Is Social Exclusion a Useful Concept in Children’s Services?

Nick Axford

Nick Axford has been a Researcher at Dartington Social Research Unit since 1997. His work has involved defining and measuring child well-being and designing and evaluating new services. He is co-editor of the Journal of Children’s Services.

Correspondence to Nick Axford, Dartington Social Research Unit, Lower Hood Barn, Dartington TQ9 6AB, UK. E-mail: naxford@dartington.org.uk

Summary

The concept of social exclusion has a high profile in children’s services in the UK. But how does a focus on exclusion change the way in which services seek to define vulnerable children and help them? In particular, how does it compare with (i) a risk and protective factor model and associated attempts to meet need and (ii) efforts to tackle poverty? This article examines the influence of the concept on policy and practice by considering seven emphases commonly associated with a social exclusion perspective. It argues that the concept offers helpful insights into child well-being and the shape of children’s services but that these could be exploited more fully, and that many of its perceived benefits in terms of service orientation actually sit well if not better within existing conceptual frameworks.

Keywords: Children’s services, need, poverty, social exclusion

Introduction

The concept of social exclusion has a high profile in children’s services in the UK. The government’s action plan on social exclusion (HM Government, 2006a) gives particular emphasis to measures to help children who are multiply disadvantaged, including those who are looked after and those whose parents struggle to give appropriate care. However, earlier concerns with children ‘in need’ or with ‘additional needs’, together with guidance on identifying and helping these children, remain salient (Department of Health et al., 2000; DfES, 2003; HM Government, 2005). Recent policy documents on social exclusion emphasize the importance of assessing
and addressing the multiple and complex needs of families at risk (SETF, 2008). Meanwhile, the government has reiterated its commitment to abolish child poverty by 2020 (DCSF, 2007).

It is important to ask, therefore, whether and in what sense a social exclusion perspective changes the way in which services seek to define vulnerable children and help them. This article examines the claim (Sen, 2000; Micklewright, 2002) that the concept is often used to re-cast traditionally recognized problems in a new light without offering any fresh insight. Specifically, it contrasts a social exclusion discourse with (i) a risk and protective factor model and associated attempts to meet need and (ii) a focus on tackling poverty. The article argues that a social exclusion perspective offers helpful insights into child well-being and the shape of children’s services but that these could be exploited more fully, and that many of its perceived benefits in terms of service orientation actually sit well if not better within existing conceptual frameworks.

Social exclusion, poverty and need

Social exclusion has been defined as chronic, multidimensional disadvantage resulting in a catastrophic detachment from society (Burchardt et al., 1999; Room, 1999). In practice, however, the concept is used indiscriminately to describe myriad phenomena, from unemployment to being sexually abused (Silver, 1994; Percy-Smith, 2000; Levitas, 2006), with some commentators even arguing that children as a class are excluded (Ridge and Millar, 2000).

Levitas (2005) cuts through some of the confusion by identifying three discourses of social exclusion in UK social policy. The moral underclass discourse (MUD) focuses on deficiencies in people’s values and behaviour and a perceived residuum of the long-term, criminally inclined and sexually irresponsible. This perspective is manifested, for example, in the ‘Family Pathfinder’ initiative targeted at the 2 per cent most disadvantaged families in the country (SETF, 2008). The social integrationist discourse (SID) defines inclusion as participation in economically productive activity, whether through paid work or education and training (the value of care work is largely ignored). It is reflected in welfare-to-work policies and in services for young people not in education, employment or training. The redistributionist discourse (RED) equates exclusion with poverty and the inability to participate fully in society owing to a lack of resources (Townsend, 1993; Gordon, 2006). There are ongoing efforts to tackle child poverty through paid work and the tax-and-benefit system.

