Social exclusion and social inclusion: Themes and issues in residential child care

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Introduction
In this chapter, I intend to explore the links between social exclusion, social inclusion and residential child care. I hope to show that social exclusion and social inclusion provide a useful framework for considering a number of cross-cutting themes and issues which affect children and young people in residential care, and the development of services to promote their best interests. The use of the terms social exclusion and social inclusion has become more widespread over recent years, but many of the issues are of longer standing than the concepts themselves. Like many such concepts, there is some lack of clarity, and the fact that they have been used and developed in a range of political and social arenas means that definitions and usage may be contested (Stewart, 2000; Saraceno, 2001). Levitas suggests that "social exclusion is a powerful concept, not because of its analytical clarity which is conspicuously lacking, but because of its flexibility" (Levitas, 1998, p. 178), while Saraceno (2001) suggests that "it constitutes a relatively loose set of ideas to represent the world in particular settings rather than a concept with theoretical substance and coherence which transcends national and political contexts" (Saraceno, 2000, p. 9). I am aware that this can lead us into complex areas, but I hope to, at least, provide an outline of the relevant ideas and practice implications for residential child care.

I will outline the concepts of social exclusion and social inclusion and underline some of the criticisms of the terms. I will look at the way in which young people who enter residential care are already frequently experiencing social exclusion. I will then consider the experience of residential child care and the ways in which this may compound social exclusion. I will discuss the process of transition from residential child care, highlighting the poor outcomes of young people leaving residential care in relation to education, accommodation and employment but highlighting the protective factors which have been identified by research. Finally, I will draw together some of the developing themes in residential care which focus on positive work with children and young people, the promotion of relationships, stability, and positive social, cultural and leisure experiences which promote social inclusion.

Social exclusion and social inclusion: Definitions and issues
Social exclusion is not a new concept. Craig (2000) outlines the use of the term in French policy debates about groups at the margins of society in the 1950s and in more mainstream discussions about poverty within the context of European poverty programmes in the 1960s/70s. These stressed integrated approaches to tackling multiple deprivation and an emphasis on partnership and participation (Craig, 2000). Burchardt, Le Grand and Piachaud (2002) point out that the term "social exclusion" was first used in a political climate where the Conservatives did not recognize the existence of “poverty” and it allowed for social policy debate at the European level. Following the election of the Labour government in 1997, social exclusion came to the forefront of policy initiatives in the UK. New Labour established the Social Exclusion Unit in 1997 and its working definition of social exclusion was:

"a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health, poverty and family breakdown (Social Exclusion Unit, n.d.)"

This definition has been criticized, however, for focusing on the causes of social exclusion rather than setting out what social exclusion actually is (Micklewright, 2002; Morris, 2001). In Scotland, following lobbying for a more “inclusive” approach, the Social Inclusion Network was established (Fawcett, 2003).

Hill, Davis, Prout and Tisdall (2004) describe two overlapping meanings of social exclusion in the UK. The first is broadly equivalent to relative poverty "signifying the way in which inadequate material resources, especially low income, make it very difficult for individuals and families to share in the social activities generally expected in the society in which they live" (Hill et al., 2004, p. 79). The second “refers to the way in which certain groups are marginalized, omitted or stigmatised, usually on account of a visible feature that differs from the majority and which the majority finds had to accept” (Hill et al., 2004, p. 79).

While social exclusion is closely linked with poverty, some have questioned whether the concept of exclusion adds anything to the debate, particularly over concepts of relative poverty (Micklewright, 2002; Cheetham and Fuller, 1998). However, social exclusion can be argued to be a more multi-dimensional concept (Lister, 2000; Fawcett, 2003). Barry (1998) defines social exclusion as:
"multi-dimensional disadvantage which severs individuals and groups from the major processes and opportunities in society, such as housing, citizenship, employment and adequate living standards" (Barry, 1998, p.1).

