

Strategies for the Prevention of Social Exclusion: An Analysis of the Children's Fund

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Abstract

The Children's Fund involved the development of partnerships in every local authority in England to prevent the social exclusion of children and young people. This article draws from the national evaluation of this initiative to consider the strategies used to implement the Fund, and reflect on their capacity to address the multiple dimensions of exclusion experienced by marginalised groups of children and young people. It discusses the contested nature of the concept of social exclusion, but argues that this is a useful framework for understanding the processes by which children may become excluded and for assessing the capacity of strategies to address this. It concludes that the Children's Fund is likely to have limited long-term impact in this respect.

Introduction

This article draws on studies of the implementation of the Children's Fund carried out by the National Evaluation of the Children's Fund (NECF) in England. The Children's Fund had its origins in the work of Policy Action Team 12 for the Social Exclusion Unit (PAT 12). The PAT 12 report identified the outcomes and challenges for young people at risk of social exclusion, gaps in preventative services for children and young people, and argued for a greater emphasis on early intervention, more flexibility from service providers and increased co-ordination of local provision. It was part of a broader shift in child and family policy that sought to move away from individualised provision focused on specific children at risk, to address the broader context within which children grow and develop. The Children's Fund was launched in 2000 and was directed at developing participative multi-agency working for preventative services across the 150 local authorities in England. Related government initiatives included the Local Network Fund for Children and Young People, created to provide small-scale activity for community groups with additional funding to grow

capacity; Sure Start, aimed at pre-school children and their families; Connexions, aimed at young people and the transition into further education and employment; and On Track, a pilot preventative initiative designed to reduce offending among children and young people that was incorporated into the Children's Fund in 2001.

The Children's Fund is to be funded until 2008 and the total budget over this period will be £960 million. Funding was allocated in three waves on the basis of levels of deprivation and need, and was released in response to the successful submission of an implementation plan by a local partnership, typically comprising representatives from the local authority, voluntary and community sector, health service, youth justice service and other statutory agencies concerned with meeting the needs of children and young people. In some areas partnerships were built on existing arrangements; other areas developed new partnerships specifically to meet the requirements of the Children's Fund.

The broad objective of the Children's Fund was to stimulate and support the development of local collaborative services to reduce or prevent social exclusion. The age group targeted – five-thirteen year olds – has traditionally been ignored in policy initiatives and the Children's Fund has never had the profile of Sure Start, designed to work with children under five and their families. Unlike 'area-based initiatives' that focused action to address social exclusion in areas of greatest need, the Children's Fund was implemented in every local authority in England and it was up to local partnerships to decide how to target within this broad remit.

In common with many New Labour policy initiatives, the government commissioned a national evaluation as well as requiring partnerships to undertake local evaluations. NECF was a multifaceted evaluation involving qualitative case studies of the structures and processes through which Children's Fund partnerships sought to achieve their objectives, case studies of strategies for working with marginalised groups, and a quantitative study of take up and service satisfaction. The findings have been wide ranging and are reported in a series of final reports (Barnes *et al.*, 2006; Beirens *et al.*, 2006; Edwards *et al.*, 2006; Evans *et al.*, 2006; Hughes and Fielding, 2006; Mason *et al.*, 2006; Morris *et al.*, 2006; Prior *et al.*, 2006). This article does not attempt to summarise all these very substantial findings, and the primary empirical basis of the analysis presented here is case studies of strategies adopted by Children's Fund partnerships in work with marginalised groups of children.

Local decisions about targeting for the purposes of focusing Children's Fund activity reflected an emphasis on both locality and social group. Implicit within such decisions were views about how 'socially excluded' children and young people might be identified, and which groups might become socially excluded if preventative action were not taken. In studies undertaken by NECF we reviewed the circumstances of selected groups of children that were among those that Children's Fund partnerships targeted for action, and considered the

strategies adopted by selected Children's Fund partnerships to respond to them. The purpose of this article is to consider the different dimensions of exclusion experienced by these groups, offer an interpretative analysis of Children's Fund strategies in the light of this, and reflect on the potential of such approaches to meet the overall objectives of the Children's Fund.