Need is also a slippery concept. Bradshaw (1972) helpfully distinguishes between four types of need. Thus, it can be identified by asking individuals what they want (felt need), by calculating the demand for services (expressed need), by extrapolating the socio-demographic characteristics
of service users for the whole population in question (comparative need) or by ascertaining impairments to health and development and the requirements to address such deficits (normative need). Adopting the last perspective, a child may be said to be ‘in need’ if his or her health or development is actually impaired or likely to become so without some remedial intervention (Axford, 2008a). This definition is informed by Doyal and Gough’s (1991) analysis of the universal requirements for physical health and autonomy and by studies of what children require for healthy development (e.g. Jack, 2002). In England and Wales, the 1989 Children Act mandates local authorities to identify and support these children.

Because need focuses on impairment—when a condition usually interferes with daily social functioning and performance (Hill, 2002)—it urges attention to the way in which combinations of risk factors render children susceptible to particular difficulties (Little et al., 2004). Logically, therefore, services to meet need should be based on scientific evidence of ‘what works’ in terms of prevention and early intervention activities (Little and Mount, 1999). Operating systems for service development, such as Communities that Care, adopt the approach of measuring risk and protective factors among a given population prior to designing interventions or identifying proven models that will meet the identified needs (Renshaw, 2008).

Tackling social exclusion, meeting need and eradicating poverty are all objectives of children’s services in the UK. But what is the relationship between them? More specifically, how has the concept of social exclusion influenced policy and practice? The article considers this question in relation to seven emphases commonly associated with a focus on social exclusion.

**Diminished participation in society**

A social exclusion perspective draws attention to the extent to which a child is participating in mainstream society via integrating systems such as the economy, family and friends, voluntary organizations and the state (Berghman, 1995). It reminds us that children are social actors in their own right and should be part of the social fabric (James and Prout, 1997), and that healthy social ties are important both for individuals and for society as a whole (Scott et al., 2001; Feinstein and Sabates, 2006). Individual children whose social ties are ruptured or weakened often suffer as a result; for example, the links between educational difficulties, poor health, relationship breakdown and anti-social behaviour are well established. Cumulatively, these problems are costly for public services and undermine the cohesiveness of society by eroding any sense of interdependence and mutual responsibility. Individuals who stop expecting that they will be treated fairly can lose the motivation to respect other people’s interests and liberties.
Since exclusion is a threat to society as a whole—a deficiency of solidarity, a violation of the social contract—it follows that governments should be concerned to ‘re-insert’ those so affected. This reflects the origins of the concept in French Republican thought: the state embodies the general will of the nation, so there is a collective responsibility for any citizen suffering from its failures (Silver, 1994). This perspective is reflected in the UK government’s particular concern for the small minority of families whose problems are ‘multiple, entrenched and often passed down through generations’ (HM Government, 2006a, p. 3).

The obvious contrast here is with a need approach, which emphasizes the requirements for individual well-being expressed in terms of health and development. It relies on an understanding of how risk factors interact to produce impairment. A social exclusion perspective is fundamentally concerned with degrees of inclusion. Although exclusion is generally not considered to be desirable, it does not necessarily entail harm. A child’s limited participation in society may not entail impairment to their health or development, whereas a child must exhibit actual or likely impairment to their health or development to be deemed ‘in need’ (Axford, 2008a). In other words, the goals of these two approaches are different: one is to maximize inclusion, the other to minimize harm. There is a tension between them.

Caution is required, however, in drawing too clear a distinction. It can be argued that minimizing harm is a requirement for full participation in society (Doyal and Gough, 1991). Moreover, some high-profile initiatives enacted to combat social exclusion are rooted in a risk-and-protective-factor model. For example, the Nurse–Family Partnership (SETF, 2007), recently introduced to the UK, is based on research that identifies the risk factors in infancy that best predict difficulties in later life (Olds, 2006). Similarly, efforts to ‘include’ children in mainstream provision via ‘hand-holding’ and ‘enabling’ (Barnes and Morris, 2008) resemble efforts to engage service users in evidence-based models designed to prevent or reduce developmental impairments (Axford and Little, 2006). A recurring message in this article is that some of the features of children’s services that appear to have been permitted by a social exclusion perspective sit well if not better within existing conceptual frameworks.

