

Can looked-after children be considered as socially excluded? (or Are l/a children socially excluded?)

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Abstract

Social exclusion has become ubiquitous in discussions about children's services in the UK over the last 10 years. Is it a useful concept though? This article sets out a definition of social exclusion and charts attempts to measure the extent to which it applies to children. In particular, it explores how the concept applies to looked after children, since they are commonly referred to as being 'excluded' or 'vulnerable to exclusion'. The implications for the ways that service providers define vulnerable children and what they do to help them are discussed.

Introduction

Ten years ago, my first search of a library database for items about social exclusion yielded only a short list, top of which was an article entitled ‘Social rejection, exclusion and shunning among the Gombe chimpanzees’ (Goodall, 1986). Since then, the concept has been more widely applied and become ubiquitous in policy discussions about children’s services in the UK. In the early years of the New Labour government, it drove initiatives concerning teenage motherhood, truancy and the education of children in care (SEU, 1998, 1999, 2003) as well as area-based programmes in early years, health and education, such as Sure Start, Health Action Zones and Education Action Zones.

More recently, the emphasis on multidisciplinary teams, the use of universal services as a location for specialist help and the co-location of different services all reflect the mantra ‘joined-up solutions to joined-up problems’ (HM Treasury, 2002; DfES, 2003; HM Government, 2006; Buchanan, 2007; Social Exclusion Taskforce, 2007). Social exclusion has even been described as the ‘stuff’ of social work (Sheppard, 2006, p.236) in terms of both the profession’s clientele – young offenders, children at risk of harm, economically disadvantaged families, parents misusing drugs or alcohol – and its enduring concern to include marginalised groups and individuals. ‘Well-being’ might be the fashionable current idea but the concept of social exclusion is alive and well. Is it useful though?

The concept has been used to describe all manner of phenomena (Percy-Smith, 2000; Hills et al, 2006; Levitas, 2006) and its plasticity exposes it to indiscriminate application (Sen, 2000). Thus, Silver (1994) found that researchers have used it to

describe 30 different conditions, from unemployment to being sexually abused, while Levitas (1998) shows how policy makers have variously applied it to economic hardship, unemployment or an underclass of 'idle, thieving bastards'. Elsewhere, its use is more precise, being reserved for chronic, multi-dimensional disadvantage resulting in a catastrophic detachment from society (Room, 1999).

Children have variously been described as being excluded from a normal childhood (war victims), the adult world (unemployed youth) or decision-making (a lack of say in their upbringing) (e.g. White, 1999; Brannen, 1999). The term has been associated with the 'highly visible disorders of youth' (Roche and Tucker, 2003, p.440) that the majority of older people in society find hard to accept (Hill et al, 2004). Some commentators go further, arguing that children, as a class, are excluded from a series of activities (voting, driving, full-time employment) on the basis of age (Davis and Hill, 2006); they are not part of the adult-dominated processes by which inclusion is defined (Ridge and Millar, 2000).

This article sets out a definition of social exclusion and examines whether and in what sense looked after children might fit the definition. A related article (Axford, 2008b) considers the implications of this analysis by exploring how a social exclusion perspective changes the way in which services seek to define and help vulnerable children.

Defining social exclusion

When used in academic literature, social exclusion is more specific than general socio-economic disadvantage. One definition suggests that 'an individual is socially

excluded if (a) he or she is geographically resident in society but (b) for reasons beyond his or her control cannot participate in the normal activities of citizens in that society, and (c) would like so to participate' (Burchardt et al, 1999). Another refers to individuals who are 'suffering such a degree of multi-dimensional disadvantage, of such duration, and reinforced by such material and cultural degradation of the neighbourhoods in which they live, that their relational links with the wider society are ruptured to a degree that is in some considerable degree irreversible' (Room, 1999, p.171). Here it is argued that five criteria – drawn from these definitions – must be met for an individual to be described as excluded. These will be numbered 1-5 in the following discussion. A further three factors, numbered 6-8, are commonly associated with – but not a necessary condition for – social exclusion.

