor mental health. Other signs were frequent verbal and physical aggression from parents to the child or to other siblings and injuries to siblings which in retrospect were understood to be abusive. Parents were mostly secretive about their past which included for example offences of violence against children. There was widespread hostility towards professionals and extreme distrust of workers. There was mostly one especially controlling partner, usually but not always male, who dictated relationships with professionals and only accepted services with reluctance following complex negotiations.

16.7.5.1 Professional Responses

Past history was hard to establish but once professionals had decided that the key risk of harm was neglect or emotional maltreatment, new information about a history of violence could be discounted as a current risk. If risks of physical harm were acknowledged, professionals lacked urgency in these ‘neglect’ cases and could be said to be “going through the motions” in assessments or child protection enquiries. This echoes findings in Northern Ireland (Devaney et al. 2013:49). The impetus to treat the case primarily as one of neglect was reinforced when there were chaotic, if not poor, conditions in the home.

Professionals were reluctant to challenge such hostile parents who induced fear, paralysis and uncertainty in practitioners. Professionals could feel falsely reassured if the less hostile parent appeared to cooperate. Assessments tended to remain incomplete and cases were closed prematurely; family hostility could prompt health services to be withdrawn in spite of health guidelines that missed appointments should trigger greater vigilance.

There was a lack of professional skill, confidence and experience in dealing with these challenges.

16.7.6 Suicide Among Young People

A long-term history of neglect having a catastrophic impact on the young person's mental wellbeing (seven cases).

Older young people carry with them the legacy of their experiences of care and nurture. These experiences lay the foundation for their capacity to cope with, or to fail to withstand, outside influences and internal pressures. Young people who have lived with maltreatment are more likely to suffer from physical illness and to die early, including by suicide (Gilbert et al. 2009). Recent analysis of suicide in UK child death review has found that 41 % of these distressing deaths have factors which are 'modifiable' and hence amenable to prevention particularly in relation to risk taking behaviour (see Brandon et al. 2013).

Our wider study showed that neglect featured more prominently for 11–15 year olds than for any other age group in serious case reviews. For the seven young people discussed here who took their own lives, neglect and rejection were prominent in their history.

Neglect tended to begin at an early age and to continue sporadically or continuously into adolescence. It was almost always combined with other types of maltreatment. Home life was characterised by bouts of parental mental ill health and/or parental substance misuse alongside episodes of violence. These young people had to fend for themselves, and often others, physically and emotionally. Unresolved issues about rejection and abandonment were perpetuated by repeated parental rejection. Many of these young people experienced extreme poverty at home and when away from home including periods of homelessness and rough sleeping. At the time they died the young people had limited sources of support and most were isolated.

16.7.6.1 Professional Responses

Few practitioners appeared to know young people's early history or to take it into account when trying to understand their development and behaviour. Most young people who killed themselves had long histories of involvement with numerous agencies although one young person had problems that were unknown to agencies. This isolated young person's mother had restricted any access to support services.

Once children were in out of home care, carers were often not adequately supported. Children's social care could close the case at times of heightened need, "allowing" the young person to live with family friends and deciding that the young person was "no longer a priority" for a service. Elsewhere we have argued that this represents 'agency neglect' (Brandon et al. 2008).

School can be a neglected young person's only reliable source of support and positive affirmation and offers a good setting for suicide prevention schemes. Activities which have been found to decrease the risks of young suicide include

sport and access to supportive relationships (McLean et al. 2008) both of which can be community based and stem from school or from youth services, which are in serious decline. When school ends this leaves very few protected routes to adulthood, and out of a neglectful home life.

16.8 Discussion

Overall, there are successes to claim from the child protection system in rich nations like England; however, rates of death for children where there are intentional injuries (including those where there is also neglect) are more resistant to decline as are deaths related to but not directly caused by maltreatment – like SUDI and accident cases (Sidebotham et al. 2011a). While child deaths rates are dropping and continuing to fall across Europe and in England, deaths are still high among infants, in relation to accidents and for children with chronic health conditions (Wolfe et al. 2014). This analysis of neglect in serious child maltreatment has shown that the relationship between neglect and poverty (and other categories of maltreatment) is complex.

It is important to remember that very few children present clear signs of such catastrophic harm and most, but not all, of the cases presented here would have appeared very similar to others without a devastating outcome, including families living in poverty and with poor, dangerous conditions.

There were two key strands that emerged from this study in relation to guarding against the most dangerous outcomes from neglect: the need for children to be physically and emotionally healthy but also to have a safe and healthy living environment. The element of the ecological transactional approach that has come most to the fore here is the child's safety in their environment both emotionally but even more so physically. Good relationships between parents and children are essential for emotional wellbeing, but cannot always protect against dangerous living conditions (for example fire hazards) nor precarious parenting practices (for example dangerous co-sleeping), especially for the youngest innately vulnerable babies.

Public health approaches are important for preventing SUDI and accidents and can, when successful, reach whole populations potentially encouraging professionals, families and communities to change their behaviour. However accident and SUDI prevention are at their most challenging in areas of high deprivation and vulnerability (Wood et al. 2012). Targeted support for families known to be vulnerable may help to prevent accidents (Reading et al. 2008). Specialist services like Safe Care, enhanced health visiting and Nurse Family Partnerships may also make a difference to the most serious neglect risks (Pecora et al. 2012). The social ecology for vulnerable adolescents with a long history of neglect and rejection, and who may be care leavers, is also important (Finkelhor 2008). These young people can rarely thrive living alone in isolated, poor quality accommodation but need a safe, supportive environment (Rees et al. 2011).

The Marmot Report (2010) in England recommended primary prevention across six priority areas which encompass ensuring a safe physical and emotional environment for children:

- Give every child the best start in life;
- Enable all children young people and adults to maximise their capabilities and have control over their lives;
- Create fair employment and good work for all;
- Ensure a healthy standard of living for all;
- Create and develop healthy and sustainable places and communities;
- Strengthen the role and impact of ill health prevention.

Wolfe and colleagues acknowledge that the messages are stark; living in an unequal society raises the risk of children dying. They assert that it is time to put piecemeal policies aside and bring the UK up to the standard of the best when it comes to the health of their children (Wolfe et al. 2014). This type of initiative will help all children and thereby reduce the risk of the most serious maltreatment. The analysis of these 46 neglect cases shows however that linking deprivation unthinkingly to maltreatment can blind practitioners to serious harm to children and it is in this small minority of cases that professional judgement to understand the way risk factors interact is of crucial importance to protect children.

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Chapter 17

Aboriginal and Torres Strait Islander Families in Australia: Poverty and Child Welfare Involvement

Clare Tilbury

17.1 Introduction

The colonisation of Australia started in the late 1800s, and today, Aboriginal and Torres Strait Islander people comprise around 2.5 % of the total Australian population of approximately 21 million people. The status of Aboriginal and Torres Strait Islander people as the original owners of the land has received only limited recognition in Australian law. The High Court's 1992 'Mabo' judgment recognised certain rights to land and aspects of customary law, but there are no treaties with Indigenous peoples, as in New Zealand. In Australia's federal system of government, the Commonwealth has constitutional responsibility for Indigenous affairs and the six States and two Territories are responsible for child welfare. Consequently there are eight different child welfare systems, each with their own legislation. There are no federal laws governing Indigenous child welfare issues, such as the *Indian Child Welfare Act 1978* in the USA. This is despite major inquiries and initiatives – a Royal Commission into Aboriginal Deaths in Custody in 1991, a Human Rights Commission Inquiry into the Separation of Indigenous Children from their Parents in 1997, and a National Apology to the Stolen Generations in 2008, that all called for a stronger national approach to advance the status of Indigenous peoples.

Colonisation, the denial of land and citizenship rights, and successive waves of government policy that undermined Indigenous communities have left a legacy in the form of poverty and social exclusion. Indicators of early child development, health, education, economic participation, and community participation reveal entrenched inequalities in living standards for Aboriginal and Torres Strait Islander

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people, with only slight improvements over time in some areas. The latest available data indicate that:

- Indigenous people received a substantially lower median personal gross weekly income (\$400 per week) than non-Indigenous people (\$608 per week) (Steering Committee for the Review of Government Service Provision 2011, p. 21);
- A large proportion of Indigenous young people compared to non-Indigenous students did not achieve the years 3, 5, 7 and 9 national minimum standards for reading, writing and numeracy in 2010 (ibid, p. 16);
- The proportion of Indigenous young people who received a year 12 certificate increased from 20 % in 2001 to 26 % in 2008, while the non-Indigenous rate remained constant at around 56 % (ibid, p. 17);
- Between 2004 and 2008, for those aged 15–64 years the employment to population ratio increased for Indigenous people from 51 to 54 % compared to 74 to 76 % for non-Indigenous people (ibid, p. 18);
- The estimated life expectancy at birth for Indigenous males was 67 years, and for Indigenous females, 73 years, compared to 79 years for non-Indigenous males and 83 years for non-Indigenous females (ibid, p. 13);
- Indigenous infant mortality rates remained 1.6–3 times as high as those for non-Indigenous infants (ibid, p. 14);
- A higher proportion of Indigenous people (20 % in 2008) than non-Indigenous people (11 %) aged 18 years and over had been a victim of physical or threatened violence in the previous 12 months (ibid, p. 23); and
- In 2009–2010, Indigenous people were imprisoned at 14 times the rate for non-Indigenous people, with Indigenous juveniles detained at 23 times the rate of non-Indigenous juveniles (ibid, p. 24).

These inequalities are long-standing, reflecting generations of unequal treatment and social exclusion. There has been only moderate progress on improving health and wellbeing, despite the efforts of government, Indigenous agencies, and community members.