It should be added that the distinction made here between exclusion and impairment is not always apparent in the literature. It is not uncommon to see indicators of exclusion such as dissatisfaction with area, feeling unsafe at night, long-standing illness or disability, anxiety and depressed mood (Hobcraft and Kiernan, 2001; Palmer et al., 2002). Yet, these are measures of health and subjective well-being—arguably outcomes of exclusion but not exclusion per se. A corresponding error is to confuse risk factors for indicators of social exclusion, as in the UK government’s use of the indicator ‘proportion of 19 year olds with level 2 qualifications or equivalent’ (DSS, 1999). While this may lead to impaired participation in society via low employability, it does not constitute social exclusion (Levitas, 2000).
Lastly, while a social exclusion perspective helps build a progressive consensus by emphasizing collective responsibility for social ills, the focus on participation can be limiting if it encourages a preoccupation with the existence rather than the quality of social ties (Axford, 2008a). The fact that a young person has a job takes on greater significance than whether it offers a living wage and decent work conditions. A child’s attendance at nursery becomes more important than how well staff nurture their development. This blind-spot has obvious implications for policy.

**Multidimensional disadvantage**

Another prominent claim made for the concept of social exclusion is that it is multidimensional; in particular, it draws attention to non-material deprivation, which has traditionally been acknowledged in poverty research but often overlooked in practice (Burchardt, 2000). Thus, examining social ties such as job security, the strength of social relationships, the level of participation in social activities and access to services helps with understanding the causes and effects of social problems. For example, youth unemployment might contribute to a weakening of family harmony, diminished self-confidence that makes forging new relationships difficult and a cynicism about the way society is organized that reduces the willingness of the aggrieved to be self-reliant or act lawfully (Sen, 2000).

However, this perspective is in danger of over-stating the distinctiveness of diagnoses of children’s predicaments as informed by the concept of social exclusion. Other approaches also focus on multiple problems. Widely used need-based assessment tools encourage practitioners to analyse children’s family circumstances and broader environment as well as different dimensions of child development—behavioural, social, educational and so on (Department of Health et al., 2000; Jack, 2002). Much poverty research now routinely goes beyond material living standards to consider whether individuals have sufficient resources to participate in a range of social activities (e.g. Pantazis et al., 2006). Moreover, hypothesized chains of effect emerging from research on risk and protective factors frequently illuminate the multiple factors—including those relating to parents—that need to be addressed to prevent or treat developmental difficulties in children (Little and Mount, 1999).

The emphasis on multidimensional disadvantage implicit in a social exclusion perspective is also held to promote ‘joined-up solutions to joined-up problems’ (SEU, 1997). Multi-agency responses in the areas of health, education and community regeneration are considered necessary because social exclusion is ‘a complex phenomenon that requires complex policy interventions’ (Percy-Smith, 2000, p. 16). Also relevant here is the ‘whole family’ approach, in other words recognizing the impact of parental problems such as domestic violence, learning disability...
or substance misuse on children and addressing them by ensuring that children’s and adults’ services ‘join up’ (SETF, 2008).

Again, however, it is easy to over-simplify. An emphasis on greater service co-ordination is also implicit in much commentary on needs-led services: it is a means of organizing services to better deliver services that meet children’s needs (Morpeth, 2004; Anning et al., 2005). Moreover, initiatives under an inclusion banner often focus on only one of the main social ties, depending on the underlying discourse. Thus, a dominant concern with, say, participation in productive activity (SID) informs various means of keeping children in education, work or training— incentives for schools not to exclude pupils, fines for parents who condone truancy, provision in mainstream schools for children with learning or behavioural difficulties, and so on. ‘Anti-exclusion’ does not equal ‘multi-agency’.

**The role of human agency**

The social exclusion discourse has, arguably, given renewed emphasis to the role of human agency in the development of and resistance to disadvantage. ‘Agency’ refers to an individual’s capacity to undertake preferred action. Traditionally, studies seeking to explain disadvantage have tended to focus on psychological factors only, or economic factors only. In the 1970s, this led to an impasse between proponents of individual and structural causes of poverty and ‘a neglect of the mediating structures between individuals and wider social forces’ (Welshman, 2007, p. 12).