First, an individual must be *resident in a society* in order to be excluded from it. Some writers have described exclusion as loss of citizenship (Lister, 1990). Yet a young person living in India who is barred from settling in the UK by immigration restrictions is more likely to be part of their own society than a child of Indian extraction experiencing racial discrimination in Britain. Hence, it is *internal* rather than *external* exclusion that is at stake (Burchardt et al, 1999).

Second, an individual's *participation in that society must be diminished* if they are to be deemed 'socially excluded'. 'Society' here means normal activities and exchanges through which an individual derives autonomy and status. Thus, if inclusion involves membership of a range of human collectivities – state, family, labour market and social or cultural clubs – then exclusion implies the breakdown of the systems of mutual obligation and interdependence that these entail (Berghman, 1995). But this

gives rise to a threshold question, namely: when does a low level of inclusion become exclusion? For some commentators the rupture of the social link must be very severe – a ‘catastrophic’ discontinuity in relationships with the rest of society (Room, 1999). Others reject this perspective as unduly narrow (Hills, 1999). Whichever way, social exclusion is relative; it refers to reduced participation in a particular society at a particular time (Atkinson, 1998; Tsakloglou and Papadopoulos, 2002).

Third, *relational factors* must be central to the cause of the predicaments that merit an individual being described as socially excluded. Thus, if a child is starving because of crop failure, it is unhelpful to say that he is ‘excluded from access to food’; such a claim *is* appropriate, however, if food subsidies were removed, thereby reducing his or her family’s purchasing power (Sen, 2000). Intellectual clarity demands going beyond linguistic similarity to discriminate between concepts.

Fourth, the excluded person must not only *want* to participate in certain activities but be *prevented* from doing so by some excluding agency: hence, ‘an individual who *voluntarily* withdraws him or herself from society – a hermit, a recluse, a Scrooge – is not socially excluded’ (Burchardt et al, 1999, p.229). Thus, the condition of exclusion must lie beyond the narrow responsibility of the individual and cannot arise by virtue of that individual’s personal choice or background characteristics. Instead, a third party or outside force must have propelled them there, although this need not be wilful; for instance, industrial restructuring may inadvertently prevent young people from securing employment (MacDonald, 1997).

Fifth, social exclusion implies *a state of ill-being and disablement*. This is implicit in foregoing discussion, but it is worth stating because some ‘exclusion’ is a positive experience. For example, many of the children in the UK who were evacuated during the Second World War were removed from their family and community but protected from bombing and frequently placed in secure substitute environments (Jackson, 1985). Some children removed from their families and cared for by foster carers or in residential homes have a similarly positive experience (DoH, 1998; Sinclair, 2005).

In addition to these five features of social exclusion, three more have been identified that, although not necessary conditions, can exacerbate inauspicious situations and these continue the previous discussion.

Sixth, diminished participation is invariably brought about by *multi-dimensional and accumulating disadvantage*. The different systems from which people can become detached were outlined earlier in the article and for each one there are different types of disadvantage, for example unemployment in the labour market or abuse in the family. The dynamics of exclusion are such that structural and personal factors conspire to weaken an individual’s position in society (Room, 2000).

Seventh, the disadvantage that creates social exclusion is invariably of *substantial duration*. The evidence from longitudinal studies suggests that only a very small proportion of children remain highly disadvantaged for a prolonged period (e.g. Rutter et al 1970; Wedge and Essen, 1982; recent). Atkinson (1998) goes further, arguing that exclusion suggests a sense of having little hope for the future: ‘social exclusion is not merely a matter of ex post trajectories but also of ex ante

expectations' (p.8). This echoes Room's (1999) catastrophic or largely irreversible rupture of social bonds.