17.2 The Over-Representation of Aboriginal and Torres Strait Islander Children in the Child Protection System

Since the early 1900s, Aboriginal and Torres Strait Islander families have been subject to high levels of government surveillance and compulsory intervention. Under race-based laws dealing with Aboriginal and Torres Strait Islander people, children were separated from their parents through the establishment of dormitories on missions and reserves, placement in children's homes for lighter-skinned children, adoption, and foster care: practices that led to what became known as the 'Stolen Generations' (Human Rights and Equal Opportunity Commission 1997). Today, under the aegis of child welfare laws, high rates of out-of-home care for Indigenous

children continue. Aboriginal and Torres Strait Islander children comprise around 5 % of all children aged 0–17 years, yet they make up nearly 35 % of all children on care and protection orders and placed in out-of-home care (Australian Institute of Health and Welfare 2013; Steering Committee for the Review of Government Service Provision 2011, p. 3). Disproportional representation is evident at every stage of child welfare involvement. Data from 2011 to 2012 show that:

- Compared with non-Indigenous children, Indigenous children were almost eight times as likely to be the subject of a child protection substantiation (41.9 per 1,000 compared with 5.4 per 1,000) (Australian Institute of Health and Welfare 2013, p. 16);
- The rate of Indigenous children on child protection orders was nearly ten times that of non-Indigenous children. The rate has increased steadily each year (from 40 to 55 per 1,000), while the non-Indigenous rate has remained relatively unchanged (increasing slightly from 4.9 to 5.6 per 1,000) (*ibid*, p. 32); and
- The rate of Indigenous children in out-of-home care was 10 times the rate for non-Indigenous children (*ibid*, p. 41).

For Aboriginal and Torres Strait Islander children, child protection intervention leads to loss of knowledge of their culture and Indigenous identity, as well as separation from parents, siblings and relatives. This is despite the Aboriginal and Torres Strait Islander Child Placement Principle being adopted as government policy in 1984, aiming to prevent children entering out-of-home care, and to ensure if they did, they would be placed with Indigenous carers. Yet over the last three decades, compliance with the Child Placement Principle has declined in most jurisdictions, with almost one-half of all Indigenous children in care now being placed with non-Indigenous carers (Australian Institute of Health and Welfare 2013). Aboriginal and Torres Strait Islander people repeatedly raise concern about the social and emotional development of Indigenous children in placements with non-Indigenous carers, because they may lose touch with their cultural heritage, their family history, and family connections (Earle and Cross 2001; Human Rights and Equal Opportunity Commission 1997).

17.3 Causes of Over-Representation

The possible reasons for the over-representation of Indigenous children in the child welfare system range from the macro-level to the micro-level. However, there have been mixed results from research efforts to disentangle the effects of race from the influences of poverty and hardship. Some studies examining disproportional representation have found that economic factors (poverty and receipt of welfare payments) are more statistically significant than race in determining child welfare involvement, but the interaction with other factors such as family structure, parental substance abuse and mental ill-health is less clear (Hill 2006; Miller 2008). Clearly,

poverty and associated problems are not race neutral (Needell et al. 2003), as evidenced by the major disparities between Indigenous and non-Indigenous Australians. Because Aboriginal and Torres Strait Islander people are more likely to be in poverty than non-Indigenous people, then they are more likely to be in receipt of all forms of social services. The patterned disadvantages experienced by certain racial and ethnic groups have led to inequalities in child welfare intervention rates in many countries (Bywaters et al. 2014).

17.3.1 Macro Factors

Over-representation is often explained with reference to the long-term social and economic impacts of colonisation on Indigenous family life. These include problems such as poverty, high levels of drug and alcohol abuse and family violence, health and mental health conditions, unstable housing, and the intergenerational loss of parenting skills (Donald et al. 2003; Human Rights and Equal Opportunity Commission 1997; Trocme et al. 2004). In the case of Aboriginal and Torres Strait Islander people, the process of colonisation produced alienation, marginalisation, disempowerment, welfare dependency, and deprived communities, and these conditions have all adversely impacted upon children's well-being (Bamblett and Lewis 2007). Needs are especially acute in rural or remote indigenous reserves or communities with little sustainable employment and limited infrastructure in the form of education, social services, health services or adequate housing. Similar experiences and effects for Indigenous children and families in Canada have been noted (Blackstock et al. 2004; Blackstock and Trocme 2005). These structural factors lead to disproportionate need (Boyd 2014) amongst Indigenous families.

The consequence for Indigenous families of enduring high rates of hardship, living in disadvantaged communities, and having more unmet needs, is that children are more likely to be at risk of harm. These structural factors can affect rates of entry into the family support and child protection systems. This is because Indigenous parents may have less access to informal family and social supports given that extended families and communities have few resources, and formal support services may be less available or less effective – either insufficient to meet demand or lacking cultural competence in assisting Indigenous families (Courtney et al. 1996; Donald et al. 2003). Concerted government efforts in the form of funding, research, and policies to address over-representation are crucial (Boyd 2014).

17.3.2 Child Protection System and Agency Factors

Institutional racism or system biases such as a lack of Indigenous staff in child protection roles and lack of cross-cultural competence of non-Indigenous staff; culturally inappropriate or inaccessible service delivery; Indigenous families being less likely to

have legal representation or advocacy in decisions on removal and placement may all increase the likelihood of Indigenous families entering and remaining in the child protection system (Boyd 2014; Hines et al. 2004). Also identified as contributing to the over-representation of Indigenous children is the stressful and sometimes chaotic nature of child welfare agency practice, a focus on immediate crises rather than the long-term prospects for children (Lemon et al. 2005).

Over-representation is reinforced by different in-care patterns and placement dynamics for Indigenous children compared to non-Indigenous children (Boyd 2014). Indigenous children enter at a faster rate and stay longer in out-of-home care compared to non-Indigenous children, they are more likely to be placed with relatives in kinship care, but still many children are placed with non-Indigenous carers (Australian Institute of Health and Welfare 2013). While kinship care placements tend to be more stable, they often receive less support relative to other placements, and US research has shown kinship placements are associated with lower reunification rates (Hill 2006; see Wulczyn 2003 in relation to African American children).

17.3.3 *Micro Factors*

The micro processes effecting over-representation are human decision-making factors (Boyd 2014) such as discriminatory practices of reporters (such as police, teachers and health workers) and discriminatory practices of child welfare workers (Hines et al. 2004). Stereotypes may influence worker decisions in a range of ways. A review of research on the over-representation of Black children in the child welfare system in England points to issues such as poverty, language barriers, child-rearing differences, and discrimination in child and family assessments (Thoburn et al. 2005; Chand and Thoburn 2006). Consequently, Indigenous parents may be less likely to trust non-Indigenous workers, if they perceive them as prejudiced or insensitive to cultural diversity. The involvement of extended family and different child rearing practices (such as more *laissez-faire* supervision) may be viewed as deficits (Earle and Cross 2001), with culture perceived as a risk factor rather than a strength for a child. It has been argued that under Australian law the importance of a child's cultural identity to their well-being has been minimised in considering 'the best interests of the child' in placement or reunification decisions (Bamblett and Lewis 2007).

17.4 Theorising Poverty and Child Maltreatment

There are different approaches to understanding the causes of child maltreatment and consequential entry to care. It is important to consider both direct causes (the stated reasons for a child entering the care system, such as neglect associated with parental substance misuse or family violence) and indirect causes and cumulative

effects (the reasons behind high rates of substance abuse and family violence for Indigenous people) into account. Analyses based only upon direct or immediate causes overlook the effects that operate over time from one generation to the next, and the links in the chain between factors such as low income, unstable housing, chronic ill-health, unemployment, family conflict, and child abuse or neglect. The extent to which both individual and structural conditions are considered also reflects different theoretical positions, whether psychological, sociological or ecological, and different ideological stances regarding the role of the state and how individual and social responsibilities are allocated. A comprehensive model of child maltreatment is required to understand the relationship between poverty, race, and child maltreatment, and in turn, the causes of Indigenous over-representation.

Along similar lines, contemporary theorising about poverty conceptualises it as a combination of financial deprivation and social exclusion. Families may be poor in economic terms but still be cohesive and caring, so it is necessary to understand the dynamics of poverty and how they may effect family functioning. Hunter (2012 citing Spicker) described three aspects of poverty experienced by households or individuals. First is poverty related to material need – the lack of certain goods and services over an extended period of time. Second are economic circumstances – the experience of having less than most people, having unmet needs, and having less capacity to improve your financial position. The negative consequences of economic adversity for families include limitations on the capacity to provide food, clothing, shelter, recreation, education and healthcare, and these all can undermine a family's capacity to care for children. The third aspect of poverty is social relations – the lack of status, welfare dependency, and social exclusion, which is reflected in a low level of participation in economic, social and political activities and the loss of opportunities that arise from racism or discrimination. It follows from this broad conceptualisation of poverty, that in order to close the gap between Indigenous and non-Indigenous child welfare, there is a need to address the non-economic aspects of poverty as well as the financial deficits experienced by Aboriginal and Torres Strait Islander people.

It is vital to keep reducing racial disparity as a central policy goal when all types of welfare services, child protection included, are being restructured to focus on individual responsibility, minimising the role of the state in reducing inequalities. In this scenario, welfare is seen as the problem – causing poverty rather than ameliorating it. Neoliberal perspectives place faith in the market holding the solution to poverty, through increased workforce participation and higher rates of employment and self-reliance. Proponents of this approach argue that anti-poverty measures, especially a relatively high reliance on welfare payments among Aboriginal and Torres Strait Islander people, do not solve the problem of poverty but have exacerbated it by creating 'welfare dependency'. From this it would follow that we need to stop welfare dependency to stop poverty. Adams (2002) believes that the force of these arguments has blunted the moral imperative for governments to act against poverty. Instead, government interventions have stressed individual responsibility. In Australia, the federal and some state governments have recently introduced measures that aim to reduce family violence and child maltreatment, particularly in rural

and remote Indigenous communities, through banning the supply and purchase of alcohol, increased policing, and withholding income support payments from parents who do not enforce school attendance and comply with other behavioural requirements. However, to hold someone responsible for his or her behaviour does not exclude recognition of the structural and environmental factors that have induced the problematic behaviour, and as outlined previously, there are many factors outside of parenting that determine children's care and protection.