Since then, there has been growing recognition that either extreme is unhelpful. Structural factors are important but so, too, are the responses of individuals to those stressors. There are intergenerational continuities but also marked discontinuities and some people are more resilient than others to similar stressors. It is therefore important to understand the mechanisms at work in and between children, families and the wider environment to mediate and moderate risk.

Some of this shift can be attributed to impact of the concept of social exclusion. It has allowed space for consideration of the complex interplay of factors and encouraged caution about assigning causes to multifactorial disorders. It has fostered a more dynamic and reflexive approach to poverty (Welshman, 2007). On the other hand, insights about differential vulnerability derive largely from the discipline of psychopathology, in which researchers study how protective factors, resilience and coping behaviours work to produce different outcomes between individuals (e.g. Rutter, 1989, 1999; Little et al., 2004). Further, the role of agency in mediating and moderating risk and service input has been studied previously in the context of vulnerable children using the concepts of ‘life route’—the decisions made by children and families that affect children’s life chances—and ‘process’—the decisions made by professionals in response to the child’s life route (Bullock et al., 1998).
Also related to agency is the way in which a social exclusion perspective highlights the role of choice, or lack of choice, since exclusion must, by definition, be involuntary. One study, for example, set the threshold of ‘so low that it can be assumed that anyone who wanted to, and was able to, participate more fully would do so’ (Burchardt, 2000, p. 392). This emphasis represents a more obvious difference between a discourse of exclusion and a focus on need in that the former tends to be more concerned with assigning responsibility or blame 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.

By highlighting the ‘instruments’ of exclusion in this way, a social exclusion perspective could fuel far-reaching changes in how society is organized. It could prompt a greater redistribution of wealth towards the poor and make institutions much more child-friendly in terms of, say, environment and professionals’ attitudes. One would expect responses to social exclusion to display a more radical edge than responses to need. In practice, however, policy in the UK has still tended to focus on the excluded, not the excluder (Veit-Wilson, 1998; Barnes and Morris, 2008). For example, calls for a national living wage to tackle child poverty have fallen on deaf ears, while parenting programmes targeted at the poorest households have moved centre stage in an effort to prevent parents with multiple problems passing on problems to their children (SETF, 2007; Welshman, 2007). The anticipated ‘new’ direction promised by the concept of social exclusion begins to seem like something of a damp squib.

Structural forces

An early claim by advocates of social exclusion as a conceptual underpinning for social policy was that it accentuates the role of structural forces in producing disadvantage. It focuses less on personal disposition or failure and more on relationships of power and control (Abrahamson, 1995) and ‘puts alongside risk and protective factors the social and economic context of development and the various kinds of policy-driven obstacles to development that children (and adults) have to surmount’ (Bynner, 2001, p. 287). For example, changes in the labour market in most Western developed countries over the last forty years have resulted in fewer unskilled jobs. This makes it harder for young people with a poor education—often related to impaired cognitive and behavioural development—to find work. Unemployment correlates with crime and drug misuse, which, for some individuals, lead to crushing difficulties that effectively exclude them from society. Structural factors make the individual trajectory one of exclusion (Axford, 2008a).

This claim for distinctiveness and influence is nearer the mark. It is true that research rooted in a risk-and-protective-factor or need model also
highlights the importance of socio-economic factors. Several cohort studies, for instance, have identified poverty as one of the roots of problems in adulthood such as unemployment, relationship breakdown, crime and poor health (e.g. Kolvin et al., 1990). However, it is usually mentioned in terms of distal processes (those far from the developmental deficiency) as opposed to proximal processes (those near to the developmental deficiency) (Little et al., 2004). Put another way, poverty is perceived as being far in the chain of risk from the outcomes of concern and mediated by closer factors, such as cognitive skills and parenting behaviour. The result is a greater focus in policy on individual and family factors, since these are considered easier to manipulate and also because such action is considered easier to justify politically than the redistribution of wealth.