It has also been stressed that social exclusion focuses more on a process rather than a state; a process of being excluded by someone or some thing (Cheetham and Fuller, 1998; Craig, 2000).

Levitas (1998), in a critique of its use in social policy debates, identifies three social exclusion discourses: a redistributionist discourse (RED); a moral underclass discourse (MUD); and a social integrationist discourse (SID). The redistributionist discourse has a prime concern with poverty but broadens this into a critique of inequality. RED "contrasts exclusion with a version of citizenship which calls for substantial redistribution of power and wealth" (Levitas, 1998, p. 7). The moral underclass discourse has many forerunners, based on fears about "criminalistically-inclined, unemployable young men and socially irresponsible single mothers, for whom paid work is necessary as a means of social discipline, but whose (self)- exclusion, and thus potential inclusion, is moral and cultural" (Levitas, 1998, pp. 7-8). The social integrationist discourse focuses more narrowly on unemployment and economic inactivity, "pursuing social integration or social cohesion primarily through inclusion in paid work" (Levitas, 1998, p. 8). Highlighting the dominance of SID and MUD discourse, she states:

"Attention is drawn away from the inequalities and differences among the included" At the same time, the poverty and disadvantage of the so called excluded are discernibly placed outside society" (Levitas, 1998, p. 7)

Levitas argues that the main thrust of the reduction of social exclusion has been in getting people back into employment (see also Jack and Jordan, 1999). While few would argue that paid work is not an important aspect of social inclusion, Lister questions the assumptions underlining the social integrationist discourse of New Labour, that; paid work necessarily spells social inclusion; worklessness necessarily spells social exclusion; the only form of work of value to society is paid work; and that an inclusive society can be built on the foundations of paid work alone (Lister, 2000, p. 40).

Micklewright (2002) highlights that:

Children are very high on New Labour’s agenda in its efforts to tackle poverty and exclusion. Children are frequently the chosen entry-point into the whole debate: examples of childhood disadvantage, whether labelled as exclusion or poverty, are often mentioned first in the opening paragraphs of government reports (Micklewright, 2002, p. 10)

Four of the first six reports published by the Social Exclusion Unit dealt with disadvantage among children and young people: truancy and school exclusion, teenage pregnancy, out-of-school and out-of-work young, and young runaways (Micklewright, 2002). Roche and Tucker (2003) argue that the focus of the social exclusion debate in relation to young people is on the "highly visible disorders of youth" (Roche and Tucker, 2003, p. 440, see also Hill et al., 2004), and Barry (1998) points that the continuing ambiguity in New Labour about the difference between the concepts of underclass and social exclusion (Barry, 1998, p. 4; see also Fawcett, 2003).

"there is a danger that this discourse and the associated policy initiatives may reinforce social inequalities as characteristics located in particular social categories: teenage parents, single mothers, drug users and homeless young people. Such assumptions may further construct the “otherness” of such groups, who are typically conceptualised as members of an “under class.” (Brannen, 1999, p.22)

This being said, New Labour’s commitment to halve child poverty by 2010 and eradicate it in a generation can be seen as reflecting the redistributionist discourse but “the redistribution is modest in comparison with other European countries” and the shifts between the three discourses continue across different policy areas and over time” (Hill et al, 2004, p. 80).

Social exclusion prior to placement in residential care

It can be argued that all children are socially excluded. Hill, Davis, Prout and Tisdall (2004) highlight the fact that while children are one of the most governed groups in society and some of the highest users of state services (health, education and social security), they "traditionally have had little or no input into national an local policies" (Hill et al., 2004, p. 78). Ridge and Millar (2000) argue that by their very status as children, they are excluded from the processes by which social inclusion is defined:

"it is clear that civic, economic and social integration are all defined in adult terms, and involve social systems and institutions from which children are already effectively excluded. Where exclusion is related to the exercise of power and control, children, by virtue of being children, are already excluded from adult spheres of power and influence (Ridge and Millar, 2000, p. 161).