The evaluation looked at the strategies adopted in two different Children's Fund partnerships that had taken decisions to target disabled children, refugee and asylum-seeking children and black and minority ethnic children (six in total). We also considered the work of a regional consortium of partnerships that jointly commissioned services for Gypsy/Traveller children. Membership of the consortium varied but involved six partnerships when the evaluation commenced. This element of the evaluation adopted a 'theories of change approach', which involved working with stakeholders to articulate their objectives, the ways of working they adopted to achieve these objectives, and the rationales underpinning these (Mason and Barnes, 2007). The resultant theory of change statements then provided the structure within which the implementation of activities and their impact were reviewed. Data were collected in relation to 34 services over a period of up to 18 months, and involved:

- reviews of relevant documentation, including minutes of meetings, partnership plans, local evaluation reports and monitoring returns;
- regular semi-structured interviews with strategic stakeholders and service providers;
- interviews with children and families;
- activity-based data collection with children: for example, diaries, group sessions and workshops;
- observational fieldwork.

Interviews took place with 74 service providers, 75 strategic stakeholders, 93 children and 114 parents/carers. More general data were also gathered from groups and activities involving 170 children and 21 parents.

The theory of change approach to evaluation makes explicit the assumptions on which change programmes are based and highlights the way in which stakeholders define the group they are targeting and the problems that they are addressing. For example, the two partnerships targeting refugee and asylum-seeking children adopted rather different definitions of this group. One focused on those it identified as 'newly arrived', while the other worked with both newly arrived children and young people and second-generation refugees. The focus on newly arrived people, particularly those who had endured traumatic events, provided a rather different starting point for services than in the other authority where the concern was not only with experiences of being a refugee or asylum seeker but also how membership of a particular ethnic group affected chances of social inclusion (Beirens *et al.*, 2006). Our analysis therefore enabled us to

consider how the notion of 'preventing social exclusion' was being applied in relation to the four groups under discussion.

Social exclusion

Social exclusion has been an explicit focus for much policy making since New Labour was elected in 1997. In addition to the initiatives cited above (focused on children and young people of different ages and on disadvantaged areas or neighbourhoods) the Social Exclusion Unit and its successor, the Social Exclusion Task Force, have published reports and stimulated a wide range of policy initiatives addressing issues such as crime, employment, transport, health and care. These are based on an understanding that:

Social exclusion happens when people or places suffer from a series of problems such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime, ill health and family breakdown. When such problems combine they can create a vicious cycle.

Social exclusion can happen as a result of problems that face one person in their life. But it can also start from birth. Being born into poverty or to parents with low skills still has a major influence on future life chances. (<http://archive.cabinetoffice.gov/seu>)

But social exclusion remains a highly contested concept. Levitas (2005) has distinguished substantially different discourses of inclusion and exclusion. She characterises these as a redistributive discourse (RED), which derives from critical social policy perspectives and highlights the necessity to overcome poverty and inequality if 'inclusion' is to be achieved; a moral underclass discourse (MUD), which locates the causes of exclusion in the moral and behavioural weakness of those who are excluded; and a social inclusion discourse (SID), which emphasises work as the route to social integration and cohesion. The concept has been critiqued for diverting attention away from the material inequalities experienced by many living in poverty, suggesting that the poor are to blame for their own exclusion because of moral failings, and offering a one-dimensional 'solution' in a new version of the Protestant work ethic. In the context of child and family policy – and, in particular, 'parenting support' – the discourse of social exclusion has been implicated in the promotion of parenting norms that reflect middle-class culture and identifies 'the excluded poor' as both victims and perpetrators of their own exclusion (Gillies, 2005: 7).

However, the adoption of a social exclusion perspective by New Labour in the early years of government did reflect aspirations for social change of a new government following long years of Conservative rule. And the potential of the social exclusion analysis was recognised by groups who experience themselves as excluded, such as people who live with mental health problems, but whose circumstances had not adequately been understood by reference solely to material inequalities (Dunn, 1999). A key strength of the concept is that it recognises the multidimensional nature of the experiences of those

living in poverty and of others at the margins of society (for example, Ward, 2005).

The other potential strength of the concept is to focus attention on ‘the excluders’. When Townsend (1997) changed his mind about the value of a social exclusion perspective (he had previously argued that it diverted attention away from deprivation) it was because it highlighted the ‘potential instruments’ of exclusion. Veit-Wilson distinguished ‘weak’ from ‘strong’ versions of the concept by reference to the extent to which attention was given to the processes by which people become excluded:

In the ‘weak version’ of this discourse, the solutions lie in altering these excluded people’s handicapping characteristics and enhancing their integration into dominant society. ‘Stronger’ forms of this discourse also emphasise the role of those who are doing the excluding and therefore aims for solutions which reduce the powers of exclusion. (1998: 45)

