

**SOCIAL EXCLUSION AND CHILDREN – CREATING IDENTITY CAPITAL:
SOME CONCEPTUAL ISSUES AND PRACTICAL SOLUTIONS**

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Background

This paper will provide an overview of the work being carried out at Organisation for Economic Co-operation and Development, Centre for Educational Research and Innovation (OECD/CERI) in the field of social exclusion as it applies to children. In particular it will focus on disabled and disadvantaged children and young people since these are the ones who are most likely to be at risk of exclusion and are areas in which the OECD has carried out significant amounts of work (*e.g.* OECD, 1995, 1996, 1998, 1999, 2000).

The concept of “social exclusion” was first popularised in 1974 in France, by René Lenoir the then Secretary of State for Social Action and was used to refer to the “physically disabled”, the “mentally disabled” and the “socially maladjusted”. Lenoir recognised the need to improve conditions for those the economy was leaving behind and to strengthen social cohesion.

In more current usage the concept of social exclusion has expanded to include those with disadvantages and has taken on a more elaborated meaning both inside and outside France (Ebersold, 1999, OECD internet <http://www.oecd.org/els/edu/ceri/conf220299.htm>). It has now become one of the most important themes of contemporary social debate in many OECD countries, because of the challenge exclusion presents to social cohesion.

In contrast to poverty and unemployment, which focus on individuals and households, and which were central to earlier discussions on exclusion, social exclusion in its current form has taken on a broader significance and is concerned with the ‘inability to participate effectively in economic, social and cultural life and, in some characteristics, alienation and distance from mainstream society (Duffy, 1995). The concept of social exclusion thus focuses on the relationship between the individual and society and the dynamics of that relationship.

The main groups who are potentially subject to being socially excluded remain unchanged and include those from disadvantaged backgrounds and those with disabilities. But the results of disadvantage are no longer viewed as being passed exclusively through families leading to a restriction on life chances and an impediment to development. Instead social exclusion shifts the responsibility to society, which is seen as erecting obstacles to progress of particular individuals and groups and even to citizenship itself. When looked at in this way social exclusion can, therefore, “be seen to be present in almost any of the domains of modern living, including education, employment, community life and citizenship to which individuals or groups fail to gain access or exclude themselves from.” (Bynner, 1999).

Such an approach also lies comfortably with other descriptions that emphasise a rights based approach. Room (1995) for instance talks of the ‘denial or non-realisation of civil, political, and social rights of

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citizenship'. A rights based approach, which was the model driving the inclusion movement in the USA, has also much in common with the capabilities approach developed by Sen. This "calls for efforts to ensure that people have equal access to basic capabilities such as the ability to be healthy, well-fed, housed, integrated into the community, participate in community and public life, and enjoy social bases of self-respect" (Sen, 1992) (see Klasen, 1999).

Much of the current debate has focused on adults, but children and young people too are in danger of becoming excluded. Thus, extending the idea of social exclusion to children requires further considerations and is best considered in the context of the Convention of the Rights of the Child.

Defining Social Exclusion among Children

Under which circumstances can one say that a child is suffering from social exclusion? Applying the capabilities approach by Sen (1992, 1999), we can define social exclusion as the inability to participate in, and be recognised by, society. A slightly stronger version would also include the terms of such participation and recognition in the definition. In particular, one may want to include that participation in society, and recognition of people by society has to be on the terms of equality or equal opportunity. This would ensure equality inherent in the notion of citizenship and the protection of human dignity necessary for all social interactions.

Failure of the ability to participate in, and be recognised by society has not only theoretical appeal. Attitude surveys have determined that European citizens consider it a necessity of life. Using data from the Eurobarometer survey, Golding (1995) shows that 65% of EU citizens regard 'feeling recognised by society' as an absolute necessity. Other indicators of participation are ranked very highly as well, which suggests that participation is indeed an important and valued capability that should be open to all citizens.¹

One way to refine this capability failure would be to define more specific rights and capabilities that are necessary for the child to be able to interact equally in, and be recognised as an equal by, the rest of society. Berghman (1995) distinguishes between four types of integration and participation: civic integration relating to the democratic and legal system (and, for example, the legal status and treatment of children in general and minority, foreigner, or disabled children in particular); economic integration mainly related to employment; social integration related to the inclusion in the public safety net, and family and community integration relating to networks or, to what some observers have recently termed "social capital".

A related starting point focusing specifically on children would be to consult the UN Convention on the Rights of the Child (UNICEF 1989) which has been signed and ratified by the majority countries in the world. The rights that may be relevant to social inclusion and exclusion are the following:

1. Article 2: "States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's of his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, birth, property, disability, birth or other status...."

¹ The three others related to participation are the ability to 'go out with family and friends' (62% see that as a necessity), being 'useful to others' (70%) and having a 'social life' (42%). Unfortunately, a more direct question on the ability to participate in economic, social, and public life on equal terms was not asked in the survey (Golding, 1995).

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2. Article 3: “In all actions concerning children (...), the best interests of the child shall be a primary consideration...”
3. Article 7: “The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality, and, as far as possible, the right to know and be cared for by his or her parents.”
4. Article 9: “States Parties shall ensure that a child shall not be separated from his or her parents against their will (...)”
5. Article 17: “States Parties (...) shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual, and moral well-being (...)”
6. Article 23: “States Parties recognise that a mentally or physically disabled child should enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community. States Parties recognise the right of the disabled child to special care (...)”
7. Article 27: “States Parties recognise the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral, and social development. (...) States Parties (...) are to assist parents to implement this right (...)”
8. Article 28: States Parties recognise the right of the child to education (...) and on the basis of equal opportunity shall, in particular make primary education compulsory and available free to all; encourage the development of different forms of secondary education (...), make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need; (...) take measures to encourage regular attendance at schools and the reduction of drop-out rates; (...)”
9. Article 29: “States Parties agree that the education of the child shall be directed to the development of child’s personality, talents, and mental and physical abilities to their fullest potential (...); the preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national, and religious groups and persons of indigenous origin.”
10. Article 30: “(...) A child belonging to a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.”
11. Article 31: “States Parties recognise the right of the child to rest and leisure, to engage in play and recreation (...); States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, recreational, and leisure activities.”

Failure in meeting any of these rights, for whatever reasons, could then be seen as evidence of social exclusion, as all of these rights deal with the ability of the child to interact with society on equal terms.²

² Not all of the Articles in the convention are stated in ways that make them legally enforceable claims, and the Convention as a whole is only enforceable in most countries if it has been translated into appropriate

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The advantage of basing discussions of social exclusion and children on the Convention is the public and political acceptance the Convention has gained through its signatories, ratification, and monitoring processes that have accompanied it.

One should point out, however, that the Convention of the Rights of the Child is not in all cases consistently following a capabilities approach as suggested by Sen (1992, 1999). In particular, in some parts of the Convention, it merely calls for equal opportunities and non-discrimination, which may be interpreted as less than calling for equal capabilities.³

Also, it singles out physically and mentally disabled children as having rights to special support to achieve a full and decent life in dignity and self-reliance and with active participation of the community (Article 23). Children who are not disabled but otherwise disadvantaged by birth, background, or circumstance are not specifically mentioned and all children are not specifically granted the right to a full or decent life and active participation in the community. As argued above, it is unclear why non-disabled disadvantaged children (or, for that matter, all children) should not enjoy these same rights.⁴

The mentioned clauses of the rights of the child deal with a variety of aspects of children's lives. Many of the mentioned clauses relate to legal rights of inclusion (nationality, non-discrimination, growing up with parents, access to media and respect for own culture and language etc.) and can generally be met through appropriately passed and enforced legislation. Others, particularly Articles 23, 27, 28, 30, and 31 deal with the interaction of economic and social forces and governmental action where governments are asked to correct exclusion that may otherwise be created as a result of economic or social forces (see also Klasen, 1999).

Such a capabilities or rights-based approach to child development differs sharply from a utilitarian concern of maximising wealth or consumption. Article 29 about the goals of education highlights this contrast. While a utilitarian approach to education would promote education in ways that raise the sum total of achievement in the education system and thus would target resources on those best placed to make use of them, a rights-based approach calls for maximising the potential of each child, regardless of whether this will or won't further growth, technological development, or the position of the country in the global marketplace. Thus the focus of educational policies and other policies, if they are to deal with social exclusion, has to deal with the capabilities of those most disadvantaged rather than those who are able to use the system most effectively. Thus an emphasis on educational policies aimed to combat social exclusion will have to focus heavily on the distribution of access and achievements, rather than averages⁵ and OECD/CERI has begun work on these issues (Evans, 2000).

national legislation. This paper is not concerned with this aspect and just uses the Convention to highlight areas where the spirit of the Articles are not adhered to.

³ For example, equal opportunities in access to leisure activities could be interpreted as merely providing for non-discrimination of access. Equal capabilities would, in addition, also call for efforts to ensure that all groups of the population effectively feel able to participate and may necessitate specific interventions to open such facilities to children with particular disadvantages.

⁴ The special concern about physically and mentally disabled children is understandable in view of the fact that disabled children still face many barriers in developing and developed countries. At the same time, there are good reasons to extend this concern to non-disabled children who are otherwise disadvantaged.

⁵ This does, of course, not mean that educational policies should be geared exclusively towards meeting these rights. It merely means that, in an assessment of the benefits and costs of alternative educational policies, these rights are and should be an important consideration.

Intrinsic and Instrumental Issues

The rights or capabilities based approach used above in defining social exclusion carries with it a focus on the *intrinsic* problems associated with social exclusion. If social exclusion is a violation of rights or capabilities, it immediately implies that a society that tolerates social exclusion is *intrinsically* deficient if it fails to grant basic rights or capabilities to its citizens, in this case to its children. The use of the Convention on the Rights of the Child, signed and ratified and thus accepted by the majority of the world, nicely illustrates this intrinsic importance.

At the same time, there are several types of *instrumental* reasons why the treatment of children should receive close scrutiny. First, socially excluded children may grow up to be adults that are similarly suffering from social exclusion about which we should worry for intrinsic reasons. Thus combating social exclusion among children can help combat social exclusion as adults.

Second, socially excluded children may, as a result of their exclusion, suffer from deficiencies in other important capabilities, such as the ability to be healthy, well-educated, well-housed, or well-nourished. This clearly reduces well-being of those suffering from it, but may also have larger societal implications (e.g. due to the positive externalities of health and education). In addition, social exclusion may have close empirical relations to other social problems that threaten the stability and prosperity of society at large such as crime, violence, social pathologies, societal divisions, racism, xenophobia, etc.

Third, there is the additional worry that socially excluded children will pose a threat to the future well-being of society as they may become a social and economic burden to society or, worse, generate considerable social disruptions if they have little stake in the existing order. In addition, to the extent that social exclusion is transmitted intergenerationally, social exclusion of children may create ever deeper divisions within society that amplify across generations.

Fourth, there may even be situations where one cannot speak of social exclusion among children, but nevertheless the particular situation some children find themselves in will help promote social exclusion among adults. For example, one can think of educational arrangements where children with learning difficulties or other disadvantages are well-integrated and do not suffer from social exclusion, but their needs are insufficiently taken into account and leave them poorly catered for as a result. These four points are expanded upon later in the paper.

It is important to point out that the intrinsic and instrumental reasons to be concerned about social exclusion have a very different moral standing. While the intrinsic arguments against social exclusion rise and fall with the acceptance of their philosophical basis (such as a capability-based or other rights-based approach), the instrumental considerations rise and fall with the veracity of the linkages postulated, which is largely an empirical question. This has important implications for a research agenda on social exclusion. A research agenda focused on testing the linkages between exclusion and other desirable welfare criteria implicitly accepts the instrumental approach; one that accepts the intrinsic arguments, such as the rights or capabilities approach suggested above can immediately move to policy questions related to social exclusion.⁶ In practise, even an approach highlighting the intrinsic problems associated with social exclusion should also be interested in the instrumental issues. After all, if social exclusion causes other social ills, which themselves are intrinsically problematic, this should add to the worry of those who worry about social exclusion for intrinsic reasons.