Research has established the link between high levels of socio-economic disadvantage and related problems, and the over-representation of minority racial groups in the child welfare system (Trocmé et al. 2004). These systemic conditions need to be dealt with, as well as parental factors, if child abuse and neglect are to be reduced. Responses to poverty must be multidimensional, with action to reduce poverty focussing on a broad set of outcomes – education, housing, health, community facilities, neighbourhood resources and more (Adams 2002). In doing so, both the economic and social exclusion dimensions of poverty can be tackled.

It may be correct that racial disproportionality is a consequence of broader inequalities, for which the child welfare system is not responsible. This does not mean, however, that the child welfare system can rely upon, or wait for, the eradication of poverty and racism as the solution to racial disproportionality in care. Policy needs to take account of these social circumstances, so that the child welfare system ameliorates rather than exacerbates disparities (Needell et al. 2003). Clearly child welfare administrators cannot control all aspects of racial inequalities, but they can design services appropriate to the needs of the populations they serve, and address disparities within the parts of the child welfare system over which they do have control. The fact that Indigenous families suffer disproportionately from poverty and family problems does not justify greater child removal rates. Rather, the correlation between population-level deprivation and child protection intervention calls for more attention to preventative, population-level strategies, rather than individual family level interventions – particularly when these are coercive (such as investigation and placement) rather than in-home family support.

17.5 Policy and Program Responses

Government policies must look beyond the child protection system for solutions to the maltreatment of children – to health, housing, employment, mental health, substance abuse prevention programs, education and family violence prevention services. The words and aspirations in government policies generally aim to do this, but it is the actions that fail to meet the policy goals. This occurs in the absence of high level leadership and sustained commitment to racial equity, a clearly articulated reform strategy, and independent monitoring of racial differences in access, quality and outcomes in family support and child protection. It also suggests inadequate investment to achieve the spread, equity and adequacy of required preventative, secondary and specialist services and programs across

diverse communities. Strategies addressing macro and micro level factors must aim to improve the well-being and status of all Aboriginal and Torres Strait Islander children, rather than target only those within the purview of child welfare agencies. Indigenous leaders and organisations have called for a commitment to human rights, culture and self-determination to improve the safety of children and argue for more understanding and respect for Indigenous culture among non-Indigenous policy-makers (Healing Foundation 2013).

In the absence of legislation or a treaty enshrining Indigenous rights in Australia, two national policy frameworks have been endorsed at the highest level between federal and state governments guide Indigenous funding and programs – the [National Indigenous Reform Agreement](#) 2008 to ‘close the gap’ on Indigenous disadvantage and the *National Framework for Protecting Australia’s Children 2009–2020*, which acknowledges the need to address Indigenous disadvantage to increase care and protection for Aboriginal and Torres Strait Islander children. As policy initiatives, these programs are not enshrined in legislation and are at risk of budget cuts or cessation as Federal Governments change. The [National Indigenous Reform Agreement](#) is a long-term framework that acknowledges that improving opportunities for Indigenous Australians requires intensive and sustained effort from all levels of government, as well as the private and not-for-profit sectors, communities and individuals (Council of Australian Governments 2014). Key elements of the framework include economic, health, housing and well-being outcomes, with a comprehensive and routine reporting requirement on all levels of government to maintain accountability of agreed targets set in the agreement. A comprehensive reporting and data gathering regime has also been established for the National Framework for Protecting Australia’s Children. The framework is broad, and includes attention to early childhood education, support for Indigenous families, and improved health for mothers and their children. But for national policies to be effective and strengthened, they require sustained government funding and public reporting on data collection and independent program outcome evaluation.

Currently most government funding for child welfare goes to out-of-home care rather than family support or family wellbeing programs (Queensland Child Protection Commission of Inquiry 2013). There are clear limitations of socio-legal investigative responses, particularly in geographically remote townships where there are few social service agencies on the ground. These reactive responses highlight parental wrong-doing or incapacity as the cause of child maltreatment, ignoring social and community-level factors and structural factors that underpin poverty. Instead of relying upon child removal, there must be positive programs to improve family functioning, relationships and economic security. Culturally appropriate support, timely material or practical assistance and therapeutic services for children and parents are components of programs that can address disadvantage. Also needed are greater recognition of Indigenous values, knowledge and cultural practices in developing service models (Libesman 2004). Simple punitive measures that place the blame solely on parents ignore issues of equity, access and inclusiveness in family support and child protection services. Focusing on compliance of parents to case plans takes attention away from resourcing and access issues. Improving service

quality through facilities, committed and highly trained staff, parent and community participation, more Indigenous staff, addressing endemic health issues such as middle ear infection, nutrition, housing, access, and culturally responsive service delivery all need to be part of the picture.

The evidence base on effective strategies to improve the process and outcomes of child welfare interventions for Indigenous children and families is limited. It is vital to incorporate the voices of Indigenous children, families and communities in research, capturing their experiences and aspirations, and to ensure Indigenous community engagement in the selection, implementation and evaluation of programs (Cross et al. 2000). Alternative strategies, supported by Indigenous leaders, that would impact on the number and rate of Aboriginal and Torres Strait Islander children entering or further entering the child protection system include: universally available preventative family support programs; intensive family support programs for high-need, low-risk families; more voluntary family support and kinship placements; and community development initiatives to improve living conditions at the local community level. Implementing these strategies would require collaboration across sectors and services such as housing, health, early childhood, and income support; and working in partnership with communities to encourage children and families to be actively involved in planning and delivering services.

17.6 Conclusion

The sovereignty of Indigenous peoples imposes particular obligations on government to advance the economic and social status of Indigenous people. The over-representation of Aboriginal and Torres Strait Islander children in the child welfare system is a major policy challenge for Australia, as it is for other wealthy countries with colonised indigenous populations. It reflects cumulative disadvantage, whereby Indigenous families and communities in Australia are more vulnerable to state intervention and child welfare policies that have relied more on child removal than family support. The over-representation at the coercive end presents not just policy and practice challenges, but ethical challenges (Bywaters et al. 2014). Given the high level of racial disparity, policy goals that encompass both preventive family support and effective tertiary intervention are required. As well as developing strategies that seek to improve the quality of services provided after referral to child welfare agencies, public policy responses need to encompass family support and community development. Strategies must aim to improve family living conditions and reduce maltreatment, in collaboration with Indigenous families and communities. This includes the use of family preservation models that aim to keep children living safely at home and intensive interventions whereby children, parents and extended family are supported to address underlying trauma and other problems. Such strategies are a vital element of achieving social justice goals of equity, fairness and non-discrimination. Provided in the right way, when needed and for as long as needed by the right provider, preventative and secondary models offer

non-stigmatising interventions earlier to prevent risk factors worsening and mitigate more intrusive statutory action later.

The reasons for the over-representation of Aboriginal and Torres Strait Islander children in the child welfare system are a combination of historical and current conditions, and individual and structural factors, that adversely affect children's well-being. In many jurisdictions, over-representation becomes further entrenched through decision-making after child welfare involvement. This is a long-standing problem. Government strategies to develop more effective and culturally sensitive responses to improve the welfare of indigenous children, in the main, have not achieved desired outcomes. Moderate gains may be achieved through concentrating on diversion from the system following report, and remedial action once in the system. But when the size of the disparity gap at entry to the statutory child welfare system is so marked, it is critical to address the underlying causes of family problems for Indigenous people. Current approaches move too quickly from disadvantage and need to 'child maltreatment', missing out the provision of additional broadly based family support services. Child welfare legislation and policies that ignore race ignore the history and impact of colonisation, unequal power relations between indigenous and non-indigenous people, and inequalities across multiple social and economic domains. It is not defensible to provide Indigenous communities with the same level or types of services as others, when their needs are so much greater and the pattern of their involvement with the child welfare system is so markedly different.

Child welfare reforms must tackle the problems that bring the children to the system, and target the nature and duration of interventions to the needs of individual children and families. The call for human rights, cultural identity and self-determination for Indigenous people must be heeded. Child abuse and neglect within Aboriginal and Torres Strait Islander families and communities can be prevented by addressing poverty and inequality (for example, overcrowded and inadequate housing and lack of economic security); recognising and promoting family, community and cultural strengths that protect children; and developing community-wide strategies to address specific risk factors where they occur in high concentration, such as substance misuse and family violence. It is critical that approaches to address Indigenous disadvantage and the underlying causes of child abuse and neglect are holistic and culturally sensitive, promote human rights and cultural identity, and empower families and communities to develop and take responsibility for community-identified solutions.

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Chapter 18

Family Poverty: Reviewing the Evidence for an Integrated Community-Based Practice

Anita Lightburn and Chris Warren-Adamson

18.1 Introduction

The question that concerns us, when we consider the ongoing assaults that parents and children experience because of poverty, is what have we learned that buffers and protects them? The following discussion considers poverty and the practice response from the perspective of two affluent nations. For example:

In the US:

One in 5 children — 16.1 million — were poor in 2012.

More than 7.1 million children — over 40 percent of poor children — lived in extreme poverty at less than half the poverty level. For a family of four this means \$11,746 a year, \$979 a month, \$226 a week and \$32 a day or \$8 a person.