Analyses that emphasise the ‘processual’ nature of social exclusion highlight the different processes that are implicated, the different dimensions of exclusion and thus the different ways in which this is experienced by different groups. We can suggest that these dimensions include (at least) the following:

- *Material dimensions*: insufficient income, poor-quality housing and physical environments (Townsend, 1997; Jordan, 1996).
- *Spatial exclusions*: restrictions on where people can live and on their mobility within and between places (Sibley, 1995).
- *Access* to both public and private goods and services (Batsleer and Humphries, 2000).
- *Health and well-being*: poor health is both a consequence of material deprivation, and can be a source in its own right of exclusion from social participation (Purdy and Banks, 1999).
- *Cultural*: certain lifestyles are regarded as irresponsible, immoral or ‘other’. Fear of the other can lead people to exclude those regarded as outsiders (Sibley, 1995; Ward, 2005).
- *Self determination*: certain social groups: children, people with learning difficulties, and those regarded as mentally incapacitated, are considered incapable of (and in some cases legally excluded from) taking decisions about life choices.
- *Public decision making*: in spite of the expansion of participatory practices in public decision making, many of those who are most marginalised remain excluded from decision-making processes.

Understanding social exclusion as a process also opens up the possibility of considering ways in which it can be resisted and the locations in which resistance can occur. Thus, Jordan (1998) highlights the strategies of people living in poverty who develop ways of improving the quality of their life by engaging in

economic practices outside the mainstream. The disability movement developed the social model of disability to account for the marginalisation experienced by disabled people and used this to propose fundamentally different social policies designed to include rather than exclude disabled people from social participation (for example, Priestley, 1999). And from within black communities, one response to the impact of racism on black children's education has been to establish supplementary schools that question assumptions about cultural deficit within black and minority ethnic communities (Reay and Mirza, 1997). These resistances point to the way in which policies may be redesigned to generate more inclusionary outcomes that do not require an acceptance of dominant norms of behaviour or practice. They also highlight the significance of collective action among marginalised or excluded groups in challenging normative assumptions about the characteristic of 'the excluded'.

Social exclusion, children and young people

If policies capable of preventing exclusion are to be effectively implemented we need to understand the experiences of social exclusion in context, and the way in which exclusionary processes operate for different groups. We illustrate below how different dimensions of exclusion affect the four groups of children and young people targeted for action by Children's Fund partnerships which were the subject of our study.

Material

There is little evidence about the extent of poverty among Gypsy/Traveller families, but Niner's (2005) study in one English region suggested that almost all residents on local authority sites were in receipt of housing benefits. Niner's report suggests some families live in significant poverty. Parents interviewed for NECF, particularly those with large families, cited low income as key to their non-use of local leisure and recreational facilities. This is particularly significant in view of the poor quality of the physical environment in which many of them live, and the absence of safe space for play within caravans or on and around sites.

Material deprivation has a particular significance for families with disabled children. A majority of such families live in or on the margins of poverty (Gordon *et al.*, 2000) and the costs of raising a disabled child have been estimated at three times that associated with raising a non-disabled child (Dobson and Middleton, 1998). Negotiating the benefits system can be time-consuming and emotionally draining and this, combined with insufficient understanding of the benefits system on the part of service providers, can mean that families do not receive the support to which they are entitled. Disabled children often live in houses that are not adapted to their needs and this can have deleterious effects on the health of disabled children, and on both the mental and physical health of parents (Clarke, 2006).

While the material circumstances of families from minority ethnic groups range widely, those from minority ethnic backgrounds are both more likely to be poor and to be living in deprived areas than are the white population (SEU, 2000). Similarly, the new areas to which refugees and asylum seekers have been dispersed as a result of the 1999 Immigration and Asylum Act tend to be characterised by poverty and relatively high levels of crime and anti-social behaviour.

Spatial

Spatial exclusions affect these groups differently. Gypsies and Travellers live on the margins, out of sight of most of the settled population in places that have insufficient value to be required for other purposes. Mobility within the areas in which Gypsy/Traveller families settle temporarily is mediated by gender and age, while the men of the family may be out and about working, the women and children are often restricted to the site. Public transport facilities close to sites are poor or non-existent, and taxi drivers hired to take children to sports and leisure centres by Children's Fund project workers were sometimes reluctant to do so.

Physical barriers constitute a major factor restricting disabled children's access and mobility between spaces. Attending a special school may make it harder for children to take part in inclusive leisure activities because of the travel time to school, friendship networks linked to school and lack of knowledge about community-based opportunities.