Eighth, *local area features* such as geographical location and the housing market often exert an influence on patterns of exclusion that is above and beyond that of wider social and economic factors (Glennerster et al, 1999; Lupton and Powers, 2002). Because communities are differentially affected by social and economic change, disadvantage often becomes concentrated geographically (Byrne 1999). It is difficult for children and families who live in environments of concentrated disadvantage to integrate into society as neighbourhood characteristics determine access to social goods, such as education and leisure facilities (Garbarino and Kostelny, 1992; Jack and Jordan, 1999; Jack, 2002).

Childhood social exclusion

Until relatively recently there has been little empirical study of *childhood* social exclusion. As with work on adults, it has broadly taken two forms: first, the study of specific problems, and second, the measurement of a lack of participation in important aspects of society (Burchardt, 2000).

Most studies involving children have adopted the first approach, giving the impression that 'social exclusion takes many forms' (Hill and Davis, 2006, p.13). Some focus on specific socio-demographic groups or administrative categories. They pre-judge which population groups are excluded before touching on how the principal disadvantage affects other areas of those individuals' lives. In this vein particular attention has been paid to young people who are disabled, looked after, homeless or

aged 16-17 years but not in education or work (MacDonald, 1997), while Ridge (2002) studies children from families receiving basic social assistance. The use of the rubric of social exclusion in relation to teenage pregnancy, truancy and school exclusion and young runaways has already been mentioned. Under the same heading of specific problems is a focus on 'poor neighbourhoods' characterised by high unemployment and crime rates, weak local economies, expensive food and transport and so forth. Kenway and Rahman (2000), for example, identify 'hot spots' of youth disadvantage in England and Wales using an index comprising items for 12-25 years olds, such as school absenteeism and residence in foster or residential care.

There has been comparatively little research on children under the second heading of impaired participation. Several studies collate social indicators concerning disadvantage in different areas of children's lives, including economic circumstances, employment, health and education. The Department for Social Security (DSS, 1999) uses 13 indicators that specifically concern children. For each indicator there is a specific measure, thus 'low birth-weight babies' refers to live birth under 2,500 grams. The approach draws primarily on data collected routinely for official government purposes or for large longitudinal studies such as the *National Child Development Study* (NCDS) (Hobcraft and Kiernan, 1998). Similarly, the New Policy Institute (NPI) arranges indicators according to the life cycle, employing nine for children and a handful for young adults (that include 15-17 year olds) (Palmer et al, 2006).

Few studies of children measure the volume of exclusion by showing how disadvantage overlaps. The Millennium Poverty Survey (MPS) in Britain looked

variously at exclusion from activities owing to parents' inability to afford them, 'service exclusion' (for example disconnection of power or water) and exclusion from school. However, it was not possible to establish the concordance between them because the indicators were unsuitable for children, did not cover the age-range (the focus was usually 16 and over) and was based on an analysis of households, not individuals (Lloyd, 2006)

More recently, I re-analysed data on 234 children from a representative community survey conducted in inner-London in 1998 that involved structured interviews with parents in their homes (Axford, 2008b). Drawing on Jordan (1996), the study examined indicators relating to involvement in the labour market and education (economy), family and peer relations (interpersonal sphere), various leisure and cultural groups (civil society) and the nation-state (citizenship). Only six per cent of children were socially excluded in the sense that their ties to the economic, interpersonal, social/civil and political/civic spheres were attenuated or ruptured.¹ This compared with 91% for whom such ties were affected in one or more spheres.

¹ This was defined as follows: (a) *Economic*: low income/poor living standards and/or not at age-appropriate school/work option; (b) *Interpersonal*: no contact/poor relations with family/peers; (c) *Civil*: no activities in the community and/or no connection with appropriate services; (d) *Political/civic*: frequent movement/temporary unsettled residence/poor relations with teachers, professionals or employers. (A high threshold was selected – the rupture or attenuation of social ties on all four dimensions – to identify diminished participation that is both involuntary and likely to be of substantial duration.)