When we focus on children and young people in residential care, then, we must ask the question, are some children more socially excluded than others? We have seen that social exclusion refers to a range of factors including unemployment, low incomes, poor housing, poor health, family breakdown and poor skills. These factors, themselves, are closely linked to the reasons why children and young people enter the care system.

While Scottish Executive statistics do not give details of the reasons why children and young people enter residential care, some indication is given by referrals to Children’s Hearings. Of over sixty thousand referrals in 2000/2001, 44 per cent were on alleged offence grounds and 56 per cent were on alleged care and protection grounds. The main reasons for alleged care and protection referrals were: lack of parental care (46 per cent); victim of schedule 1 offence (27 per cent); beyond control (13 per cent). Where disposals were made by the Children’s Hearings, 371 children and young people (11 per cent) were subject to a supervision requirement in a residential establishment. The proportion of children and young people subject to a residential supervision requirement varied according to the grounds of referral. Of those referred solely for offence grounds, 212 (31 per cent) had a residential supervision requirement, compared to 101 (4 per cent) referred on care and protection grounds and 58 (17 per cent) on both offence and care and protection grounds (Scottish Children's Reporter Administration, 2002).
Aspects of social exclusion in residential child care

Kendrick (1995a), in a study of 412 residential and foster care placements, found that only 7 per cent of placements for reasons of "family support" were in residential care, compared to 25 per cent of placements for reasons of "child protection", and 88 per cent of placements for "offending" (Kendrick, 1995a). Using a different categorisation and focusing on teenagers, Triseliotis, Borland, Hill and Lambert (1995) found that the primary reasons for admission to residential schools were school-based difficulties, offending and family problems and each applied to approximately one-third of the residents. Almost half the young people in residential units were admitted because of family problems, one third because of behaviour problems and one in seven because of school problems (Triseliotis et al., 1995, p. 98). Similarly, Sinclair and Gibb (1998) found that for over half (53 per cent) of children and young people admitted to children's homes, the main reason was "breakdown of relationship between young person and family" and one in five (21 per cent) were admitted because of the young person's behaviour. Other reasons for admission were "potential/actual abuse of young person" (10 per cent); "neglect of young person" (4 per cent) and "family illness/housing problem" (2 per cent) (Sinclair and Gibb, 1998, p.19). Berridge and Brodie (1998), in comparing the reasons why children were admitted to children" homes in 1995 compared to 1985, concluded:

Three main groupings of stress factors leading to accommodation were identified: behavioural problems, abuse and neglect, and, slightly less noticeably, inadequate care and relationship problems. Most children had multiple problems and had experienced severe difficulties in several aspects of their lives It therefore appears that the current children's home population is much more complex and problematic than in 1985. The proportion posing behavioural problems prior to entry has more than doubled (Berridge and Brodie, 1998, p. 83).

Berridge and Brodie (1998) found that although educational problems were rarely the predominant reason for a child to be in a children's home, it was considered to be a "major" problem for 59 per cent of the children. Kendrick found that one-quarter of school age children had either been excluded or suspended before reception into care or were already in alternative educational provision. Half of the remainder were reported to have problems of non-attendance at school (Kendrick, 1995a, 1995b; see also Sachdev and Jackson, 2001).

It has long been recognised that there is a link between poverty and entry into local authority care. Bebbington and Miles (1989) investigated the family backgrounds of 2,500 children admitted to care in England in 1987. They found that only one-quarter of the children were living with both parents, almost three-quarters of their families received income support, only one in five lived in owner-occupied housing, and over half were living in poor neighbourhoods (Bebbington and Miles, 1989, p. 353).

Our results confirm that deprivation is a common factor among all types of children who enter care™ poverty and adverse housing conditions are particularly common among children taken into care compulsorily. (Bebbington and Miles, 1989, p. 358)

Gillham Tanner, G., Cheyne, B., Freeman, I., Rooney, M. and Lambie (1998) studied the relationship between poverty and child abuse in Strathclyde Region in Scotland. They looked at child abuse referral and registration rates in Glasgow social work areas and compared this to levels of unemployment in these areas. While cautioning that unemployment rates related to social areas and not to individual cases, they found that there were significant correlations to child abuse.