The youngest, most vulnerable children were the poorest age group. Over 1 in 4 children under age 5 —nearly 5 million — were poor. Almost half of them — 2.4 million — were extremely poor (Children's Defense Fund 2014).

In the UK:

There are currently 3.5 million children living in poverty in the UK. That is almost a third of all children.

1.6 million of these children live in severe poverty.

In the UK 63 % of children living in poverty are in a family in which someone works (Barnardos 2014).

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Recent directions in the United States and the United Kingdom emphasize second generation programs that intend to address pathways to self-sufficiency for parents through preparation for employment, while providing early childhood experiences that create stability, important to child well-being and decreasing stressors in the midst of poverty. These programs, still under development and evaluation, are not an entirely new chapter in efforts to change the environments that have the potential to alter the life course of poor children. For single mothers, who struggle with the complexities of daily life without adequate resources to provide safe, nurturing environments for their children, a pathway to employment can bring possible stability. At the same time, there are and can be other types of second generation programs that provide multi-faceted family support embedded in communities where vital social networks develop, and critical pathways have been and should be worked with, in ways that can alter poverty's impact.

This chapter will consider ways to support families in center-based community programs, or family support initiatives which nonetheless have strengths, capabilities, and potential to do more than help parents just survive under dire circumstances. Second generation programs will be reviewed in the context of evidence for potentially stronger outcomes with robust family support in community, with examples from research on a range of strategies to improve the quality of parenting in tandem with augmenting support through building community that also has the potential to impact toxic neighbourhoods. Examples of family support in schools and immigrant communities shows how these initiatives respond to the complexity of need of those who struggle without adequate pathways out of poverty. We then review cross-national evidence for family support programs and introduce an integrated model for family centres that provides guidance for practice that specifically responds to the known pathways which mitigate the influence child and family poverty.

It is well established that structural and economic poverty is associated with fragile social relationships; poor access to health, education, and employment; and violent and abusive behaviour. Compound stressors resulting from migration and exclusion, with the intersectional nature of oppression (Walby 2007), as well as poor parenting, inadequate support and child care, and the internalization of hopelessness, all have deleterious impacts on the development of children. In the face of these challenges, it is helpful to consider how multi-faceted family support programs that build community can provide respite, new directions, and stability in the midst of formidable challenges. Over the past decades research has described important buffers and protective factors that support resilience and survival for parents and children. And while poverty's potency creates adversity and stressors that undermine development and limit opportunity, there are ecologies within neighbourhoods that can be developed into systems of care. These systems of care can mediate, buffer, and protect through organized partnerships between human service providers and educators with local volunteers and program participants. Therefore, this chapter will provide an evidenced-informed integrated practice model for local, community-based practice initiatives, variously named child centres, family centres, and family resource centres, which can create the relational environments that contribute to development, and increase protective factors, strengthening resilience.

18.2 Pathways Through Which Poverty Operates

A helpful perspective in considering leverage that can ameliorate the effects of poverty comes from Brooks-Gunn and Duncan's (1997) focus on the pathways through which poverty operates. They use the term "pathway" to describe a mechanism through which poverty or income can influence a child's outcomes. Five pathways are suggested: (1) health and nutrition, (2) the home environment, (3) parental interactions with children, (4) parental mental health, and (5) neighbourhood conditions. Research has shown that all account in different degrees for differences in IQ, cognitive development, achievement scores, certain parental practices, and limited learning experiences in the home. While other potential pathways can be considered, these five are most frequently worked with in multi-faceted community family support programs illustrated with the framework presented in this chapter. However, it is important to first consider the current attention to second generation programs that seek to address the home environment by improving single mothers' income that can contribute to stability and better nutrition, and at the same time provide childhood enrichment with programs that also provide stability and support cognitive and social development, all associated with a foundation for later achievement as a pathway out of poverty (Chase-Lansdale and Brooks-Gunn 2014). We will emphasize how second generation programs can be successful if they include community family support.

18.3 The Future of Two Generation Programs and the Need for Community Family Support

National attention in the U.S. and UK on providing programs that target young children in impoverished families and communities continues, with a particular focus on the need for early childhood education. While pre-kindergarten is an established national and local agenda in the United States and United Kingdom, there remains concern about quality programs, and the long-term outcomes that address educational achievement as a pathway out of poverty (Haskins et al. 2014; Belsky et al. 2007). There is definite evidence that policy and program practices need to target what happens in the home environment; that has been shown to be responsible for mediating one-half of the effect on cognitive ability, as preschool children from these homes and communities have lower rates of school completion (Brooks-Gunn and Duncan 1997). Advanced by neurobiological evidence, recent attention to the role of stress and child development, including domestic violence and parental depression, shows that too much stress can harm both parents and children. Research in cognitive psychology links together stress, information processing, and decision making (Thompson 2014). This is corroborated by early studies that show that the immediate environment surrounding low-income children results in exposure to multiple stressors, psycho-physiological stress and socio-emotional adjustment

challenges that are cumulative. For those living in poverty, overwhelming demands early in life because of the developmental disarray associated with early chaotic living conditions can result in coping strategies later in life that are less flexibly and malleable, continuing a generational pattern (Evans and English 2002).

Challenges in living and learning are shared by parents and their children, so that in turn adaptive coping can and should be a focus for two generations through programs that build such protective mechanisms through strong relationships in tandem. They become a generative contribution to resilience, a known buffer for children in poverty. An instructive example is The Family Overcoming Under Stress (FOCUS). Originally targeting deployed families in the military, it built on family strengths to reduce psychological distress (Lester et al. 2012). This being the case, it is encouraging to see an emphasis on two-generation programs that aim to build human capital for both adults and children. Chase-Lansdale and Brooks-Gunn (2014) review of two-generation programs for low-income parents and children from the same families identifies ways that “Two Generation 2.0” has emphasized building connections between components for children and adults that incorporate advances in both education and workforce developments with an intensive, extended approach. They provide compelling theoretical support, noting that these new programs require innovation and experimentation in order to provide high-quality early childhood education with broad ranging educational support for parents capitalizing on new directions in job training. Risk and resilience theory, for example, supports this approach. It requires intensive interventions in more than one area of a child’s life that is multi-level, tailoring intensity, targeting multiple domains for a sufficient length of time (Chase-Lansdale and Brooks-Gunn 2014 citing Masten and Gewirtz).

The success of second generation programs that provide education and employment requires specific programming to deal with mental and physical health needs, substance use, family violence, housing, and transportation (Chase-Lansdale and Brooks-Gunn 2014). In this regard, we turn to examples from family support programs that are accessible and multifaceted. This includes early childhood programs with opportunities for parents to deal with personal challenges and provide social support while they work to increase education and employment options. For example, social support remains an enduring need for parents that assume multiple roles, shown by ongoing research to mediate intimate partner violence, and to reduce stress when extremely poor women head families (Bassuk et al. 2006).

Opportunities for enriched social support are critical to the success of these “two-generation” programs. Such a program is described by Brodsky and Marx (2001) in their study of a psychological sense of community in a holistic job-training and education center serving low-income women. Essential to mothers’ success in education was their involvement in a nested community made possible through their education and training program that provided the local support parents needed, and where in time they would have a voice to influence the quality of community life in their neighborhoods. In this sub-community, within the job training center, parents reported that they valued warmth and connection, membership, mutual influence, integration and fulfillment of needs. All of these “connective” expressions from parents in this “nested community” reflect the indispensable relational bonds where

history is shared and commitment to each other engenders the support that will provide ongoing stability in their lives. Grounding in community is a fundamental way to truly generate human capital envisioned as the outcome of the Two-Generation 2.0 program because parents need more than stable employment to meet the needs of their children as they work to alter poverty's effects.

18.4 Parenting Programs Need an Ecology of Support

As approaches are sought for a new generation of responses to family and child poverty, it is helpful to consider salient research that contributes to a more robust perspective of what could and does work. An *ecology of support* provided in family support programs is a basic need for parents, particularly to support their learning to protect and enrich their children's lives. A particularly instructive example is a study by Whittaker and Cowley (2012) in the U.K. It was concerned with the poor engagement and attendance of parents in programs designed to increase parental knowledge, skills, and self-belief in their own capabilities, key to prevention and life changes for children. Recall that two of the outcomes for children in poverty include the home environment and children's interactions with parents. In reviewing 27 publications, Whittaker and Cowley found that there were a range of factors that influenced less than hoped for engagement and attendance. Their sobering finding was that programs did not address the realities of poverty's external and internal stressors that are so disabling for parents, a finding supported by the work of Aldgate and Rose (2012). The conclusions that parenting programs do not contribute to child outcomes is also set forth in Levine and Zimmerman's (2010) overview of these programs, that are supposed to be investments in pathways that contribute to poor children's outcomes. Duncan et al. (2010) report in their meta-study of parenting programs, that it is more difficult than thought to influence parent-child relationships; therefore, the conclusion was that these programs did not reduce children's poverty status, specifically showing modest and statistically insignificant effects on longer-term measures of child development (Levine and Zimmerman 2010). And while economists Levine and Zimmerman state that these parenting programs could contribute to social goals, even though they do not reduce children's poverty status, we would add that social-emotional factors have been shown to influence child well-being which are vital to survival and cognitive development for children growing-up in poverty (Search Institute 2014).

Whittaker and Cowley's (2012) study creates an important perspective for the above findings as they found there was unrealized potential in parenting programs which could have made contributions to child wellbeing if critical supports to enable parents to function in the midst of distressing life situations were in place. It is not surprising that one of their conclusions is that parenting programs could benefit from being linked to other forms of family support. Structural and perceptual barriers associated with impoverished personal circumstances are enumerated, with the observation that parenting education programs may not be sufficiently equipped to

recognize and adequately meet the different needs presented. While parenting curricula content is also identified as a concern, delivery remains an equally if not a more important influence on engagement and successful participation. In the reviewed programs that worked, skilled group facilitation that promoted participation became a source of peer support, where relationships developed, empowerment was experienced, and the strength of collective experience reduced isolation and inspired commitment and investment. How successful support happens depends on the program design that works with ecological principles, which responds to parents' social-community factors requiring multi-component programs that actually address parents' multiplicity of needs. Expansion of parents' social networks should be an essential focus as these personal relationships endure and offer the belonging and resources at times of crisis, when survival depends on who you can all on, and who will be there for you over the long haul.