This study had similarities with two well-known studies of adult exclusion. The MPS distinguished four dimensions of social exclusion: (1) exclusion from adequate income and resources; (2) exclusion from the labour market; (3) lack of access to basic services, whether in the home or outside it; and (4) exclusion from social relations (Gordon et al, 2000). An exploration of overlap in the data for this study showed that 55% of adults were excluded on one dimension but only 2% on three (Bradshaw et al, 2000). Burchardt and her colleagues (1999), meanwhile, examined levels of exclusion in Britain on five dimensions selected to represent the ‘normal activities’ in which it is most important that individuals participate. For example, *consumption* was selected because it enables people to achieve a reasonable standard of living, and *social activity* because of the importance of being able to draw support from informal networks. They used 1991-1995 data from the British Household Panel Survey (BHPS), a nationally representative survey of 10,000 adults re-interviewed annually. In any one year about a quarter (27-28%) were found to be excluded on one dimension, decreasing to around five percent for three dimensions and 0.1-0.2 per cent for all five. All of these studies confirm that while a high level of social exclusion is found for single characteristics, the prevalence is much lower when measured on combinations of criteria.

Although the work on childhood social exclusion is limited, it does exhibit some strengths. There are indicators that capture the idea of impaired participation in different spheres, in particular a lack of purposeful activity (truancy, school exclusion, unemployment), restricted consumption (living in a workless household) and withdrawal from civic and community life (incarceration, problem drug-use) (DSS, 1999; Palmer et al, 2006; Axford, 2008b). Ridge’s (2002) in-depth interviews with 40

children from poor families paint a picture of exclusion from the children's perspective. She shows, for example, how the lack of pocket money makes it hard to afford fashionable clothes, how limited transport curtails social activities with peers and how living in a poor neighbourhood results in worries about stigma and security. Occasionally, the accumulation of multidimensional disadvantage is examined. Wedge and Essen (1982), for example, working before the concept of social exclusion became current, identify chronic multiple disadvantage – defined as children who at the ages of 11 *and* 16 were from lone parent or large families, *and* badly housed *and* on low incomes. Axford (2008b) also charted the overlap between attenuated links in several spheres of activity.

There are, however, important weaknesses in these studies, foremost of which is a focus on *components* of social exclusion rather than the phenomenon *per se*. While being in trouble with the police, lacking basic skills, falling pregnant as a teenager might indicate impaired participation in one area of a child's life, they do not provide *prima facie* evidence of social exclusion (Bynner, 1998; Pullinger and Matheson, 1999). Thus, disabled young people do not necessarily experience unemployment (Baldwin et al, 1997), just as not all of those outside education or work have less secure relationships (Williamson, 1997), yet these groups are commonly regarded as 'excluded'. Some of the indicators in relation to children essentially reflect *risks* or *outcomes* of exclusion, whether in relation to health (low birth-weight babies – DSS, 1999) or academic attainment (for example, literacy and numeracy test scores – Palmer, 2006).

Several other weaknesses follow. The vast majority of indicators in snapshot studies are static, examining an individual's circumstances at a specific point in time. Some indicators do incorporate a temporal dimension, for instance *long-term* unemployment or no involvement in civic activities *in the last three years*, but these are the exception. The issue of involuntariness also tends to be ignored, although this is understandable as measuring freewill is difficult. Non-participation can be less voluntary than it appears – the product of limited expectations or the poor quality of choices available (Burchardt et al, 1999; Barry, 2002). For instance, the apparent self-exclusion from school of disruptive pupils may indicate an *inability* to take advantage of educational provision more than an unwillingness to participate (Littlewood, 1999).

Surprisingly few studies actually capture children's perspectives on their experience (Davis and Hill, 2006). Yet children's concerns are different from – if somewhat entwined with – those of their parents and other adults (Prout and Tisdall, 2006). A rare exception to the rule, involving interviews, discussion groups and questionnaires with 8-14-year-olds in disadvantaged communities, highlighted territorial restrictions as a major concern – in the sense of parks, streets, buildings and other geographical spaces being 'out-of-bounds' owing to the presence of adults or aggressive young people (Hill et al, 2006). This might not have been identified via interviews with parents or practitioners.