Compulsory dispersal policies have resulted in asylum seekers being moved to areas of the country with limited experiences of receiving immigrant groups, and this has limited their abilities to draw on supportive social networks (Sales, 2002; Woodhead, 2000). The 'bonding' social capital that is so important for marginalised groups is not available to them (Beirens *et al.*, 2007) and an enforced mobility results in spatial exclusions in terms of both of areas of residence and movement within areas.

Access to goods and services

We include here the exclusionary impact of some public policies. For example, the Criminal Justice and Public Order Act of 1994, which repealed much of the duty of local authorities to provide and maintain sites for Travellers, has had a significant negative impact. Continual pressure to 'move on' has disrupted contacts with schools and other educational services, and has affected both physical and mental health. In addition, some schools are reluctant to accept Gypsy/Traveller children because of the anticipated impact on league table positioning; parents who were themselves bullied at school are reluctant to expose their children to similar experiences; and a lack of trusting relationships between Gypsy/Traveller parents and teachers means that fears are hard to overcome (Kiddle, 1999).

Inadequate housing makes access to play and leisure facilities particularly important for disabled children, but both physical and attitudinal barriers impede access. Parents may be concerned about injury, low income and attitudes of non-disabled children and adults act as barriers, and the inappropriate design of play equipment and spaces act as further barriers. Youth and play workers are rarely trained to support disabled children to make use of facilities that do exist. In spite of an increasing emphasis on effective co-ordination between service providers, families with disabled children often find themselves having to co-ordinate the services they receive from different providers. Experiences of insufficiently integrated services relate to everyday frustrations such as co-ordinating hospital appointments with school timetables, and to more fundamental differences between agencies over agreed definitions, which can lead to resistance to joint working. These difficulties are particularly significant for families and children with complex needs (Watson *et al.*, 2002). Although there has been a shift towards integrated schooling, education remains a site of dispute, and experience of poor performance in 'inclusive' education has prompted arguments to retain and halt the reduction of special schools. Davis and Watson (2001) have identified the way in which discourses around 'special educational needs' and a reiteration of 'difference' within school settings interact with structural and resource barriers to continue to generate disabling practices.

Refugees and asylum seekers face particular difficulties in gaining access to services that most people take for granted. Limited interpretation services and information about eligibility mean they often do not know about essential services and their rights to access them (Woodhead, 2000). Many mainstream services have poor levels of awareness of their needs, priorities and concerns (Beirens *et al.*, 2006). Mobility resulting from dispersal and lack of knowledge of how things work affects access to the education system. Delays in accessing schools have also been identified as a result of over-subscription, schools' reluctance to accept young refugees or asylum seekers, their inability to offer appropriate support and a belief that test performance would be adversely affected (Audit Commission, 2000; Hek, 2005). The experience of some children in school is of limited understanding or capacity to respond to the impact of the traumatic events, loss and bereavement that some of them have faced (Beirens *et al.*, 2006). Some children find it difficult to settle, and their parents find it hard to support them because of their lack of understanding of the system and because of the challenges they are facing in meeting their own needs.

Racism is implicated in the way in which social exclusion is experienced by black children and this is evidenced in particular in their experience of schools and of education. The rationale for many Children's Fund projects supporting black and minority ethnic children arose from concerns that black and minority ethnic pupils gain less benefit than their white peers from improvements in educational attainment (OfSTED, 1996; Warren and Gillborn, 2003). There is

growing evidence that school-based processes are an important contributory factor in the production of poor outcomes for certain black and minority ethnic pupils (DfES, 2003) and that practices such as behaviour management can have discriminatory effects (Blair, 2001). Black and minority ethnic pupils – particularly African Caribbean pupils – are vastly over-represented in school exclusion figures (SEU, 1998), and the SEU (2000) acknowledged that racial discrimination has a part to play in this. Black and minority ethnic children are also over-represented in interventionist social care provision (Thoburn *et al.*, 2004).

Health and well-being

The consequences of many of these experiences of exclusion affect the health and well-being of children and young people. For example, Van Cleemput (2000) highlights the links between deprivation, poor environments, lack of play facilities and poor health for Gypsy/Traveller children. Overcrowding, poor quality housing, material poverty, poor diets and problematic access to health and social care services also affect the physical and mental health of refugees and asylum seekers.