It is probably fair to say that on balance a social exclusion perspective helps to shift attention from individualized provision for specific children at risk towards the broader context in which children develop. Specifically, it prompts a refocusing of policy and practice away from casework, which individualizes social problems and underplays the ways in which societal inequalities contribute to clients’ needs (Sheppard, 2006). But the difference is subtle. One caveat, for example, is that casework can be about promoting active citizenship, such as through self-help groups and user involvement in services (Ferguson, 2003): intervention at the individual level can help faster inclusion. Moreover, even with the greater emphasis on structural determinants of disadvantage, strategies designed to combat social exclusion frequently resemble in practice the (caricatured) needs-led approaches so frowned upon. Parenting courses, for example, were promoted under the auspices of the Children’s Fund—aimed at tackling social exclusion among children aged five to thirteen—as a means to help the ‘excluded poor’ but they could equally be construed as means of inculcating middle-class parenting norms (Barnes and Morris, 2008); a need discourse might encourage similar interventions but as a way to encourage authoritative parenting practices indicated by research to contribute to better developmental. Similarly, while the New Labour government was careful early on to present anti-social behaviour as a response to adverse circumstances, increasingly, Welshman (2007) suggests, an emphasis on ‘problem families’ in the context of a crackdown on anti-social behaviour betrays just one idea: the individual child or family is at the root of the problem and must therefore be the target for intervention.

Thus, the so-called ‘normalising tendencies of the social inclusion discourse’ (Barnes and Morris, 2008, p. 267) render it less radical than its advocates would prefer and more like the approach those same advocates reject as misguided. Put another way, there appears to have been a drift, at least in the UK, towards the ‘weak’ model of exclusion focused on the individual who is excluded, and away from the ‘strong’ model with its stress on the excluder in the form of broader social forces. As Barnes and Morris (2008) put it, ‘there is very limited evidence [in the Children’s
Fund] of any action designed specifically to address the material dimensions of exclusion. The translation of the overarching objectives of the Children’s Fund into individual child-focused sub-objectives began the shift away from the potential of the initiative to be concerned with the socio-economic circumstances that underpin much of the experience of exclusion’ (Barnes and Morris, 2008, p. 266). Some commentators argue that this drift is inevitable because a social inclusion perspective camouflages or diverts attention away from more fundamental underlying problems, notably inequality and poverty (Prout and Tisdall, 2006). Whether or not this is true, it is surely no coincidence that the UK government is likely to miss its child poverty targets (Hirsch, 2006).

The worst-off

A social exclusion perspective has become harnessed in the UK to focus attention to the worst-off in society—those whose disadvantage is so harsh and enduring that they are essentially ‘left behind’. This reflects the concept’s origins. From the 1980s onwards, it was used to describe a clutch of trends in Europe: increasing and persistent unemployment, the failure of the state to protect those so affected, the concentration of deprivation and ensuing social unrest in areas of social housing, and so on (Room, 1995; Byrne, 1999). Today, the UK government is committed to helping so-called ‘families at risk’, defined as those with or at risk of developing ‘multiple and complex problems such as worklessness, poor mental health or substance misuse’ (SETF, 2008, p. 4).

This emphasis is welcome in some respects. It helps to counter-balance the thrust of anti-poverty policy in the UK in recent years, namely to lift those who are just below the poverty line over that threshold (Osberg, 2002). This orthodoxy has actually exacerbated socio-economic inequalities because those at the bottom of the income distribution have fallen further behind while the rich have become richer. It is also acknowledged now that prevention strategies such as the Sure Start pre-school programme failed to help those at the bottom of the pile (Belsky et al., 2007); the belief in ‘a rising tide that would lift all boats’ was found wanting (Welshman, 2007, p. 2).

There is a real danger, however, that this ‘new’ approach becomes indistinguishable from the old and discredited discourse of a self-excluding moral ‘underclass’ (MUD). Empirical evidence shows that the underclass does not exist, at least in any structured form (MacDonald and Marsh, 2005), and that there are discontinuities as well as continuities in the inter-generational transmission of deprivation (Welshman, 2007). Poor parents do not necessarily beget feckless children. Yet, there are strong hints of the blame culture in recent policy statements.