Lastly, studies that are based on geographic areas can suffer from the ecological fallacy; not everyone living in places with high levels of exclusion is excluded, just as some people living in apparently well-off areas may meet the criterion. Living on a

run-down estate does not constitute exclusion *per se* but rather contributes to the *risk* of becoming excluded (Burchardt, 2000).

The nature and extent of social exclusion among looked after children

If the definition of social exclusion offered earlier in this article is applied to looked after children, can they be considered as socially excluded? The following observations about the risks involved are based on an analysis of published research on these children, in particular the ‘messages from research’ overviews produced in the last 10 years on residential care, foster care and adoption in the UK (DoH, 1998, 1999; Sinclair, 2005). Inevitably they are generalisations, so there will be individual exceptions to the pattern and as the focus is on a serious social problem, difficulties and risks rather than successes will be emphasised.

The results of this exercise are summarised in Table 1 where the eight features of social exclusion previously discussed are applied to five groups of children: those in residential care, short-term foster care, long-term foster care, kinship care and those adopted from care.

Residential care

Starting with residential care, the first thing to say is that because there are so many different types of residence offering a variety of services, such as short breaks, specialist provision for children with disabilities or treatment for psychological disorders, it makes little sense to conclude that children in residential care are socially excluded because the group itself is heterogeneous. Nevertheless, some broad remarks can be made.

There is evidence in the research studies available of children's diminished participation in different spheres of activity. Most children in residential care have contact with their families, indeed many return home within a relatively short period, but problems in these relationships are common. Offending is also frequent, as are educational deficits, with significant numbers excluded from school or waiting to be allocated to a new one, and on leaving compulsory education many children struggle to establish a stable employment pattern. Links with these children's own communities may also be weakened, although it should be noted that most local authority residential care centres are near to the (often poor) neighbourhoods in which the children grew up and are relatively unremarkable insofar as they look like other buildings. Residential placements are also often fluid, owing to the comings and goings of children and staff in some homes and because the children are disproportionately likely to run away.

It is also the case that children in residential care generally have more complex and demanding problems than those who are in need but live at home. These can include behaviour problems, poor family relations, emotional difficulties and a sense of abandonment and alienation. As such, they may be said to experience multi-dimensional disadvantage. Moreover, it will be apparent that relational factors are important antecedents of their circumstances, notwithstanding the fact that they are disproportionately from lower socio-economic backgrounds. Importantly, residential care is not the cause of these children's problems, although a badly run home will aggravate rather than ameliorate them. The quality of homes varies considerably but

problems with bullying, sexual harassment and inadequate supervision are well documented.

Only a minority of children choose to enter residential care, so in that sense it is an involuntary experience, but the duration of the experience varies. A small proportion of looked after children stay for a long time in residential settings although this might still represent a small part of their care career; most do not arrive until adolescence and they eventually move on. So the experience is not necessarily one of substantial duration.

Foster care

Foster care also takes different shapes and forms, including short- and long-term as well as care with relatives. As regards participation in different spheres, there is more contact with birth families than in the past, notwithstanding difficulties concerning transport, distance and prohibitions; indeed, only about one in six or seven children have no contact with any relative. That said, ensuring contact is time-consuming for social workers and likely to be skimped, and children generally want more contact, at least with selected relatives. Moreover, there are varying views amongst foster children regarding the desirability of family contact, and many long-term foster children do not want to go home as return can be fraught with difficulties.

As with children in residential care, problems with school exclusion, truancy and behaviour while at school are common among the older children. While this owes much to the children's situation prior to placement, it is also associated with frequent changes of placement and the difficulties that foster carers encounter in caring for

their charges. Placement disruption is also a major issue, with some children experiencing unstable care careers. Indeed, while foster care is capable of providing long-term stable care, in many cases it fails to do this. This also limits children's ability to participate in community life and substitute families.