18.5 The Benefit of Community: A Pathway to Parents' Mental Health and Improved Neighbourhoods

Community matters. Family support programs that meet the needs of marginalized, at risk parents and children in poverty, need community. As Smyth and Goodman (2006) contend, promoting lasting change in marginalized people requires a "full frame" approach that emphasizes context and in so doing counterbalances the negative consequences of specialization (siloed practice), that provides a specific intervention. For example parenting programs would be very different if they were part of a contextual response that took into account the complexity of need, multi-faceted, embedded in community. A full frame approach goes beyond relational and holistic practice and requires that initiatives be embedded and informed by their communities, so that parents and their children are known and rooted in their community. The principles outlined in the full frame approach are demonstrated in their evaluation report of On The Rise, Inc., with the conclusion that because of the full frame approach the participants' community is theirs, long after they secure permanent housing or stabilize their situation (Smyth and Goodman 2006).

Participants report that the program helps them overcome obstacles in the system and in themselves. Women move off public assistance and move into permanent housing; others leave abusive homes. While it is not possible to review the underlying principles that guide this program, intrinsically this approach actively works with people as a community member, similar to family support programs that are integrally related to the history and full context of a community.

As a study of infant mental health and family support found, community involvement can result in discovering and working to resolve community problems (McAllister and Thomas 2007). Through this process there is the invaluable result of community capacity-building, identified in other studies as the collective efficacy that is so critical to development in impoverished neighborhoods (Putti and Brady 2011). The contribution to community change, while not readily measurable, is

nonetheless a significant contribution that both strengthens those who participate and brings about social change needed to stabilize and enrich environments for children and their families (Huebner et al. 2009; Warren-Adamson 2002; Whalley 2006).

18.6 Family Support Programs Meet the Challenges of Poverty

The framework for practice that is reviewed here is based on best practices from decades of family support programs that provide a community for parents who seek childcare, personal assistance, as well as means to gain education, employment, and financial support. While early childhood programs have been developed to provide a pathway out of poverty, they could have been significantly enhanced with two generation programs that included community family support centres. Head Start and the UK's smaller equivalent Sure Start have consistently highlighted the need for parent/child, and not simply child-focused, intervention. These national programs have involved demonstrations providing different versions of family support and parent involvement. Whilst Haskin and colleagues (2014) confirm that evaluations of Head Start for example, have not shown strong outcomes in part because of the variability in program provision; we suggest from the evidence gathered here that there is unrealized potential in these programs as sites for more integrated, well developed interventions that are ecologically and developmental sound. As poverty needs a personal response, purposeful provision and integration of a range of services, available in the community in a friendly, supportive environment, can support survival as well as provide education, and child care/early childhood education. Such indispensable support can protect both parents and children from the destructive toll of stress at times of crisis. Continuity and emotional containment in quality family support initiatives offer a safe space or sanctuary where both parents and children benefit from this stable experience, helping them cope with the harmful stressors in their living situations (Evans and English 2002; Thompson 2014).

Kalil and Ryan's 2010 study highlights the manner in which families in poverty seek and negotiate their support from formal and informal systems in complex ways; the personal social services provided through family support programs responds in similar and appropriate ways. Service providers, volunteers, assorted helpers with parents and grandparents, formally and informally, are in daily process with one another in a wide range of activities that offer parents and children respite and connection. The family support program can be a valued "nested community". Single parents isolated with their troubled children, young families who need more than child welfare services can provide, abused mothers who are survivors of domestic violence, and fathers who live on the margin of their families lives all benefit from the range of supports possible in these centers (Brodsky and Marx 2001; Fletcher and Visser 2008).

18.7 The Span of Family Centre Provision

While service provision in family support programs varies depending on resources, ideally there are a range of approaches that respond to parents' needs and priorities that engage with their agendas. This can include support for personal development and increased self-efficacy; protection and problem solving; opportunities to learn and socialize; and a community agenda that involves engaging with others to bring about changes in the family centre and the local community.

The systems of care that develop are both internal and external, with connections nurtured between parents, mentors, volunteers, and in the broader social service community, through advocacy and assistance to access needed entitlements for housing, legal services, and related resources (Hayward et al. 2013; Moloney 2013; Tunstill et al. 2007). Cleek et al. (2012) highlight the need for a multi-systemic therapy (MST) response to multiple hardships as evidenced in the 20 years of MST program development where poverty is an enduring factor. Interventions are multi-systemic, attending to needs at relationship, family, economic, practical, and community levels, over time. Within family centres, this type of response is possible with a degree of flexibility that is not readily available in traditional social service agencies, where caseloads are high, and where office based services have a limited focus.

The integrated practice model presented here can be responsive to multiple hardships, recognizing parents' need to start with their most immediate concerns (McAllister and Thomas 2007; Putti and Brady 2011; Warren-Adamson and Lightburn 2010). Built on a theory of change with varied pathways for engagement and development, parents can, for example, begin initial involvement with childcare and support for parenting or participation in a stress-management program before commitment to and in preparation for education and job training. There are other critical pathways such as improving a parent's mental health through trauma recovery or strengthened relationships, with their children supported by an integrated practice framework; in turn, this contributes to short-term outcomes, and over time, to long-term outcomes.

Centres for families, like many social welfare initiatives, are barometers of economic, political, and ideological change. Over the past 30 years they have waxed and waned in numbers, and the recent economic crash has taken its toll. Nonetheless, a healthy momentum continues in this decade and readers can take note of particular contemporary features of family centre activity which enhance our understanding of practice. For example, models of partnership (Brandon 2006); engaging fathers (Fletcher and Visser 2008); parent education that is based on evidence, sensitive to culture and context and the critical need for support (Aldgate and Rose 2012; Whittaker and Cowley 2012); child participation and children centres as versions of family centres (Apps et al. 2007; Hayward et al. 2013); centres directly mandated by courts as in the Australian family relationship centres (Moloney 2013); and protection (Warren-Adamson and Lightburn 2010).

18.8 School-Based Family Support Expands Access to Critical Pathways

Family support programs, while closely identified with early childhood care and education are productively included in schools, particularly in response to the challenges poor students experience, where important connections with parents who are variously involved in their own education, meeting mental health needs and coping with crises. Parents' involvement also includes activities that benefit their children and the school community. Brikkels et al. (2014) map a UK approach to this inclusive practice. Reports from Plat's 2009 study of a state wide implementation of these programs in Kentucky schools for those in poverty to improve academic outcomes, well-being, and transition into adult life revealed that community services providers were better able to respond to changing needs of families. Community assets developed, such as quality licensed childcare through training of child-care providers, as well as school-based health and mental health services.

The legislative mandate that supported these programs is an example of the possibilities deemed necessary that resulted in 800 centres serving 600,000 children and their families. Mandated core components of the Family Resource Centres (FRC) that serve elementary schools include: (a) preschool child care (ages 2–3); (b) after school child care (ages 2); (c) families in training (birth to 3); (d) family literacy; (e) support and training for day care providers; and, (f) health services or referrals to health services or both. Core components for Youth Services Centres (YSC) that serve middle and high schools are: (a) referrals to health and social services; (b) drug and alcohol abuse counselling; (c) summer and part-time job development; (d) employment counselling, training, and placement; and (e) family crisis and mental health counselling. Combined centres, FRYSC, must address both sets of core components. Local autonomy and program flexibility allow centres to adopt optional components based on identified needs. Examples of optional components include: (a) academic enrichment, (b) recreation, and (c) basic needs.

18.9 Family Support Pathways for Immigrant Families

Family centres also have an important role for assisting immigrant families, who frequently struggle with poverty, providing a bridge to assimilation, with opportunities for language classes and support in gaining education and access to employment. The Centre for Family Life is an enduring example that for the past 30 years has made a difference for children and parents in a poor diverse immigrant community in the Sunset Park Community in Brooklyn, New York (SCO Family of Services 2014; Hess et al. 2003). Promoting cultural understanding and community empowerment, as demonstrated by this centre and the Community Family Centres of Houston, Texas, shows the unique role centres have in developing community in

beleaguered neighbourhoods (Community Family Centres 2014). Friendly walk-in centres welcome families to join in programs, with flexible offerings that respond to local needs and preferences. These centres are unique because they frequently manage to integrate child protective work with a host of other therapeutic, educational, and supportive services. Creative approaches engage those who have been referred by protective services because their children have been identified as potentially at risk. Cultural traditions, language barriers, and distrust of formal government systems make it difficult for immigrant families to seek help. These two family centres demonstrate that it is possible to engage and productively work with parents, recognizing their strengths, dealing with their fear and alienation, welcoming them into a diverse family support community where they can receive and provide help to others through a complex array of structured and creative offerings, such as parent support groups and family play sessions, parent education, social action committees, with opportunities for individual, group and family work (Hess et al. 2003). Burnham et al. (2008) offer a culturally sensitive supervisory framework for centre practitioners.