⁶ At the same time, establishing the empirical linkages may be very important to generate societal consensus around policies combating social exclusion, particularly if it can be shown that social exclusion hurts everyone and not just those suffering from it. The complete reliance on this approach is quite tricky as it may get bogged down in empirical issues rather than focus on important policy-questions.

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As noted above, children, as members of families, may also suffer from the social exclusion of their parents. The restriction this places on their development provides the basis of their own exclusion later on in life. This means that the outcomes of their early experiences at home and in the school and through which their positions in adult society are ultimately determined need to be a focus as well. Such a sequence is illustrated by the list below:

- poor acquisition of the basic skills of literacy and numeracy
- poor educational attainment through school
- early leaving from education without qualifications
- early labour market entry problems, including jobs without training
- casual work and unemployment
- teenage pregnancy
- trouble with the police
- alcohol abuse
- criminal convictions
- poor physical and especially mental health

Each outcome is both an indicator of social exclusion early on and a predisposing factor for social exclusion later. This brings the idea of risk and protective factors into the picture. Thus, for example, success in heading off educational failure by intervention directed at pre-school preparation is a source of protection against the risk ultimately of exclusion in the adult labour market.

Such a process is continuous, in the sense that one outcome leads to another, and it is also to a degree cyclical in its effects, in the sense that its outcomes are mutually reinforcing and may be damaging to achievements earlier in life. For example the experience of family conflict at a particular stage of childhood may not only hold back the child educationally relative to peers, but he or she may regress to earlier levels of cognitive performance and behaviour (Bergman and Magnusson, 1991; Caspi *et al.*, 1996).

The broad definition of social exclusion advanced here involves restriction of access to the capabilities essential to functioning in adult life. Through the early stages of childhood first the basic building blocks and then the capabilities themselves are developed. Principally these are reflected in educational outcomes associated with cognitive development, such as literacy and numeracy in childhood and educational qualifications in the teens - the basis of *human capital formation* (Becker, 1975). But alongside these are the psychological and social resources, underpinning the *social* and *cultural capital* components of human development. In total these add up to what Côte (1996) describes as “Identity Capital” - the key protector against adult social exclusion in late modern society.

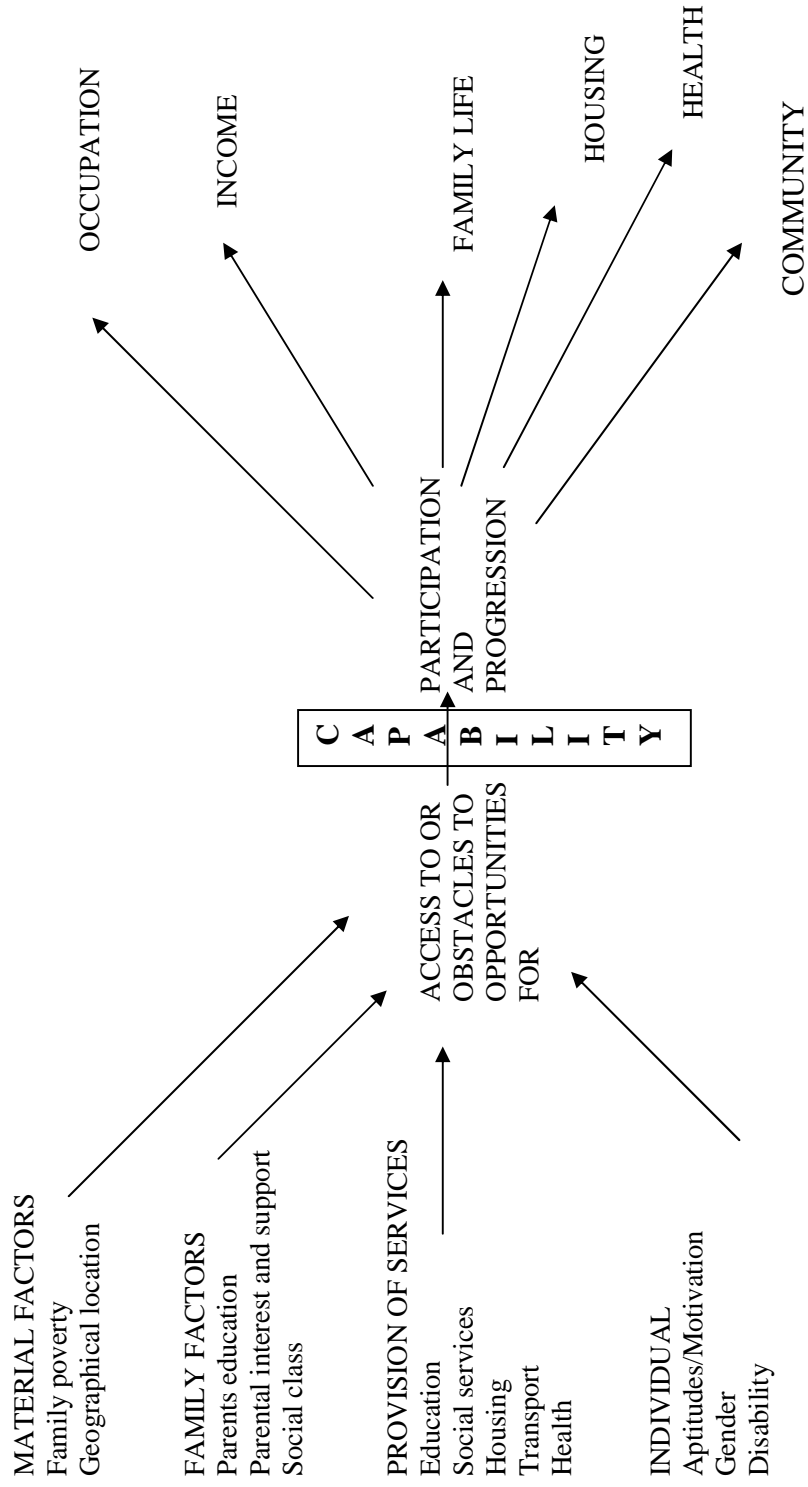
Figure 1 gives substance to the idea illustrating how early precursors in a child's life translate into particular social exclusion externalities or outcomes via the medium of capability. The former include material elements of the child's home and parental characteristics when the child is born, together with such individual characteristics as gender, ethnicity, disability. From birth onwards the child is subjected

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to both the positive and negative aspects of the services directed towards him or her. These comprise in early life the health and early education services, then schooling, then in adolescence, the education service, youth service and vocational advisory service. In adulthood they broaden out further embracing all the institutions of the state: social welfare, employment, housing, transport, health, and the judicial system. It is in these institutions that the obstacles as well as opportunities for the individual's access to capabilities and ultimately identity capital reside (Bynner, 1999).

Inclusive education, for example, may draw children with special needs into mainstream schooling. Large class sizes, on the other hand may mask the difficulties of individuals who, through lack of parental support, are unable to keep up with the rest of their peers. There are both physical and educational resources that play a part here, but also, the more hidden but nevertheless highly potent, psychological and cultural resources on which identity capital is built. The labelling of children as dull or stupid excuses teachers in large classes in dismissing such children as lost causes. Gender and ethnic stereotyping may in subtle ways reinforce their marginalisation.

Figure 1. PROCESS OF SOCIAL EXCLUSION OR INTEGRATION



Longitudinal studies (*e.g.* Bynner, 1999) show that as children move through education the gap between the educational haves and have-nots gets wider; progress is enhanced for some while held back for others. The consequence is social exclusion for the former and full participation in citizenship for the latter, as illustrated on the right-hand side of Figure 1. The statuses through which such citizenship is expressed include occupation, income, family life, housing health and community (including social and political participation). The social exclusion process may be conceived as one in which the probability of access to such outcomes is much reduced or disappears altogether.

The research approach

OECD is approaching the problem of studying social exclusion as it applies to children from several points of view. It is clear from what has been said above that the concept of exclusion requires a broad approach which will look at issues as they cover the development of the whole child. This approach is commensurate to that taken in earlier OECD studies on both children at risk and those with disabilities (OECD, 1995, 1996, 1998, 1999, 2000).

For this study, three complementary approaches are being developed. These include mainly quantitative data derived from international longitudinal studies; data based on the gathering of internationally comparative statistics and the development of indicators for disadvantaged and disabled students and qualitative case studies. In this work literature from different academic traditions is covered.

Illustrations from longitudinal research

As noted earlier, a full understanding of social exclusion depends on longitudinal research involving long-term follow up of individuals from early life onwards. There are a limited number of studies that meet this criterion fully. Most are located in the UK, New Zealand, the USA (including one in Hawaii) and Sweden (*e.g.* Wadsworth, 1991; Silva and Stanton, 1996, Bynner, Ferri and Shepherd, 1997; Ferri, 1993; Fergusson, Horwood, Shannon and Lawton, 1989;), see Table 1 for brief notes on the studies included. Full details are supplied in Bynner (1996). They involve the collection of information from a large sample or samples of individuals over a long period ideally from birth onwards into adult life. Alongside these studies are those that comprise narrower investigations of children in high-risk situations such as those growing up in public care or involving monitoring of outcomes of children who have experienced different kinds of intervention to combat risk. All are drawn upon in this review.

The life histories captured by the longitudinal data can be used retrospectively to identify the circumstances and experiences early in life that precede particular problems in adulthood. They can also be used prospectively to identify children at risk of social exclusion in adulthood and the accumulation of risk as they get older (Rutter, 1988; Brooks-Gunn, Phelps and Elder, 1991; Caspi *et al.*, 1990). The analysis of data from cohort members' children, gives the added opportunity of finding out the extent to which social exclusion processes are repeated from one generation to the next (*e.g.* Gregg and Machin, 1997; Gregg, *et al.*, 1998, Chase-Lansdale, *et al.*, 1991).