Cultural

Gypsies and Travellers have been subject to persecution on racial grounds and on the basis of their lifestyles. Many travelling families have a strong cultural identity, but this can also place children apart from their peers because of the expectations about, for example, the role of girl children within the family and the acceptability of friendships with non-travelling children. Parents sometimes try to protect their children from bullying by maintaining their separation from ‘mainstream’ society. Hester (2004) argues that the dominant objective of recent policy has been that of assimilation: persuading, encouraging or coercing Gypsies/Travellers to give up their ‘deviant’ culture and adopt a more acceptable, sedentary lifestyle. Gypsies and Travellers who make the decision to pursue their own way of life are exercising a self-determination which sustains a collective identity necessary to resist the impact of the many exclusionary processes we have identified. From the perspective of the settled community and many mainstream services, this resistance can also be seen to contribute to ‘self-exclusion’ and this affected the design of some Children’s Fund services intended to encourage engagement with ‘mainstream’ activities.

Official recognition of the existence of ‘institutional racism’ problematises the notion that policy responses to the experiences of black children should be based on assimilating black and minority ethnic communities into the white host community. A similar point is made by Hester (2004) in relation to Gypsy/Travellers. In both cases the concept of ‘exclusion’ needs to be understood to refer to relationships with the majority society and does not necessarily describe

experiences of black children or Gypsy/Traveller children in relation to their own ethnic or cultural groups. Refugee and asylum-seeking children face similar problems of discrimination to other black and minority ethnic groups living in the UK, and some parents interviewed for NECF reported being unwilling to let their children play outside because of the danger of harassment.

This brief discussion reveals the complexity of the processes involved in social exclusion and the inadequacy of theories of social exclusion based in the identification of individual or group risk factors. It also alerts us to the way in which policies and services can contribute to processes of exclusion, not only in terms of service design but also in the cultural assumptions they make and in the extent to which they enable users or potential users to influence the nature of the help they receive.

Strategies for preventing social exclusion

Here we review the main characteristics of the strategies adopted by the case study partnerships for work with these four groups. This is inevitably a highly distilled account and much more detail is available in the relevant research reports (Barnes *et al.*, 2006; Beirens *et al.*, 2006; Mason *et al.*, 2006; Morris *et al.*, 2006).

Our work in relation to Gypsy/Traveller children focused on a regional consortium of Children's Fund partnerships that had come together to commission services jointly from a voluntary sector service provider. One rationale for the consortium approach was to develop consistent services across the region so that families who moved between areas would be able to access similar services as they moved. The service that was commissioned was primarily designed to 'hand hold' children to encourage them to use mainstream leisure and sports services. This was based on the assumption that supporting children to access play and leisure services would build their confidence and self-esteem, and that positive experiences would encourage them to seek out other opportunities, which would lead to improved well-being and improved outcomes.

Other aspects of the approach were intended to ensure parents knew about services that were available and to overcome any reluctance to use them, and to increase cultural awareness and understanding among service providers. The fourth element of the strategy – to challenge the attitudes of the settled community to Gypsy/Travellers – was considered more likely to be a side-effect of other activities than a direct focus of activity in its own right.

In practice, the regional approach was not entirely successful as a maximum of six out of 14 partnerships in the region were involved (when the evaluation finished, only three remained members) and differences in local circumstances meant the project was implemented rather differently in each area. The level of need identified and the intensity of input required from workers to enable children to use services meant that there was rather limited space to work with service providers. The project was successful in engaging children and families in

leisure and play activities in the short term and there was evidence of the short-term benefits of this for the children and also in terms of family relationships. But there was less evidence to suggest that such benefits would be sustainable. While parents were positive about the impact of their children's involvement with the project, there was only limited evidence of parents continuing to take children to activities once workers withdrew. A variety of barriers to achieving this – including the availability of transport and mothers' view of the value of the service as providing them with some respite – had not been addressed.

The term 'disabled children' can include children with a wide range of impairments, including physical, sensory and cognitive impairments, and those who may experience emotional or behavioural difficulties or mental health problems. Some characterise children in these circumstances as having 'special needs', while others consider that this term itself contributes to a process of marginalisation and exclusion. In both Children's Fund partnerships the dominant language was that of 'special needs', and comparatively few of those using services had complex physical and/or cognitive impairments. One partnership (a large county authority) defined long-term outcome objectives for children and their families in terms of improving the emotional health and well-being of children, developing children's life and independence skills and maximising their potential; improving family relationships, and preventing family breakdowns. The second partnership (a metropolitan authority) aimed to increase children's participation in services, increase their confidence, enable children to gain nationally accredited qualifications and encourage some children who had been users of services to become involved in running services.

