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The Injustice of Child Poverty

In the previous chapter, we sketched a theory of social justice for children based within the capability approach. We argued that, as a matter of social justice, each and every child is entitled to reach a minimum threshold of certain important functionings and capabilities, which are essential to her well-being and well-becoming. Furthermore, we have suggested that in the case of children, a focus on achieved functionings is often more adequate from a social justice perspective than a focus on capabilities. However, this assumption has to be understood in relation to the age and competence of the child, respecting her agency from an early age on. As children move through childhood, as they mature and develop, choice and autonomy become more and more important, and social justice reflects this by shifting its focus from achieved functionings to capabilities.

Our aim in this chapter is to analyze the detrimental effects of child poverty on some important functionings (and capabilities for older and more competent children). On the one hand, we will use the concept of ill-being, which we define as the complete lack of achievement or insufficient achievement of at least one functioning that is essential to the well-being of children. On the other hand, we will describe the injustice of child poverty by referring to ill-becoming, which means that child poverty hinders the sufficient achievement of at least one of the important capabilities that define adult well-being. This means that we have two separate arguments to justify why child poverty is unjust: (a) it violates the justified claims of children to well-being and (b) it violates the justified claims of children to well-becoming. Even if we claim that the injustice of child poverty is proven sufficiently as far as it affects one important functioning or capability, we will show that, in fact, child poverty is best understood as having multiple and interrelated effects.

This chapter explores the ill-being and ill-becoming of child poverty in regard to physical and mental health, social inclusion and education. It

will show that all these functionings can reasonably be taken for evaluations regarding social justice since they fulfill the criteria necessary for such an endeavor, as developed in Chapter 1. With our focus on these functionings, we claim neither that they are more important than others nor that child poverty affects them alone nor even that child poverty affects them primarily. On the contrary, our choice is a pragmatic one, and we hope to find broad agreement that these functionings are suitable for an examination of the injustices related to child poverty. We do not have a definite list; the one we presented and discussed in the previous chapter is just a first suggestion and an example of how such a list can be developed; since we claim that the injustice of child poverty is sufficiently shown if one important functioning cannot be achieved, it is also not necessary to provide a fully comprehensive examination of child poverty and its effects on all functionings to which children are entitled as a matter of justice. Nonetheless health, inclusion and education are all part of the list of Biggeri and his colleagues, and they are also included in many other lists of functionings and capabilities, for example, the ones of Nussbaum and Robeyns, as well as other conceptualizations of well-being of children (Amerijckx and Humblet 2014). Furthermore, they are relevant for both children and adults. They are not 'intrinsic goods of childhood' that would be of value only to children, but their particular form and the thresholds that should be used differ between children and adults. To be able to read and write sufficiently will be a good threshold for a child, but if an adult only reaches the same level of education, she will certainly be disadvantaged in many other areas of her life. In particular, health and education are also good examples for evolving capabilities and fertile functionings, and their achievement is essential to a person's future well-being in terms of functionings and capabilities. We will show that health (including both a physical and mental dimension), social inclusion and education are affected by child poverty in a way that the entitlement of children to well-being and well-becoming is violated. We will also show that these functionings are entangled and influence each other. For the most part our examination will be concerned with the functioning of these four and not the capability to be healthy, educated and included. We have argued at length why a focus on functionings is necessary in regard to children; another reason is the difficulty in measuring them in terms of capabilities. The studies we will present are all concerned with functionings and do not show if these children, also older ones, lack health, education or inclusion because of their own choices. Rather they show us the social determination of these functionings, which cannot be captured by referring to choice and autonomy, especially not for children and adolescents.

Before we address these claims, we would like to note two things. First, our argument is not that each and every child affected by poverty experiences it in the same way and suffers, for example, from ill health due to poverty or lacks education because of it. What we do claim instead is that in most – nearly all – cases, children living in poverty suffer from negative effects on at least one functioning they are entitled to as a matter of justice, and that this overwhelming majority is enough to justify evaluating it as unjust. We are concerned that children living in poverty suffer disadvantages compared with nonpoor children, and for this inequality there is no sufficient justification. Children, poor or not poor, cannot choose their parents or where they grow up and live, and they cannot choose to realize health, education or inclusion or other functionings and capabilities without being supported by others. It is also not plausible to assume that poor parents would prefer their children to suffer from these deprivations if they could choose differently. Again, our approach claims that well-being and well-becoming can be defined to a large extent objectively, with the consequence that we evaluate child poverty in a first step regardless of how it is subjectively experienced by those children themselves. In a subsequent step, we will come back to that issue and show how such subjective evaluations and the articulation of the subjective experiences of child poverty can further expand our critique. For the time being, we will focus on what can be said from a third-person standpoint using objective measures.

Second, we do not make strong claims about causal relations on child poverty and its connection to the functionings we explore in detail. We rely here on the available evidence brought forward by poverty research in other disciplines such as sociology, economics, psychology and medical research. For our claim, it is sufficient that poverty plays some substantial role in causing these deprivations regardless if other causes are also involved. Here, one can also point to the many studies confirming a relationship between poverty and child neglect as well as child abuse (Besharov and Laumann 1997; Gilbert et al. 2009), which obviously have very bad consequences for the children affected. But also here the causal relationships are difficult to grasp, a fact that also poses a challenge to the important issue of identifying the most important agents of justice for children in poverty, a subject we will address in a later chapter. We do acknowledge that from a policy perspective, it is important to untangle these causal relations in order to prioritize the effort on those that have the most detrimental effects. We are confident that the literature we will discuss here points in the direction that child poverty is in fact an important cause for the suffering of children in many other dimensions as well.

We are primarily interested in the injustice of child poverty, not in exactly how many children are affected by it or how best to count them. This implies necessarily that we are not much interested in how many children actually suffer the deprivation of one or more important functionings – for example, health – due to their poverty. It is enough for our argument that more children in poverty suffer these deprivations than their nonpoor peers for the reason that they are poor. Even if just a few children live in poverty and hence do not get what they are entitled to as a matter of justice, it is an injustice that deserves criticism and needs to be tackled. However, we still hold that it is valuable to take the breadth and depth of an injustice into account in order to prioritize it. We also acknowledge that it is possible to reach this same conclusion from many different perspectives; for example, on the basis of the costs that child poverty creates for society, which has been estimated in the USA to be as high as 500 billion dollars each year (Holzer et al. 2008).

2.1 Concepts and measures of child poverty

Before we examine the injustice of child poverty, we must discuss at least some aspects of the concept of poverty itself and present some data on how many children in welfare states are living in poverty. We do not and cannot aim to give a full overview of all the different debates in the different disciplines concerned with child poverty, but rather we aim to develop a basic understanding of the main aspects of child poverty. Because child poverty is mainly an issue of social sciences and not philosophy, we will need to focus on what is of significance for the purpose of our book and the following questions of social justice. Many questions that arise in poverty research are similar to those we discussed in regard to defining the functionings and capabilities that should be objects of justice. All approaches to child poverty need to define some goods, resources, activities or capabilities and functionings. They also need to define thresholds for these items, and then they need to determine who is counted: the individual child or the household. The last point is of particular importance because children usually live with adults and are heavily dependent on them (and their resources), and so, attempting to reflect this fact, child poverty is often measured on the household level. Moreover, the most commonly used indicator for child poverty is still income, and because children themselves do not have any relevant income in modern welfare states due to their not working, child poverty is measured using the family or household income. Before sketching the relevant measures in the USA and the European Union (EU) and the concept of social exclusion, we wish to outline the concept of poverty in general.

Poverty research has come to agree mostly that poverty has to be defined differently and measured according to the welfare and development level of the state that is researched. For this reason, the distinction between absolute and relative poverty has been often used in order to mark that relative poverty reflects things that persons need in a particular society (to live a normal or decent live), while absolute poverty refers to minimum standards necessary to survive or under which life is at least severely impaired (Alcock 2006). This distinction is, indeed, of some use, but it is also one of the key features of the capability approach that the same amount of basic goods and resources can yield different outcomes in different environments and for different persons depending on their needs and capacities. This applies to both relative and absolute measures. And even if there is some consensus about the goods, activities or capabilities and functionings that should be used to define relative and absolute poverty, the question of what thresholds for absolute and relative poverty should be set remains unanswered. We will see that in welfare states, setting the poverty line at 50 or 60 percent of the equivalent median income or understanding material deprivation as the enforced lack of two, three or four essential goods is often an arbitrary decision.

Another problematic issue in all poverty research in modern welfare states is whether thresholds are based on the median income or on deprivation measures defined according to what is seen as normal in a society: one criticism is that poverty is mixed with (mere) inequality and so thresholds are not able to capture poverty's essence. For example, Amartya Sen has criticized Peter Townsend, stating that, according to his relative measure, in a society where everyone has two Cadillacs, those able to afford but one Cadillac would be counted as poor (Sen 1983). Sen considers this a dissolving of the concept of poverty, which should be kept to cover those cases where people are really suffering from the deprivation of basic goods or capabilities and functionings that can and need to be defined in an absolute way. We agree with Ruth Lister that much of the debate between Sen and Townsend was not fruitful, but its core is still a challenge for poverty research in welfare states and, indeed, any philosophical examination of poverty in rich and highly developed contexts (Lister 2004, ch. 1). Sen's criticism has some merit and, if approved, would lead to acknowledging that child poverty in such an absolute sense is fortunately a rare thing in modern welfare states. Most children have at least some basic form of shelter, access to health care and nutrition and are protected from hunger. Opinions that relativize poverty as not being 'real' poverty are also not uncommon in the public and among poor people themselves (Beresford et al. 1999). Our answer to this challenge is twofold but in no way new.

On the one hand, we stress that every definition of poverty is always dependent on a normative background theory about what is needed for a decent or minimum life, something we will never be able to capture from empirical research alone. It is obvious that all human beings have certain biological needs, but it is also obvious that these alone are not enough to determine poverty (in fact, the concept of poverty would more or less coincide with the concept of health as it is often understood). One is able to survive for a long time in pain and hunger and without shelter or any social relations; should we claim that such a life is not deemed a life in poverty, it would say a lot about the moral status of our world. As we said, relative measures are not simply arbitrary and not solely interested in inequality, either; they are based on some kind of reasoning about what is a decent or 'normal' life in a particular society or state. On the other hand, it is not an either-or situation. To care about relative poverty does not imply that one should not care about absolute poverty and vice versa. An interest in absolute poverty does not make relative poverty less severe for those who suffer from it, even if we do know that many more severe forms of poverty exist in this world. We do acknowledge that there are questions of priority, which are also relevant for global justice and policy decisions, but this does not mean that we should not care about relative poverty and that it is not necessary to research what kinds of hardship and poverty exist in affluent societies and modern welfare states.

With these thoughts in mind, we will now discuss the official poverty measures in the USA and in the European Union. We will see that the issues of definition, determining indicators and setting thresholds are present and that no measure is and maybe never will be perfect and able to provide us with all the information about the breadth and depth of poverty.