Table 1. Longitudinal Research Resources

Denmark: <i>Project Metropolitan</i> Based on a cohort of all boys born in the metropolitan area of Copenhagen in 1953 - 12,270 - who have been followed up nine times since to 1983. The study began when the boys were 13 years old; all the data about their earlier lives came from administrative records.
Great Britain: <i>National Survey of Health and Development (1946 cohort)</i> Began with a perinatal mortality study of 16,000 births in one week in March 1946. A stratified sub-sample of 5,382 cohort members (single legitimate births) was followed up subsequently. Over 3,000 cohort members are still participating with the last data collection at age 43.
Great Britain: <i>National Child Development Study (1958 cohort)</i> Began with a perinatal mortality study of 17,000 births in a single week in March 1958, subsequently followed up at ages 7,11,16, 23 & 33.
Great Britain: <i>1970 British Cohort Study (BCS70)</i> Began with a birth survey - 17,000 babies born in a week in April 1970. Data have been collected subsequently at ages 5, 10, and 16.
Great Britain: <i>Cambridge Study of Delinquent Development</i> Started with 411 boys aged 8 in 1961. These have been followed up since in 9 waves. 408 are still in the study .
New Zealand: <i>Dunedin Study of Education, Psychology & Health</i> Started in 1972 and comprises follow-up of 1,037 cohort members into adulthood, with data collected at birth, 3, and subsequently at 2 year intervals.
New Zealand: <i>Children's Survey on the Development of Anti Social Behaviour and Substance Abuse</i> Started with 1,265 individuals born in a Christchurch urban area in New Zealand. They were followed up at 4 months and then subsequently at annual intervals.
Sweden: <i>Malmo Study</i> Started in 1938 with a sample of 1,500 children in the third grade of school (average age 10). The sample has been followed up though six surveys into adulthood with over 1000 still participating.
Sweden: <i>Evaluation Through Follow-up</i> Based in Gothenberg, brought together in 1991, two separate longitudinal studies; the <i>Individual Statistics Project</i> conducted by the Department of Educational Research at the University of Gothenberg (ISP) and <i>Evaluation through Follow-up</i> conducted by the Department of Education in Stockholm University (UGU). In total it involves follow-up (minimum start date age 10) of five birth cohorts - 1948, 1953, 1967, 1972, 1977 - involving over 50,000 individuals.
Sweden: <i>Individual Development and Adaptation</i> Based in the Psychology department of Stockholm University, another longitudinal study, has been carried out, based on 1393 children who were aged 10 in 1965. There have been 8 waves, the last of which was in 1992.
Sweden: <i>Project Metropolitan</i> Started with a sample of over 15,000 13 year olds in Stockholm in 1964 followed up at regular intervals Government administrative data, including criminal convictions, linked to the respondents' records up to the age of 30 (currently suspended).
USA: <i>National Longitudinal Study of Youth</i> Began with multiple cohorts, aged 14,15,16,17,18,19,20 and 21. These have been followed up annually since 1979. Since 1986, children of mothers who were cohort members have been tested on a number of behavioural and cognitive measures every two years, and the mothers interviewed.
United States: <i>Kauai Longitudinal Study</i> . Based on 1311 pregnancies in 1995 in Hawaii, with 1000, children followed up at regular intervals. 615 still participating at age 18 and 545 at age 30.

Importance of Early Learning

It has long been established that the early stages of life, even the first year of growth, are of enormous importance in development early on. During the first year of life brain development is rapid and extensive and vulnerable to environmental influence. Early stress has been shown to have a negative impact on brain function. Low birth weight similarly has been shown to carry health and education risks in adult life (Wadsworth, 1991; Silva, 1996). The first signs of the risk potential of these occurrences are evident almost as soon as they are measurable. For example, in the 1970 British Birth Cohort study even at 22 months social gradients in cognitive development were appearing, though the overall dispersion of performance around the mean was also large. At 42 months the dispersion had reduced and the gradients were larger. With every additional month of life, children with parents in unskilled manual jobs fell behind those whose parents were in non-manual occupations. Every step up the class scale carried a benefit in terms of enhanced opportunities that were manifest from the day the child was born (Feinstein, 1998).

It seems that what takes place before school may be as important, if not more important, as what happens after school begins. Figures 2a and 2b put this into perspective for the development of literacy and numeracy skills from birth to adulthood as revealed by the 1958 British birth cohort study (NCDS) and the 1970 British birth cohort study (BCS70).

The graphs show the percentages of variation in men and women's literacy and numeracy scores at age 37 that can be explained by a whole range of background characteristics measured from birth up to the age of 33. Notably there is a huge escalation in the percentage of variation explained through the pre-school and primary school years and then a levelling off from about 11 onwards, with only small additions to the percentage explained from then on. This demonstrates the importance of early years experience in accounting for variation in adult outcomes; but it is also evident that much of the variation remains unexplained. Part of the unexplained variation can be attributed to measurement error. But a substantial proportion is also attributable to individual life experiences in employment, leisure and so on that are not predictable from early circumstances and experiences (Bynner and Steedman, 1995; Parsons and Bynner, 1998). More generally, the graphs tell us that although there is a high degree of predictability of capability from earlier capabilities, circumstances and experiences, there is a lot about them that is not predictable. Failure to acquire the basic skills - a key risk factor in social exclusion - is predictable only to a certain extent. Some socially excluded adults do not show evidence of risk in childhood and similarly many children for whom social exclusion would be expected later on in life, manage to make the necessary adjustments to achieve success in adult life. As we shall see later many people are trapped by disadvantage, but many escape from it (Pilling, 1990).

Figure 2a:

% variation explained in adult literacy scores at different ages in BCS70 and NCDS

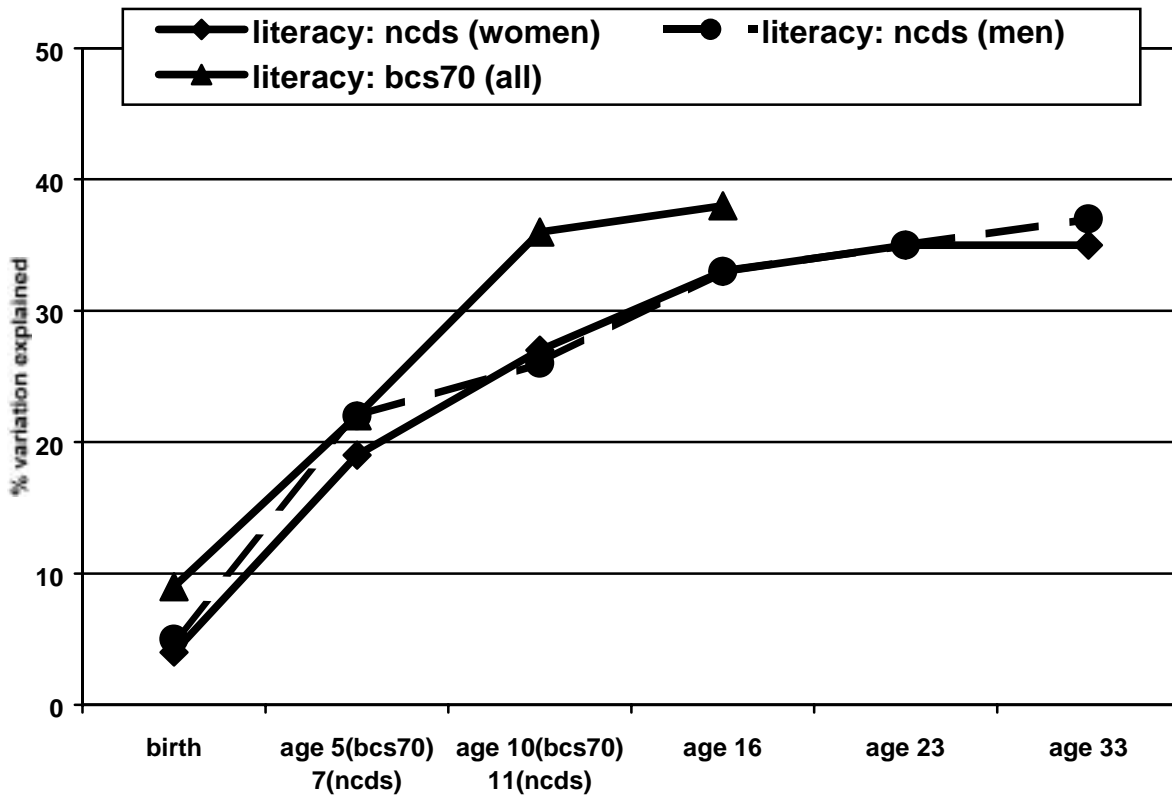
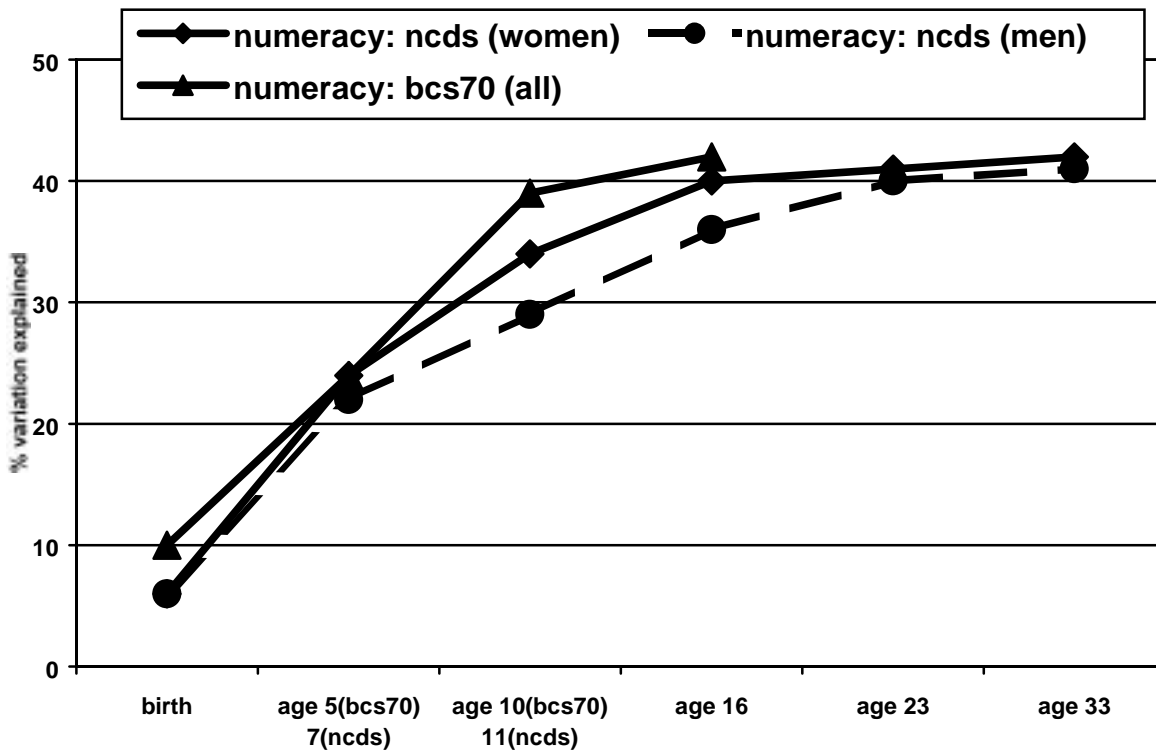


Figure 2b:

% variation explained in adult numeracy scores at different ages in BCS70 and NCDS



Risk and Protective Factors

Reviewing all the predisposing conditions for the social exclusion outcomes mentioned earlier, a common set of features with some variations across particular outcomes is identified. These are listed below under four broad headings (Table 2): child factors, economic factors, parent factors and school factors. One of the key findings from all of the statistical modeling that has been done to try to identify the individual effects of these separate characteristics and their effects in combination, (*e.g.* Gregg and Machin, 1997; Kiernan, 1995), is the key role of poor educational achievement, which is typically associated with all of them.

Table 2. Childhood risk factors

Child factors	Economic factors	Parent factors	School factors
Low birth weight Physical and mental disability	Poor living conditions	Low aspirations for child and lack of interest	Pre-school support poor or absent
Poor visual-motor skills	Rented social housing in economically rundown areas	Troubled relationships within family, especially between parents and between parents and children and family break-up	Inadequate transition from pre-school to primary school
Poor early cognitive development	Overcrowding	Lack of adult role models for child	home-school relations weak
Poor grasp of basic skills: reading and number work	Free school meals for children	Lack of social controls	poor leadership
Temperamental difficulties - hyperactivity, impulsiveness and attention (HAI) disorder Agressivity Lack of attachment to adult role models	Low family income	Frequent changes of carer and parental absence	Low teacher commitment to child
Behavioural problems		Father long-term unemployed	Manual working class intake
Poor school attendance		Lone parent	Council estate intake
Low self-esteem		Parents with alcohol, drug or psychiatric problem	poor monitoring of children's progress

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Child factors

As disability prompted the original concerns about social exclusion, it makes sense to use it as the benchmark against which to set other risk factors. The long-term outcomes of disability, whether physical or mental, are well established from longitudinal studies. Disabled children tend *less* than the able bodied when they reach adulthood to be in full-time employment, to have a partner, to have children (mainly men), to own their homes or to express satisfaction with life. And educational qualifications ameliorate these outcomes only to a limited extent. In an analysis of 1958 British Birth Cohort study data half the 33 year old men in the lowest qualification group, who at age 7 had learning disabilities, had never had a partner and lived in rented housing. This compared with one fifth of those without the learning disability. Twice as many were also out of employment at the time of interview. Women with learning difficulties appeared to have been just as disadvantaged with respect to employment as the men but far more of them had partners and children. At the higher qualifications levels these differences persisted, but were reduced in size.