Children in foster care are overwhelmingly from poorer, more disadvantaged families but, again, multidimensional and relational issues are the prime reasons for placements. In many cases there is evidence of long-standing abuse, strained relationships, parental stress, domestic violence and behavioural difficulties. Furthermore, many research studies of looked after children stress that children frequently feel that they do not belong in substitute families, even after a long time, and report finding it difficult to make themselves at home when confronted with unfamiliar rules and customs. Procedure and practice also often mark foster children out as different, for example, because their carers cannot authorise sleepovers or school-trips.

Although some placements might be voluntary insofar as parents want a break or agree to voluntary care for their children, for example, because they are feeling stressed or suffering health problems, children often have little control over the process. Many placements decisions are made at short-notice, as matters of emergency and in a highly charged atmosphere, making it difficult for children to make informed choices from clear-cut options. Moreover, once in care children can find it hard to make their wishes known and often express feeling a lack of control over what happens to them.

There can also be a geographical dimension to the foster care experience when placements are some distance from the child's family and neighbourhood. An obvious advantage of staying with relatives is that it is more likely to be in the same area as well as being less threatening, keeping siblings together and reducing the trauma associated with moving to an unknown family.

While foster care can aggravate problems for some of the reasons already stated, however, for many children it is a positive experience. It can provide a springboard in the form of new opportunities, improved education, greater material provision and a more stable family environment. In other words, foster care is not a state of ill-being or disablement *per se*.

Looked after children who are deemed to have little chance of returning to their birth families are adopted from care and it seems appropriate to review the evidence on the experience of these children to see if the risks of social exclusion are enhanced or diminished by the move to a new family.

Children adopted from care

The number of adoptions from care in the UK has risen significantly in the last 30 years as part of a conscious policy to provide a permanent home for those unlikely to return home. Many such children will have experienced enduring and multi-dimensional disadvantage by virtue of having previously been looked after and some will have already endured a series of disruptions in their relationships, damaging their confidence and self-esteem. Unsurprisingly, defiant and aggressive behaviour is liable to occur among these children.

These difficulties can be conceived of in terms of attenuated relationships in different areas of children's lives. Children commonly experience a sense of loss associated with leaving their birth family or others to whom they have become attached, including siblings, foster carers and friends. Their informal network needs recasting. That said, there is more continued contact with birth families today than in the past, and contact with siblings and foster carers tends to outstrip this. Moreover, adopted children do not necessarily want contact with their birth families, for example if they feel angry about being abandoned or perhaps do not even remember them. It is important to reemphasise that children's attitudes to contact are complex and far from uniform.

Relationships in the new adoptive family can also be problematic. The research overview by Parker (1999) concluded that a year after adoption, most (three-quarters) of placements were 'stable' but that a quarter of children had poor attachment with their new families. Children generally described their relationships with new parents in mostly warm and positive terms, and there was little to suggest especially strained relations with new siblings, although the adopted child could sometimes be perceived as a threat or usurper. Moreover, relationships with natural siblings in the same placement are not necessarily harmonious. An important overall message, however, is that adopted children vary considerably and even the same child may do well in some areas of their lives and less well in others.

The experiences of adopted children can also be cast in terms of diminished participation, and not just in terms of family relationships. Thus, difficulties in school

are common, for example, expressed in lack of attention, aggression and insensitivity towards peers, who in turn can be curious about the adopted child's status and sometimes hostile. These behavioural difficulties can also cause strains on the family's relationship with friends and neighbours. In the economic sphere, inconsistency in the provision by local authorities of adoption allowances means that families may struggle to cover extra costs associated with, say, legal issues, contact with birth family and a child's disabilities. Adoptive families are by no means universally poor, indeed many are in full-time professional work, although the problems associated with being a single parent trying to juggle work and childcare are well known. Again, the picture is one of variation.