The poverty thresholds used by the US Census Bureau are money income thresholds based on the minimal cost of food needs and adjusted for family size and age (DeNavas-Walt and Proctor 2014). It uses income before taxes; capital gains and noncash benefits (such as public housing, Medicaid and food stamps) are not included. The poverty thresholds were developed in 1963 and 1964 by Mollie Orshansky, using US Department of Agriculture food budgets designed for families under economic stress and data about what portion of a family's income was spent on food (Fisher 2002). The thresholds are annually modified using the consumer price index, but they do not reflect the level of welfare or income in the USA. In that sense, the official poverty line in the USA is absolute. The relevant annual thresholds in 2013 were \$11,888 for a single person and \$16,057 for a household with one adult under sixty-five and one related child under eighteen (see Table 2.1 for all the thresholds for 2013). There is no distinct measure for children; child poverty rates are determined

Table 2.1 Poverty thresholds for 2013 by size of family and number of related children under 18 years

Size of family unit	Weighted average thresholds	Related children under 18 years										
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more		
1 person (unrelated individual)	11,888											
Under 65 years	12,119	12,119										
65 years and over	11,173	11,173										
2 people	15,142											
Householder under 65 years	15,679	15,600	16,057									
Householder 65 years and over	14,095	14,081	15,996									
3 people	18,552	18,222	18,751	18,769								
4 people	23,834	24,028	24,421	23,624	23,707							
5 people	28,265	28,977	29,398	28,498	27,801	27,376						
6 people	31,925	33,329	33,461	32,771	32,110	31,128	30,545					
7 people	36,384	38,349	38,588	37,763	37,187	36,115	34,865	33,493				
8 people	40,484	42,890	43,269	42,490	41,807	40,839	39,610	38,331	38,006			
9 or more people	48,065	51,594	51,844	51,154	50,575	49,625	48,317	47,134	46,842	45,037		

Source: US Census Bureau, www.census.gov/

Table 2.2 Poverty in the USA, by age

Year and characteristic	Under 18 years						Related children in families					
	All people			18 to 64 years			65 years and over					
	Below poverty level		Total	Below poverty level		Total	Below poverty level		Total	Below poverty level		Total
	Number	Percent		Number	Percent		Number	Percent		Number	Percent	
All races												
2013	73,625	14,659	19.9	72,573	14,142	19.5	194,833	26,429	13.6	44,508	4,231	9.5
2010	73,873	16,286	22.0	72,581	15,598	21.5	192,481	26,499	13.8	39,777	3,558	8.9
2005	73,285	12,896	17.6	72,095	12,335	17.1	184,345	20,450	11.1	35,505	3,603	10.1
2000	71,741	11,587	16.2	70,538	11,005	15.6	173,638	16,671	9.6	33,566	3,323	9.9
1995	70,566	14,665	20.8	69,425	13,999	20.2	161,508	18,442	11.4	31,658	3,318	10.5
1990	65,049	13,431	20.6	63,908	12,715	19.9	153,502	16,496	10.7	30,093	3,658	12.2
1980	62,914	11,543	18.3	62,168	11,114	17.9	137,428	13,858	10.1	24,686	3,871	15.7
1970	69,159	10,440	15.1	68,815	10,235	14.9	113,554	10,187	9.0	19,470	4,793	24.6
1960	65,601	17,634	26.9	65,275	17,288	26.5	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)

Note: Numbers in thousands. People as of March of the following year.
Source: US Census Bureau, www.census.gov/

by counting how many children live in poor households. The poverty thresholds do not account for the differences in housing and living costs between areas but are applied nationally. That is of importance because, with the exact same amount of money, a family in a cheaper area can be much better off than a family with more income but living in a more expensive area.

Based on this calculation, there were about 45.3 million poor people in the USA in 2013 – about 14.5 percent of the population. This is one of the highest numbers in the fifty years that poverty has been measured in the USA, although the situation stabilized after sharp increases in the years 2007 to 2011, and the poverty rate went down in 2013 for the first time since 2006. Young people and children are more affected by poverty (for details, see Table 2.2); the poverty rate for children under eighteen was 19.9 percent (or 14.7 million children), while the poverty rate for people aged between eighteen and sixty-four was 13.6 percent and for persons older than sixty-five it was 9.5 percent. The poverty rate for children younger than six years old is even higher, reaching 22.2 percent (down from 25.3% in 2010), which accounts for 5.2 million young children living in poverty (Table 2.3). People living in institutional group quarters (such as prisons and nursing homes), college dormitories and military barracks and those without conventional housing (who are not in shelters) are not included in these numbers. Neither are unrelated children under the age of fifteen included, which means that children in foster care are not surveyed.

The European Union uses two different measures for poverty in general that also apply to children (Atkinson and Marlier 2010). On the one hand, it employs a relative at-risk-of-poverty threshold, which is set at 60 percent of the equivalent median income in a country. This threshold is relative and changes according to the average income. As

Table 2.3 Poverty status of related children under 6 years of age in the USA

Year	Poor	Percent
2013	5,231	22.2
2010	6,037	25.3
2005	4,784	20.0
2000	4,066	17.8
1995	5,670	23.7
1990	5,198	23.0
1980	3,986	20.3
1970	3,561	16.6

Note: Numbers in thousands

Source: US Census Bureau, www.census.gov

a result, the poverty threshold for a single person living in Austria, for instance, has increased over the years from an annual income of €10,200 in 2005 to €12,791 in 2011; for a household with two adults and two children under fourteen, the poverty threshold was an annual income of €22,681 in 2005 and €26,861 in 2011. In Greece, on the other hand, where the average income has decreased due to the economic crisis, the poverty line has decreased from an annual income of €7,178 in 2010 to €5,708 in 2012. If a household disposes of less income than that, all of its members are described as 'at risk of poverty'. These poverty thresholds are also relative in another sense; since they are national poverty thresholds benchmarked against the median income in a specific country, the at-risk-of-poverty thresholds are very different in each member state of the European Union. Just to give a few examples, for 2011 the at-risk-of-poverty threshold was as high as €12,186 annual income in the Netherlands, while in Greece it was €6,591, in Bulgaria only €1,749 and in Slovakia €3,784. This means that a person with €10,000 annual income living in Vienna (Austria) is counted as being at risk of poverty, but if this person moves a hundred kilometers to live in Slovakia, she is no longer counted as poor unless her disposable income has changed. Using such national poverty thresholds obviously has certain advantages, because they are sensitive to the different income levels and to that extent also reflect differences in the living costs in the member states of the European Union. These different poverty thresholds also show the existing inequality in these dimensions.

On the other hand, the EU also measures poverty as material deprivation by referring to a list of goods and services that are deemed essential. The background idea for such a list was developed by Peter Townsend, who argued that poverty is an issue of being unable to do and have what is normal or standard in a society (Townsend 1979). He claimed, however, that poverty is always context-sensitive: there is no useful measure that applies to all contexts. Still, he also insisted that poverty is not only about survival and basic goods or capabilities and functionings but also about doing and having what a given society considers standard. Although Townsend asserted that he wanted to separate poverty and inequality, he ended up, as can be seen, connecting them more closely. As we will discuss, material deprivation is also close to concepts of social exclusion, whose wider focus tries to capture the important dimensions of what it means to be part of a particular society (Nolan and Whelan 2010).

Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the type of

diet, participate in the activities and have the living conditions and amenities which are customary, or are at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities. (Townsend 1979, 31)

The current list of goods and services used to measure material deprivation in the EU is as follows: a household cannot afford to (1) pay its rent or utility bills, (2) keep its home adequately warm, (3) face unexpected expenses, (4) eat meat, fish or a protein equivalent every second day, (5) enjoy a week's holiday away from home once a year, (6) have a car, (7) have a washing machine, (8) have a color TV, (9) have a telephone. A person is counted as being materially deprived if she lives in a household that, for financial reasons, cannot afford at least three of these nine items; a person who cannot afford four or more of the items is considered severely materially deprived.

Two things are important in order to understand the concept of material deprivation: the items on the list are determined by asking the population whether they are, indeed, perceived as really necessary possessions (and using some statistics to validate them). The background idea is that every item should (a) reflect the lack of an ordinary or minimal living pattern common to a majority or large part of the population in the EU and most of its member states; (b) allow international comparisons (i.e., convey the same information value in the various countries and not relate specifically to a "national" context); (c) allow comparisons over time; and (d) be responsive to changes in the living standard of people (Fusco, Guio and Marlier 2013). These items are thus also context-sensitive and relative and can and do change over time. Access to the Internet and having a PC are items that can be expected to be on that list soon. One of the proposals for a new material-deprivation measure is to have thirteen items on the list: five 'personal' items (things the person cannot afford but would like to have) and eight 'household' items (things the household cannot afford) (Guio, Gordon and Marlier 2012). Not being able to afford four of these renders one materially deprived. The five personal items are being able to replace worn-out clothes with new (not secondhand) ones; owning two pairs of properly fitting shoes, including a pair of all-weather shoes; being able to spend a small amount of money each week on oneself without having to consult anyone; having regular leisure activities and getting together with friends or family for a drink or meal at least once a month. The eight household items are replacing

worn-out furniture; having a meal with meat, chicken, fish or vegetarian equivalent every second day; meeting unexpected expenses; taking a one-week annual holiday away from home; avoiding arrears (mortgage or rent, utility bills, hire purchase / installment plan commitments); having a computer with an Internet connection; keeping the home adequately warm and having a car or van for private use.

The items on this list are not the result of any normative reasoning like, for example, the items on Nussbaum's list, and they do not aim to reflect things people are or should be entitled to as a matter of social rights in the EU or its member states. Hence, this list also does not converge with any right to have items that would trigger any obligation on the side of the state, although it can be used to guide social policies. A second important thing to consider is that this list of items is the same for all member states of the EU and is therefore absolute in contrast to the at-risk-of-poverty lines, which are determined using national standards. So the monetary poverty line and the measure of material deprivation provide researchers and policy makers with different kinds of information. A look at the respective statistics makes that point clear: while in 2011 the monetary poverty rate was between 9.8 percent in the Czech Republic and 22.2 percent in Bulgaria, the rates of material deprivation differ much more. In Bulgaria, the country with the highest rate of materially deprived people in the EU, the rate was 60.1 percent in 2011, while in Sweden, the country with the lowest rate, it was 4.2 percent (for more details, see Table 2.4). It is also possible, as is done, for example, in the national statistics in Austria, to combine both measures and to differentiate four groups: those who are neither at risk of poverty nor materially deprived, those who fit onto either one category or the other and, the last and most disadvantaged group of people, those who live in households that are both at risk of poverty and materially deprived. The official statistics in Austria call the last group of people 'manifest poor'.

In the European Union, official statistics measure child poverty by counting the children in households that are at risk of poverty or materially deprived as well. The at-risk-of-poverty rate is higher for children under eighteen than for the age group between eighteen and sixty-four (see Table 2.5). In 2011, 19.3 percent of the children (6.3 million children) under six years were living in at-risk-of-poverty households compared with 16 percent of persons between 18 and 64 (51 million persons). It is worth noting that the numbers differ significantly between the member states of the EU, and even rich countries have high numbers of child poverty; for example, Germany (15.6% of children under six at risk-of-poverty) and Sweden (15.7% of children under six at risk of poverty).

Table 2.4 Rate of material deprivation and at-risk-of poverty rate in Europe

	2005		2008		2011	
	Material deprivation	At-risk-of-poverty	Material deprivation	At-risk-of-poverty	Material Deprivation	At-risk-of-poverty
EU (27 countries)	20	16.4	17.5	16.5	18.4	16.9
New member states (12)	47.5	18.9	35.4	17.3	34.1	17.5
Euro area (18 countries)	13.8	15.3	13.9	16.1	15.4	16.9
Belgium	13.3	14.8	11.6	14.7	12.9	15.3
Bulgaria	:	14	55	21.4	60.1	22.2
Czech Republic	22.7	10.4	16.2	9	16.1	9.8
Denmark	7.6	11.8	5.4	11.8	6.9	13
Germany	11	12.2	13	15.2	12.4	15.8
Estonia	26.6	18.3	12.4	19.5	21.5	17.5
Ireland	11.2	19.7	13.6	15.5	22.7	15.2
Greece	26.3	19.6	21.8	20.1	28.4	21.4
Spain	11.9	20.1	10.8	20.8	13.2	22.2
France	13.2	13	13.1	12.5	12.4	14
Italy	14.3	18.9	16.1	18.7	22.3	19.6
Cyprus	31.2	16.1	24.9	15.9	29.8	14.8
Latvia	56.8	19.4	35.7	25.9	49	19
Lithuania	51.7	20.5	22.2	20	35.1	19.2
Luxembourg	3.9	13.7	3.5	13.4	4.7	13.6
Hungary	39.7	13.5	37.1	12.4	42.2	13.8
Malta	15.2	14.3	13.7	15.3	17.1	15.6
Netherlands	7.5	10.7	5.2	10.5	6.6	11
Austria	8.3	12.3	13.7	12.4	9.5	12.6
Poland	50.8	20.5	32.3	16.9	26.4	17.7
Portugal	21.2	19.4	23	18.5	20.9	18
Romania	:	:	50.3	23.4	47.7	22.2
Slovenia	14.7	12.2	16.9	12.3	17.2	13.6
Slovakia	42.6	13.3	27.8	10.9	22	13
Finland	10.8	11.7	9.1	13.6	8.4	13.7
Sweden	5.7	9.5	4.6	12.2	4.2	14
United Kingdom	12.5	19	11.3	18.7	13.3	16.2

Source: Eurostat, www.ec.europa.eu/eurostat/

The measure of material deprivation (and severe material deprivation) is also interesting in this regard. In total, more than 3 million children under the age of six were living in severely deprived households in the EU in 2011, as were nearly 9.5 million children under eighteen and more than 28 million persons between the age of eighteen and sixty-four