A related danger is that a social exclusion perspective treats ‘the excluded’ as a homogenous category, or at least one made up of
pre-determined discrete groups of children defined by the demographic and administrative categories that render them susceptible to multiple disadvantage (Axford, 2008b). As a rule, little effort is made to differentiate within these categories: the focus is on marginalized demographic or administrative groups rather than on ‘at risk’ individuals identified by similar needs. A need or risk-and-protective-factor perspective, by contrast, tends to encourage disaggregation. Quantitative and qualitative techniques can be used to distinguish groups of children with common needs or to establish which children in these categories have the most serious needs (Hawkins and Catalano, 1992; Little et al., 1999, 2003).

This difference is illustrated by a recent analysis of strategies adopted by the Children’s Fund. Barnes and Morris (2008) looked at two partnerships and a regional consortium and found that they targeted disabled children, refugee and asylum-seeking children, black and minority ethnic children and Gypsy/Traveller children. The authors cite convincing evidence that all of these groups are vulnerable to social exclusion in terms of material deprivation, restricted geographic mobility, limited access to goods and services, and so on. There is much to unite these groups. At the same time, ‘children and families who are subject to social exclusion face diverse problems of varying intensity’ (Morris and Barnes, 2008, p. 1204). Since there is variation within these groups, and even similarities between them, the process of identifying different groups with common needs provides a helpful base for service planning. This has been done elsewhere, such as with unaccompanied asylum-seekers (Abunimah and Blower, 2008).

**Temporal and spatial dimensions**

It is arguable that a social exclusion perspective encourages attention to the temporal dimension of disadvantage. Again, this was cited as an advantage of the concept early in its foray into UK social policy (Leisering and Walker, 1998). This is reflected in attempts under a social exclusion rubric to measure *enduring* overlapping disadvantage. For example, one study examined British Household Panel Survey data over five years (1991–95) on participation in five ‘normal activities’, such as consumption and social relations. While a third of respondents were never excluded on any dimension during the five data collection points, 1 per cent were excluded on three dimensions for four waves, or four dimensions for three waves (Burchardt et al., 1999; Burchardt, 2000). Such information is extremely helpful. Understanding how disadvantage develops, whom it affects and how is an important precursor to developing appropriate interventions. Hills (2002) argues that it informs a more active welfare state aimed at preventing social problems as opposed to a more passive orientation that responds to them.
Valuable as these insights are, however, they are by no means the preserve of a social exclusion perspective. Much earlier longitudinal studies showed that only a tiny proportion of children remain highly disadvantaged for a prolonged period (e.g. Wedge and Essen, 1982), and researchers have identified different types of poverty based on the duration and spacing of episodes (e.g. Ashworth et al., 1994). The preventive approach advocated by Hills (2002) is apparent in recommendations to intervene early in the chains of risk that lead to developmental problems in adolescence and adulthood (Little and Mount, 1999), while the research on the intergenerational transmission of disadvantage that underpins recent policy on social exclusion in the UK is rooted in a risk-and-protective-factor model (Welshman, 2007). An exclusion perspective has effectively reinforced an existing orientation.

The concept of social exclusion is also said to draw attention to the spatial aspect of disadvantage. The last two decades of the twentieth century saw a concentration of deprivation and ensuing social unrest in inner-cities and social housing estates in the UK and elsewhere (Evans et al., 1995). It made sense to describe residents of these communities as being geographically excluded; many could not, or felt strongly that they could not, move beyond them (SEU, 1998). Such neighbourhoods are characterized by a lack of access to services, such as shops, transport, libraries and banks, as well as fear of walking alone after dark (Levitas et al., 2000). Far-reaching implications for policy and practice follow, reflected in the plethora of area-based initiatives enacted in the UK since 1997 by the New Labour government.