Some of these disabilities arise from conditions accompanying or arising from birth. Although children born pre-term do not necessarily appear to suffer any lasting ill effects, low birth weight (as measured by weight for gestational age) has shown up in a number of studies as a long term risk factor (Wadsworth, 1991; Silva, 1996). Such children are twice as likely to die in the first 28 days of life (Blair and Ramey, 1997). Long-term physical outcomes are reflected in respiratory illness and cardiovascular disease (Wadsworth, 1991). Those surviving frequently experience early learning difficulties and behavioural disorders. The Dunedin birth cohort study showed for example that there was often language delay, which hindered the development of reading skills (Silva 1996).

Other risk factors associated with early life include poor diet, which is also often associated with early learning problems (Wadsworth, 1991). There is a poor grasp of the visual motor skills and below average performance on copying design tests, when children first enter primary school. Later cognitive achievements, including vocabulary, reading and numberwork are also stunted relative to other children (Silva, 1996). Temperamental difficulties including hyperactivity, impulsivity, attention deficit are also risk factors as are behavioural problems, lack of attachment to adult role models and poor school attendance. These play a role particularly in relation to outcomes to associated with later criminality.

Economic factors

Material risk factors often lie behind many of the individual (child) risk factors, interacting with the biological factors in the production of the personal characteristics associated with risk. They are less susceptible directly to intervention so serve particularly in the identification of populations (of families and of children) where intervention may be necessary. They include the situational effects of living in poor conditions in areas that are generally disadvantaged, but particularly, at the level of individual family life, poor standard rented accommodation, overcrowding, and low family income, especially the children's need for free school meals. Hobcraft (1998) using longitudinal data from the 1958 British Birth cohort study demonstrates the impact of persistent poverty on a range of adult social exclusion outcomes at age 33, including poor qualifications, low income, teenage pregnancy and depression. Duncan and Brooks-Gunn (1997), refine the picture further concluding from a number of US and Canadian longitudinal studies that poverty has large effects on children's ability and achievement, but not so much on behaviour, mental health or physical health measures. The latter are more strongly affected by family breakdown, but this too can affect educational attainments even when poverty is taken into account. They also conclude that the main impact of poverty occurs in early childhood rather than in adolescence. McLeod and Shanahan (1990) using the same data source as some of the Duncan and Brooks-Gunn authors - the US National

Longitudinal Study of Youth - also concluded that persistent poverty has an effect on mental illness but only of the kind involving internalising symptoms, *e.g.* depression. It also affects boys more than girls.

Socio-economic status or social class, as assessed from parent's occupation is a surrogate for many economic indicators. Those families at the bottom of the social class scale are most likely to have children at risk (Wadsworth, 1991; Silva, 1996). Timms' analysis of Project Metropolitan data collected in Stockholm extends this finding, demonstrating that social mobility downwards is a risk factor particularly for maladjustment in adolescence and later mental illness (Timms, 1991, 1995).

Parent factors

These include parents' own lack of education, lack of parental interest and support as reported by teachers, or indications that the teachers do not know whether the parents are interested or not. This is often coupled with low aspirations for the children. Material disadvantages in the parents' own childhood also emerge as important factors in their children's development, demonstrating continuity of social exclusion risk from one generation to the next (Gregg and Machin, 1997). Poor relationships within the family, especially between parents and children and lack of social controls on the children, are another set of risk factors, as are family breakdown, frequent changes of carer and parental absence (Kiernan, 1995, 1997; Chase-Lansdale *et al.*, 1995). On the other hand there is little evidence that mothers' employment - in isolation from other factors - has deleterious effects (Silva, 1996).

Many of these parental problems arise through difficulties in the parents' own lives - expressed through the exclusion path many of them are on. Thus labour market problems brought about by poor educational achievement impel many young women into early pregnancy. Those growing up in state care are particularly prone to this course (Quinton and Rutter, 1988). Long-term unemployment on the part of fathers not only limits family income but reinforces a role model that in some families may challenge the importance of educational and occupational achievement. Parents with criminal convictions behind them or psychiatric problems add another set of pre-disposing conditions for childhood risk.

School factors

Pre-school experiences are important, especially those to do with laying the foundations of primary education, reading to children and so on; attending nursery school or play group can be part of this (Osborn and Millbank, 1987; Bynner and Steedman, 1995). Absence of such pre-school preparation can be a risk factor, especially in families where the parents' own educational resources are limited. In school itself, the main risk factors are to do with being in a low stream, and experiencing remedial education. The social class composition of the school intake also features as does the type of catchment area (inner city, high rise rented housing and so on).

One of the more surprising findings is the lack of identifiable school and classroom effects in most analyses. Counter-intuitively, even class size appears to have negligible effects on children's attainment. Pre-school intervention programmes such as the US Headstart kind (*e.g.* Schweinhart, Barnes and Weikart, 1993) can often demonstrate their efficacy, but as Bailey (1997) points out success is generally associated with overall programme quality rather than the specifics of organisation and curriculum. In terms of risk factors what seems to be significant is an overall disjunction between the capability of the family to provide the child with the necessary educational preparation and support and the expectations of the education system. Middle class families have little difficulty in keeping in step with what the system expects of them. Many less advantaged families have great difficulty in doing so. Effective programmes are able to bridge the gap.

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Vulnerable Groups

Taken on its own no single risk factor in the list above is likely to set the social exclusion process going. It has been repeatedly stressed that risk factors go together either in tandem or one leading to another. It is in combination therefore that their potency for impeding children's cognitive and behavioural development becomes apparent. Rutter (1990) argues that risk and protection are better seen as processes or mechanisms than factors or variables; it is in the interactions between the two at particular life stages or over an extended period of time in particular locations that determine the direction the child's development will take.

Certain geographical locations, especially in the inner cities, are likely to show higher than average concentrations of risk centred on poor housing, family poverty and low achieving schools. But the most clearly vulnerable children are those where the key family relations are weak or absent. Children growing up in public care are the most obvious example, followed by children with absent parents, parents with alcohol or drug problems, and those with criminal records (Robins and Rutter, 1990). Children with disabilities, especially those growing up in difficult material circumstances, are also particularly vulnerable. Intervention early as in programmes of the US Headstart kind can target the cognitive skills directly backed up by the kind of social support the target child may be lacking. The US High/Scope Perry Pre-school project, based on random allocation of children to a pre-school programme for comparison with a control group, was able to demonstrate lasting reductions in social exclusion outcomes for the intervention children over a period of twenty years (Schweinhart, Barnes and Weikart, 1993). The later the intervention takes place the more work will have to be done in changing the direction of a risk trajectory that is well established.

Protective factors

Garmetzy (1993) draws on an early model by Birch and Gussow (1970) to stress the cyclical nature of the processes of risk and protection, tracing the effects of family poverty on children via: first, poor maternal health and inadequate services; second, through social deprivation and environmental inadequacy; third, through the child's malnutrition and poor health. This predisposes the child to school failure that in turn increases the likelihood of long term unemployment. The consequence is family poverty and the repetition of the cycle.

The counter to vulnerability is breaking the cycle through protection. But this involves more than just countering those factors identified with risk. Risk factors point to children where intervention may be needed. Protective factors suggest the form the intervention needs to take. Garmetzy (1985) identifies three types of protector:

- *Child-based* concerned with such characteristics as personality, autonomy, self-esteem and positive social orientation
- *Family-based* concerned with cohesion, warmth and an absence of discord
- *Community-based* concerned with the availability of external support systems that encourage and re-enforce a child's coping efforts

Rutter (1990) makes the point that protection, like risk, is less of a fixed factor than a process that counteracts the negative developmental processes arising from multiple risks. Such processes embrace the promotion of Garmetzy's protectors and the opening up of opportunities. Timing is also critical if they are to have most impact. In the early years success depends on recruiting the family - especially mothers - into

the role of educators. Guralnik and Neville (1997) argue that for parents to do this effectively their information needs have to be met (this is especially the case for children with disabilities). They also need social support not only from professionals, but from others in a similar situation to their own. Professional social support is most effective when it is informal and mirrors as closely as possible the social world that the person is in.

Life course patterns

The examination of risk and protective factors in social exclusion draws attention repeatedly to their connectedness and interdependency. This challenges the psychiatric approach to adjustment problems in adolescence and their outcomes in adulthood. Psychiatrists rely on diagnosis in terms of recognised categories of personality disorders (*e.g.* the DSMIII classification of the American Psychiatric Society). The alternative (developmental) approach (Rutter, 1990) conceives such problems more as interactions between personal characteristics (capabilities, temperament, gender, ethnicity), the immediate social environment (relationships) and the institutions to which the individual relates (family school, etc.). Their significance in the social exclusion process will vary from one age to the next, from one individual to the next and from one social situation to the next.

Nevertheless some broad patterns of such relationships resulting in social exclusion can be established from longitudinal data. Two are examined here: (a) origins of education and employment problems; (b) behavioural problems, criminality and mental health.

Origins of education and employment problems

It has long been established that disadvantaged circumstances in childhood adversely affect school performance later. The 1946 birth cohort study supplied some of the early evidence on this and in such books as *The Home and the School*, James Douglas the principal author also identified parents' aspirations as important factors in children's educational development (Douglas, 1964; Douglas and Ross, 1968). Analysis of data from a range of longitudinal studies enables us to track the origins of children's educational difficulties. We can exploit the full strength of the longitudinal data, over much longer periods of time (Bynner and Steedman, 1995, Parsons and Bynner; 1998; Wadsworth, 1991; Silva and Stanton, 1996).

Central to educational achievement is the acquisition of the basic skills of literacy and numeracy. Table 3 sets out the factors involved in the process at each of the main educational stages illustrating the role of the skills in mediating the effects on educational achievement of circumstances and experience from one stage to the next.

Table 3. Origins of education difficulties and protection targets

<u>Life Stage</u>	<u>Risk Factors</u>		<u>Main Outcomes</u>	<u>Protection Targets</u>
Pre-school	Disadvantaged background parents education poor no pre-school preparation mother not reading to child	home	Visual motor skills weak Limited vocabulary	pre-school preparation family disadvantage
Early primary school	visual motor skills poor disadvantaged home background parents interest low		Reading skills weak Maths skills weak	primary curriculum family disadvantage family literacy
Late primary school	cognitive skills weak disadvantaged background parents' interest low	home	Reading skills weak Maths skills weak	home school relations pupil teacher ratio
Early secondary School	disadvantaged background reading poor mathematics poor non-exam/ low-level exams behaviour problems parent interest low	home	Reading skills weak Maths skills weak Examination potential low	secondary curriculum school/class organisation examinations policy home school relations student behaviour teacher expectations
Late secondary school	reading poor mathematics poor school attendance poor behaviour problems teacher expectations low		Reading skills weak maths skills weak Public examinations not taken	
Post 16	basic skills poor early leaving education no qualifications no work based training unemployment	full-time	Reading skills weak Maths skills weak no academic qualifications no vocational qualifications	further ed. curriculum youth training first employment work-based training employers unemployment leisure life
Adulthood	literacy and numeracy poor no further education or training no continuous employment unemployment		Literacy poor Numeracy poor no further vocational qualifications no professional qualifications	basic skills education further education and training work-based training unemployment parent education

The key early risk factors that emerge from the range of variables that have been studied are difficult material circumstances in the home (including low income, social rented housing, overcrowding free school meals for the children). These are often associated with lack of parental interest and aspiration and absence of support at home for early learning. There is consistently poor performance in cognitive tests: initially the visual-motor tests such as copying designs, moving through early reading and mathematics right through to qualifications. Behavioural problems and poor school attendance also emerge as significant factors as the children move through primary school and particularly in secondary school. Early leaving follows accompanied by difficulty in gaining employment. Any work that is obtained is usually low-grade, often casual, and rarely offers training. At every stage cognitive outcomes mediate the effects of earlier circumstances and experience - serving the dual function of risk outcome and risk producer. Thus targeting that fails to address centrally cognitive developmental processes and the means by which they are enhanced or impeded is unlikely to be of lasting value.