Table 2.5 At-risk-of-poverty rate in Europe, by age

Geo/time	under 18			under 6			under 18		
	6	18	18-64	6	18	18-64	6	18	18-64
	2005			2008			2011		
EU (27 countries)	19.1	20.0	14.7	19.0	20.4	14.7	19.3	20.8	16.0
New member states (12)	25.4	26.4	17.6	20.1	23.1	15.4	20.7	24.0	16.5
Belgium	20.2	18.1	12.0	17.1	17.2	12.2	21.7	18.7	12.9
Bulgaria	:	18	12	26.1	25.5	17.0	27.7	28.4	18.2
Czech Republic	17.6	17.6	9.4	11.3	13.2	8.3	12.5	15.2	9.1
Denmark	13.5	10.4	11.0	9.3	9.1	11.3	8.5	10.2	13.1
Germany	11.1	12.2	11.9	15.1	15.2	15.4	15.6	15.6	16.4
Estonia	23.3	21.3	16.8	13.0	17.1	15.0	14.7	19.5	18.0
Ireland	17.8	23.0	16.0	14.4	18.0	13.4	13.9	17.1	15.1
Greece	18.8	20.4	17.1	21.5	23.0	18.7	21.3	23.7	20.0
Spain	22.1	26.0	16.4	25.1	28.2	17.3	25.1	29.5	20.8
France	14.3	14.4	11.6	15.0	15.6	11.6	18.0	18.8	13.5
Italy	21.7	23.6	16.4	23.0	24.7	16.3	24.5	26.3	18.5
Cyprus	13.5	12.8	11.1	14.1	14.0	10.8	13.0	12.8	11.5
Latvia	19.6	22.0	18.2	21.5	23.6	19.4	20.4	24.7	20.2
Lithuania	24.1	27.2	19.0	19.3	22.8	16.8	18.5	25.2	20.2
Luxembourg	21.5	20.2	12.8	20.3	19.8	12.9	20.8	20.3	13.1
Hungary	19.6	19.9	13.2	19.5	19.7	12.0	21.2	23.0	13.6
Malta	14.5	17.6	11.4	18.3	20.4	12.0	18.6	23.0	13.1
Netherlands	14.4	15.3	10.2	12.7	12.9	9.9	14.7	15.5	10.5
Austria	14.7	14.9	11.1	14.5	14.9	10.9	15.9	15.4	11.0
Poland	27.5	29.3	20.4	19.6	22.4	16.3	19.7	22.0	17.1
Portugal	20.4	23.7	15.9	16.3	22.8	16.3	18.7	22.4	16.2
Romania	:	:	:	26.3	32.9	20.0	28.2	32.9	21.0
Slovenia	11.5	12.1	10.4	10.4	11.6	10.5	14.7	14.7	11.7
Slovakia	15.7	18.9	12.7	17.8	16.7	9.5	21.1	21.2	12.4
Finland	11.9	10.0	10.5	13.3	12.0	11.8	13.3	11.8	12.8
Sweden	9.8	10.2	9.1	13.4	12.9	11.2	15.7	14.5	12.5
United Kingdom	25.3	22.9	16.2	24.0	24.0	14.7	18.1	18.0	14.1

Source: Eurostat, www.ec.europa.eu/eurostat/

(see Table 2.6). While Denmark has very low rates (1.9% of children under six), other countries such as Bulgaria and Romania have rates of severe material deprivation of children as high as 40 percent. It cannot be said, though, that material deprivation of children is nonexistent in many rich countries of the EU: in Germany, more than 700,000 children

Table 2.6 Number of people in severe material deprivation in Europe, by age (in thousands)

Geo/time	2005			2008			2011		
	under 6	under 18	18-64	under 6	under 18	18-64	under 6	under 18	18-64
EU (27 countries)	3,379	11,668	32,500	2,926	9,404	26,341	3,122	9,470	28,113
New member states (12)	1,814	6,800	19,941	1,230	4,348	12,968	1,195	4,025	12,384
Belgium	70	197	419	50	165	377	73	187	382
Bulgaria	:	:	:	159	521	1,823	171	584	1,977
Czech Republic	65	293	744	41	156	447	48	149	405
Denmark	17	46	122	12	30	69	7	39	97
Germany	169	783	2,565	334	955	3,147	249	737	3,066
Estonia	9	35	98	4	13	38	5	22	80
Ireland	33	94	110	28	78	156	36	117	218
Greece	66	195	795	60	200	720	106	322	1,072
Spain	148	439	1,098	168	446	1,040	135	434	1,459
France	256	812	1,972	318	859	2,065	362	929	1,984
Italy	274	779	2,372	328	985	2,712	424	1,299	4,141
Cyprus	6	22	57	5	17	43	7	26	65
Latvia	39	163	529	22	76	231	37	116	410
Lithuania	63	245	661	31	83	244	23	96	346
Luxembourg	1	3	5	0	1	2	0	1	5
Hungary	150	536	1,434	145	417	1,145	157	536	1,501
Malta	2	6	13	1	5	11	2	6	18
Netherlands	48	126	250	25	82	161	27	104	293
Austria	18	58	162	44	118	346	33	86	210
Poland	692	2,709	8,216	341	1,305	4,317	310	934	3,165
Portugal	74	200	539	45	234	607	65	222	511
Romania	:	:	:	446	1,613	4,180	398	1,426	3,944
Slovenia	3	15	65	4	19	90	6	20	82
Slovakia	65	261	768	31	122	399	30	110	389
Finland	11	42	132	11	34	121	10	35	116
Sweden	14	72	125	12	38	83	8	28	74
United Kingdom	367	1,022	1,892	259	831	1,767	390	906	2,099

Source: Eurostat, www.ec.europa.eu/eurostat/

under the age of eighteen are severely deprived; in France, more than 900,000. The numbers and rates for 'normal' material deprivation are even higher.

Besides measuring child poverty with the indicators used for the whole population, the EU has also started to develop child-specific measures,

adapting the material-deprivation index, and to define specific goods and services for children (Guio, Gordon and Marlier 2012). A final list of eighteen items was developed, composed of thirteen children's items (also collected on the household level) and five household items. The children's items are (1) some new (not secondhand) clothes; (2) two pairs of properly fitting shoes, including a pair of all-weather shoes; (3) fresh fruits and vegetables daily; (4) one meal with meat, chicken, fish or vegetarian equivalent daily; (5) books at home suitable for the children's age; (6) outdoor leisure equipment; (7) indoor games; (8) a suitable place to do homework; (9) regular leisure activities (sports, youth organizations, etc.); (10) celebrations on special occasions; (11) possibility of inviting friends around to play and eat from time to time; (12) participation in school trips and school events that cost money; (13) one-week annual holiday away from home. The household items are (14) replacement of worn-out furniture; (15) avoidance of arrears (mortgage or rent, utility bills, hire purchase / installment commitments); (16) a computer and an Internet connection (enforced lack; i.e., cannot afford but would like to have); (17) keeping the home adequately warm (enforced lack); (18) a car or van for private use (enforced lack). The EU does not use this list to actually measure child poverty, but it might do so in the future as the pressure to gather knowledge about child poverty rises.

A different approach is used by UNICEF, which also developed measures for children's well-being in rich countries (UNICEF IRC 2013, 2012). UNICEF distinguishes the following six dimensions: material well-being, health and safety, educational well-being, family and peer relationships, risky behaviors and subjective well-being. The indicators for material well-being were very close to the poverty measures used by the EU and reflected both income poverty and material deprivation. Income poverty was captured by the relative child poverty rate (percent of children living in households with equivalent incomes below 50% of national median) and the child poverty gap (distance between national poverty line and median incomes of households below poverty line); material deprivation was captured by using an index of child deprivation (percent of children lacking specific items) and a family affluence scale (percent of children reporting low family affluence). The use of both income poverty and material deprivation is based on the insight that being income poor does not necessarily say much about the actual living conditions of a child because other factors are also relevant. The index of child deprivation used fourteen items, a child being deemed to be deprived if she lacks at least two of them: (1) three meals a day; (2) at least one meal a day with meat, chicken or fish (or vegetarian

equivalent); (3) fresh fruit and vegetables every day; (4) books suitable for the child's age and knowledge level (not including schoolbooks); (5) outdoor leisure equipment (bicycle, roller skates, etc.); (6) regular leisure activities (swimming, playing an instrument, participating in youth organizations, etc.); (7) indoor games (at least one per child, including educational baby toys, building blocks, board games, computer games); (8) money to participate in school trips and events; (9) a quiet place with enough room and light to do homework; (10) an Internet connection; (11) some new clothes (i.e., not all secondhand); (12) two pairs of properly fitting shoes; (13) the opportunity, from time to time, to invite friends home to play and eat; (14) the opportunity to celebrate special occasions such as birthdays, name days, religious events, and the like. The second component of material deprivation was the affluent family scale, which was measured by the responses to four questions the children were asked: (1) Does your family own a car, van or truck? (2) During the past twelve months, how many times did you travel away on holiday with your family? (3) How many computers does your family own? (4) Do you have your own bedroom? The results for the children's material well-being dimension reveal that the eastern European countries show the highest rates of both components of material deprivation, while the Scandinavian countries fare much better (for more details, see Table 2.7). The USA, Germany and Canada are found in the middle. Besides calculating the rankings of OECD countries with significant information in each dimension, UNICEF also calculated an overall score for each country that was not an aggregate of indicator scores per se. Rather, the overall score was an average of how each country ranked across all six dimensions. One interesting and maybe surprising result was that the USA was in the fourth last overall place and only Lithuania, Latvia and Romania had a worse overall score. The low ranking of the USA was also due to its having the second highest child poverty rate.

Besides these large-scale surveys, there are uncountable smaller studies that use different approaches, methods and indicators we cannot present here. It is important to note, though, that there is a growing consensus about the fact that child poverty is a multidimensional phenomenon that cannot be adequately captured by a single measure alone or smaller studies, as the EU and UNICEF also acknowledge. This leads to the extended lists that combine monetary thresholds with deprivation indicators. While this is certainly progress, some researchers call for even more multidimensionality and demand the inclusion of health, education and emotional well-being (Minujin et al. 2006). We already mentioned that more differentiation regarding the dimension

Table 2.7 Child well-being in rich countries

		Overall well-being (average rank)	Material well-being	Health and safety	Education	Behaviors and risks	Housing and environment
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	USA	25.8	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

Source: UNICEF Office of Research (2013). 'Child Well-Being in Rich Countries: A Comparative Overview', Innocenti Report Card 11, UNICEF Office of Research, Florence.

of space is needed. Calculations of relative income poverty will come to different results in different regions; housing costs, for example, are usually higher in urban regions, and even within them, at the neighborhood level vast differences can exist. Another issue is the level of application of deprivation measures like the ones discussed. The knowledge one can extract for the EU is that deprivation is much higher in eastern member states than, say, in Germany and Austria, but what the data we presented does not show is that within these two countries, one can easily find significant differences between regions and neighborhood. It is not a surprise that there are many regions in Germany where material deprivation among children is nearly nonexistent, while

in other regions it is a more prevalent issue. Besides space, the dimension of time needs to be acknowledged; how long a person is poor and during which phase in the life course, for example, during childhood, and whether poverty is a returning issue is highly relevant information. The dynamics of poverty are crucial and underexplored, which can also be attributed to the lack of data (Addison, Hulme and Kanbur 2009). Time is also relevant in the sense that it is valuable information to know if certain phases of life are particularly prone to poverty, as is the case for childhood. It is puzzling that members of society regularly deemed as in need and worthy of particular protection and support, called by politicians 'the future of a society', are more often living in poverty.

Before examining the injustice of child poverty, we need to point out two further aspects in relation to the aims and scope of this chapter. Firstly, we will focus on child poverty and studies that examine it in welfare states such as the countries of the European Union, the USA and, in some cases, Canada and Australia. We will, however, exclude the poorer states of the EU, such as Bulgaria and Romania, from our examination. The main reason is that, although such countries are members of the EU and certainly higher developed than many other countries in this world, they are still not on par with the richer states in the EU or the USA. The data we presented before on the breadth and depth of child poverty in these countries shows that sufficiently. Evidence shows that in highly developed countries severe forms of child poverty also exist but fortunately on a smaller scale (Weinreb et al. 2002). Secondly, despite this focus, we are confident that our conclusions are applicable to many more countries and contexts of child poverty. It holds generally that child poverty negatively affects the functionings children can achieve and the capabilities they can develop during childhood and in later life. This is in no way a problem exclusive to rich countries; in fact, evidence convincingly suggests that the problems are even greater and more severe in poorer countries in Europe and, indeed, everywhere else in the world. Still, child poverty in Romania and Bulgaria is less severe and widespread than it is in many African or Asian countries. It should be kept in mind that, using the monetary measure alone, the poor in richer states would be the middle class in others and among the affluent in many more.