As the above examples show, family centres take many forms, building connections for developing social capital within the family center and local community through strengthening partnerships, and providing opportunities for parents to take meaningful roles in supporting and running the centre's programs (Brandon 2006; Warren-Adamson 2002). Service provision varies, as it depends on centre leadership and the collaboration between professional and local helpers (Brandon 2006; Whalley 2006). For example, some centres emphasize group programs with individual counselling, parenting groups that provide support and use evidence-based parent training curricula; and skill-building groups focused on such topics as budgeting, nutrition, skills for job hunting, opportunities to complete high school education, and coping with substance-abusing family members. Parents who are survivors of traumatic experience from violence in their community and homes, or because of military service, have opportunities to learn about what has happened to them, and to experience safety and support that can lead to new ways of coping, exemplified in the Full Frame Initiative (Full Frame Initiative 2014; Huebner et al. 2009; Lester et al. 2012; Tunstall et al. 2007; Warren-Adamson and Lightburn 2010).

18.10 Evidence for an Integrated Practice Model

Family centres have shown success in providing a continuum of services with good outcomes for disadvantaged and fragile families (Comer and Fraser 1998; McCroskey 2006; Aldgate and Rose 2012; Tunstall et al. 2007). Findings from a national study of 665 family support programs show that programs with early childhood education, parents groups, and an emphasis on parents' self-development produce positive effects for children's cognitive and social development, and parental attitudes and behaviors. Professional staff contributed to these outcomes (Layzer and Goodson 2001). Community based family services across the globe emphasize

consumer involvement, empowerment practice and responsiveness to the realities of context. Community development and capacity building, educational and clinical methods, and the melding of formal and informal services provision with productive collaboration and partnerships respond to different population needs, and are based on a range of practice theories and models (Lightburn and Warren-Adamson 2012). Observations and reflections from participants describe a unique synergy in family centres that is a vital integrative process, where the ‘sum is more than the sum of the parts.’ This synergy has been frequently characterized by researchers as working in a more or less robust fashion that contributes to positive outcomes, as synergy is catalytic, influencing the capacity of the family centre to meet challenging family and staff needs (Hess et al. 2003; Warren-Adamson 2002; Warren-Adamson and Lightburn 2006).

Consistent with these community-based service characteristics are the tenets of the complexity theory paradigm and constructivist evaluation approaches that emphasize participatory and empowerment models for evaluation that have contributed to a diverse range of studies from different countries that provide an important perspective on how community-based family support programs work, describing pathways to valued outcomes (Lightburn and Warren-Adamson 2012). These outcomes include family stability, parent and child development, parents’ progress in attaining self-sufficiency and the development of community capacity to meet families’ needs (Calherios et al. 2014; Hess et al. 2003; Huebner et al. 2009; Lester et al. 2012; McAllister and Thomas 2007; McMahan and Ward 2001; Putti and Brady 2011; Tunstall et al. 2007; Warren-Adamson 2002; Warren-Adamson and Lightburn 2010; Whalley 2006; Whittaker and Cowley 2012).

Berry’s (2007) edited collection of mixed method design, pre/post, quantitative and qualitative evaluation studies described below, presents cross-national studies from seven centres. They add a robust underpinning to the case for community-based, family-centred intervention that is responsive to culture and context, with positive outcomes for containment and prevention of abuse and neglect for disenfranchised, poor families (England – Brandon, Warren-Adamson; Australia – Fernandez and Healy, and McNamara; New Zealand – Munford and Sanders; Canada – Palacio-Quintin; Israel – Zeira). See also Toghher Family Centre in Warren-Adamson’s collection (2002).

18.11 An Integrated Model

In earlier publications we have identified goals for the family centres. They include:

1. Build a community, with purposeful emphasis on family and community programs and practice, with a culture of care that results in containment or a holding environment, protection, mutuality, and support (McMahan and Ward 2001; Warren-Adamson and Lightburn 2010). An inclusive community that respects and values the contributions of parents in collaboration with a diverse staff builds

- capacity to enrich centre life and influence change in the surrounding community. The family centre culture, like that of a school, supports psychosocial development and growth, capitalizing on parents' strengths, promoting new abilities.
2. Meet family needs for safety and protection, which include responsibility to protect children along with the wider notion of safety for parents. Trauma-informed programs promote safety for children, families, and staff to deal with risk and abuse so that community members have alternative problem-solving strategies.
 3. Nurture psychosocial development of parents and children. Nurturance is a complex notion that assumes an actual and symbolic parenting role for the community and parents over time. Nurturance is essential for positive psychosocial development of both parents and children that can result in more stable and enriched home environments.
 4. Support family attachment bonds, as well as including support for diverse and multiple attachments developed by Bowlby, such that the centre in its complexity can encourage and provide some of these attachments over time (McMahon and Ward 2001). Parents need opportunities to experience relationships that nurture through acceptance and continuity with flexible responses when there are unexpected and repeated crises, to counter the damaging stressors that not only impact their functioning, but also are so detrimental to their children's wellbeing (Bassuk et al. 2006; Evans and English 2002; McMahon and Ward 2001). For parents, this community becomes a family – the nurturing, accepting family that many have never known (Warren-Adamson and Lightburn 2006).
 5. Reduce the need for child placement through maximizing the range of supports that mentor and guide parents and offer needed respite.
 6. Promote the mental health and well-being of the family, as well addressing mental health concerns, such as depression and post-traumatic stress disorder, which influence parents' ability to nurture their children (Warren-Adamson and Lightburn 2006, 2010). Family-centred practice and family empowerment are a foundation guiding program practice, where the goal is to develop protective factors that buffer risk by increasing parents coping skills, competence, and self-efficacy. To these previous goals we would add that parent and child development is equally important, which has been reviewed as the purpose of the current focus on “second generation” programs (Chase-Lansdale and Brooks-Gunn 2014).
 7. Support parents' path to self-sufficiency and provide early childhood education to promote children's development.

An interactive model of the process of family centre practice is represented in Fig. 18.1. This model is reproduced from earlier publications as still salient in presenting a productive way of conceptualizing the parents involvement in a diverse community-based family centres (Warren-Adamson and Lightburn 2006; Lightburn and Warren-Adamson 2009); the model integrates four different areas that identify a focus for practice based on a parent's different agendas. This framework responds to the spoken and unspoken, known and yet to be recognized needs, reasons, and hopes that parents bring to the family centre. *Agenda* is the term used to describe

family centre staff and parents' collaboration to identify a focus for their participation in centre programs. Practice in family centres is based on collaborative, family-centred principles that recognize parents as active contributors in all outcomes. Parents are contributing members of the community, not cases to be treated and managed. Recent examples of this approach are described by Cleek et al. (2012), where inter-disciplinary collaboration makes it possible to resolve the fragmentation that occurs when families are involved with often contradictory and competing agendas.

The parents' agenda as depicted in the model in Fig. 18.1 includes the following four domains.

1. Personal agenda, reflecting parents' desire to connect and bond with others, be guided and mentored, and gain resources. Personal agendas can be met in a variety of ways, including work with case managers to facilitate use of a range of possible opportunities and services, work with a mentor (parent peer) or guide on steps to self-sufficiency, or work with a therapist to meet interpersonal and mental health needs. Mental health needs are normalized with a focus on building relationships and learning and developing coping skills in a supportive environment.

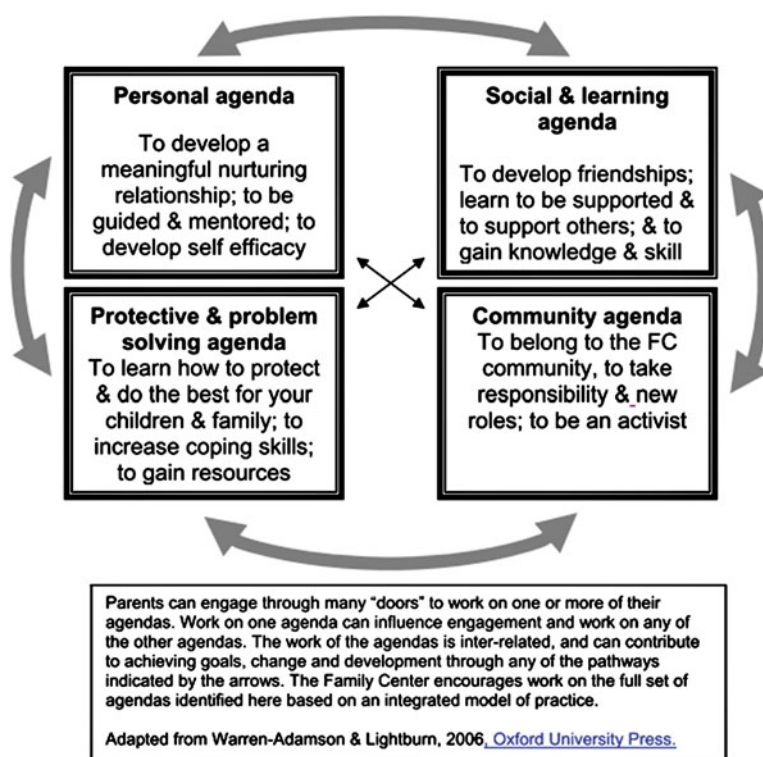


Fig. 18.1 Family centre integrated parent agenda practice model

2. *Protection and problem-solving agenda*, including learning how to protect and nurture one's children and one's self, as well as gain competence in parenting. Many parents have to fulfill mandated requirements to prove they are competent; others want to meet basic needs and find their way out of poverty, domestic violence, or substance abuse. This domain can include learning to solve problems at points of crisis and later develop problem-solving skills to work with family parenting and personal concerns. Of primary importance is the need to establish safety plans that ensures that children are protected and nurtured in their families and communities. This includes recognizing the effects of trauma and understanding the path to recovery. The role of support as a buffer to the stressors of ongoing exposure to violence can involve the resources of the family centre; work with early childhood education that can respond to the special needs of children, as well as the broader community.
3. *Social and learning agenda*, which includes developing friendships, learning to be supported, and supporting others. The experience of mutual aid and being valued as a member of the family centre community is an essential contributor to parents' development and self-efficacy, as friendships and support are invaluable in raising children in impoverished or dangerous neighbourhoods. Parents are usually interested in group programs, as they share many concerns and can mutually benefit from working on issues with each other, such as managing family life, budgeting, and preparing for employment. Parents often need help identifying what they need to learn and how this can best happen.
4. *Community agenda*, which involves learning to belong and take responsibility, including new roles in the family centre community, and to be an activist. Parents' membership as part of the family support community reinforces their belonging and provides opportunities for them to join with other parents and staff. Experience as an active community member can increase a parent's authority and sense of efficacy because they have a role as a citizen to influence and shape the centre's community and to advocate for change. This level of involvement can prepare them for citizenship in their local community important for needed social change.