We have to conclude that critical elements of pre-school preparation are missing for children that experience cognitive difficulties and end up educationally backward. Particularly, the constructive play that underpins the development of visual-motor skills is absent, which then impedes early reading. Without early reading, mathematics development is similarly stunted, throughout the whole of primary school. Such children then enter secondary school well behind their peers and with great difficulties in ever catching up.

Behavioural problems, criminality and mental health

The factors that predict behavioural and psychological difficulties in children are very similar to those that predict basic education difficulties, although the latter are implicated more heavily in the former than vice versa. In adolescence and early adulthood these may convert, in Farrington's words (1997) into a constellation of "socially deviant features including drinking, [use of]drugs and reckless driving, sexual promiscuity and aggression of which criminality is only one element". The common history is similar to that for educational failure: large families, poor housing, father with erratic job history, broken homes, convicted parents. The main difference that marks out criminality is to do with temperament and relational factors, first at home and then within school.

A number of studies have identified children who tend to be most prone to risk in this respect (Graham and Bowling, 1995). Such children are often hyperactive and show impulsiveness and attention disorders (HIA). They are also often accompanied by early aggression and poor peer relationships (Bergmann and Magnusson, 1991; Stattin and Magnusson, 1989). These characteristics, which may be genetically based (Rutter *et al.*, 1997; 1998), are related to, but distinct from, the conduct disorders of early childhood (Farrington *et al.*, 1990). HIA is typically accompanied by cognitive problems whereas conduct disorders need not be. The existence of these HIA characteristics helps to explain why not all siblings of a delinquent child turn out to have the problems in adolescence that result in delinquency and adult crime (*e.g.* Caspi *et al.*, 1996; Moffitt and Harrington, 1996; Wadsworth, 1991).

Analysis of data from the Dunedin birth cohort study New Zealand distinguished between "life course" persistent and "adolescent situation specific" offenders and examined the early child hood characteristics of the two groups (Moffitt and Harrington, 1996). The defining characteristics of the life course persistent group were those to do with temperament coupled with adverse family conditions, low cognitive ability, low self- esteem and low attachment to parents. The situational delinquents showed none of these temperamental characteristics and little evidence of the adverse family conditions. In other words, much situational delinquency was part of normal growing up even though it could often lead to trouble with the police with ensuing problems from that experience.

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Another interesting feature of the early antecedents of delinquent behaviour is the effect of family disruption set against that of parental deviance. A study referred to earlier by Quinton and Rutter (1988) compared children growing up in care in terms of these characteristics with a control group. The critical factor for both sexes was the family disruption rather than the parental deviance, but especially for girls.

Such findings are part of a body of evidence suggesting that certain temperamental characteristics in children are often associated with a set of poor family relations, on which pressure is added through the often poor circumstances of low incomes and family breakdown. But is it the breakdown as such which is crucial or is it what leads up to it within the family? A number of studies using 1958 birth cohort study data have addressed questions to do with the consequences for children of divorce (*e.g.* Ferri, 1976; Elliot and Richards, 1991; Chase-Lansdale *et al.*, 1995; Kiernan, 1997). Elliot and Richards (1991), for example, demonstrate convincingly that for most developmental outcomes, the problem behaviours *precede* divorce and relate mainly to the difficulties already going on in the family before the divorce occurred. Kiernan (1995) found that differences in educational and career outcomes were much reduced when pre-existing family conditions were taken into account, whereas early partnership and parenting appeared to connect to the divorce itself. She concludes that “we should be as concerned about the conditions that preceded divorce and sometimes lead to divorce, such as poverty and economic uncertainty, as well as with the consequences of marital breakdown.”

What seems to happen in such families is that children with temperamental difficulties add to the tension already existing in the family, aggravating the negative relations rather than the positive relations that prevail in most homes. The children show low levels of attachment to their parents, which weakens further their often already ineffective social controls. The consequence is that the child enters primary school ill-prepared. Another set of relational problems, comparable to that in the family, then follow but this time between teachers and children. The child's behaviour in the classroom is a source of stress for the teacher who will tend to exercise every effort to inhibit the child's disruptive effects and consequently appears in the child's eyes in even more of an authoritarian role. Exclusion from school may follow. The irony is that the frequent stand-offs between teachers and such children may endow them with heroic qualities in the eyes of other children, strengthening their self-esteem and consequently re-enforcing the problem behaviour. There is a strong tendency for juvenile delinquents who are convicted of offences to show such characteristics when they were children. They exhibit a form of alienation throughout their school careers which often originates in alienation within their own families (Rutter *et al.*, 1997).

Such maladaptive patterns can be usefully viewed in terms of failures in adaptive capacities and coping behaviour with their outcomes reflected in behavioural disorders and criminality. They may also result in psychological difficulties of which anxiety and depression are the most common, particularly among girls. In their review of these kinds of outcomes in adolescence, Ebata *et al.* (1990) emphasise, alongside all the other factors reviewed here, the significance of the social context in triggering the maladaptive and some times regressive responses that lead to mental illness. A changing family situation with new relationships to be negotiated, early maturity or prematurity at the time of a key transition such as from primary to secondary school can operate cumulatively to heighten stress. Educational performance, including the motivation, is also typically implicated in the production of this stress and the reaction to it Roeser *et al* (1999).

Protective patterns

What protective process can reverse these processes, *i.e.* protect against risk? In relation to education, the right hand column of Table 3 identifies the key protective factors, identified from studies of individuals in longitudinal studies who managed to overcome early disadvantage and lead successful adult lives. Pilling (1990) selected a sample of adults from the 1958 birth cohort study at age 27, who as children had met all

the criteria of disadvantage, yet subsequently had reached the top bands of educational achievement at 16. As adults they had achieved high incomes and high status jobs, and owned their own homes. These were matched with another sample of adults who as children had similarly met all the criteria of disadvantage and had not succeeded in adult life. Both samples were interviewed, using a mixture of quantitative and qualitative techniques. The main discovery was that the achievers had experienced family cohesion, high parental aspirations and interest in their children's progress, and that their schools or particular teachers had shown "strong commitment" to them over an extended period of time. It is important to note however, the earlier the disadvantage occurred, and the longer it had persisted, the lower the likelihood that these factors would counter it.

The Kuai study carried out by Werner (1989) in Hawaii, similarly tracked down the 540 members in her cohort study at age 30 to find out who had succeed against prediction and what it was that had protected them. One in three of her original 1000 strong cohort had a delinquent record. Two thirds of those who had experienced risk factors (impairment, chronic poverty, parents no education, troubled family environment - boys more than girls) - developed serious learning and behaviour problems by age 18. One third developed into caring adults. She found that half the stressful life events that significantly increased the likelihood of having a criminal record or an irrevocably broken marriage by age 30 took place in infancy and early childhood. Of those who had overcome the risk, the most common characteristics were for both sexes high levels of achievement orientation. In early childhood problem solving skills and communication skills were prominent; in middle childhood alternative caretakers to the parents had an important role and intra-personal factors such as internal locus of control and self-esteem in adolescence. For all these factors boys were less resilient than girls in early childhood and in late adolescence; in middle childhood and adolescence girls were more vulnerable to the risk.

Protective factors included dispositional attributes such as activity level sociability and intelligence, affectional ties within the family that provided emotional support in times of stress, external support systems at school, work or church that rewarded the individual's competence and provided him or her with a sense of meaning and internal locus of control. Good social relations with other children, better reasoning and reading skills were also prominent.

Such findings dovetail into conclusion drawn from evaluations of preventative interventions to reduce the risk of criminality. In reviewing the results of such studies, Graham notes the value of home visits to engage parents in pre-school education, such as High/Scope, therapeutic programmes to help the family cope with children's aggressive behaviour and support to help the family stay together and avoid the risk of the child being taken into care. Successful approaches via schools targeted aggressive behaviours such as bullying and the strengthening of home-school relations (Graham, 1998). Case work, including individually based therapy and counseling in isolation from the child's social context were generally found ineffective.

Statistics and indicators on students with disadvantages, learning difficulties and disabilities

As identified above, education is critical in helping to overcome social exclusion. So looking at ways in which children from disadvantaged backgrounds are supported by the education systems of various countries could ultimately help to clarify the position further, especially for policy purposes. All OECD countries provide to greater or lesser extents for students who have difficulties in learning and they do this by identifying categories of disability or disadvantage the members of which are in need of extra support for successful learning to occur. Comparisons between countries using these categories are not however possible since each system has been developed independently within each country.

Creating equitable provision for the diverse populations that are on the rolls of our schools is without doubt a key feature of education policy in OECD countries. At the centre of this challenge lies the policy goals of

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inclusion leading ultimately to improved social cohesion. Education systems are expected to play their part in these social aspirations and countries have constructed systems intended to contribute to them.

Meeting the educational needs of these students more comprehensively is part of the development of equitable provision in an inclusive society where individual rights are recognised and protected and are being applied increasingly to children. Countries aim to meet these conditions by providing additional resources to assist education systems to provide for those students with the most difficulties. More philosophically this may be seen as an application of positive discrimination through the application of Rawls' model of social justice. Rawls' 'difference principle' (Rawls, 1971) argued for institutions to be structured with a built-in bias in favour of the disadvantaged. The education of disabled students could not be achieved without additional resources being made available for them if they are to access the curriculum on anything like an equal basis with non-disabled students and thus be able to profit, as other students, from "the benefits that education provides opportunities for" (Brighouse, 2000). Deaf students, for instance, frequently need signing interpretation, which requires an additional assistant in the classroom.

The arguments outlined above suggest that one way to start an investigation of equity for students with various forms of learning difficulty is through the additional resources supplied to meet their needs. This approach has a number of advantages especially in developing a method open to making valid international comparisons in this area. First it makes no strong prior assumptions about the national model used to gather information on students with difficulties, except that some additional resources are provided for some categories of student. Thus it can include those with disabilities, those with learning difficulties or those with disadvantages. This is important since countries have developed very different conceptual frameworks applying to these students and as a consequence different models for data gathering (see OECD, 2000, 2003). Taken together, these elements certainly challenge the ingenuity of the investigator. Secondly resources and their distribution are important in educational policy-making and information on them should be helpful in providing an educational policy perspective on a student categorisation model which is rooted in categorical descriptions of students which imply that there is a problem with the child rather than the provision made.

In developing comparable statistics and indicators for students with disabilities, learning difficulties and disadvantages (DDD) countries were asked to provide data on all children for whom additional resources are made available. (A full account is given in OECD 2000, 2003). However, what is in common is the fact that countries provide extra resources for these children so that they can access the curriculum more effectively. This is the basis of the model that has been developed at the OECD in order to make valid international comparisons. Countries are asked to identify all their children who receive additional resources, this might be in the form of extra teachers for instance, and then to categorise them according to three agreed cross-national categories, which for reasons of neutrality are called A, B and C.