2.2 The Ill-Being and Ill-Becoming of child poverty: physical and mental health

We have presented five criteria a functioning needs to fulfill in order to count as one children are entitled to it as a matter of justice: (a) it must

reflect a truly important dimension of children's well-being or well-becoming (which means that it is important for the achievement of one or more other important capabilities as an adult); (b) its choice must be based on the best available (empirical) knowledge about children's lives and development; (c) the functioning can be distributed in a meaningful way and can therefore be secured by the institutional design of a society; (d) it must be objectively determinable and not merely subjective; and (e) it must also take into account children's own views.

We have also offered a sixth criterion that allows the selection of functionings of particular importance because they are fertile and have positive effects on the development and achievement of other functionings and capabilities. For most of these criteria, there is only little dispute if they support physical and mental health, which is certainly an important part of children's well-being and well-becoming. The central role that health plays is based on broad scientific knowledge. Furthermore, children themselves value their own health, although this is dependent on a certain level of maturity and competence. Health, at least many aspects of it, is objectively measurable, both physical and mental health. The claim that health, perhaps especially mental health, is something that can be secured for everyone on the basis of the institutional design of a society is, on the other hand, more problematic. Health is surely influenced by other factors as well, such as genes and the natural environment, which are to a lesser extent alterable; likewise, temporary phases of ill health are a normal aspect of life. There will always be ill health, early death and suffering that cannot be prevented; the argument here is not that health is totally controllable, like, say, the distribution of a specific toy, but that it is, to a sufficient extent, socially determined (Marmot and Wilkinson 2003).

Different pathways for this social determination have been discussed, and a recent review stressed the connection between education and health, working conditions and health, neighborhood conditions and health, income and wealth and health, and race and health (Braveman, Egerter and Williams 2011). All of these influence health to a great extent and are the subject of public concern, especially as they are alterable. Evidence now points in the direction that child poverty is one of the social factors that severely influences health. Thus, even if, on the individual level, there are many cases in which society cannot do much to secure health for children or secure that they become healthy adults, the influence of social factors on health is still large enough to claim that they should be changed accordingly and that ill health due to unnecessary factors is unjust. Again, for older children we have to add that they can – at least to some extent – choose not to be healthy

or risk their health because they prefer to realize other options, such as smoking or engaging in risky sports. It seems also clear that health counts as valuable for the current well-being during childhood as well as the well-being as an adult. It is therefore not a child-specific function in the sense that adults are not entitled to it as a matter of justice – at least in the form of having the real freedom to be healthy. In any case, concerning younger children, it is clear that they should actually be healthy and that giving them the choice to decide for themselves is not a realistic and morally permissible option here.

Moreover, health is a fertile functioning and ill health, a corrosive disadvantage. Some reasons for this claim are closely connected to the research about the relation between poverty and health, which we will discuss later, but in general it is reasonable to view health as fertile because it influences nearly all other functionings and capabilities children can reach. Sridhar Venkatapuram has offered a view of health from a capability perspective that is best understood as the ability to achieve valuable functionings and capabilities (Venkatapuram 2013, 2011). Health functions here as a kind of supercapability from which all other capabilities and functionings are more or less dependent. Viewed from the perspective of ill health, this claim can be interpreted as follows: in the most severe form of ill health, which leads to death, it is obvious that no other functionings or capabilities can be achieved and that it is corrosive in an absolute sense. However, we do not want or need to defend such a strong claim here; indeed we are fine with the notion of health as an important and fertile functioning that positively influences the achievement of other functionings and capabilities both during childhood and adulthood. For example, studies have shown that health in childhood influences the socioeconomic status in later life (Palloni 2006). WHO, too, endorses such an understanding in its definition of health as a resource for everyday life (Williamson and Carr 2009), and it should be obvious that the health status of a child profoundly influences central aspects of her life, such as going to school and learning and playing and meeting friends. The lack of health per se is not automatically a violation of social justice, but if it is the result of preventable and changeable social causes, this aspect becomes effective. At this point we make the connection between child poverty, health and social justice.

Health is also corrosive in the sense that it affects the family members, especially the close caregivers of the child who is not healthy. We cannot explore this aspect in any detail, but we would like to at least mention that being healthy or being ill goes beyond the individual person in such a condition. Especially forms of chronic ill health as well as disabilities

demand much from caregivers, even preventing them from achieving some important functionings and capabilities themselves. The intersection between poverty and health is also clear here: if a family or parents do not have the resources to pay for professional help and care, they are dependent on the state and a health care system to support them. Otherwise, the chronic illness of a child can easily become a corrosive disadvantage for the parents and other family members.

Two more things have to be added here. The first one is related to defining health. We do not have a comprehensive definition, being aware of the difficulties to define health and its counterpart ill health or disease; debates in the literature do not yield, as far as we can see, to one unanimous conclusion (Venkatapuram 2013; Ereshefsky 2009). We are, however, convinced that we do not need such a definition for our argument. We will present studies that show how child poverty affects various indicators of health in terms of diseases and maladies that children are more likely to suffer from if they are poor. We will also show that childhood poverty leads to ill health in later life and a higher morbidity and mortality. These arguments do not need to rest on a definite conception of health but make use of the very plausible assumption that to suffer from certain diseases is a strong indicator of ill health. Furthermore, we want to stress again that the threshold against which we measure the effect of child poverty on the functioning of health as well as the other functionings we analyze are concerned with the inequality between poor and nonpoor children on the population level. It is unjust if children who are poor are more likely to be ill, even though certainly not all poor children are ill because of their poverty and ill health is something that is also common among nonpoor children. The insights we will present point in the direction that child poverty affects the health of many of these children and more so compared with their nonpoor peers, and this comparison shows that being healthy or having ill health is not an individual issue alone but rather a social one. The fact that nonpoor children have in general better health also shows that the state is in fact in a position to do better for those children in poverty.

The second one is that we choose to distinguish between physical and mental health because both are indeed equally important, but the latter is often neglected. In most examinations on why health is an issue of (social or global) justice, particularly in regard to the relation of poverty and health, the clear focus lies on physical health and on such issues as vaccinations and access to health care, sanitation and clean water in order to prevent severe illnesses that still kill millions of people, adults and children alike.

We understand the reason for this focus – physical health is without any doubt a more severe and pressing problem in many places in this world, and it usually leads in a more direct or faster way to death than mental illness. On a global scale, the priority on physical health can therefore be justified in the context of social justice in modern societies, which have already reached a higher level of welfare and health even for many children in poverty and where child mortality from preventable illnesses is fortunately rather rare. One can and should not dismiss mental health but rather acknowledge that children have a right to be physically and mentally healthy. Mental health issues are on the rise and are a significant burden for the individual who suffers from a mental health problem and her family, and on the epidemiological level, it is a great challenge for health care systems, the economy and the state (Prince et al. 2007; Wittchen et al. 2011).

The complex nature of mental health presents a further challenge: it is far less explored than physical health. In some dimensions, there is a clear and close connection between mental health and subjective well-being as well as happiness, which seems to stand in the way of making mental health an issue of justice in the same way as physical health (Cabezas, Graf and Schweiger 2014). We are aware of these issues as well as of the fact that mental health cannot be fully explored without leaving room for subjective evaluations and how children actually feel; we will explore some related issues in more detail when we come to see how children experience poverty. First, however, we will stick to the ‘hard’ medical and psychological evidence that already reveals important aspects of the relationship between child poverty and mental ill health.

Having these considerations in mind, what can we say about the effect poverty has on children’s health – as children and as the adults they will become? The medical evidence is clear: poverty during childhood affects many different aspects of the health of children, and it has long-ranging effects on adult health as well.

Let us elaborate this point by first looking at mental health. Poverty during childhood has been found to precede anxiety disorders, depression, post-traumatic stress disorder and academic underachievement (Nikulina, Widom and Czaja 2010; Santiago, Wadsworth and Stump 2011); it has been shown to be detrimental to cognitive outcomes and to affect brain development, leading to behavioral disorders as well (Kim et al. 2013; Welsh et al. 2010). The reasons for these influences are still disputed, and many mediating mechanisms have been discussed. A recent overview of the evidence regarding the influence of childhood poverty on mental, emotional and behavioral health in the USA has proposed

the distinction between individual, relational and institutional factors (Yoshikawa, Aber and Beardslee 2012). Important factors found include the influence of family poverty on parenting stress, depressed parental mood, marital conflict and household violence; all of these correlate with neglect and reduced parent investment in the child. The lack of cognitively stimulating materials and experiences appears to contribute in particular to differences in cognitive development, which also affects the benefit children can obtain from schooling and further education. Neighborhood poverty, again, is related to an insecure environment, the quality of schooling and the availability of youth programs; exposure to these stressors may overwhelm children and influence their neural development. Studies that observed the influence of childhood poverty on adult mental health also found it to be correlated to a range of mental health problems and psychological disorders (Evans and Cassells 2014; Gilman et al. 2002; Najman et al. 2010). This evidence on the ill-being and ill-becoming due to child poverty makes clear that poverty heightens the risk of growing up in an adverse environment but that lack of money alone is not the cause for mental ill health. Rather, we must look at what is often caused by the combination of a low socio-economic status and the lack of a comprehensive welfare system; namely, stress and insecurity, which affect families and children living in these circumstances in such a negative way. Evidence also shows that children in low socioeconomic level families show self-harming behavior such as overdose and self-injury, which, in turn, shows that poverty takes a high toll on the minds of children and adolescents (Aytton, Rasool and Cottrell 2003). While it is true that children in rich families might also develop mental ill health due to all the above-mentioned reasons, living in poverty makes it much more likely. Likewise, it is a problem of justice because poverty can be prevented. The effects of poverty during pregnancy have also been researched – it can act as a chronic stressor, and high levels of prenatal stress are suspected of negatively affecting the brain development of the fetus, which in turn leads to lower general intellectual and language abilities in toddlers (Laplante et al. 2004).

When it comes to physical health, studies have demonstrated many negative influences of child poverty on both children and adults: The low socioeconomic status of the mother is correlated with lower birth weight and preterm birth, both significant health risks for the infant (Dunkel Schetter and Lobel 2011). A recent study found that the effects of childhood poverty are especially predictive of cardiovascular disease and type II diabetes and that they appear in large part to be biologically embedded, such that later improved life circumstances have only a

modest ameliorative effect (Raphael 2011). Another study followed 9,760 participants biennially from 1992 through 2006. Its results suggest that early-life socioeconomic experiences directly influence adult chronic disease outcomes for coronary heart disease (CHD), diabetes and stroke (Nandi et al. 2012). Asthma, too, seems to be influenced by the socioeconomic status of the child (Williams, Sternthal and Wright 2009). Due to these health risks, people growing up in poverty have a higher mortality rate and die younger than their nonpoor peers (Galobardes, Lynch and Smith 2004); child mortality itself is linked to socioeconomic position (Pritchard and Williams 2011). The pathways are, again, multifactorial (Melchior et al. 2007): the environment is linked to a range of influencing factors, for example, lack of heating and poor ventilation; these can trigger processes called biological embedding, by which experiences during early childhood alter the neurological and physical development (Hertzman and Boyce 2010; Hertzman et al. 2010). Risky behaviors that become chronic, possibly influencing adult health, are another mediating mechanism. Moreover, children who grow up poor often stay poor as adults, and this adulthood poverty is a major influence on adult health and mortality. In a recent review Dennis Raphael described how childhood poverty has cumulative effects on health and translates into adulthood:

Cumulative effects are illustrated by findings that the longer children live under conditions of material and social deprivation, the more likely they are to show adverse health and developmental outcomes. These can be cognitive deficits that contribute to lack of school readiness for children (e.g., physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge) upon entering the education system. Cumulative adverse experiences during early childhood predispose children towards learned helplessness where children feel unable to act effectively upon their world. Such helplessness is a strong determinant of health in general and a precursor of adopting health threatening behaviours. (Raphael 2011, 25)

It is not always possible to disentangle these influences, which can lead to vicious circles over the life course. Child poverty leads to ill health, and both can contribute to lower educational outcomes; lower educational outcomes, in turn, lead to a lower socioeconomic position in later life, which, again, is related to several factors that can contribute to ill health. This cycle is then passed on to the next generation, to

children who are once again born poor and have fewer life chances and a higher risk of staying poor and being less healthy. An example of how child poverty affects physical health, affecting as a consequence other important functionings, is the issue of obesity. It is now well established that childhood poverty increases the probability of being obese, an effect that can already be observed in very young children and babies (Conrad and Capewell 2012). Obesity is therefore not a lifestyle choice of these children but the result of the environment they are born into (Johnson, Pratt and Wardle 2011). Obesity during childhood is connected to a wide range of further health risks, being linked, in particular, to cardiovascular disease and diabetes but also to mental health problems, such as depression (Levine 2011; Pizzi and Vroman 2013). Again, we by no means wish to deny that obesity during childhood also happens in well-off families but rather opt to reinforce the idea that more children in poverty are affected due to their being poor, which is sufficient for our claim that child poverty violates the claims of these children to be healthy. In an older review, Richard Reading presented good reasons why poverty is, in fact, the cause for ill health and health disparities in a society, reasons that still hold: research is consistent; the relation between poverty and child health can be found in every country; there is historical evidence that shows this relation is not new; there is an incremental relation; and the relation between health and poverty has been shown for many different forms of material and social deprivation (Reading 1997).