Again, paying attention to wider spatial features is by no means the preserve of a social exclusion discourse. Growing evidence of how neighbourhood features affect children’s development (Chaskin, 2006) is reflected in arguments for an ecological approach to assessing children’s needs (Jack, 2002). That said, the concept of social exclusion has arguably focused more attention on the geographical element of disadvantage. This is increasingly recognized as an important but hitherto neglected factor in children’s services. For example, the UK government proposes to introduce a requirement that local authorities place children out-of-authority only if no suitable local placement can be found (HM Government, 2006b). This emerged partly in response to evidence that being placed a significant distance from family and community can exacerbate difficulties in other areas of looked after children’s lives (Sinclair, 2005). Similarly, homeless families should be provided with secure accommodation close to where they were living previously to help children maintain links with peer networks and services (DCSF, 2007).

How services exclude

An awareness of social exclusion is said to encourage consideration of the role of services in producing or ameliorating disadvantage. Services
fulfil various functions that enhance participation in society, from ensuring basic health (water) to facilitating access to other goods (transport) or enabling personal development (education) (Pantazis et al., 2006). The corollary of this is that services can sometimes contribute to social exclusion, such as by stigmatizing recipients (Sheppard, 2006).

In the UK, some Children’s Fund projects responded to such problems by, for example, attempting to create a more sympathetic educational environment for refugee and asylum-seeking children (Barnes and Morris, 2008). A recognition of the power of statutory services to exclude users also highlights the value of local, community-based forms of resistance to disadvantage in which users are involved in a more meaningful way (Jack and Jordan, 1999). Examples include grey economy activities that enable people in poverty to earn money informally and the establishment of supplementary schools within black communities to boost the academic attainment of black children. These show that policies ‘do not require an acceptance of dominant norms of behaviour or practice’ (Barnes and Morris, 2008, p. 256).

Again, there are dangers of overstating this case. An awareness of how services can cause users to feel excluded pre-dates a social exclusion discourse. The problem and attempts to address it have been widely charted, most notably in the extensive literature on engaging service users (e.g. Kemshall and Littlechild, 2000). Another risk is that a preoccupation with inclusion can result in coercive initiatives that attempt to ‘re-insert’ children and families into certain spheres of activity or behaviour patterns, often in ways that the individuals would not necessarily choose. This can be observed in, for example, measures to force unemployed young people into tedious and poorly paid jobs (Levitas, 2005), or in court-based orders and negotiated ‘compacts’ specifying the requirements of parents in families at risk (HM Government, 2006a; SETF, 2008).

Yet, the social exclusion perspective does genuinely appear to resonate with those who often feel alienated by professional discourse: ‘... it gives voice to the concern that people can experience themselves as “outsiders”’ (Sheppard, 2006, p. 1). Certainly, it is a common experience for specific groups of children, such as those who are looked after, to feel abandoned, rejected and unwelcome (Axford, 2008b). Indeed, commentators have argued that an individual’s perception of themselves in relation to society and the future affects whether or not they are excluded (Abrahamson, 1995) and that those who feel excluded may become objectively so if they live out a self-fulfilling prophecy (Lessof and Jowell, 1999). So the potential to capture lived experience is perhaps one of the more valid claims made for the concept of social exclusion, and is potentially helpful from a policy and practice perspective given the common resistance among vulnerable children and families to being labelled as ‘poor’ or ‘in need’.
Conclusions

While there is still explicit attention in UK children’s services policy to the needs of children, the last decade has arguably witnessed a shift away from the focus on ‘children in need’ and towards the supposedly ‘extended’ notion of children at risk of social exclusion (Morris and Barnes, 2008). This has been manifested in numerous initiatives, including the aforementioned Sure Start and Children’s Fund programmes. By the mid-1990s, ‘children in need’ had come to be associated with a small group of children at risk of harm owing to abuse and neglect and requiring high-level specialist interventions to deal with those needs (Department of Health, 1995), and, even today, they are thought of in terms of children in contact with social services (DfES and National Statistics, 2006). The concept of social exclusion, by contrast, was perceived to permit a focus on, for example, prevention and early intervention, multi-agency working and addressing some of the spatial and structural processes that produce disadvantage.