The extent to which adoption is 'voluntary' for children poses an interesting question. Most children report having felt anxious and frightened by the prospect of adoption, at least until the trepidation of meeting their adoptive parents was over. But some want to stay with their foster carers and, as indicated, many will be upset about leaving people behind. The transition into a family with different routines and customs, even down to whether to flush the loo in the night, can be disorientating. And while children tend to be consulted beforehand about the *idea* of adoption, fewer recall being asked about what kind of family they would like to join. All of this indicates that there is scope to increase the role of children's views in the adoption process.

In Table 1, the findings from the 50 or so research studies that informed the research reviews were used to assess the likelihood of social exclusion affecting different groups of looked after children. The striking feature of this exercise is that in very few

cases does the care situation produce exclusion *automatically* but that it is often an *unintended consequence* of well-intentioned action. On only three of the eight criteria applied to the five groups of looked after children was there a high risk of social exclusion. These were in the areas of diminished participation, relational factors and impact of neighbourhood. But, even then, this risk did not affect every group and much depended on the characteristics of the placements concerned.

What are the implications of these findings?

Implications for children's services

An important feature of the social exclusion perspective is that it highlights the role of choice, or *lack* of it, since exclusion must, by definition, be involuntary. This emphasis represents an obvious difference between discussions of 'exclusion' and of 'need', in that the former tends to be more concerned with assigning *responsibility* for a child's circumstances, whether it lies with broader social forces or professionals or even closer to home with the child's own parents or attitudes. It refers to perpetrators and victims, betraying a concern with inequalities of power.

This has implications for policy. By highlighting the 'instruments' of exclusion in this way, the social exclusion perspective can encourage attention to possible changes in how society is organised, including the redistribution of wealth and modifications to aspects of the institutions with whom children have contact – environment, professional attitudes, actions and so on. One would expect responses to social exclusion to display a more radical edge than responses to need. In reality, however, policy and practice in the UK have tended to focus on the *excluded* not the *excluder*

(Veit-Wilson, 1998; Barnes and Morris, 2008), with the result that the anticipated 'new' direction promised by the concept of social exclusion turns out not to be something of a damp squib.

It is probably fair to argue that a social exclusion perspective shifts the emphasis from individualised provision for specific children in need towards the broader context in which children develop. Put another way, social exclusion prompts a refocusing of policy and practice away from casework, which individualises social problems and underplays the ways in which societal inequalities contribute to clients' needs (Sheppard, 2006). But the difference is subtle as casework is a varied feast and can involve, for example, promoting active citizenship or user involvement (Ferguson, 2003).

So, should children's services should be concerned with identifying socially excluded children? My own view is 'no'. An emphasis on 'need' is more helpful insofar as it requires thinking in terms of risk and protective factors and whether there is actual or likely impairment to children's health and development. It is a more sophisticated perspective because it focuses attention on those who require some assistance if positive outcomes are to be achieved. It helps with fashioning an intervention by beginning to show how chains of risk can be broken. It also makes sense in terms of numbers. There are about 10 million children in England. Taking the figures from my study referred to earlier (Axford, 2008b), as many as nine million of these are excluded on one dimension, but just 600,000 on all dimensions. It is very difficult to target nine million children, and to focus on those who are already excluded is really too late. By contrast, community studies suggest that between one in seven and one in

three children (depending on the community) are ‘in need’ (Axford et al, 2003) and this seems a more manageable and sensible option.

A related question is whether we should orientate services towards *tackling* social exclusion? Again, the answer is ‘yes and no’. We should not overlook the structural aspect to developmental difficulties and the significance of relations of power and control. Generally, however, I think a focus on ‘need’ is preferable. This is partly for the reasons already mentioned but also because there is a tendency for interventions that promote inclusion to be coercive and to be more concerned with forging or repairing individuals’ social ties than with the quality and impact of those ties. For example, the emphasis could easily move towards forcing a child to live with an abusive family rather than on addressing the roots of the abuse and its effects on the child’s well-being. And it makes little sense to keep a child with special educational needs in an ill-equipped mainstream school if those needs might be better met in a specially resourced establishment.