Following this the data were disaggregated into three cross-national categories 'A', 'B' and 'C' covering students with disabilities, difficulties and disadvantages (see OECD 2000 for a fuller explanation of the differences).

National representatives made this disaggregation and the results were discussed and agreed collectively by them. During this process problems were resolved and any re-classifications were made. The final outcome of this procedure is provided in Annex 1 which shows the complexity of the task. The number of categories used varies from country to country (19 in Switzerland to two in the UK). It also shows the ways in which students in receipt of additional resources are allotted to cross-national categories A, B and C. Inspection of the table shows that those in A have clear organic bases for their difficulties, those in B have what may be thought of as 'acquired' difficulties and those in C are there because of social disadvantages. Category A is operationally defined to include those children whose difficulties in learning are perceived to be due to organic reasons - such as partial vision or physical disability. Category B includes those children who are

having difficulties in learning but where no particular reason can be identified. And category C covers those children whose difficulties stem clearly from social disadvantage. (For a fuller description see OECD, 2000.)

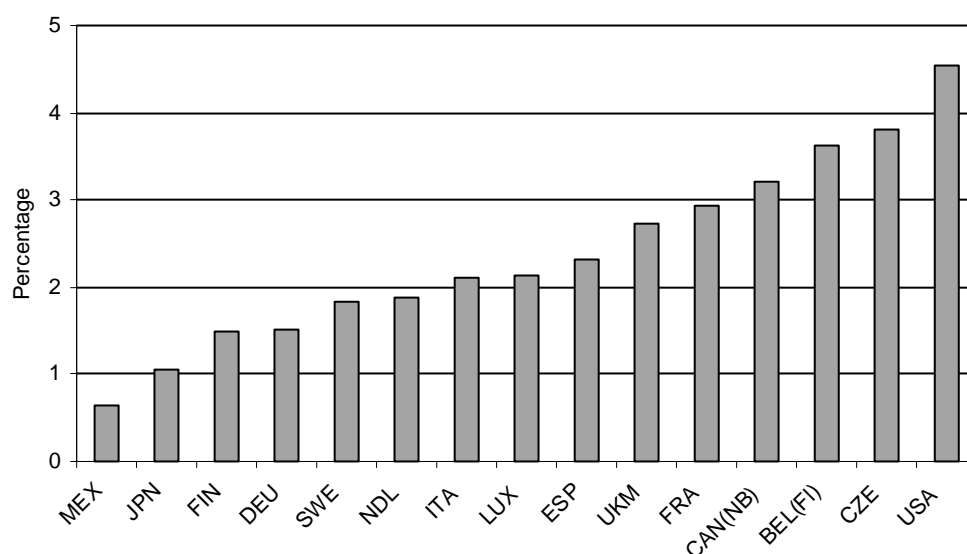
Countries provide additional information on place of education (special schools, special classes and regular classes), on gender, schools, teacher ratios. In addition they provided some qualitative information on legal frameworks and facilitators and barriers to inclusion and equity.

In this chapter the basic data for categories A, B and C are presented separately.

Students with disabilities in cross-national category A

Chart 1 shows the variation in numbers of students receiving additional resources for disabilities in compulsory education. Values range from 0.64% in Mexico to 4.55% in the United States. The median value is 2.13, and the inter quartile range is 1.51% to 3.20%.

Chart 1. Number of students receiving additional resources over the period of compulsory education in cross-national category A as a percentage of all students in compulsory education (1999)



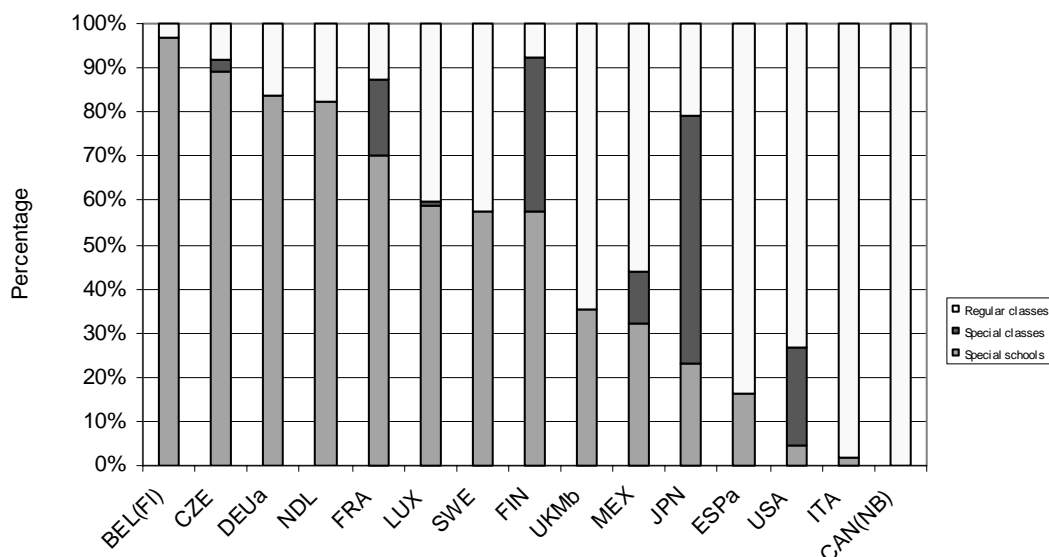
France: For the sake of international comparability French students administered by the Ministry of Health have been added to this data provided by the Ministry of Education. This probably has the effect of slightly inflating the percentage for France in contrast to other countries that have an unknown number of students outside the education system

These differences in prevalence rates are not easy to interpret with currently available knowledge and the varying definitions for the national categories which make up cross-national category A certainly does not help. What seems most likely is that they reflect a balance between overtly disabling conditions, identification procedures, educational practices and perceived policy importance. Such variation suggests that there are differences between countries in the ways in which they try to overcome the effects of inequalities and this could in principle have an impact on school outcomes through the processes described above and hence on exclusion.

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Chart 2 shows where these students are being educated – special schools, special classes or regular classes. What is immediately clear is that some countries e.g. Spain, the United States, Italy and Canada (NB) make extensive use of regular classes while others prefer to use special schools e.g. Belgium (Fl), the Czech Republic, Germany and the Netherlands. Some countries make extensive use of special classes, e.g. France, Finland and Japan. There is no clear link between numbers identified in Chart 1 and those in regular classes as shown in Chart 2 ($\rho = -.03$) and it seems most likely that the differences reflect national educational structures, practices and assumptions. Differences will certainly reflect different national policies concerning inclusion which may in themselves be influenced by features of mainstream schools and their curriculum and attitudes of teachers which may facilitate or obstruct inclusion. In addition there may be features of special schools which are viewed by parents and educators as desirable. It is clear however, that the same student may be included in one country but excluded in another which may itself be seen as inequitable. Again there are substantial differences between countries with potentially differential impacts on educational outcomes for individual students according to the place of education.

Chart 2. Percentages of students receiving additional resources over the period of compulsory education in cross-national category A by location (1999)



a Students in special classes are included in special schools

b Students in special classes are included in regular schools

France: For the sake of international comparability French students administered by the Ministry of Health have been added to this data provided by the Ministry of Education. This probably has the effect of slightly inflating the percentage in special schools for France in contrast to other countries that have an unknown number of students outside the education system

Gender

Gender differences are especially notable for these students as Table 4 shows. For almost all countries there is a male/female ratio of 60/40 which are presented by age for some countries in Chart 7 (see later). In some countries, e.g. the Netherlands the male female curves diverge with age.

Table 2. **Gender ratios of students receiving additional resources for disabilities (cross-national category A) (1999)**

Table values are percentage of males

Special Schools	Compulsory Education	Pre-primary	Primary	Lower Secondary	Upper Secondary
BEL(Fl.)	59.82	64.00	59.52	60.03	60.26
CHE	64.57				
CZE	60.00		59.23	59.66	61.14
DEU	62.00				
ESP	60.67	62.88	60.67	61.99	56.89
FIN	65.04	66.62	66.77	61.23	58.93
FRA				73.56	71.65
ITA	63.38	71.28	63.43	62.92	61.04
LUX	60.60				
MEX	59.30	59.05	59.28	59.73	
NDL	68.44	69.31	67.99	69.54	64.67
POL	52.74				
SWE	58.74		58.77	58.68	59.00
TUR	65.14		65.14		
UKM	68.33	64.89	67.97	68.54	65.66

Special Classes	Compulsory Education	Pre-primary	Primary	Lower Secondary	Upper Secondary
CZE	52.44		46.47	58.72	
FIN	67.07	64.98	68.88	63.04	61.94
FRA				58.91	
ITA	59.54	75	60.77	55.81	
LUX	86.67				
MEX	62.83	66.12	61.79	66.36	
TUR	61.99		61.99		

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Regular Classes	Compulsory Education	Pre-primary	Primary	Lower Secondary	Upper Secondary
BEL(Fl.)	46.79		46.79		
CAN(ALB)	60.91	67.91	61.33	60.04	58.62
CAN(NB)	66.43		63.79	69.23	67.27
CAN(SAS)	60.73	63.53	63.7	60.83	58.26
CZE	60		60.14	60.68	64.44
ESP	61.75	64.66	62.09	60.95	58.18
FIN	65.57	63.83	65.38	67.09	73.87
LUX	64.73				
MEX	61.1	64.77	61.1	60.73	
SWE	55.99		55.6	56.82	55.53
UKM	68.27	64.42	67.97	68.54	65.66

All Settings	Compulsory Education	Pre-primary	Primary	Lower Secondary	Upper Secondary
BEL(Fl.)	59.77		59.43		
CAN(NB)	86.16		85.81	91.11	67.27
CZE	61.15		60.71	59.88	63.9
ESP	61.57	64.29	61.78	61.18	57.93
FIN	55.41	84.54	84.64	63.27	60.15
LUX	95.82				
MEX	57.59	58.37	58.17	58.57	
NDL		69.31			
SWE	57.57		57.35	57.97	
UKM	68.29	64.84	67.97	68.54	65.66

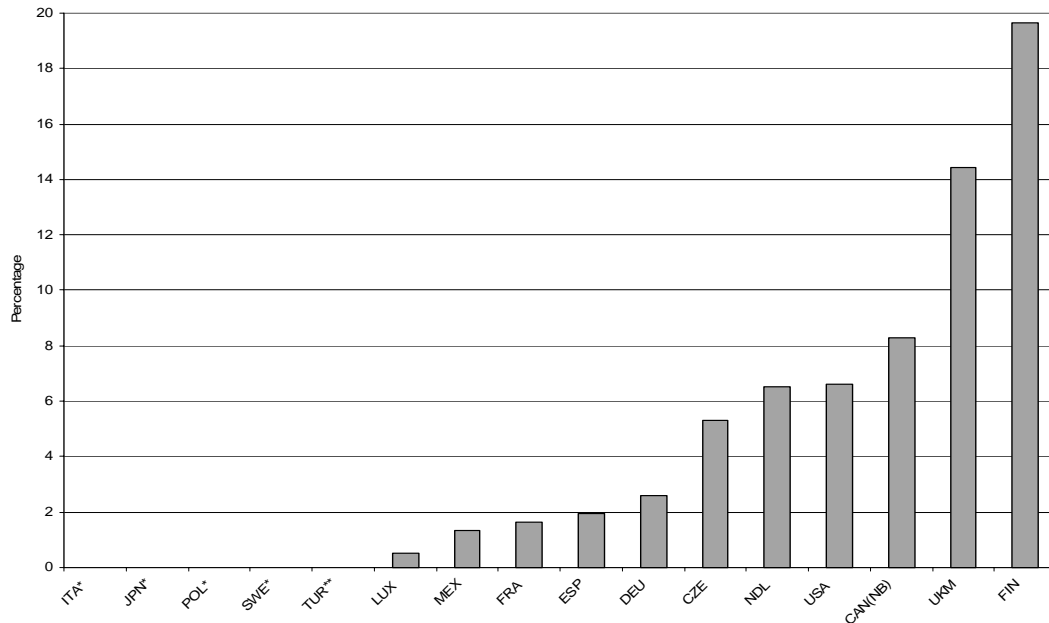
Boys and girls appear to receive differential treatment. In all countries more boys find themselves in some form of special provision (special schools, special classes or with extra help in integrated classes) than do girls. Boys tend to be more sensitive to negative environmental consequences than girls and these findings may simply reflect this result. On the other hand, whether special schools or classes are the answer is another question, since these facilities themselves tend to hinder inclusion (*e.g.* in the labour market) and could serve to exacerbate the problem.