In practice, the extent to which a social exclusion perspective has actually shifted policy and practice is questionable, for two reasons. First, a more considered analysis of the discourse of risk and protective factors—and associated attempts to meet children’s needs—reveals that it permits many of the service features often regarded as being the preserve of a social exclusion discourse. For example, it encourages efforts to intervene early in the development of the chains of risk that produce developmental difficulties. It allows public health-style services to improve the well-being of all children alongside specialist services for those children who develop complex problems. (The theory is that shifting the ‘mean’ of the distribution drags the ‘tail’, so that, over time, getting the average child to behave better (for instance) will reduce the prevalence of problem behaviour.) And it requires attention to factors in children’s wider family and environment that may be contributing to health and development difficulties. Indeed, some of the initiatives promoted in the UK using the rubric of social exclusion are, paradoxically, rooted firmly in a risk-and-protective-factor model—the proven service models adopted from the USA being the obvious example. Further, it has actually proved very difficult to talk about socially excluded children without referring in the same breath to their multi-faceted and complex needs.

Second, a weaker version of social exclusion has tended to dominate, with the result that more radical change has failed to materialize. Thus, although an exclusion discourse draws attention to the broader material and spatial processes in society that produce disadvantage, policy initiatives have tended to focus on changing the individual child and family. Linking this back to Levitas’s (2005) categorization, the SID and MUD discourses have been prominent at the expense of RED. Moreover, the recent renewed focus on a very small minority of so-called ‘families at risk’ is...
somewhat perverse, given the earlier desire to move away from the supposed narrow focus on ‘children in need’. Thus, a study of families on an inner-London housing estate judged that 6 per cent of children were excluded (using a threshold of attenuated links with the economic, family and community spheres) compared with 39 per cent who were judged to be in need (Axford, 2008a).

So, is it true that ‘the success of the notion of exclusion is due precisely to its social neutrality and pseudo-scientific garb’ (Procacci, 1996, p. 14)? This article has suggested that although the concept became expedient and therefore over-used, it nevertheless offers some analytic advantage by casting light on social problems and their potential solutions. Take the example of a young person with impaired cognitive and behavioural development. He or she struggles to find work and ends up becoming involved in crime and drug misuse. A need perspective would most likely focus on addressing the young person’s limited cognition and perhaps addressing parental stress. A social exclusion perspective would highlight the way that changes in the labour market in most Western developed countries since the late-1970s have resulted in fewer unskilled jobs, and so made it harder for people with a poor education to find work. This might inform a response that is as much about creating decent employment for such young people as it is about addressing individual or family deficits.

Defined carefully, a social inclusion perspective has the potential to offer some useful insights into children’s well-being and encourages a welcome emphasis on structural problems and issues of power and geography that 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.

The case should not be overstated, however. Social exclusion represents a shift of emphasis rather than a change of direction (Atkinson, 1998); it offers what Sen (2000, p. 9) calls ‘investigative advantage’, not ‘conceptual novelty’. Moreover, it should be recognized that there is a tension between efforts to meet children’s needs and those aimed at promoting inclusion (Axford, 2008a). While they are often congruent, there has been a tendency in the UK for inclusion initiatives to be coercive and more concerned with repairing individuals’ social ties than with the quality and impact of those ties (Jordan with Jordan, 2000). This is unhelpful. It makes little sense, for example, to keep a child with special educational needs in mainstream school when those needs might better be met in a specially equipped school. Efforts to promote inclusion should not ride roughshod over sound, evidence-based interventions known to avert or treat developmental impairment.

There is a danger with social exclusion of having introduced a new concept and terminology but without exploiting its full potential or...
shedding previous bad habits. Words are sometimes less important than what they are used to mean, and a new language does not automatically mean new—or better—actions.

Accepted: September 2008

References


HM Government (2006b) *Care Matters: Transforming the Lives of Children and Young People in Care*, Cm. 6932, Norwich, TSO.