In conclusion, the evidence we presented here shows that child poverty and physical and mental health are connected; child poverty influences it negatively and has negative effects on adult health as well. It undermines the equality of opportunity to well-being. Epidemiological studies, however, can give an insight as to the extent of the problem. A recent estimation for the USA concluded that approximately 245,000 deaths in the year 2000 were attributable to low levels of education, 176,000 to racial segregation, 162,000 to low social support, 133,000 to individual-level poverty, 119,000 to income inequality and 39,000 to area-level poverty (Galea et al. 2011). Another study suggests that in the European Union, 700,000 deaths and 33 million prevalent cases of ill health were caused by socioeconomic inequality (Huisman et al. 2013). We cannot put a definite number on the injustice of ill health caused by child poverty, but statistics attest that millions of children are living in poverty in modern welfare states. If there is sufficient evidence that many of them are ill simply because they are poor and that being poor puts them at a higher risk of becoming ill than their nonpoor peers, it is enough to criticize this situation as unjust as well as to claim that

these societies are failing the demands of justice for children. They let children down on their justified claims to well-being and well-becoming and deprive them of a fertile functioning, which in turn affects the achievement of other important functionings and capabilities.

One might counter our conclusion about the relation between health and poverty by pointing to parents and families, shifting the blame from the institutional design of society to them. They choose to live under such circumstances and bring children into the world, and they do not move to better neighborhoods, give them better food and care or take them to regular medical checkups. Child poverty is, indeed, in most cases also family poverty (important exceptions are orphans in state care and unattended minor refugees) and the parents' living conditions and socioeconomic status do have significant influence on their children. We will address this issue in the next chapter, where we will analyze the role of close caregivers and their responsibilities toward children in some detail and refute the argument that parents and families are the primary agents for securing social justice for children. For now, we would like to point to the fact that parents and families in poverty usually have very limited options to influence the health of their children due to structural deficiencies, a fact that is to be taken into account when conceptualizing their responsibilities. Parents' behaviors are partially determined themselves by socioeconomic position and how one grows up and is socialized, a claim supported by considerable evidence (Pinderhughes et al. 2001; Russell, Harris and Gockel 2008).

2.3 The Ill-Being and Ill-Becoming of child poverty: social inclusion and education

The next two functionings we would like to explore are social inclusion and education. Again, we see good reason that they should pass the test and fulfill the five criteria we laid out above and also the sixth, which puts higher priority on fertile functionings and the prevention of corrosive disadvantages. Both are important for the well-being and well-becoming in the sense that they are both essential for an adult as well. They can be measured objectively with the usual caveats. It also seems not unreasonable to assume that children themselves view social inclusion and education as important, although maybe the latter not in the same way as adults think of it. Both are influenced by the institutional design of a society, and each and every child can achieve both functionings under the right circumstances. Even children with severe cognitive disabilities have a right to be educated in a way appropriate to

their capacities. In addition, we claim that both are fertile functionings, and we will introduce some arguments to bolster that assumption in the following.

We will use very broad conceptions of both social inclusion and education, leaving the decision to further define them again to the respective studies we examine. We employ a negative approach, one that is satisfied with showing that child poverty actually negatively affects social inclusion and education and that children in poverty have a less of a chance to achieve those two functionings than their better-off peers. We therefore do not have a threshold for what each and every child is entitled to, a specific kind of education in terms of what they need to learn or how long they should go to school. Other specialists can answer these questions much better; there are probably differences between the respective education systems that must be taken into account. What seems obvious is that for children growing up and living in modern societies, education is not a matter of learning to read and write alone but also of being prepared for what a highly complex and differentiated society and its social, economic, political and cultural institutions demand. This is the aspect of well-becoming that is always relative to the standards in a given context and that is also risky to some extent, given that we cannot foresee the future. It can be the case – there have been many cases in the past – that children are educated and learn things they cannot use because technology changes or the knowledge and skills are no longer useful. The content and also the threshold in education and social inclusion that is necessary in order to fulfill the demands of social justice is therefore highly context sensitive and evolving. Studies on the future of education show this in an impressive manner (Redecker et al. 2011). Furthermore, we are not able to set different thresholds for different ages, although it is something that would be equally necessary to effectively guide policies. Such a more in-depth examination of education and child poverty, one that analyzes different age groups and different contexts (states or regions), is surely a worthy venture, which, however, goes beyond the limited scopes and aims of our treatise.

We will begin with the functioning of social inclusion, using, as we have just stated, a very broad understanding of it. Social inclusion is closely connected to material resources, on the one hand, and to the public infrastructure (in a broad sense), on the other hand. It encompasses being able to do and have things that are viewed as essential or normal in a society and that are necessary to keep up social relations with people outside one's own family. Such an approach to social inclusion (or its counterpart, social exclusion) is now used in many different

contexts, but the concept has also been criticized for being too vague and for being unclear about what it wants to capture due to, among other reasons, the existence of so many different definitions available; a recent review names eighteen different definitions (Morgan et al. 2007). Many approaches share striking similarities with deprivation measures as originally proposed by Townsend, but instead of looking at goods (which dominate the lists of both the EU and UNICEF), they also consider such other contexts of participation and inclusion as employment, politics and decision-making and culture and leisure. The benchmark used to define these contexts or activities is the same as with deprivation indicators: what is essential or normal in a specific society. For example, Burchardt, Le Grand and Piachaud defined four dimensions for adults in the United Kingdom, which can probably be viewed to cover all modern welfare states: (a) consumption, (b) production, (c) political engagement and (d) social interaction. They have also set four corresponding indicators: (a) equivalent household net income under half median income, (b) not employed or self-employed, in education or training, looking after family, (c) nonvoter, not a member of community organizations and (d) lack of someone who can offer personal support (Burchardt, Le Grand and Piachaud 2002). Two things become obvious when considering this approach: one activity (consumption) is, again, measured using income, and two of the others go certainly beyond what many would understand as poverty (political engagement and social interaction). Surely people can lack the last two without being (materially) poor for various reasons.

The concept of social inclusion/exclusion has been less often applied to children; we suppose that this reflects the (implicit) assumption that children are less active than adults (or that there are fewer important contexts in which children should be included). On the contrary, we want to make the point that children can be included in or excluded from many different contexts that matter for them, their well-being and their well-becoming: school, political participation, leisure and friends, health care, social services, rights, a safe and clean environment, among others. Such contexts matter highly to children (Ridge 2002). The social inclusion/exclusion paradigm offers valuable insights into understanding child poverty and its effects on the well-being and well-becoming of children. It highlights the relations between the different dimensions of social life; for example, between material goods and income and other forms of participation. It also shows that income alone is often not enough for one to be (fully) included in a society, since other factors like ethnicity, age, education, employment and health are equally important and lead to exclusion

processes. This certainly has implications for social policy: benefits alone will not be enough to solve the problem of social exclusion. The fact that social exclusion is a relational concept poses another issue and shows that social relations are of utmost importance. Inclusion and exclusion are processes that unfold through the interactions within certain social environments and contexts and reshape the opportunities persons have. There is a link between the main assumption of the capability approach, namely that capabilities and functionings are dependent on different conversion factors, and this relational dimension of social inclusion/exclusion. Being excluded means to be cut off from important conversion factors other people have access to as well. Social inclusion/exclusion is also more of a process than a static concept (Millar 2007). One is included through activities, doing certain things on a regularly basis and being part of social groups. Social inclusion is therefore not a functioning one can acquire at a certain point in time and keep without putting constant effort into it. Social inclusion has also a spatial dimension; where children live and how their neighborhood and environment look have a great influence on what they can do and have and on what kind of relations they can have to other people (MacDonald and Marsh 2005).

Social inclusion has two sides, an internal and an external one. The external side can be evaluated by looking at what children in poverty are actually doing and having; the internal side, on the other hand, has an emotional aspect and refers to the actual feeling and knowing that one is included and accepted. The concept of respect and the functioning of being respected as a human of equal worth, which we will discuss later in this chapter, also comes into play here. Both the internal and external dimension of social inclusion are fertile: the internal dimension is closely related to self-efficacy and other positive self-relations of self-trust and self-esteem, which in turn are fertile for the development and achievement of other capabilities and functionings – children that have them are more likely to explore their potentials and try to succeed. The external dimension of social inclusion is fertile because having social relations and being accepted and recognized by others and in the social world one lives in gives a child much more valuable options and makes it easier to realize them. Social inclusion is important if a child needs help; for example, if she struggles at school or if she has problems with her parents; it is important in later life because it can provide networks and is a form of social capital that has been shown to be beneficial especially for economic status (Pichler and Wallace 2008).

Hence, social inclusion in capability terms refers to the ability to achieve functionings and capabilities as a child that are viewed as

essential in the target society and to be respected as a human of equal worth. Therefore, social inclusion/exclusion is a relational concept that cannot be defined without reference to the target society. This has two implications: at first, social inclusion has intrinsic and instrumental value for children, but it is a neutral concept in relation to its specific content in a specific context.

We are aware that our claim that children have a right to be included as a matter of justice runs the risk of being interpreted as if we supported the existing capitalistic shaping of society and those behaviors and norms that it demands (Bowring 2000). This would be highly problematic, since it would mean that we support a social, political and economic formation that is one of the main causes of child poverty itself. While the claim that children are entitled to be included holds, being something of the utmost importance for their well-being and well-becoming, this does not imply that we are not critical of many social practices that children want to be part of or that they are actually included in. Social inclusion can also imply adhering to racist, sexist or ableist behaviors and attitudes and fitting into a strict social hierarchy. Such social inclusion is still beneficial for children because the costs of not fitting in are very high, but it is also obvious that such exclusionary patterns of inclusion are highly problematic from a moral point of view and affect negatively all of those excluded by these practices. It is disputable whether social inclusion can ever function without certain excluding mechanisms, but there are certainly forms and modes of inclusion that are less problematic than others. Likewise, children are in a very weak position to stand up against the societal norms they are confronted with, and demanding that they be critical and strong enough to withdraw from consumerist behaviors would overburden them.

Furthermore, social inclusion happens on different levels and can take many different forms. To be included in a specific group may come at the cost of exclusion from other groups. For example, children and adolescents can be included in a street gang and experience many of the positive functions of inclusion through this, but by doing so, they more or less willingly choose not to be included in the larger society in all aspects. Deviant and criminal behavior is simultaneously the ticket into one group and out of the societal mainstream. On the other hand, there are differences between states and cultures within states. Being socially included in Germany might imply having and doing different things than being included in the United States of America, even if there are certain similarities between all highly developed societies. What we claim is that child poverty distorts opportunities for these children to

be socially included in the society they live in; this holds for all modern societies. One of the main reasons is that inclusion and money are closely related, and as general features of all modern societies, inclusion reflects this capitalistic consumerist culture.