Student with learning difficulties in cross-national category B.

Chart 3 shows the number of students receiving additional resources within the period of compulsory education who are considered to fall into cross-national category B for different countries who are able to supply data. Those countries who have no national categories falling into cross-national category B are included in the chart and entered as a 'zero'. The median number of category B students is 1.81% and the inter-quartile range from 0% to 6.56% shows an amount of variability far in excess of that found in the corresponding data for students in category A. If the analysis is limited to those countries with national categories falling into cross-national category B data are available from 11 countries. They provide a median percentage of 5.31% inter-quartile range 1.65% to 8.29%. Taking these figures together with the high values of 8.29% (Canada (NB)), 14.41% (United Kingdom), and 19.65% (Finland) which greatly

exceed corresponding percentages for students with disabilities, it appears that when such categories are recognised in national systems the numbers of students receiving additional resources are considerable.

Chart 3. Number of students receiving additional resources over the period of compulsory education in cross-national category B as a percentage of all students in compulsory education (1999)



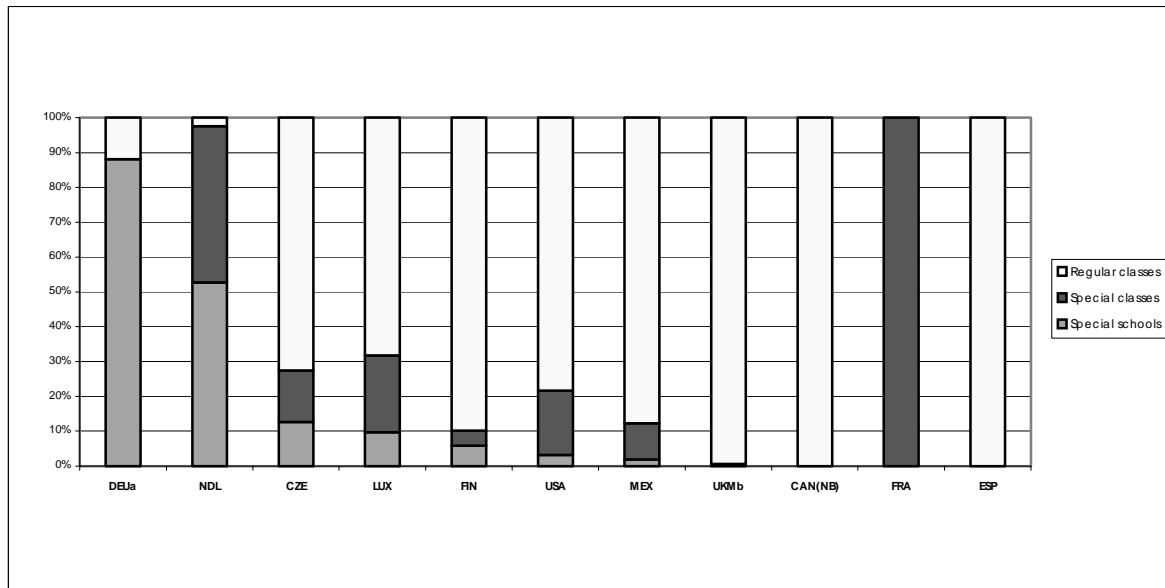
* No national categories falling within cross-national category B

** Only national category falling within cross-national category B is 'Gifted & talented' which has been excluded from the analysis

Category B students also receive their education in different settings in different countries. Chart 4 shows the breakdown for 11 countries who can provide the data. In Germany the majority of these students are in special schools and all are in special classes in France. The Netherlands uses these two forms of provision more or less equally. In the other countries regular school provision is usual although in the UK there may be extensive use of special classes, but the data does not allow for this breakdown to be made.

NOT TO BE QUOTED

Chart 4. Percentages of students receiving additional resources over the period of compulsory education in cross-national category B by location (1999)



- a Students in special classes are included in special schools
- b Students in special classes are included in regular classes

Gender

Table 5 gives gender ratios for cross-national category B students for the compulsory period and for ISCED levels 0 to 3 separately. They are also broken down by place of education. As for A students the percentage of males is typically between 60% and 70%.

Table 5. Gender ratios of students receiving additional resources for difficulties (cross-national category B) (1999)

Table values are percentage of males

Special Schools	Compulsory Education	Pre-primary	Primary	Lower Secondary	Upper Secondary
BEL(Fl.)	69.06	80.12	67.78	85.46	80.66
CZE	56.97		57.92	55.67	
DEU	64.22				
FIN	66.49	65.00	66.91	65.99	77.16
GRE		71.15	62.28	64.29	
LUX	65.52				
MEX	67.06	60.03	64.26	81.59	
NDL	68.17	68.29	68.13	68.55	63.82
UKM	68.47	64.83	67.98	68.72	65.83

Special Classes	Compulsory Education	Pre-primary	Primary	Lower Secondary	Upper Secondary
CHE	61.92				
CZE	65.63		60.52	70.74	74.55
FIN	75.72	68.75	75.84	75.68	76.92
FRA	58.89		60.56	60.29	58.31
LUX	54.55				
MEX	62.22	66.12	61.79	66.36	
NDL	59.13			59.13	

Regular Classes	Compulsory Education	Pre-primary	Primary	Lower Secondary	Upper Secondary
CAN(ALB)	67.08	76.21	67.16	67.21	65.89
CAN(NB)	69.28		70.53	71.71	63.27
CZE	74.20		74.12	74.31	
ESP	58.74	56.83	59.39	56.41	50.20
FIN	64.64		63.96	67.71	
LUX	59.80				
MEX	59.99	66.61	60.02	57.75	
UKM	68.96	64.8	67.96	68.48	65.61

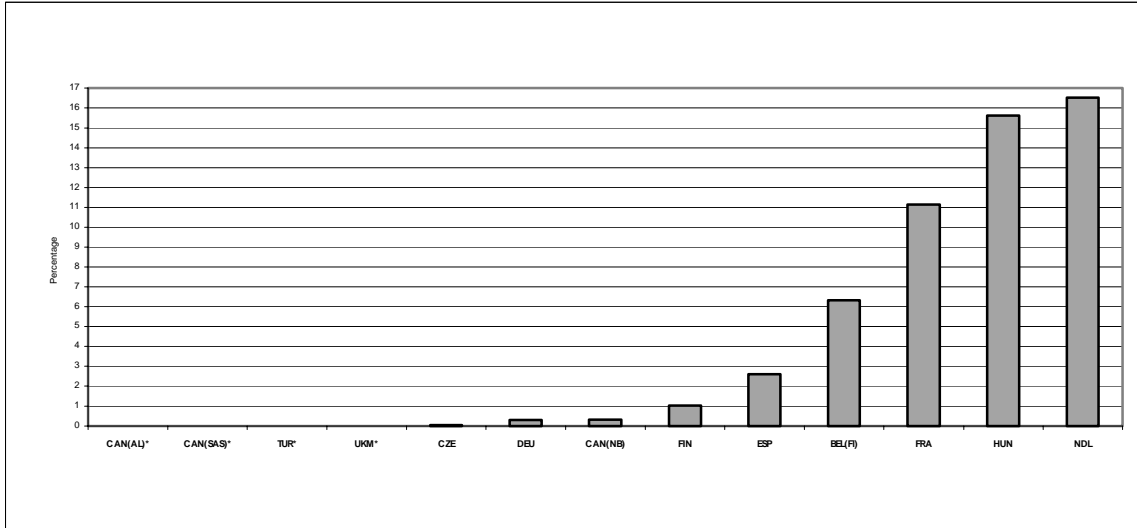
All Settings	Compulsory Education	Pre-primary	Primary	Lower Secondary	Upper Secondary
CAN(NB)	69.28		70.53	71.71	63.27
CZE	70.76		70.19	71.49	
ESP	58.74	56.23	59.39	56.41	50.20
FIN	65.22		64.42	68.22	
FRA	59.89		60.56	60.29	58.31
LUX	59.2				
MEX	60.36	66.27	60.26	65.92	
UKM	68.96	64.8	67.96	68.48	68.48

Students with disadvantages in cross-national category C

Chart 5 shows the number of students receiving additional resources within the period of compulsory education who are considered to fall within cross-national category C for different countries, as a percentage of all students in compulsory education. As for category B students, countries with no students falling into cross-national category C are entered as a zero. The median for category C students as a percentage of all students in compulsory education is 0.33%. The inter-quartile range is from 0% to 8.73%. This median percentage is substantially lower than that for A and B students (2.13% and 1.81% respectively). Limiting the analysis to those countries with national categories falling within cross-national category C, data are available from 9 countries (median percentage 2.59%; inter-quartile range 0.32% and 13.38%). Taking these figures together with the high values for 11.41% (France), 15.62% (Hungary), and 16.51% (Netherlands) it appears that when these categories are recognised in national systems the numbers of students receiving additional resources are considerable.

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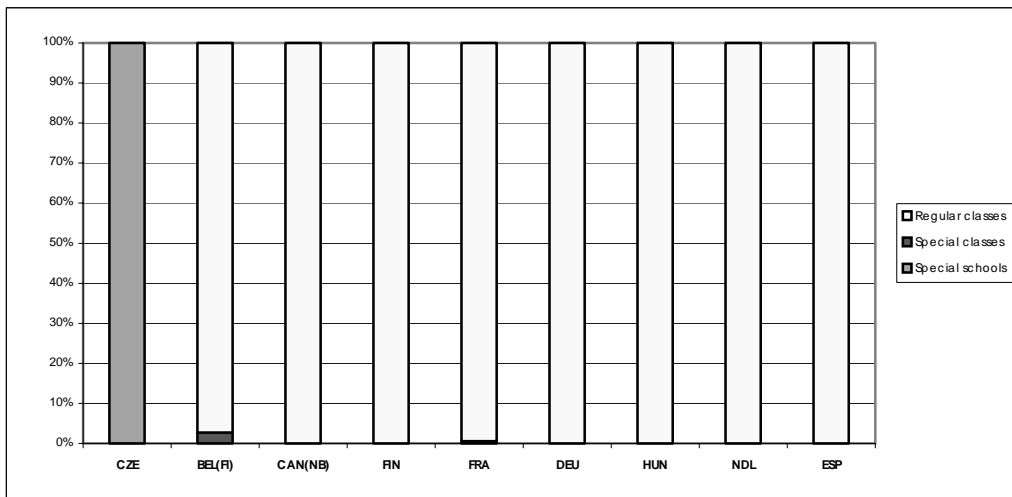
Chart 5. Number of students receiving additional resources over the period of compulsory education in cross-national category C as a percentage of all students in compulsory education (1999)



* No national categories falling within cross-national category C

Category C students also receive their education in different settings. Chart 6 shows the breakdown for 9 countries who supplied data. As may be seen from the chart the majority of countries educate all of these students in regular classes. The Czech Republic uses exclusively special schools. Belgium (FI) and France make some use of special classes.