We were surprised by the high level of the correlations and the systematically higher correlation with levels of male unemployment. Clearly the latter is a strong index of the local ecology of child physical abuse, less so of neglect, and uncertainly in relation to sexual abuse (Gillham et al, 1998, p. 87)

They conclude that living in areas of localised high unemployment is likely to put otherwise vulnerable families at greater risk of child physical abuse and neglect (Gilham et al, 1998, p. 87).

Youth offending is also correlated with socio-economic deprivation, alongside factors such as parental supervision, discipline and attitude, broken homes and separation, peer influences, school influences and community influences (Farrington, 1996). The Youth Justice Board (2001) categorise risk factors into four groups: family, schools, community, and individual. The risk factors highlighted in relation to the family include: poor parental supervision and discipline, family conflict, a family history of criminal activity, parental attitudes that condone antisocial and criminal behaviour, low income, and poor housing. School risk factors include low achievement in primary school, aggressive behaviour such as bullying, and lack of commitment to school. Living in a disadvantaged neighbourhood, community disorganisation and neglect and lack of neighbourhood attachment were linked to youth crime. Finally, individual risk factors included hyperactivity and impulsiveness, low intelligence and cognitive impairment, alienation and lack of social commitment, and attitudes that condone offending and drug misuse. Friendsships with peers involved in crime and drug misuse also increase the risk of delinquency (Youth Justice Board, 2001).

The difficulties encountered in the early years may also be compounded considerably by the experience of poverty and disadvantage and the literature does identify a close relationship between crime, poverty and disadvantage. The impact of the parenting role in the context of disadvantage is highlighted as a crucial variable (Asquith, 1996, pp. 10-11)

Asquith highlights the importance of changing socialisation patterns in promoting delinquent behaviour and “the breakdown in or at least the altered patterns of informal social control exercised by parents over children and the increased importance attached to associations and friendships with peers” (Asquith, 1996, p. 7). Asquith also stresses what he terms “a politics of exclusion--; the inability of many young people to actively participate in mainstream social life (Asquith, 1996, p. 8).

It is clear, then, that children and young people entering residential child care have experience of the multiple factors which are linked with social exclusion. While some, caution against generalisation and highlight the variation in reasons for entry into care, the differences in care careers and length of stay in residential child care (Bullock, 2000), we have seen that children and young people entering residential care have experienced disruption in their families, schools and communities.
If children and young people have experienced significant social exclusion leading to their entry into residential child care, what impact does placement in residential child care itself have in relation to social exclusion? It can be argued that the very process of entry into residential child care leads to further social exclusion. Hayden, Goddard, Gorin and Van Der Spek (1999) highlight that coming into care is likely to be a stressful time for children and young people because of feelings of displacement, loss and lack of control. This can be compounded by the impact of multiple placements and schooling disruption. Literature relating to the abuse of children and young people in residential and foster care has stressed their social and geographical isolation (Berridge and Brodie, 1996; Kendrick, 1997; 1998; Kent, 1997; Nunno and Motz, 1988; Utting, 1997; Westcott, 1991). The social stigma related to residential child care has also been emphasised by children and young people themselves (Bullock, 2000; Polat and Farrell, 2002; Ridge and Millar, 2000; Who Cares? Scotland, 2004). Discussing the care system as whole, White (1999) writes:

They are different (socially excluded) from other children by virtue of a number of different labelling processes which make themselves felt at school, in the neighbourhood, in relation to the “public” world of social services “and, of course, because they are palpably not included physically or psychologically in their own families (White, 1999, p. 73; see also Micklewright, 2002).

There are a number of aspects which highlight the way in which entry into residential child care may exacerbate the social exclusion of children and young people.