The scale of activity focused specifically on disabled children varied substantially in the two partnerships. The county partnership commissioned Saturday and holidays clubs, advocacy and support services and 'enabling' schemes to support children to access mainstream services. There was a focus on leisure and play services because this had been identified as a major gap in provision. The rationale for play services exclusively for disabled children was that the children would be happier and experience an increase in their confidence and capabilities as a result of meeting and playing together with others similar to themselves. One service worked with children who were deaf or hearing impaired, taught sign language to children and their families, and tried to ensure services such as GPs were accessible to deaf children. The number and range of services were much smaller in the metropolitan partnership, but once again most of the activities developed involved play and sport and included after-school and holiday clubs. One service was developed by a group of parents and designed for the whole family.

There were rather different emphases in the approaches adopted in these two partnerships. In the context of an absence of parent/carer organisations in the metropolitan authority, this partnership emphasised strengthening the voices of children and their parents. Some service providers saw the development of

locality-based services as a means of overcoming social exclusion, but in practice it was only in the holiday clubs that such integration occurred because of the logistics problems associated with opening after-school clubs to children from outside the school, and because the parent-led service was prioritising holistic family work rather than activities focused on integration. The county partnership had more explicit aims of breaking down barriers between disabled children and others, changing social attitudes and increasing the capacity of mainstream providers. The 'enabling' schemes were delivering positive impacts both in terms of skills and confidence among disabled children and in the responses of non-disabled children to them.

Decisions to target refugees and asylum seekers were influenced by demographic changes, gaps in service provision and political interest. In one partnership (a metropolitan authority) most of the services commissioned worked with the generic group of newly arrived children and their families. The other Children's Fund partnership (a London borough) worked both with newly arrived children and young people and second-generation refugees whose educational underachievement was causing concern.

The objectives of the metropolitan authority were to support integration into school and improve educational attainment; improve the mental health and well-being of refugee and asylum-seeking children and families; support newly arrived families; and raise capacity within mainstream and voluntary and community sector service providers, organisations and agencies. Services were commissioned in relation to each of these objectives. There was a strong emphasis on work within schools. The London borough partnership similarly aimed to improve emotional health and well-being and educational integration and performance. It also aimed to change practice and to develop community cohesion and integration. It commissioned a number of therapeutic, educational and sports-based projects and also undertook work with children in schools. Both partnerships supported work undertaken by refugee community organisations and worked with parents as well as children in order to ensure they had information necessary to access services, as well as enabling the development of networks among families.

Both partnerships recognised the multiple problems of social exclusion experienced by refugee and asylum-seeking children and their families. In particular, they addressed problems of access to services via raising awareness of rights and entitlements as well as helping to overcome access barriers such as language and transport. They addressed problematic issues of health and well-being via the provision of therapeutic services. Services were designed within an empowerment discourse and a number of projects also explicitly aimed to strengthen the cultural identity of young people from refugee families.

The rationale for many projects supporting black and minority ethnic children arose from concerns that they gain less benefit than their white peers from improvements in educational attainment. In one partnership, action was focused

specifically on African Caribbean boys and later girls, while the other case-study site included a much broader range of minority ethnic groups. The strategies adopted sought both to enhance positive alternative learning experiences, and to supplement and extend formal learning to enable effective progress within mainstream schooling. The focus was on alternative supplementary provision and equipping individual children and their families with the skills needed to progress successfully through the mainstream.

In the partnership focusing on African Caribbean children, a collective of black and minority ethnic community groups and community stakeholders was invited to work up the details of the strategy and take forward the planning process for the theme. Services provided included an outreach mobile educational resource unit, a drama and dance project, and a community-based horticultural project. In the other partnership black and minority ethnic community providers were also involved in the development of the strategy. Existing community providers were asked to submit proposals for how they might take forward the aims for the theme, and the overall strategy included support for existing additional education, enhanced family support, creating new experiences and some – albeit limited – emphasis on working with mainstream provision to better meet the needs of black and minority ethnic children.

The devolution of responsibility to community organisations in the first partnership did not prove successful (see Morris *et al.*, 2006 for more details on this) and this collapse resulted in considerable bitterness. However, after a process of review, the services provided continued to reflect some of the original rationale, including a focus on children's experiences of learning and the promotion of culturally responsive provision. The second partnership was more successful in bringing together those developing the services to enable shared learning and promote stronger representation of black and minority ethnic children's needs within the wider development of children's services. Both strategies relied heavily upon the existing black and minority ethnic community networks and providers; both sought to develop provision that went beyond formal schooling and gave limited attention to changing mainstream provision, or indeed to using mainstream providers as partners in driving the strategy.