For now, we want to focus on the external side of social inclusion, which has been largely researched since poverty research itself moved from one-dimensional measures of income poverty to the concept of social exclusion and material deprivation. Social exclusion may be due to a number of different reasons, and lack of money is, although very significant, just one of them (Tisdall et al. 2006). Money buys membership in societies in which inclusion has high costs: cell phones, toys, clothes, leisure activities, sport clubs, trips, going out, eating at the mall and inviting friends. However, money is not the single factor for social inclusion; living conditions, social status, appearance, race and ethnicity, gender, health, education and disability also count. Not all of these are influenced by child poverty (or are a defining part of it), but most are. Children living in poverty have less access to transportation to come and go and meet friends, and their neighborhoods are less secure and provide less space for them to play safely and in a clean and welcoming environment. Children are also less often included due to the stigmatizing by others and prejudices against them, as when they are accused of being lazy, unclean or deviant. The shame that children in poverty feel can also lead to processes of self-chosen exclusion and to isolation and loneliness. Children with health problems or disabilities need more resources to be able to take part in many activities, resources that are often missing from families in poverty. Poor neighborhoods, poor health and poor inclusion go together (Cattell 2001). The social inclusion of children in poverty is more difficult for all these reasons, and many of them are not able to realize this important functioning in an adequately qualitative way. When we described ways to measure poverty, we presented data demonstrating how children in low-income families were more likely to face problems when trying to be socially included; the data were measured by the access to child-related social goods and activities that (partly) constitute what it means to fit in and belong to a society. If they are missed, children feel left out – and with good reason: they are actually not included in a comprehensive understanding. Similar findings have been reported using different methodologies and measures for particular countries in Europe as well as the USA, Canada and Australia (Kahn and Kamerman 2002; Phillips et al. 2013).

There is an abundance of literature on education from a capability perspective (Hart, Babic and Biggeri 2014; Walker and Unterhalter 2010).

Most of the available empirical evidence on the relation of child poverty and education focuses either on cognitive skills or on schooling and academic achievement. Education is, however, more than that; the value of education is poorly reflected if one looks only at schooling and subsequently at the relation between formal education and other socioeconomic characteristics, a relation that is important and, in particular, relevant for the intergenerational transmission and reproduction of poverty.

Education here means any kind of learning and acquiring of skills and knowledge, and in this broad sense it is the condition and grounding of many other functionings and capabilities. The good command of one's mother language is necessary for inclusion in the society and the interaction with other people; it is necessary to acquire further knowledge and skills and to achieve further capabilities and functionings. If one knows how to read, one can acquire all kinds of information available in that language. If one knows how to ride a bike or how to swim, one has obviously more choices of leisure activities and of getting from one place to another at one's disposal. Acquiring manners and social skills, so-called soft skills, becoming acquainted with the customs and habits of one's culture and society, make it a lot easier for one to appear in public, to interact with other people, to feel 'at home'. Soft skills have become ever more necessary in the fast-changing economy of modern societies, in which formal education is just one aspect of qualification. Not only do children learn throughout childhood – yes, childhood can be characterized as life's main learning phase – but the societal framing of childhood is that it should be a protected phase for learning and acquiring skills necessary for the child's well-being as an adult. Education points, in particular, toward an understanding of childhood as a preparatory stage. Besides this orientation toward adulthood, education has certainly an intrinsic and instrumental value for children themselves as well, one that is also empowering and gives them more options and freedom as they mature, learn and become able to do more things. Still concerning education, we would like to argue that children are entitled to realize it as a functioning and that it would be wrong and unreasonable to advocate for it in the form of a capability. Children have an entitlement to actually learn and acquire necessary and fruitful skills and knowledge they need for their further flourishing. A child does not need the capability to choose whether she wants to learn a language and to write and how basic mathematics works for her well-being and well-becoming but actually needs to acquire them on a sufficient level.

It is interesting to note here that our advocacy for the actual realization of education during childhood will almost certainly lead to the

result that in adulthood, too, people have it as a functioning, not only as a capability. Other important functionings or capabilities can be altered in later life, perhaps even denied. One can hurt herself or choose to destroy one's health, one can choose to live a life in isolation or one can choose not to engage in politics, but it is very unlikely that one can choose to unlearn. If a child is educated and learns to read, write and acquire other knowledge and skills, it will be the case that at least some of them, maybe the most basic and important ones, will stick. A person might forget what she learned in biology and physics, but to count and make basic calculations or speak in one's first language are hard to unlearn or willingly forget. Therefore – and we consider this a positive – education is a functioning that, if properly acquired in childhood, stays with one for the whole life course, unless severe mental illness or dementia destroys it. This points to another beneficial function of education; namely, that others are not able to destroy it so easily either and that it can aid in overcoming adverse situations, whether it be a personal crisis, life event or the rise of an oppressing regime.

Research about the relation of education and poverty is striking. Children in poverty fall behind in academic achievement very early, and their cognitive skills are less well developed. Recent studies confirm that this inequality becomes stronger during childhood and that children who grow up in poverty acquire a lower formal education than their nonpoor peers (Engle and Black 2008). Poverty influences school readiness, drop-out and attendance habits (Zhang 2003; Welsh et al. 2010). School is, for poor children, a less comfortable experience than it is for their nonpoor peers, and they struggle more often to get along (Horgan 2009). Sufficient evidence suggests that teachers treat children from poor families worse and that the grades of children are influenced by that (Ladd 2012; Auwarter and Aruguete 2008). Without any doubt, these effects on education during childhood also affect the later life of these children. It is much more difficult to catch up and acquire educational attainment as an adult, simply because there is much less support to invest the time needed, because the education systems are still designed in a way that supports linear biographies and because adults generally are slower in acquiring skills and knowledge. Some doors to education are more or less closed forever due to early developments and failings in achievements. The reasons for these low results of children in poverty are, again, manifold, and research has not established a single best explanation (Ferguson, Bovaird and Mueller 2007). We have already mentioned that the home environment and whether it is stimulating or not plays a crucial role in the development of cognitive

and emotional skills. Parenting style and parents' expectations of what they think their children can achieve are another factor associated with education outcomes. Such negative influences of parents on the educational achievements and development of their children is not the result of less interest in their children and in most cases also not the result of willing neglect, but the result of the parents' own limitation due to their poverty and own knowledge. Sometimes it also reflects their own experiences during childhood with teachers and in school. Other equally relevant factors are the health of the child and whether she has to be absent from school often due to health problems, as well as whether the parents have enough time and resources to support their child (Fiscella and Kitman 2009).

Both teachers' perceptions and expectations and the school itself play an important role as well. Children from poor families are more likely to go to schools that are worse equipped, have more children with social and behavioral problems and a less stimulating learning environment. These factors reinforce each other, and children in poverty grow up with fewer conversion factors that would help them realize their potential. According to the research of Chris Power and Clyde Hertzman, the corrosive disadvantage of child poverty in relation to education can be characterized as follows (Hertzman and Power 2003): Circumstances in the early years of life influence the cognitive, social and behavioral skills needed for readiness for school. Children who are not ready for school are more likely to experience low expectations of teachers, lose confidence, have difficulties making friends and face repeated academic failure. Readiness for school also influences school attendance and educational performance; these are important for educational achievement. Both home characteristics (material circumstances, parental involvement with and aspirations for their children) and school characteristics are important. Feeling disengaged with and unsupported by school plays a role in developing health-damaging behaviors, such as cigarette smoking, and in developing sources of identity based around peer relationships and youth culture.

While psychologically important, these identities can result in behaviors such as nonattendance and law breaking, which further damage educational prospects. Early parenthood, too, can be an important source of identity but one that makes it harder to stay on at school and gain qualifications. Leaving school and not going on to education, training or employment leaves young people vulnerable to unemployment, with paid work restricted to unskilled and semiskilled jobs. These jobs are characterized by low payment and job insecurity, which may

bring further health costs in terms of higher rates of absence due to sickness, disability and coronary heart disease. The environment of home and neighborhood can place further strains on physical and mental health. In consequence, poor adult circumstances take an additional toll on health, in part because they are implicated in the maintenance of health behaviors linked to chronic diseases such as coronary heart disease and cancer that underlie inequalities in health in adult life.

We now want to turn our attention to one important aspect of the well-becoming of children and their inclusion as adults. An essential part of the social inclusion of adults, different from that of children, is that they are able to provide for themselves and their families through paid work and labor. Modern societies are also working societies in the sense that work and labor are highly valued, a major source for self-esteem, self-respect and self-worth and the main source of income and wealth, which in turn translate into a variety of resources and goods. Work and labor are, so to speak, the main source to access important conversion factors for the majority of the population, being intrinsically valuable for many. These positive functionings of work and labor explain why their absence has such harsh consequences for many and why unemployment is one of the main sources for ill-being. One of the theories that tries to capture this relationship is Marie Jahoda's (Jahoda 1981; Jahoda 1982) who distinguished manifest (income) and latent (time structure, social inclusion, goals, identity and status, activity) positive functions of employment. From them, she derived why unemployment is such a harsh experience, one that takes high tolls on the physical and mental health, social inclusion and private life of the unemployed. The usefulness of Jahoda's model has been empirically tested over the years, and recent studies confirm that unemployment has such a detrimental effect on mental and physical health and social inclusion because it leads to a deprivation of the manifest and latent functions (Paul and Batinic 2009). Only a few people are adequately equipped to effectively cope with involuntary unemployment, especially over a longer period of time. Unemployment also affects the lives of children whose parents are unemployed and who are confronted with the stress that their parents experience and the stigma of unemployment they have to battle, which seems to directly affect the child's health.

We do not have a definite answer as to whether having paid employment is of such importance that it should be considered a capability that each and every one is entitled to as a matter of justice or whether the important thing is not having a paid job but rather having the opportunity to take care of oneself and those one cares about. We do not want to explore this issue here, although we still hold that the effects

of child poverty on the material and economic well-being in later life and the ability to participate in the labor market is of importance. We acknowledge that children are born with different talents and different natural internal capacities that will also influence what they can become in later life, but such natural differences cannot be held responsible for the differences in employment outcomes we can find in many modern societies. Findings suggest rather that employment opportunities – and with them also opportunities to gain a certain social status and income and wealth – are heavily influenced by the socioeconomic position of the parents. Again, we find here that the equality of opportunity to well-being defined as important functionings and capabilities is not realized for all children, but those who are poor have it much harder and are significantly disadvantaged. The main causes for unemployment on the side of the individual are low-level formal education, health issues and, as we are able to witness today, age: right now, millions of young people across Europe are jobless as a consequence of the economic crisis. Both education and health are related to childhood poverty, as we have shown, and it is therefore not surprising that it is more likely for children from poor families to experience labor difficulties when they are older. Recent statistics convincingly underpin this claim: in the USA, the unemployment rate of persons with an academic degree (bachelor's, master's, professional or doctoral) ranges between 4 and 2.2 percent; for persons with less than a high school diploma it reaches 11 percent. Earnings are also highly correlated to formal education (see Table 2.8). The same results can be found in the European Union, where 17.9 percent of the persons whose highest finished level of education is

Table 2.8 Education, unemployment and earning in the USA

Education attained	Unemployment rate in 2013 (%)	Median weekly earnings (\$)
Doctoral degree	2.2	1.623
Professional degree	2.3	1.714
Master's degree	3.4	1.329
Bachelor's degree	4	1.108
Associate's degree	5.4	777
Some college, no degree	7	727
High school diploma	7.5	651
Less than a high school diploma	11	472

Note: Data are for persons 25 and over. Earnings are for full-time wage and salary workers.

Source: Current Population Survey, US Department of Labor, US Bureau of Labor Statistics http://www.bls.gov/emp/ep_table_001.htm

less than primary, primary or low secondary education are unemployed, compared with 8.6 percent of those with high secondary and postsecondary (nontertiary) education and 5.6 percent of those with a finished tertiary education. Employment status, material resources, education, health and social inclusion are closely entangled and influence each other (Gallie, Paugam and Jacobs 2003). They show that modern societies are not well equipped to realize equality of opportunity for well-being for all its members and that it is especially hard for those who come from disadvantaged backgrounds.

In summary, what the empirical research shows is that child poverty is corrosive in regard to education and social inclusion of children, and both also affect the opportunities of inclusion in later life. They have also a wider effect on what can be called the capability to be a citizen with an equal standing. Elizabeth Anderson has argued that the capability set that people are entitled to as a matter of justice can be defined by looking at what they need to act as equals in a democratic society (Anderson 2010). This line of thought is similar to that of David Miller, who, not coming from a capability perspective, argues that there are two different types of equality: the first type of equality means equality in the distribution of certain goods (or functionings and capabilities), which should be equalized, and the second type refers to equality of social standing and the ideal of a society in which all meet on the same level (Miller 1999). While both are vague concepts, they bring forward the important idea of respect and being respected, which is closely connected to other important functionings and capabilities like self-esteem and self-worth. It is a simple fact that in modern working societies, social status, education, employment and income and wealth go hand in hand and that disadvantages during childhood that translate into inequalities as an adult in these areas work against the ideal of equality proposed by Anderson and Miller. We should look not only at the outcomes of child poverty but also at the well-becoming, which is an equally important part of justice for children, and under the conditions of a working society, children should be equipped with all necessary functionings that let them become productive, equally respected and included citizens.