The young person’s own family

We have seen that entry into residential child care often takes place because of family problems or breakdown of family relationships. The move into residential child care could mean that connections with the family will weaken. Emond (2003) highlights that over the year of her study, all of the young people in the residential units celebrated a birthday but “a significant number received no acknowledgement of this event from their family and friends” (Emond, 2003, p. 329) and for some young people it seemed that their own families had forgotten them. Family, however, is very important to looked after children and young people and feeling cut off from family has a significant impact (Dixon and Stein, 2003; Who Cares? Scotland, 2004).

Bilson and Barker (1995) in a study of parental contact found that nearly two out of five children (37 per cent) had no parental contact and less than half (47 per cent) had regular contact. They also found that contact diminished over time and only one in four of those in care for over five years had contact (Bilson and Barker, 1995, pp. 373-74). Interestingly, however, “the proportion having regular contact with their parents in residential care was over half as high again as for those in foster care (Bilson and Barker, 1995, p. 376). In addition, they found that for children aged 10 and over, the longer children were in residential care the more likely there was contact with parents, while the opposite was the case in foster care.

This might suggest that in residential care there is pressure leading to the re-establishment of contacts with parents which gets stronger as placements proceed whilst there is pressure in the other direction “towards diminishing contact “foster placements (Bilson and Barker, 1995, p. 379).

One-fifth of children and young people in Sinclair and Gibb’s study (1998) had no contact with their family or had “no family”, while a further fifth had contact on a two-weekly to monthly basis. While the remainder had more frequent contact with family members, just over a third of children said that they did not see their families enough. The study found that contact was not related to length of time in care or long-term placement. Berridge and Brodie (1998) found that levels of family contact were higher in 1995 than in 1985 (Berridge and Brodie, 1998, p. 75). One of the stated advantages of residential child care has been the ability to keep sibling groups together (Skinner1992; Wagner, 1988). Sinclair and Gibbs (1998), however, found that contacts with siblings were particularly missed; half the sample would have liked to see more of at least one brother or sister. Children and young people in the Who Cares? Scotland (2004) consultation, also highlighted separation from their siblings. Those who were in placements with brothers or sisters, however, highlighted that “it was beneficial for sibling groups to remain together” (Who Cares? Scotland, 2004). Research has shown that:

" the continuity of sibling relationships is of great benefit to children's well-being and adjustment and that children themselves valued being placed with or maintaining contact with their sisters and brothers (Kosonen, 2000; see also Kosonen, 1996)

Friends

Ridge and Millar (2000) suggest that interpersonal integration is a useful way into understanding social exclusion from a child-centred perspective since it allows a focus on friendship. Friendship has been described as the core relationship for young people (Cottrell, 1996). Children and young people in residential care are clear about the importance of friendship and the fact “that the experience of coming into care and the care process itself was usually profoundly disrupting to a child's friendship networks” (Ridge and Millar, 2000, p. 167; see also Who Cares? Scotland 2004). Sinclair and Gibbs (1998) found that four out of ten of the residents said that they had lost touch with at least one “important friend”. One in ten said that they were definitely lonely and loneliness was associated both with having lost touch with someone important and with not going around with particular friends. This being said, Whitaker, Archer and Hicks (1998) point out that young people’s friends can be “a mixed blessing” and we saw above the influence of the peer group in offending behaviour.

Sometimes they lead a young person into trouble “with drugs, with taking and driving away cars, burglary, or even into paedophile rings and prostitution. Sometimes they are helpful” (Whitaker et al., 1998, p. 106).

In relation to what children and young people said about family and friends, Sinclair and Gibbs found that the “associations were” very strong. Residents were less happy if they had left behind an “important friend”–, happier if they were going around with a particular group of friends”, and less happy if they wanted to see more of their family–” (Sinclair and Gibbs, 1998, p. 194).
Participation and responsibility

Hill et al. (2004) highlight the importance of participation in combating the social exclusion of children. Looked after children and young people stress the way in which "arbitrary decision-making and lack of participation can so easily lead to negative discriminatory practices" (Who Cares? Scotland, 2004, p. 12). Even in the context of formal meetings such as child care reviews, children and young people distinguish between being listened to and having influence (Kendrick and Mapstone, 1991; 1992; Thomas and Kane, 1999).