Comprehensive programs offered in many family centres make it possible to meet multiple social and mental health needs described in the parents' agendas. Parents can be engaged to work on one or more agendas. A parent's progress in meeting goals with one agenda can influence desire to work on other agendas that will influence their overall progress. The challenge for family centre practice is working with the whole while also focusing on specifics. For example, integration of comprehensive services that aim to meet requirements of mandated protection includes a focus on development for parent and child. Some parents have been victims of violence; for them to grow in competence as a parent they need help with their own recovery and healing. Service integration happens over time, in response to a parent's needs, priorities, and abilities to engage in the work of the agenda, and is similarly based on the *capacity* of the family centre to provide different forms of help. John's substantial work (for example, John 2008) recognizes

and clarifies the special leadership qualities which underpin the integrative practice capacity of centre managers.

18.12 Summary

This chapter has defined and highlighted aspects of child poverty as the context for community-based, family-centred practice. It described an integrated practice model for family centres, illustrating possible pathways for engagement, development, and change. The chapter proposes such family centred practice as the necessarily sophisticated response to the formal and informal needs of impoverished families, the need for a multi-systemic approach to intervention, and the need for a whole family, community approach that can buffer ubiquitous stressors and create essential resources. Thus parents are more able to work toward self-sufficiency while there is tandem support for their children's development through early childhood education. These community programs can also engender a collective response, where social action is successful because parents with family centre staff have become effective advocates, focusing on conditions in poor neighbourhoods that impact the lives of those living in the broader community, building capacity for change.

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Chapter 19

Reducing Poverty and Investing in Children and Families

Elizabeth Fernandez, Anat Zeira, Tiziano Vecchiato, and Cinzia Canali

The context in which this collection has developed is one of significant change in the conceptualisation, measurement and depiction of the scope and impact of poverty. The growth in income inequality and the corresponding social divisions and social exclusion experienced by families and children is a distinctive feature of contemporary society presenting urgent challenges for family and social policy. This volume brings together a wide spectrum of studies with emphasis on multidimensional conceptualisation and measurement of child poverty. There is clarification, discussion and critique of entrenched approaches around child poverty from a variety of country specific and cross national perspectives. Individual chapters have presented examples of current work in different countries on conceptualisation, measurement and trends in multidimensional child and family poverty. They have integrated theoretical, methodological and policy related trends indicating the potential of using a broad range of indicators to examine child poverty within and between countries. The ideas outlined in various chapters stress the dynamic and

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complex nature of poverty and capture multiple ways in which poverty affects children's lives. Significant research questions and important policy implications flow from these diverse chapters. Important arguments include taking a broader view of poverty as relative deprivation which enables engagement with the issues of access to scarce resources and services as part of the experience of living in poverty. Several chapters elaborate on the pathways through which poverty impacts on children's health and wellbeing. When taken together the chapters are insightful and give a multidimensional view of poverty including the discussion of key concepts of child wellbeing, subjective wellbeing, social exclusion, citizenship, children's rights and human rights. There are closely woven studies of child and family poverty and related issues that are made country specific but have commonalities with international patterns in developed welfare states. We hope this volume has demonstrably illustrated the value of cross national perspectives and comparisons.

There is an extensive body of work examining the economic aspects of poverty based on income inadequacy. While valuing the importance of this strand of research monitoring the changing incidence of poverty in different groups income constitutes a single dimension of the lives of people experiencing poverty (Bradshaw and Richardson 2008). Most chapters reflect the UN General Assembly definition of poverty which is unequivocal about the need for measures of poverty to encapsulate more than economic dimensions. They mirror Townsend's seminal attempt to break out of a minimalist approach and provide an equity base through the concept of relative poverty. The work of Townsend (1979) has promoted the concept of relative deprivation which incorporates the level of material and social conditions experienced which enable full participation in society. Chapters in this volume by Bradshaw and Saunders reflect the essence of this approach. Saunders concludes from his review of the relative merits and conceptual advantages of the deprivation studies over poverty line studies that income is too narrow a framework for understanding the nature, manifestation and consequences of poverty. In Chap. 4 Bradshaw's analysis points to child wellbeing having a strong relative component suggesting that children experience wellbeing relative to their peers merely in relation to their absolute and objective conditions. Many of the authors agree that poverty rates are arbitrary failing to capture the extent and nature of child poverty and its impact on the wellbeing of children, young people and families. The range of contextual factors that lead to child poverty are, according to many of the authors, multiple and complex and should be reflected in how poverty and child poverty are conceived, defined and measured. The ways in which poverty is conceptualised and measured will undoubtedly underpin the formulation of policy to respond to poverty. However it would be erroneous to assume that an acceptable poverty measure alone would provide a panacea to eliminate deprivation (Morgan and Allegritti 1992). Policy responses and interventions to support children and families are equally important to enhance the quality of life of those who are most vulnerable.

A key question raised in Chap. 5 by Wearing and Fernandez is What causes poverty? Dominant explanations which individualise poverty and regard it as a consequence of psychological inadequacies and singular circumstances of individuals are contrasted with perspectives that identify social and economic factors as causes of

poverty, and view poverty as multidimensional and ecological and as the outcome of inequalities in society. An overlap of these theoretical positions is evident in several chapters. To align any one approach too heavily with a specific ideological position would narrow the complexities of the authors' arguments. While these theories serve as a stimulus for continuing debate they impact on the emphasis policy makers place on tackling poverty and the strategies adopted.

The expert views reflected in various chapters come from theoretical positions that are concerned to alleviate poverty. In terms of ideological orientation the structural and institutional approach is the position some espouse. They address the structural inequalities that underpin and bring about conditions of poverty and identify several vulnerable demographic groups who are disproportionately affected by poverty and disadvantage. Kimberlin and Berrick in Chap. 9 cite trends suggesting a large racial gap in the rates of child poverty with African American children having long-term poverty rates ten times higher than the rates of white children. Herczog in Chap. 15 identifies Roma children, children with disabilities and those living in villages as experiencing significant levels of poverty and disadvantage. In Chap. 8 Andresen et al. draw on data from three World Vision Surveys to highlight the vulnerability of single parent families, families where parents are unemployed, parents with low education, and large families who confront significantly higher risk of poverty. Connolly in Chap. 6 and Tilbury in Chap. 17 draw attention to the entrenched inequalities in living standards of Aboriginal and Torres Strait Islander people in Australia and Maori and Pacific peoples in New Zealand who experience disproportionate levels of poverty and poverty related risks.

How we understand the causal connections built into lay and expert views of poverty provides insight into the political agenda setting process for policy development. Policies guided by social causation and social selection hypothesis are explored by Wearing and Fernandez in their Chapter. The emergence of the welfare state in mid twentieth century has meant most western nations have been prepared to establish social security systems and anti-poverty programs to provide for social wellbeing, and in doing so redress poverty, and to a more limited extent inequality. The political contest over how to deal with poverty is reflected in the European Union's social inclusion approach and antipoverty initiatives in other regions including activists' global advocacy strategies. Nonetheless, as many chapters in this book testify, (Fernandez and Ramia in Chap. 2) the fight against domestic poverty has not reflected similar advances in the last two decades.

The chapters in this volume portray diverse ways of capturing the impact of poverty and co-occurring risks such as ill-health, homelessness, and maltreatment which exacerbate children and young people's vulnerability to physical and emotional stress and cognitive difficulties (Griggs and Walker 2008; Magnuson and Vortrube-Drzal 2009).

The experience of, and exposure to poverty is perceived to be dynamic with consequences for children likely to be influenced by timing, developmental stage, and context including family, school and neighbourhood. Previous research alludes to the chronicity and depth of poverty exposure and its negative consequence for children's cognitive and behavioural outcomes (Evans 2004; Wagnmiller et al. 2006;

Duncan and Brooks-Gunn 1997; Raver et al. 2015; Yoshikawa et al. 2012). Kimberlin and Berrick in Chap. 9 shed light on the persistence of poverty and its impact on developmental outcomes for children reminding us that experience of poverty during critical developmental windows can exert a ‘strong and irreversible influence on later health and wellbeing’. Similarly they suggest that while chronic and persistent exposure to poverty has deleterious consequences for children’s outcomes short term and unanticipated shifts in family economic circumstances can also have long term impacts on family functioning and child wellbeing.

The concept of child wellbeing and its multidimensional frames, including its emphasis on subjective wellbeing and happiness, has emerged as a focal point for monitoring the state of children in research and policy context (Ben-Arieh et al. 2014). Recent research indicates children’s subjective experience of stress when confronting poverty related adversity should be empirically differentiated from objective material conditions. There are various discourses that have enabled new ways of theorising about children and childhood. Changing views of childhood have shifted the focus on children’s future development towards adulthood (well becoming) to understanding children’s present lives (wellbeing) and towards a consideration of ‘quality of life’ for children. The importance of understanding children in terms of the present as both ‘being’ and ‘becoming’ are stressed (Huebner 2004; Walkerdine 2009). Further, conceptions of children as vulnerable and dependent on adults to have their needs met are being balanced with understandings of children as ‘experts’ in their lives. In this context there is a shift in orientation from a children’s needs discourse to a children’s ‘rights’ discourse which acknowledges children’s ‘agency’ and entitlement to interpret conditions of their lives and have a voice in decisions about them (Woodhead 1997; Mayall 2001; Qvortrup 2004). Such discourses have coincided with the children’s rights movement and the adoption of the United Nations Convention on the Rights of the Child (UNCRC) (UN 1989) which offers a normative framework for child wellbeing and places children’s rights in the context of human rights.