2.4 The subjective experience of child poverty

So far, we have discussed how child poverty leads to ill-being and ill-becoming, especially in relation to health, social inclusion and education. We now want to turn to the subjective experience of child poverty, how

children themselves view their situation and articulate it and how they feel about it. We have already mentioned that child poverty influences mental health, for example, depression. We have built our case so far on objective knowledge that is more or less free of subjective assessments and ignores how children feel about poverty and if their subjective well-being or happiness is altered by it. The reason why we now want to give a voice to children that are actually living in poverty is threefold. First, we believe that children living in poverty have a right to be heard. We will explore here the difference between a consultative and an authoritative view as presented by Harry Brighouse (2003) and further expanded by David Archard and Marit Skivenes (2009). This will also shed some more light on our claim in Chapter 1 that children's views should be taken seriously in drafting a list of important functionings and capabilities that matter for children's well-being and to which they are entitled as a matter of justice. Second, we will argue that listening to children and taking notice of their subjective experiences deepens our understanding of the injustices they live with. Third, we will show that the way a child experiences poverty is – to a large extent – not arbitrary and that it therefore carries normative weight. In this context, the concept of humiliation will be of central importance.

Brighouse has argued that children should be listened to in matters affecting them but that they should not be granted an authoritative view over their own circumstances. In the end, adults have the right (and the duty) to act in the child's best interest, which sometimes might go against the child's will. This view is an advancement over how children were treated for a long time, but it still leaves them at adults' disposal. The term 'consultative view' already implies that the child's perspective has a certain value for those who have to act in the child's interests but that this value is limited. Adults, in contrast, should be seen, as Brighouse argues, as authoritative in respect to choices that affect them, except for a few cases in which it is clear they are not competent enough to decide for themselves; for instance, when they have severe cognitive disabilities or mental disorders that temporarily render them incompetent.

Archard and Skivenes came to a very similar result after analyzing in detail several cases in which children's views were heard and weighed in the context of legal decision-making in the domains of health in the United Kingdom and custody and child protection in Norway. They add, however, that children also have a right to be heard independently from the instrumental value that comes by listening to them (as they provide useful information) and that children's views are therefore more than consultative. The issue we discuss in this chapter is different

from the context in which the distinction of consultative and authoritative was developed. Brighouse, Archard and Skivenes are concerned with the participation of children in decision-making processes that affect their lives such as custody, medical treatment and probably also wider public matters, such as compulsory schooling. They also make use of the concept of best interest, which is commonly used in the children's rights approach, and seek to balance the right of a child to be heard and to decide with the right of the child having her interests and well-being protected. It is not, they all agree, in the best interest of children to give them full command over their lives.

We are, however, concerned with a criticism of child poverty as unjust, and in most treatises criticizing certain injustices, views of the victims of these injustices are not decisive. The reasons to do so are very similar to those that resulted in opting for an objective account of justice as we developed it in the previous chapter. The foundational work has to be done more or less unrelated to how people actually feel or what preferences they have. As Sen, among others, has noted on several occasions, there is a need for objective measures because impoverished circumstances can make the victims of poverty allies of those who oppress them (Sen 1999; Khader 2011). Adaptive preferences demand an objective account of justice that has enough bite and argument on its side to allow for the critique of injustices, even if they are supported by those who suffer from them.

But why, then, is it important to listen to children living in poverty? We think that the distinctions between an authoritative view and a consultative view complemented by a right to be heard, introduced above, is particularly important here. Victims of injustices have a right to be heard by those who talk and write about those injustices. They have a right to be included in the analysis, even if that does not change how one designs a theory of justice and even if that does not alter substantially the outcome of the philosophical work. People living in poverty are often treated as if they lack competence and knowledge; they are treated as passive objects of help, welfare and charity. They are rarely viewed as if they have much to contribute to overcoming their poverty and designing poverty-alleviation measures (Deveaux 2013). This view, however, has been criticized by participatory poverty research and poor-led initiatives for a long time now (Chambers 1997; Brock 1999). In fact, poor adults are often treated like children, in the sense that their choices and views are not seen as authoritative.

In summary, there are issues of inequalities in power and also in epistemic power, as in the power to decide who is poor and what matters

for being accounted poor. Children in poverty are particularly powerless, and their agency is often neglected. We believe that it is important to acknowledge that children in poverty have something to say about their situation and that this is of value for a normative theory about their lives. These children have a right to be included in the evaluation of their situation even if we can include them only indirectly and through the reception of participatory and qualitative studies of child poverty. This right is independent of our claim that this will enlarge and deepen our knowledge base and that taking into account subjective views on poverty, therefore, also has also an instrumental value. This right to be heard is a form of respect that each and every child is entitled to and is thus rooted in a fundamental aspect of our theory of justice for children. We add as well that the process of participatory work with children in poverty is itself valuable for these children, as it can have empowering effects (Pascal and Bertram 2009). It can show these children that there are people who care about how they live; it can offer them the experience of being heard and an awareness that their views actually matter to someone, if just to a researcher or research team.

The instrumental value of subjective views on poverty is that it can bring to attention issues that remain otherwise undetected and overlooked. Children in poverty can point toward what matters most to them; this alone is reason enough to at least reflect carefully about their status in a theory of justice. Surely this is also dependent on the competence and maturity of the child, and many children might downplay important injustices that happen in their lives because they are not aware of them or because they cannot know how corrosive a specific deprivation will be over the long run. It can be expected that children also have more to say about their actual well-being or ill-being than about their well-becoming or ill-becoming. The subjective experience of harm is focused on what is actually happening and not on what will or can happen in a few years from now. Their views are consultative in the best understanding of it: they give us more information, they help us make better decisions about what matters in a criticism of poverty and make better evaluations of their lives, and they give us an impression about what poverty does to children on the subjective level – how they feel it. Still, an injustice is an injustice even if these children do not experience poverty as harmful and even if they find ways to be happy and to adapt to their situations. This kind of information is also valuable, though. Another important instrumental value of first-person knowledge about poverty is that it can help design better poverty-alleviation measures or better implement them in practice.

There are different approaches to listening to children in poverty and to giving them a place in our theory. We want to make a distinction between 'thinking small' and 'thinking big' to explore them, a distinction first suggested by David Hulme in an article on the situation of a poor family in Bangladesh, which he researched for more than twenty years (Hulme 2004). Hulme starts with the observation that most poverty research 'thinks big', in the sense that the researchers care mostly about statistics; that is, about how many people are poor and how many things they are missing and so on. He claims that while this thinking big is of course valuable, it is also in danger of overlooking what poverty is on the individual or family level, how it is actually experienced and lived and what it does to a person and his or her family. This is something that cannot adequately be reflected in statistics that show how many millions of people are poor and how much income they have. Hulme claims especially that social embedding and the many different dimensions of poverty are best understood by 'thinking small'; that is, by doing small-scale research that focuses on the story of one person or one household or one small community – this alone allows us to capture the breadth and depth of what it actually means to live in poverty. This thinking small is akin to the concept of 'thick descriptions' of poverty, in the sense that detailed accounts of a single story reflect the many different aspects and dimensions of poverty.

Thick descriptions provide a window into the reality of poverty. They do not and cannot aim to cover varieties of poverty or give an understanding of different socioeconomic positions or how poverty looks in different regions or states. A single story of an individual or a family is not more than that, but it is 'thick', as is every individual life, and it also makes the injustices connected to poverty more visible and tangible. Thinking big as the counterpart of this kind of thinking small means having 'thin descriptions', abstract knowledge about many persons stripped of their individuality. That knowledge comes in statistics that can show us how many people live under the poverty line, how well they are educated and how many people live in a specific household. Data like this are valuable, no doubt, and are necessary to guide and monitor policies as they can tell us how many people moved in or out of poverty. The individual stories behind these numbers, however, are gone – why a specific individual struggles to come out of poverty, what problems lie in her past and what aspirations she has for herself and her children. Hulme is right with respect to the fact that there is no 'either or' between thinking small and thinking big, but we need both if we

want to understand poverty. There is also a need for thinking small and using thick descriptions in normative criticism of poverty and theories about its injustice.

We would like to take a third route, which we see as being somewhat in the middle and can perhaps be described as 'thinking intermediate'. In this section, we will not discuss a thick description of child poverty, although we would welcome such an approach – it could certainly enrich the philosophical thinking about it. We will rather present knowledge gathered by qualitative and participatory studies that let children express and articulate their views on their own poverty and on poverty in general. Such studies give insight into important aspects of the subjective experience of poverty by providing many voices, not simply a single one or a few, as does a 'thick description'. We will acknowledge what children have to say and that they have a right to be heard by us, but we are also able to do that on a level that allows the representing of many experiences from different children living in different environments and under different conditions.

Child poverty is a harmful experience for most children; they are aware of their situation and cope with it in many different ways. Some children are better equipped to cope than others, and some prove very resilient. It is therefore not surprising that the experiences of children living in poverty vary to a great degree. Qualitative studies on child poverty were recently summarized by Tess Ridge; we present here some of her key findings (Ridge 2011; Ridge 2009). The studies she surveyed cover children from five to seventeen. The first important insight is that children are aware of a wide range of impacts poverty has on their lives. Ridge presents children's views on such issues as school, family and peer relations, the working situation of the parents, their neighborhood and public infrastructure, their economic situation and material deprivation and their emotions and feelings. Children also report how they try to cope with their situation, ignore it or retreat from social relations or try to support their parents and siblings. The second finding is that, in the view of children, child poverty has three central dimensions of disadvantage: material and economic deprivation, social exclusion and disruption or distortion of social relations, and emotional costs. Children worry about the family's income; they are aware that they have fewer resources and goods. They value friendships but have problems making and keeping friends. They are the victims of bullying and of the discriminating behavior of adults as well. They feel stigmatized, excluded and of little worth. Many children are frustrated and angry, as they have less than others and are afraid of how the future will turn out.

Health, too, is an issue; children report that they are often sick, that they are cold in the winter and that heating and ventilation are often broken and seldom repaired. Health is also an issue because parents or caregivers are sick or disabled, and children are burdened with the care themselves. This attests, once again, to the multidimensionality of child poverty and how different disadvantages intersect and foster each other. Child poverty does not simply attack one functioning but more than one at a time, making it even more complicated to cope with. Other reviews of qualitative literature come to the same conclusions (Attree 2006; Attree 2004); we would like to quote one case study here to illustrate how deprived living conditions, social stigmatization and health intersect:

Eight-year-old Ben lives with his mother and two brothers in an overcrowded ground floor flat. Shortly after the family moved in, a severe damp and mold problem developed. An environmental health inspector has declared the property unfit for human habitation on two separate occasions. "It's the smell that's almost the worst thing. It's so bad when you come into the flat" describes Ben's mother, Sandra. The damp and mold is having a severe impact on the children's health, which is affecting their education because they are missing school so often due to illness. "My oldest little boy [Ben] is having difficulties at school. And he's had so much time off, so when you have lots of time off it makes things much worse." The children's mental health is also being affected. Ben is being teased at school because his clothes smell of damp, which is affecting his self-confidence. "It's not right... to be told that you smell. Kids are so cruel. [Ben] was teased for it. He's seeing the child psychologist now because he has low self-esteem." The condition of the house makes it difficult for him to have friends round to play, which is impacting on his social development. "When my friend comes round he says [my home] stinks and when I go to school this boy says my clothes stink...but Mummy washes them" (Ben aged eight). (Ridge 2009, 33)

The third insight is that different agents in the lives of these children, especially peers, shape the experience of child poverty. Children in poverty do not merely lack specific functionings (or resources) they experience this lack as harmful, especially in interaction with other people, children and adults alike; within different institutions, the harm of poverty becomes pressing. These experiences add insult to injury; on the one hand, they are embedded in a societal climate in which poverty is framed to a large extent as personal failure and in which the blame

for child poverty is put on parents and families; it is often accompanied by sexism, which targets lone mothers as bad mothers, unable to keep a husband that could care for them and their children; the same framing is also prevalent in the discourse about poverty and obese children (Maher, Fraser and Wright 2010). Such an atmosphere is equally present in the experience of children, who are well aware of how they and their families are perceived in the public and by others. While the political discourse claims to view children as innocent victims of poverty who deserve our help, the experience of many children in poverty is a different one. On the other hand, the experience of child poverty is framed in a consumerist society that entangles self-realization and identity with brands: having certain goods, wearing certain clothes, doing certain leisure activities (Elliott and Leonard 2004). A child being bullied for not having something is the collateral damage of such a culture. The role of peers poses several ethical challenges, as they themselves are not fully competent and hence also not fully responsible for their actions, often just reproducing cultural norms and values.