In all, participation without choice of specific placement seemed hollow to many young people and their families. Even when consulted, most young people still felt they had little influence. When such feelings persisted, the probability of success was lowered (Triseliotis et al, 1995, p. 277).

Barry (2002), in highlighting the tensions between rights of protection and rights of participation of young people in care, emphasised that young people frequently entered care from situations where they were not protected in the family but where they had "adult" responsibilities such as caring for siblings or parents. In care they were protected, a welcome safe haven from violence, but treated as "children", with little say in decisions or assessment of their competencies.

Once in care, their level of responsibility and autonomy was often dramatically reduced as social workers, residential workers and foster carers took over the role of ensuring their care and protection (Barry, 2002, p. 245)

This loss of autonomy and responsibility was resented by many of the young people.

As children within their families, the majority of this sample had competencies which went unrecognised by adults but growing up in care left many feeling ill-prepared for the responsibilities of adulthood. There was little continuity of support and few opportunities to exercise rights which would ensure that these young people had as smooth a transition to adulthood as possible. (Barry, 2002, p. 251)

Barry concludes that the right of children and young people to be protected must be informed by "their own assessment of their competencies, wishes and needs and they should be encouraged to participate in decisions about their welfare based on their own experiences and competencies (Barry, 2002, p. 252).

Leaving care: Social exclusion or social inclusion

One of the major issues facing young people in residential care is the process of transition from care to independence. Over a number of years, research has highlighted the poor outcomes for children leaving residential and foster care. Longitudinal studies which have followed up children and young people in care as part of national cohort studies present the stark contrast in life outcomes between those who have experienced care and those who have not. Cheung and Heath (1994) compare these two groups at age 33. One fifth of those who had been in care (21.5 %) had achieved O levels compared to one-third of those who had not (32.7 %); only half as many had achieved A levels (8.9 % compared to 16.8 %). Only one in a hundred of those who had been in care achieved a university degree (1.1 %) compared to one on ten of those who had not (10.1 %). Two-fifths of those who had been in care had no formal qualifications (42.7 %) compared to one in seven (15.6 per cent) (Cheung and Heath, 1994). This lack of qualifications converted into lack of success in the job market with three times as many being unemployed (10.8 % compared to 3.6 %) and larger proportions having manual jobs as opposed to professional or manual jobs. This is important in the context of the critiques of government social inclusion policies which have focused on entry into the job market.

Recent research in Scotland confirms the bleak picture which has previously been painted in terms of the outcomes for care leavers (Action on Aftercare Consortium, 1996; Biehal, Clayden, Stein and Wade, 1995; Stein, 1997). A survey of care leavers identified that: the majority of care leavers had poor education outcomes with only 39% having one or more standard grades; over half were unemployed; many of the young people had experienced mobility and homelessness (Dixon and Stein, 2002; 2003).

In discussing young people leaving care and the concept of the "underclass", Baldwin, Coles and Mitchell (1997) acknowledge the "reality of deprivation, disadvantage and disenfranchisement" but argue that "behind these gloomy statistics lie complex biographies of young people leaving care" (Baldwin et al, 1997, p. 91). This has perhaps been most dramatically represented in the research by Jackson and Martin on "high achievers" from the care system (Jackson and Martin, 1998; Martin and Jackson, 2002). Of the 38 "high achievers", only one was unemployed, none were in custody, three-quarters were in rented private accommodation or their own home and only one was homeless (Jackson and Martin, 1998, p. 576). This contrasts markedly with the comparison group in the study and with the figures on outcomes for care leavers outlined above. The factors identified as protective and most strongly associated with later educational success were:

(i) stability and continuity; (ii) learning to read early and fluently; (iii) having a parent or carer who valued education and saw it as a route to a good life; (iv) having friends outside care who did well at school; (v) developing out-of-school interests and hobbies (which also helped to increase social skills and bring them into contact with a wider range of non-care people; (vi) meeting a significant adult who offered consistent support and encouragement and acted as a mentor and possibly role model; (vii) attending school regularly. (Jackson and Martin, 1998, p. 578)

These protective factors confirm the priorities for residential care practice with children and young people and highlight how crucial it is for residential staff to work collaboratively with schools and education staff to promote the education of looked after children (Hudson et al., 2003; Scottish Executive, 2001). Jackson and Martin stress the importance of educational success "in determining adult life-styles and ensuring social inclusion for this most disadvantaged group of children" (Jackson and Martin, 1998, p. 581).

Life aspirations of young people

We have focused on some of the negative outcomes of children and young people who have experienced residential child care, but we should not forget the aspirations of these young people. Ridley and McCluskey, in a study of the health of young people in residential
Most young people thought that by the age of 22: they would have a job (81%); they would be in good health (68%); they would own a car (60%); and they would be a student at university or college (50%).

We can see that these aspirations are for conventional aspects of the socially included: job, car, education. However, as Ridley and McCluskey state, the “significant gap between young people’s hopes and aspirations for the future “represents a challenge for services concerned with improving outcomes for young people leaving care”. (Ridley and McCluskey, 2003)

**Residential child care as community: The potential for social inclusion**

Another important aspect of social exclusion and its relation to residential care, concerns the social context of the residential establishment itself. Within this social context are the relationships between young people, staff and the outside community.

Ward (2003) highlights that one of the distinctive features of group care is 'the network of relationships between the team and the group of children and young people in residential care'.

The group is the greatest resource in any group care setting, yet it is often under-used because people do not fully recognise its strengths or how to harness them. (Ward, 2003, p. 25)

Children and young people frequently cite the positive relationships with staff as central to their care experience (Dixon and Stein, 2003; Hill, 1999; Sinclair and Gibbs, 1998; Who Cares? Scotland, 2004).

Even where placements had been rated by young people as being of little help, they often spoke warmly of the friendliness and helpfulness of the key worker or staff in general. (Triseliotis et al, 1995, p. 178)

Discussing the therapeutic community, Ward suggests that what is needed for children and young people:

" is both the security of a primary individual relationship and the broader base of a community of relationships with others (children and adults) who will share in the give and take of learning and developing together. (Ward, 2003, p. 21)

The nature of peer group relationships within residential child care have frequently been framed in the context of bullying and peer abuse. Undoubtedly this has been, and continues to be, a major issue. The negative experiences of children and young people in residential care have been starkly illustrated in recent research (Barter, 2003; Barter, Barter, Renold, Berridge, and Cawson, 2004; Sinclair and Gibbs, 1998).

There has been much less which has focused on the positive aspects of residential group living. One notable exception to this is Emond's research in children's homes in Scotland (Emond, 2002; 2003). This research has presented the nature of peer relationships in residential child care in much more positive terms. She has stressed that young people “regarded the resident group as an important force in their day-to-day lives, their view of themselves and of their social world” (Emond, 2003, p. 326) can. Emond found that while there was no fixed group structure, “position” or status within the group was granted as a result of subtle negotiation between individuals and the social context in which they were operating.

--young people had various “competences”, which were seen as valuable by the group. Status was achieved when a young person displayed the right social competence at the right time. (Emond, 2002, p. 33).