Making sense of Children's Fund responses to exclusion

Overall, the strategies adopted by Children's Fund partnerships gave very limited attention to factors within the social and economic environment that contributed to processes of exclusion. The emphasis was primarily on changing children rather than on changing services, or on addressing exclusionary attitudes and practices within the communities in which they lived. But our analysis enabled us to offer a more nuanced understanding of the differences between the approaches adopted within and between Children's Fund partnerships. We can describe and distinguish these as follows.¹

Integration

This approach was based on an assumption that integrating children into existing mainstream provision was the most effective route to achieving better outcomes. It assumed that existing services were basically adequate and helpful and that the objective was to enable children to become effective citizens within a largely benign social order. The task was thus to be seen to work with individual children (and sometimes their families) in order to change behaviour and build confidence to ensure they 'took advantage of' existing services. Among examples of this approach were school-based mentoring schemes designed to improve attendance, the 'handholding' approach that involved workers physically taking Gypsy/Traveller children to sports and leisure services, and 'enabling' schemes that supported disabled children, making it possible for them to take part in 'mainstream' activities such as Brownies.

Adaptation

This approach also assumes social exclusion can be addressed through action to better link children who may become marginalised to mainstream services. However, it also recognised that services would need to change to make them more accessible and responsive to diverse needs. Thus, there were awareness-raising sessions with workers in leisure and education services to enable them to learn about Gypsy/Traveller culture, and to understand the experiences and backgrounds of children who were refugees or asylum seekers.

Separatist provision

There were very different views about the appropriateness of this approach in the context of strategies aiming for social inclusion. It was based on the development and support of separate provision for discrete, targeted groups of children. Thus some workers saw this approach as fundamentally in conflict with an objective of social inclusion. The groups that were the target of such services were seen as having special needs, resulting in marginalisation. The assumption is that specialist services will ensure some equivalence of opportunity exists to parallel those available to 'mainstream children'. In this way, the harmful effects of marginalisation will be minimised, both for the individuals concerned and for society more generally. The most obvious example was the development of play services designed specifically for disabled children, which were intended to provide *equivalent* opportunities for such children to enjoy play in an environment designed solely for disabled children. But some services for black and minority ethnic children also evidenced this approach.

Meeting presenting needs

This cannot really be considered a 'strategy' as it primarily involved reactive responses that demonstrated little evidence of being driven by intentions linked

to addressing the wider issues of social exclusion, or to engage with the initiative as a change agent. The Children's Fund was seen as a source of supplementary funding and a way of filling gaps in services. This enabled responses to be made to the presenting needs of individuals or groups of children that were not being met by other existing services. These unmet needs were responded to without the wider context of the need being addressed, but sometimes drew on and signposted other services. This included a diverse range of provision, including supplementary after-school services, supplementary services for children already using mainstream services and targeted services addressing 'hotspots' such as street crime or vandalism.

Reducing risk/promoting protective behaviour

This evidenced the impact of theories which assume that it is possible to 'predict' exclusion from the presence of risk factors. This approach was particularly evident in work designed to target children considered 'at risk' of involvement in crime or anti-social behaviour. It is based in a belief that better outcomes for children are achieved by activities and interventions to stop or start specific behaviours, which are seen to increase or reduce vulnerability. Although this predictive model of exclusion encompasses risk factors that relate to 'communities' rather than individuals, it pays little attention to the exclusionary processes outlined earlier in this article. The approach rests on a view that individuals' behavioural and life-style choices create problems of marginalisation (in line with the tendency to blame the poor for their exclusion) and that these can and should be altered. It was most evident in play schemes designed to divert young people away from anti-social behaviour, including those in areas with diverse ethnic groups, and in a rather different way in the services designed to encourage Gypsy/Traveller children to use mainstream sports and leisure services. Here the intention was to 'build the habit' of participation in order to overcome the isolationism seen to contribute to marginalisation.

Working with community models

This approach places a much greater emphasis on the need to understand children within the context of their family and social networks. It recognises the diversity of social life, and the need to work with lay knowledge within diverse communities to promote and enhance the capacity of children to reach their potential. Building on strengths within families and community networks (which may be conceptualised as developing bonding social capital or may be understood as supporting the strategies for resistance adopted by 'the excluded') is seen as the first step towards enabling inclusion and effective participation in society. There were examples of this in services for African and Caribbean children run by members of those communities and which sought to inform children about their cultural heritage and to value this. Services which promoted

networks among refugee and asylum-seeking children and families had a similar approach, and the service for deaf children and their families that taught children and family members to sign was also based on a belief that developing children's inclusion within deaf culture would reduce the likelihood of exclusion.