A social inclusion perspective offers some useful insights into children’s well-being and encourages a welcome emphasis on structural problems that too easily get glossed over in the search for risk factors that can more easily be manipulated. It also stresses relational issues; any measure that helps to forge, sustain or repair a child’s social ties – to forms of productive activity, to family and friends, to the wider community and to civic and political institutions – may be considered to help combat social exclusion. This perspective is reflected, for example, in efforts to maintain contact between children looked after and their families (Kroll, 2000).

But the concept of social exclusion does not offer a new solution, and efforts to promote inclusion should not ride roughshod over sound, evidence-based interventions known to improve child well-being. Researchers and policy makers need to be more precise when using it to frame social problems and recognise that other concepts retain their value, even if they are not as fashionable at present. They also need to be aware that social exclusion pushes policy and practice in a direction that may be at odds with efforts to meet need and eliminate poverty (Axford, 2008b).

Conclusions

The analysis presented here indicates that looked after and adopted children cannot be considered as excluded *per se*. As a group, their experience indicates elements of exclusion, notably multi-dimensional disadvantage, attenuated or ruptured relationships with individuals and institutions and a lack of control or self-determination. Other research demonstrates that children often enter care with multiple problems relating to the breakdown of relationships with family, difficulties at school and socio-economic deprivation and once looked after, it is common for them to experience feelings of displacement, loss, a lack of control, stigma and isolation from family and friends (Bebbington and Miles, 1989; Berridge and Brodie, 1998; Sinclair and Gibbs, 1998; Little et al, 2005).

However, there is considerable variation between individuals. For some children the experience can be positive in many ways, and while there is much evidence of temporary disruption to relationships, the permanent, physical removal from one environment to another is less common. It is likely that some children do experience catastrophic and to some extent irreversible exclusion, but it is impossible to know

how many this applies to since, as indicated earlier in the article, no relevant study has been conducted. Further, looked after children might be socially excluded by virtue of things other than being in care, such as offending behaviour, disability or coming from a dysfunctional family, but this is not the same as exclusion resulting from care *per se*. Separation can exacerbate (and ameliorate) these difficulties but it does not create the effect (Kendrick, 2005).

Two questions remain. One is how a social exclusion perspective changes the way in which the circumstances of looked after and adopted children are viewed. This article suggests that it draws attention to particular aspects of children's lives, and this can be valuable as part of a comprehensive needs assessment. But we have to ask: how novel is this? Is there a danger of over-stating the uniqueness and value of the concept of social exclusion? A second question concerns the implications of this analysis for service provision. Does a social exclusion perspective inform a service response that is different to, say, a needs-led orientation? I conclude that it does but for looked after and adopted children, a 'needs' perspective is more likely to produce an effective care plan and lead to the outcomes desired.

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Table 1 Social exclusion and residential care, foster care and adoption

Criteria	Residential care	Short-term foster care	Long-term foster care	Relative foster care	Adoption
1. Resident in the UK	Yes	Yes	Yes	Yes	Yes
2. Diminished participation:					
• birth family	Yes	Yes	Yes	No	Yes
• substitute family	-	Not necessarily	Varies	No	No
• community	Yes	Not necessarily	No	No	No
• education/labour market	Often	Not necessarily	No	No	No
• civil society	Often	Not necessarily	No	No	No
3. Relational factors (beyond socio-economic deprivation)	Yes	Yes	Some	Some	Some
4. Involuntary	Usually	Usually	Often	Often	Usually
5. State of ill-being/disablement	Usually	Not necessarily	Not necessarily	No	No
6. Multi-dimensional, accumulating disadvantage	No, except in some crises	Not necessarily	Not necessarily	Not necessarily	Usually
7. Enduring	Varies	No	No	Not necessarily	No
8. Impact of neighbourhood	Yes	Yes	Yes	Yes	No