We now introduce the concept of 'humiliation' to capture the subjective experience of poverty by children. We do not want to include all aspects of poverty articulated by children as important, but, in our judgment, a central one. Humiliation is the counterpart to respect and the functioning of being respected. There is also some overlap between being respected and mental health in the sense that being mentally healthy also means achieving positive self-awareness in the form of self-trust, self-esteem and self-respect. Humiliation has two distinct dimensions: on the one hand, it can describe a certain kind of emotion and feeling; one feels humiliated. On the other, it can describe certain kinds of actions perceived as humiliating. In many cases they go hand in hand: a humiliating action leads to the feeling of being humiliated on the side of the victim. This connection is not necessary, though, and some actions judged by many or most as humiliating might not trigger the emotion of being humiliated, and in some cases, people may feel humiliated even if there is no sound reason.

Child poverty is humiliating in both senses: it is typically perceived by children as humiliating and it is an act of humiliation itself. Child poverty is a condition with which acts of humiliation by other people are connected, and being poor is in itself humiliating even if there are no such acts of humiliation by other persons. At least two questions must then be clarified: first, how can humiliation be defined, and second, in what sense can a certain living condition be humiliating in itself without another person committing acts of humiliation?

We borrow our definition of humiliation from Evelin Lindner, who writes that the core of humiliation is an enforced lowering of another person, which attacks the dignity and self-worth of that person (Lindner 2007). We view this in connection with respect and the functioning of being respected, which we have explored in the previous chapter. Children are respected when they are treated in a way that corresponds with their worth as humans. Other theorists, most prominently Martha Nussbaum, use the concept of human dignity to capture this (Nussbaum 2011). Humiliation is an umbrella term that catches the many forms of actions that violate the entitlement to be treated as a person of equal worth while describing the subjective experience of a person who feels she is not treated as an equal by others. It is also possible, we will argue, that children experience this feeling and emotion of being less worthy than others due to their poverty, even if there are no particular acts of humiliation against them. This understanding is much wider than that of Avishai Margalit, for example, who connects humiliation with respect in the sense of being a part of the community of humans (Margalit 1996). Margalit considers humiliation an act that gives other persons good reason to feel expelled from the community of humans, and he reserves the term 'insult' for acts that attack the self-esteem of a person. We prefer a wider understanding of humiliation that also encompasses all such acts of insult. Children in poverty are lowered by others and given the feeling that they are of less worth, which does not necessarily imply a more drastic sense, such as no longer being viewed as human. The insights from qualitative studies discussed before point in this direction and can be captured with our understanding of humiliation. We have here actions of humiliation from peers and adults that hurt children, and we find the whole range of emotional responses and feelings of being humiliated that are known to have potentially severe consequences.

Growing up and living in poverty is in itself humiliating even if children do not encounter humiliating acts by others: it can never be detached from the experience of having less than others without a good reason. This claim is supported in the literature and what children tell us about how they view themselves and their lives. Having less than others is obvious for a child in poverty; even when no one makes fun of her because of it, the child knows, sees and experiences that she has less, that she cannot have the same clothes and toys, make the same trips and live in the same good buildings as others. The persistent inequality in all poverty makes it humiliating. This line of argument adapts the thoughts of Christian Neuhäuser and Julia Müller, who have argued that

relative poverty (of adults) is humiliating because the poor know about their poverty and that they have less than what is the normal standard in the society they live in (Neuhäuser and Müller 2011). The argument is not that having few goods or resources is in itself necessarily humiliating but that in a society in which it is normal to have certain goods, those who involuntarily have far fewer can experience humiliation because, as outsiders, they have good reason to feel less worth and less respect. The contingent significance of certain goods, resources or activities is relevant to determining whether not having them is humiliating. We have briefly discussed the concept of material deprivation of Peter Townsend above, which defines poverty using goods and services viewed as essential in a given society, and such a relative approach to poverty is what brings to light why poverty is humiliating even if those who are poor are treated in a friendly manner. In the case of children, we would add, it is furthermore impossible to argue that their having less and being able to do less is a result of choices and bad decisions they made in the past. We would like to refute such a line of argument for adult poverty as well, but we shall leave that point aside here and refer to Neuhäuser and Müller, who have sufficiently argued against it (Neuhäuser and Müller 2011). When it comes to children, it is clear that it is even worse if they rationalize in such a way that they begin to blame themselves for being poor or blame their parents and families.

The concept of humiliation is certainly not only a descriptive one. It has normative weight, and many theories of justice acknowledge it. The absence of (systematic) humiliation is an important aspect of any just society. This applies to both acts and living conditions that can be described as humiliating and to feelings and emotions of humiliation. Put in positive terms, a just society is one in which persons are treated with respect and assured of their equal worth as human beings regardless of what they do, how they live or how old or competent they are. The ability to be in public without being ashamed has long been recognized by capability theorists and also in empirical poverty research (Zavaleta Reyes 2007). While acts of humiliation that target this entitlement are more easily banned, feelings of humiliation are not controllable in that sense. Including them here in our criticism of poverty, thus, somehow opens up the door we shut on subjective assessments as benchmarks for justice. We claim that all the functionings children are entitled to as a matter of justice should be objective and that only they matter when uncovering and criticizing the injustice of child poverty. But using the concept of humiliation points to the direction that there is more than just the instrumental value to listen to the subjective experiences of

children in poverty that we have appreciated before. We want to make a proposal on how humiliation, in the subjective sense of a feeling, and the claim for objectivity can work together.

Firstly, it must be noted that feelings of humiliation are to a large extent not arbitrary. There are good reasons to assume that in the overwhelming majority of cases in which children feel humiliated, there are actually acts of humiliation, or these feelings are connected to the experience of the humiliating condition of being poor. The qualitative evidence we have discussed and on which we build our case examines exactly these links between poverty and various experiences of humiliation, and it cannot be said that the feelings and emotions of these children are unjustified or distorted. Today we have sufficient evidence that shame and humiliation are, in general, features of poverty, whether it be in rich or poor societies, and that children and adults alike feel ashamed and humiliated for being poor (Walker et al. 2013). There are certainly cases of children in poverty feeling humiliated without such good reasons, and in some cases, the direct connection to poverty has to be questioned, but if one leaves the individual level and looks at all the evidence brought by different studies, one must acknowledge the consistency of the results.

Secondly, another important aspect is that the expressions of feelings of humiliation are a very important indicator that something is going wrong. The goal of justice for children is not that they will never feel humiliated by others or that they are always to be happy, something that cannot be controlled without employing unethical measures, but that the feelings of humiliation are not systematically attached to a certain social position, especially not to one that is unjust in itself. Under the condition that child poverty is unjust – we hope we have made a good case for that – the fact that these children are systematically humiliated and have to experience feelings and emotions of being humiliated adds another dimension of injustice. Justice still needs objective benchmarks – one of which is that acts and conditions of humiliation can be evaluated without reference to the feelings and emotions they trigger on the side of the victims – but it adds more depth to our criticism, especially a dimension that children care about strongly. This is the third point we wish to make: children do not want to feel left out, excluded, ashamed, humiliated and denigrated. Rather, they want to be respected in spite of their lack of competence or knowledge to articulate it adequately. If we do care about justice for children and their well-being and well-becoming, we also have to care about how they actually feel and the harm they experience. In some cases, as we have stated, we cannot do

much about the harm – some experience of harm is part of every human life – and in other cases we will come to the conclusion that the feelings and emotions of a child are misguided and do not violate her claims of justice; these cases, however, do not undermine the general entitlement to be respected and to not feel humiliated by others or by one's social position. We must adapt society in a way that such a picture is possible. Feelings of being humiliated, especially chronic humiliation through repeated experiences of humiliation, are also harmful in undermining self-worth, self-esteem, self-respect and the ability to have trust in the world (Leask 2013). All these can be described, objectively, as highly important functionings for the well-being and well-becoming of a child.

2.5 Conclusions

Children in poverty suffer from deprivation of important functionings and capabilities, which they experience as harmful – especially humiliation, which violates their entitlement to respect and self-respect is important here. Justice for children must also be aware of the particular vulnerability of children and their powerlessness in regard to many of the threats and dangers they face. Child poverty is one of these threats. Children have no real power to evade their poverty and its negative consequences. We believe this to be one of the aspects that make child poverty special and a more severe injustice than adult poverty. Adults in poverty also suffer from ill health, are excluded and have less access to education; they share many feelings and experiences articulated by children, but children are much less able to do anything about their poverty as they are more dependent. Yes, adults in poverty are, too, often powerless themselves and have only limited options and no voice and no political weight, but, for children, the situation is still different; it is a categorical feature of being a child to be vulnerable, and poverty takes advantage of that and leads to severe consequences.

Child poverty affects particularly vulnerable and powerless human beings who are largely dependent on others and need, at least in some important aspects, special and more comprehensive protection than adults. That is a normal feature of being a child and per se not a form of illegitimate oppression, although some features of modern societies do oppress children and exploit their vulnerability and powerlessness. Evidence about the influences and negative effects of child poverty on many different functionings of children – on capabilities and functionings in later life, too – shows that these children are inefficiently

protected. They are disadvantaged for the arbitrary reason that they were born poor.

In this conclusion, we wish to mention a few limitations of our examination and issues that need further attention. We have not explored the extent to which the limitation of family income is in itself unjust; rather, we were concerned with it as a corrosive disadvantage and with how it spreads and affects other important dimensions of life. This corrosiveness goes well beyond the functionings we explored; for example, a recent study on poverty and material deprivation in the USA concluded that income poverty harms all different kinds of dimensions of well-being of children.

Strikingly, children in low-income families are more likely to experience each of the remaining 16 deprivations (excluding low income) compared to children as a whole. In many cases, the deprivation incidence for these children is twice as high or higher. The incidences of parental unemployment and financial stress are remarkably high at 48% and 56%, respectively. Low-income children are also much more likely to suffer from a poor physical environment and live in sub-standard housing conditions and in unsafe or polluted neighborhoods. Of great concern, too, are much higher parental incidences of low education and poor health, with negative consequences in the labor market. Finally, more than one-third of children living in low-income families experience low social/emotional well-being, compared to the already-high incidence of one-quarter among all children. (Ciula and Skinner 2014, 14)

Our focus on 'ordinary' poverty also led us to exclude the most disadvantaged children from our examination, those who live on the street and are homeless, unattended minor refugees and asylum seekers, illegal immigrants and victims of prostitution and trafficking. These children are not part of large-scale national surveys and counting of the poor; there are only estimates of how many children in modern welfare states have to live under these conditions. The body of research concerned with the health, education and social inclusion of such disadvantaged and even more particular vulnerable groups of children shows that the effects are serious (for the case of immigrants and refugees, see: Ruiz-Casares et al. 2010; Fazel et al. 2012; Hodes 2000; for the case of homeless children, see Bassuk 2010; Fantuzzo et al. 2012). The official survey in the USA counted more than 600,000 people living on the street on a given night in January 2013, of whom 23 percent, or

138,149, were children under the age of eighteen; 6,197 of these children were unaccompanied (Meghan, Cortes and Morris 2013). Another report by the National Center on Family Homelessness found that about 1.6 million (1 in 45 children) experienced homelessness over the course of 2010, an increase compared with previous years as a result of the economic downturn (National Center on Family Homelessness 2011). A report from 2007, which collected insights from various European countries, suggested that the problem is also a significant issue, but we were unable to locate any accurate estimation (European Observatory on Homelessness 2007). Street children in eastern European countries, like Romania, are of particular concern, as they face many threats to their well-being (UNICEF 2007). The lack of knowledge about children's lives under such adverse circumstances is problematic in itself, and we fear that this 'invisibility' also delays efforts to help them and make justice for them a reality. We were also not able to do justice to the many issues discussed under the concept of intersectionality, which refers to the intersection of different forms of disadvantage, oppression and discrimination (Norris, Zajicek and Murphy-Erby 2010). Again, we find here very disturbing evidence of how modern welfare states fail children on multiple levels. Race, ethnicity, disability and gender all influence the likelihood of being poor, and they are also independent factors in regard to many functionings of well-being and well-becoming. From our social justice perspective, this can be evaluated as the intersection of the violation of different claims of justice of these children. Justice for children as we conceptualize it means that children and adolescents must not be discriminated against but equally respected for being humans of equal worth, whatever their race, ethnicity, gender or sexual orientation. The fact that poverty is more common among such children is, as a result, a very severe form of discrimination and injustice and must be condemned as such.



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