In keeping with the view that children are ‘active agents’ who shape their environments (Bronfenbrenner and Morris 1998) a limited number of poverty studies have included children’s perspectives on family economic hardship indicating the extent to which children are aware of, and psychologically burdened by, their families’ financial struggles (Raver et al. 2015) and are able to report on their families’ experiences of poverty related adversity as well as their own coping strategies (Wadsworth et al. 2005; Ridge 2002). Studies have also documented links between children and young people’s perceptions of family economic hardship and their own wellbeing (Conger and Donnellan 2007).

This theme is exemplified in several chapters in this volume. In Chap. 3 Saunders argues that research on child poverty to be efficacious in shaping life outcomes for children must reflect the views and experience of children in terms of how it is perceived and conceived. These insights challenge us to consider how adult centric approaches to poverty research and measurement can be balanced with those that capture child wellbeing in ways that are meaningful to children themselves. The need for research where children are the ‘producers of knowledge’ is further reinforced in the Chapter of Montserrat and colleagues. Connolly emphasises engaging

children and young people as ‘solution finders’ in their lives, advocating practices that are not constrained by adult-child hierarchies.

An additional lens through which researchers have sought to understand poverty is through children and families subjective experience of poverty. While previous research has documented the deleterious outcomes for children experiencing poverty the emphasis has been on absolute levels of poverty based on defined income thresholds. There is a growing body of literature that emphasises parents’ and children’s subjective experience of poverty and disadvantage relative to peers, as well as the fact that the dynamic dimensions of poverty are subjectively experienced by families as highly stressful. Main and Pople (2011) point out the benefits of linking material deprivation approaches to the concept of subjective wellbeing. In Chap. 8 Andresen et al. add to the rich body of work on children’s subjective wellbeing and how children in poverty perceive their world with insightful comments illuminating how poverty is associated with ‘shame and shaming’ in the experience of children and families. That poverty has a decisive effect on children’s health, educational and social opportunities is amply illustrated in Chap. 7 by Montserrat et al. Findings from their comparative study exploring differences in subjective wellbeing of adolescents in secondary education suggest children in disadvantaged circumstances by virtue of parental level of education, parental unemployment, material belongings, geographical location of home and living space, and immigrant background experience significantly lower levels of subjective wellbeing than children of the same age in the general population. Montserrat and colleagues advocate interventions that compensate for deprived areas of children’s lives including the provision of educational and health services where the ‘main and direct beneficiaries are children’.

Experiencing maltreatment during childhood is associated with a range of adverse outcomes (Frederick and Goddard 2007). The stress of parenting in poverty has been linked to higher rates of maltreatment. The occurrence of maltreatment is explained in terms of multiple interacting contextual factors, including the family’s location in the social structure, social isolation, the balance of stress and social support, family violence and parental psychopathology (Tuck 2000; Garbarino and Sherman 1980). Analysing maltreatment related child deaths, Brandon highlights the constellation of risk factors including parental mental illness, isolation, stress, poverty, violence that were unresponsive to child protection interventions. Children involved with systems of child protection are the most marginalised and disadvantaged children in society. Several chapters allude to the poverty, inequality and structural disadvantage that underline disproportionate representation in child welfare systems. Herczog in Chap. 15 observes that over 30 % of children in Hungary are referred to protective care systems for reasons of poverty. Tilbury and Connolly in Chaps. 7 and 17 discuss the poverty, inequality and cumulative disadvantage that underpins the overrepresentation of indigenous children in child protection systems, observing that the burden of disadvantage is linked to the experience of colonisation.

Tilbury notes indigenous children in Australia make up 35 % of all children on Care Protection Orders, while arguing that child welfare systems exacerbate disparities rather than ameliorating them, and fail to recognise factors outside

parenting that determine children's care and protection. They advocate for policies and interventions that look beyond child protection for solutions to maltreatment to those that promote interventions in health, housing, education and employment and family support to improve the wellbeing of all indigenous children, and the embedding of children's rights principles into child protection systems. Whilst research suggests that the stress of parenting in poverty may be a factor in child abuse it is not intended to suggest that low income families are at high risk of maltreating their children.

In Chap. 14 McNamara discusses the negative outcomes of poverty in terms of homelessness. Discussing the interactive links between poverty and homeless McNamara highlights the alienation from mainstream society and exclusion from a viable future experienced by large numbers of homeless youth. Young people between 12 and 18 are identified as the single largest group experiencing homelessness in Australia, indigenous youth and young people transitioning from out of home care being overrepresented. Economic stress in families, family conflict and violence, labour market forces and housing affordability are implicated in the heightened risk of youth homelessness and the consequent foreclosure of the future, including the compressed transitions to adulthood homeless youth face (Edgar et al. 1989).

The growth in child and family poverty underlines the need to understand and respond to children and families more effectively. The ratification of the UNCRC internationally imposes obligations on Governments to ensure political will to prioritise resources to meet children's needs (Lundy 2014). Connolly argues for a greater voice for children and young people in the political system taking a child rights approach, urging child poverty should be addressed from a child's rights perspective in accordance with commitments made in the Convention on the Rights of the Child.

Research has demonstrated the potential value government social policy can play in reducing family poverty (Bradshaw 2012, 2014; Chen and Corak 2008; Engster 2012). Engster (2012) found that family policies including cash and tax benefits, paid parenting leave, child care and disability and sickness insurance correlate strongly and significantly with lower poverty rates. Researchers have not only debated the matter of how poverty should be defined and measured but also how it should be responded to. They canvass such contentious issues as what types of benefits and material supports should countries provide and whether they should be universal or selective. Bradshaw's (2014) review of social protection policies for children and families is informative. Means tested benefits are viewed as being too targeted concentrating on the very poor overlooking the range of families who are struggling financially. Their efficacy in closing the poverty gap is questioned. Social protection policies for families and children encompass means tested social assistance, family benefits, universal child benefits, housing benefits, tax benefits and tax credits, universal child benefits and subsidised child care, though the availability of specific elements varies by country, and by the age orientation of particular welfare systems.

There are also debates about relative merits of cash transfers or services in kind. There appears to be a much stronger association between spending on cash benefits and tax breaks and child poverty reduction than there is with spending on services (Bradshaw 2014). Additionally the total spending on families in terms of cash benefits, tax breaks and services is closely associated with poverty reduction implying Governments needs to invest in children in a range of ways. The provision of income supports in combination with services aimed at ameliorating poverty may engender the largest gains for parents and children.

Various social protection approaches and interventive programs that, by varying degrees have been effective in alleviating poverty in country specific contexts, are discussed in this volume. In Brazil and Australia the combination of a raft of rights based and citizenship approaches to social policy has helped progressive redistribution downwards in these countries. Barrientos and Telias in Chap. 10 cite large scale antipoverty transfer programs like Bolsa Familia, a citizen-based social protection policy that has effected a fall in child poverty in Brazil. In Chap. 11 Canali and Geron confirm the social returns on investment in early childhood, Italian children's reading scores being third highest across 37 EU countries. They argue strongly for adequate investment in early childhood education and child care services distinct from cash benefits to reduce inequalities at a young age. In Chap. 12 Vecchiato's concept of 'generative welfare' advocates an empowerment oriented approach which values the strengths and competencies of beneficiaries of assistance by engaging them in community initiatives to assist others in need and build social capital.

Family-centred and community-based interventions when combined with economic supports can provide an effective approach to reducing poverty and associated stresses and deliver gains for parents and children. Such interventions are elaborated in the Chapters of Ma and Lightburn and Warren-Adamson. Lightburn and Warren Adamson in Chap. 18 draw on community-based responses to poverty in the US and UK to highlight the case for integrated models of family centres to respond to the complex needs of disenfranchised children and parents and their communities. The emphasis is on two generation programs that create ecologies of support and relational environments that aim to build human and social capital for both adults and children. In Chap. 13 Ma shifts the emphasis on symptom oriented poverty alleviation measures to family focused approaches. Focusing on Hong Kong, Ma draws attention to the stresses and tensions of long working hours, unstable household income and the dynamic interplay of personal, familial and social factors which impact on secure nurturing environments for children. Social networks and family relationships are highlighted as protective factors. Ma cites the Child Development Fund (CDF) a social investment approach designed to help children develop their skills and abilities beyond academic attainment through a 2 year saving and mentorship scheme.

The various interventions outlined provide a springboard for developing targeted strategies and policies to respond to children and families affected by poverty. Some authors have also identified the need for more research into particular interventions

and approaches to protect families and children from the worst effects of poverty. Methodological advances in modelling the co-occurrence of poverty related risks and outcomes (Raver et al. 2015) could afford useful analytic tools to identify particular cohorts of the population who might benefit from targeted interventions and a coordinated approach to combating poverty.

The contributors in this volume, pioneering scholars in their respective countries, have provided illustrations of innovative approaches to the conceptualisation and measurement of the dynamic complexity of poverty related adversity and the role it plays in the lives of children and families. It is hoped this international collection of papers has the potential to increase holistic understanding of the complex and dynamic factors implicit in child and family poverty, stimulate further thinking about the issues and move the field forward in terms of how we think about research and policy to improve the wellbeing of children and families, and ensure children are accorded the priority in national and international policies that is warranted.

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