Emond identifies a number of competences or social currencies which were valued by the group. These included: support and advice, system knowledge, insider knowledge, humour, smoking, touch and space, verbal and physical aggression, external network and sexual/relationship knowledge (Emond, 2002). Although some of these social currencies, such as verbal and physical aggression relate to negative aspects of the peer group, Emond found that these “were used with far less frequency than many of the other currencies identified” (Emond, 2003, p. 327). Emond concludes that:

" greater account needs to be taken of the function of “the group” in group care for those young people who are living in it. Staff members, it is argued, need to have a clear sense of the ways in which the group is functioning and the ways in which the group impacts on individual residents. There is a sense in which the group is an untapped resource and is one that can have a positive influence on individual young people (Emond, 2003, p. 335)

**Resilience, social capital and residential child care**

In the context of the trauma and disruption which children and young people have experienced “the generally under-acknowledged and largely unaddressed psychoemotional pain of the residents (Anglin, 2002, p.109), residential child care must be concerned with enhancing a young person's health, well-being and personal development. This is a social process involving growth and development predicated largely upon the social interactions with carers and others in the young person's social network.

Phelan (1999) suggests that the task for workers in child and youth care is less to address past difficulties and failings through a counselling type relationship and more to arrange and become involved in activities and experiences which allow young people to re-scrip their personal 'stories'. There is an increasing body of writing on resilience and its importance for the development of practice in residential care (Daniel, 2002; Daniel, Wassell and Gilligan, 1999; Gilligan, 1997; 2001; 2004) Gilligan (1997) defines resilience as:

--qualities which cushion a vulnerable child from the worst effects of adversity in whatever form it takes and which may help a child or young person to cope, survive and even thrive in the face of great hurt and disadvantage". (Gilligan, 1997, p.12)
Three key features associated with levels of vulnerability or resilience are a secure base, self-esteem, and self-efficacy (Daniel, 2002; Gilligan, 1997). Strategies to address this include positive relationships with residential staff themselves, as well as the work in developing relationships in the young person's formal and informal networks.

A key part of work with young people and of building on any potential they have for resilience is to help them “stay connected” to key figures in their lives or their past, that is to members of their social network. A young person's social network is a key resource in their social development (Gilligan, 2001).

The importance of schools and of wider neighbourhoods and community has also been stressed (Cottrell, 1996; Gilligan, 2004). Similarly, the benefits of activities across a range sporting, cultural, and leisure pursuits have been highlighted (Gilligan, 2001; Sinclair and Gibbs, 1998; Whitaker et al., 1998). This links well with the concept of social capital which stresses the importance of norms, networks, know-how, and culture through which people conduct informal interactions (Jack and Jordan, 1999). It is through the development of children and young people’s family, community, and social networks that they can become socially included in a truly meaningful sense.

**Conclusion**

Developments addressing the education of looked after children and young people and additional throughcare and aftercare supports are important aspects for ensuring the social inclusion of children and young people leaving residential care. It is important, however, to be clear that gaining employment, in and of itself, does not mean social inclusion. In the context of extended transitions to adulthood (Furlong, Cartmel, Biggart, Sweeting and West, 2003), the need for vulnerable young people to draw on a variety of resources and support systems is crucial. Children and young people in residential care have experienced a variety of socially excluding influences. There is also the danger that the experience of residential child care itself can compound this social exclusion, through stigma, abusive practice, and poor quality care. Residential child care, however, has the potential to provide a powerful context for the social inclusion of children and young people; leading to supportive, social networks and positive life careers.

**References**


Social exclusion or marginalization, or social marginalisation, is the social disadvantage and relegation to the fringe of society. It is a term used widely in Europe and was first used in France. It is used across disciplines including education, sociology, psychology, politics, and economics. Social exclusion is the process in which individuals or people are systematically blocked from (or denied full access to) various rights, opportunities and resources that are normally available to members of a society. If social exclusion and inclusion became important ideas in American policy alongside traditional concerns with absolute poverty, the political landscape might begin to change. This article explores the political discourse of social exclusion and its potential impact on social policy. Yet social exclusion is a contentious issue and scholars have debated the usefulness of this concept (e.g., Blanc, 1998). Because the concept of social exclusion first emerged in France and has long been a major policy issue there, it is appropriate to use France as the starting point for an inquiry into the meaning of that concept (e.g., Silver, 1994).