Promoting well-being/achieving change

Services that offer individual support in the context of work to change the environment characterise the final approach that we identified. There was evidence of this in some work with refugee and asylum-seeking children in schools that involved not only therapeutic, mentoring or budding support for individual children, but also support for the schools in developing appropriate practices to create a sympathetic environment for these children. This approach recognises that existing practices within mainstream services may themselves contribute to exclusion. Attempts to change the child are set alongside broader work to change/challenge the barriers to inclusion facing children and families from within services and communities.

In practice the services commissioned by Children's Fund partnerships evidenced elements of these approaches in different measure. In some cases to describe the overall approach as a 'strategy' suggests more coherent planning than existed in fact, but there was evidence that some partnerships considered it was necessary to include aspects of each of these approaches in order to deliver an appropriate response to the range of needs and circumstances of the children and their families.

Discussion and conclusion

Practical responses implemented by Children's Fund partnerships rarely reflected the multiple dimensions of the 'strong version' of social exclusion defined by Veit-Wilson (1998). Although the Children's Fund aimed to stimulate the development of preventative services, it was not set up to be redistributive and there is very limited evidence 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 subobjectives 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. Fawcett *et al.* (2004) suggest that we have seen the emergence of a rationale for child welfare services that is based on the New Labour push towards a 'social investment state'. This places an emphasis on the longer-term outcomes for society of addressing and achieving inclusion, with a reduced emphasis on funding provision to meet immediate needs. The original intentions of the Children's Fund reflect this, with the aims of enhancing and promoting pathways out of poverty for children and young people. Despite the guidance and expectations, NECF saw evidence of

Children's Fund funding being used to enhance or supplement existing services that met presenting needs, reducing the capacity of the initiative to achieve longer-term change.

But an initiative of the size of the Children's Fund cannot be understood solely by reference to its overarching design features. The implementation of the Fund at local level provided scope for different interpretations and, in some cases, opened up the possibility for progressive action capable of supporting active resistance to the normalising tendencies of the social inclusion discourse. There were some positive examples of projects/services based on an understanding that exclusion from mainstream society does not necessarily mean exclusion within ethnic or cultural communities. But this was very varied: there was little evidence of work to support Gypsy/Traveller children within their communities in contrast with some of the work with black and refugee and asylum-seeking children. And where this did happen it often relied on poorly supported and funded community organisations.

The strategies through which the policy was implemented were strongly influenced by the risk/protection discourse, which focuses attention on 'the excluded' rather than on those doing the excluding. Service providers did sometimes recognise the significance of attitudinal and other barriers to inclusion but in practice emphasised work with individual children to build resilience, confidence and 'self-esteem'. Both service providers and children and their families recognised positive short- to medium-term benefits from this, but we saw little evidence that long-term change in policies, practices or broader social relationships were impacting on exclusionary processes. For example, black and minority ethnic children using Children's Fund services identified a range of benefits to them:

- opportunities to enjoy new experiences and avoid troublesome activities,
- opportunities to develop individual and family confidence in abilities and capacities,
- opportunities to see and experience cultural history and identity as positive and rich,
- opportunities to engage in and enjoy 'non-traditional' learning,
- opportunities to acquire enhanced learning linked to potential mainstream attainment,
- opportunities to develop an enhanced sense of community and citizenship,
- opportunities for fun and enjoyment. (Morris *et al.*, 2006)

However, the emphasis on equipping children with additional knowledge and skills so that they could achieve successful individual outcomes within the education system was not matched with concerted action to change mainstream approaches to their needs. Observational data and the data gathered from children, families and providers suggested that, while individual children were

able to perform better at school, no service was able to describe changes within local mainstream provision that would address the factors that have resulted in the inequalities of educational outcome discussed earlier in this article.

Our analysis of the different strategies adopted was received positively by practitioners as a means of reflecting on both what they were trying to achieve in developing preventative strategies and how they were going about this. But there was also some pessimism about the potential to move beyond the dominant risk and protection discourse in achieving change. An initiative such as the Children's Fund is not capable of addressing all aspects of the exclusions faced by different groups of children and young people, but our overall conclusion was that it was a missed opportunity for developing bold and imaginative approaches to work within and across groups of children at particular risk of social exclusion necessary to ensure long-term outcomes.

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Note

- 1 We discuss these strategies in the context of developing notions of 'prevention' in Morris and Barnes (2007).

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