Chart 6. Number of students receiving additional resources over the period of compulsory education in cross-national category C as a percentage of all children in compulsory education (1999)



Gender

Table 6 gives gender ratios for cross-national category C students for the compulsory period and for ISCED levels 0 to 3 separately. They are also broken down by place of education. For disadvantaged students the percentage of males is typically between 50% and 60%, that is a more equal distribution of male and female students than for those in cross-national categories A and B, where the figures are typically between 60% and 70%.

Table 6. **Gender ratios of students receiving additional resources for disadvantages (cross-national category C) (1999)**

Table values are percentage of males

Special Schools	Compulsory Education	Pre-primary	Primary	Lower Secondary	Upper Secondary
CZE	67.66		62.79	73.40	57.14
MEX	51.71	50.11	51.71		
POL					49.91
IRE	52.58				

Special Classes	Compulsory Education	Pre-primary	Primary	Lower Secondary	Upper Secondary
BEL(Fl.)				55.94	
CHE	51.19				
FRA	55.63		53.69	56.79	
LUX	57.78				

Regular Classes	Compulsory Education	Pre-primary	Primary	Lower Secondary	Upper Secondary
BEL(Fl.)	50.81	51.90	50.96	51.27	50.22
CAN(NB)	57.14		50.00	75.00	58.33
ESP	54.91	52.77	53.91	59.42	
FIN	53.10		52.46	55.15	
NDL	50.59	51.16	50.13	52.28	49.12

All settings	Compulsory Education	Pre-primary	Primary	Lower Secondary	Upper Secondary
BEL(Fl.)		51.90		51.89	50.22
CAN(NB)	57.14		50.00	100.00	58.33
CZE	67.66		62.79	73.40	57.14
ESP	54.91	52.77	53.91	59.42	
FIN	53.10		52.46	55.15	
NDL	50.59	51.16	50.13	52.28	49.12

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Number of special schools

The data gathered on school numbers shown in Table 7 confirm the result of the data on location of education as presented in the previous charts. Canada (NB) has no special schools and Italy only a small number per 100 000 of school population. On the other hand Belgium (FL) and the Czech Republic have 70.6 and 58.4 respectively.

Table 7. **Number of special schools by level of education (1999)**

Number of schools relative to total school population*

	Compulsory Education	Pre-primary	Primary	Lower Secondary	Upper Secondary
BEL(FL)	70.6	46.2	84.2	169.9	53
CAN(NB)	0	0	0	0	0
CHE	46.2				
CZE	58.4	108.4	99.2	126.4	34.7
DEU	29.4				
ESP ^d	11.0				
FIN	45.3				
FRA ^a	21.9		2.1	2.5	
IRE ^b		0	26.7		
ITA	1.4	0.7	1.8	0.7	0.3
MEX	82.0				0
NDL	50.2	113.4	67	70.6	75.4
POL	15.4				
SWE	62.2	0	76.4	156.8	78.1
TUR ^c	1.7	10.8	1.7		1.9
UKM	16.3				

^a Pre-primary numbers included in Primary; Upper Secondary included in Lower Secondary

^b Lower Secondary & Upper Secondary included in Primary

^c Public schools only at Pre-primary and Upper Secondary levels

^d Figures refer to all levels of education

* Number per 100 000 of total school population at that level

By age

Chart 7 shows country data based on age for CNC A students in special schools. Countries with the exception of Japan, Spain and Mexico show an increase in proportions of students over age which rise to asymptote and then fall. This cut-off point varies from country to country. Japan shows a flat gradient rising quickly at age 17. Mexico's declines with a slight increase at age 18 and Spain's carries on rising. These increases in proportion of students, which are quite substantial (in Germany it increases six-fold between ages six and 15) presumably reflect the movement of students out of regular schools and special classes into special schools. In Mexico the declining numbers are difficult to explain unless the students are returning to regular classes or leaving the education system altogether.

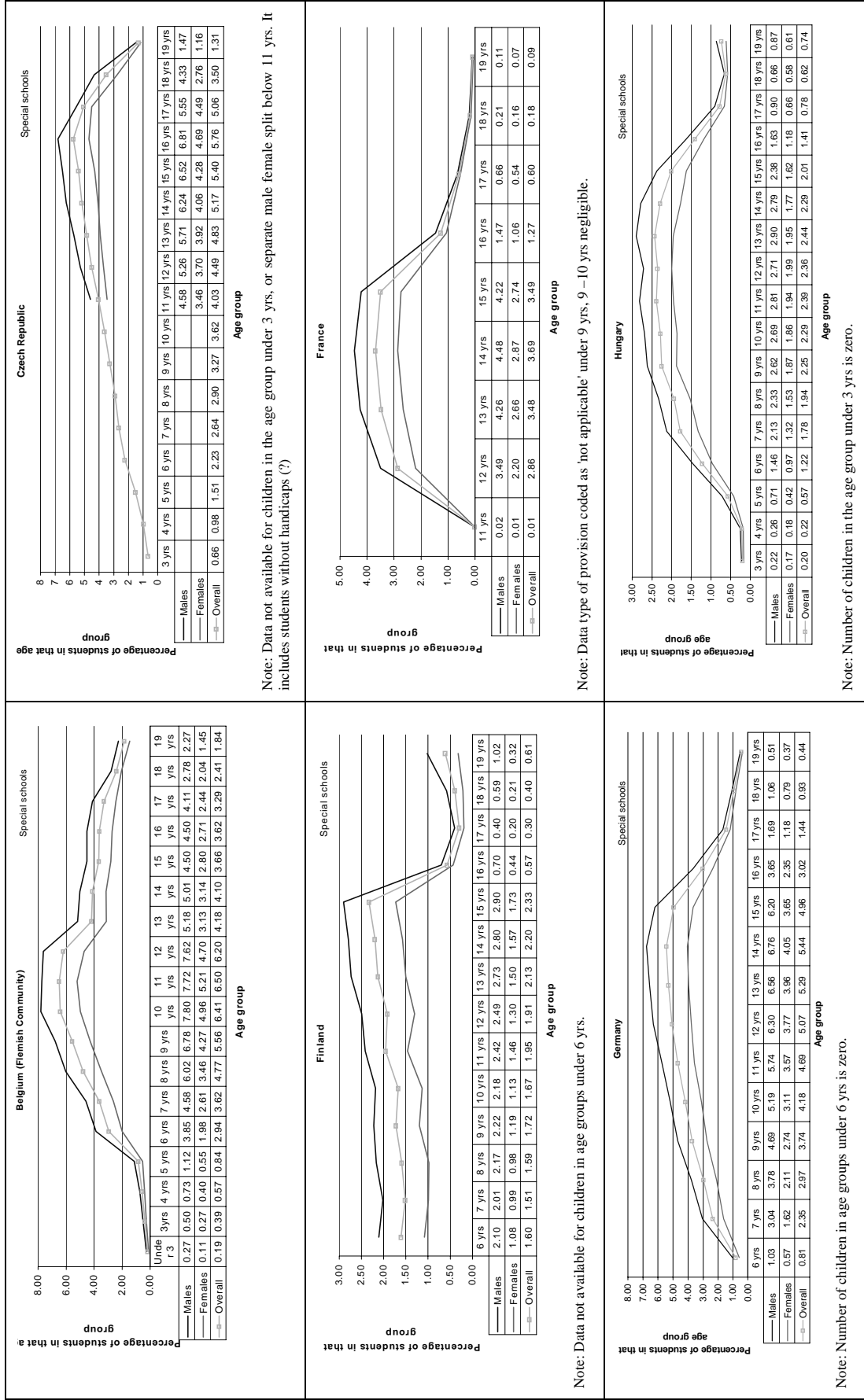
The data from Japan deserve further comment since they show a pattern very different from other OECD countries. The data show only a very slight increase between 6 and 14 and furthermore they report a

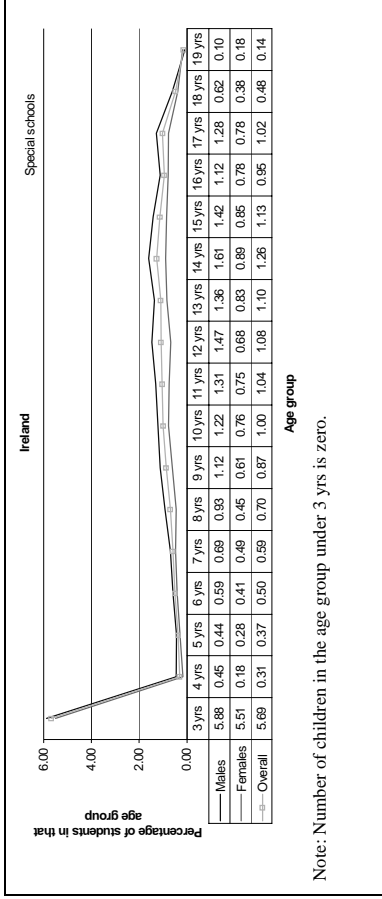
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prevalence rate at about half the median value, 1.06%, of the countries providing data in Chart 1. It would seem that in this country students are identified in the early years, are educated in special schools and there is very little referral from regular schools to special school provision and vice-versa.

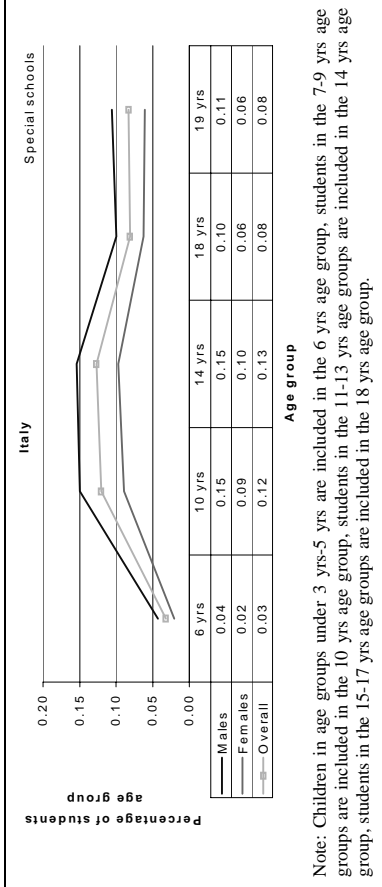
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Chart 7. Age distribution of DDD students receiving additional resources in special schools (1999)

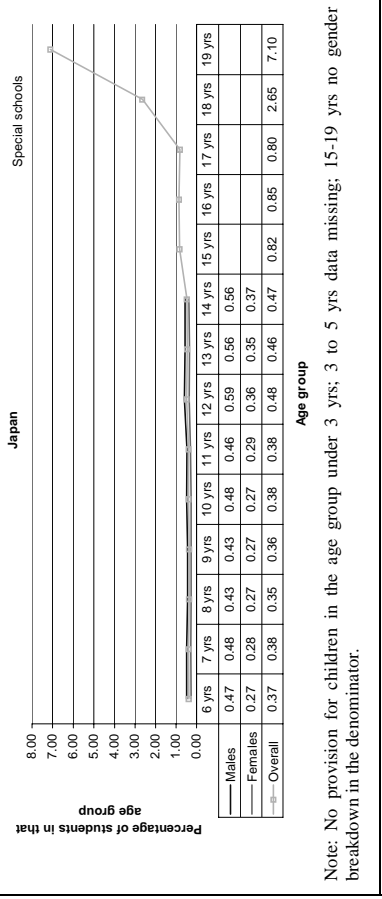




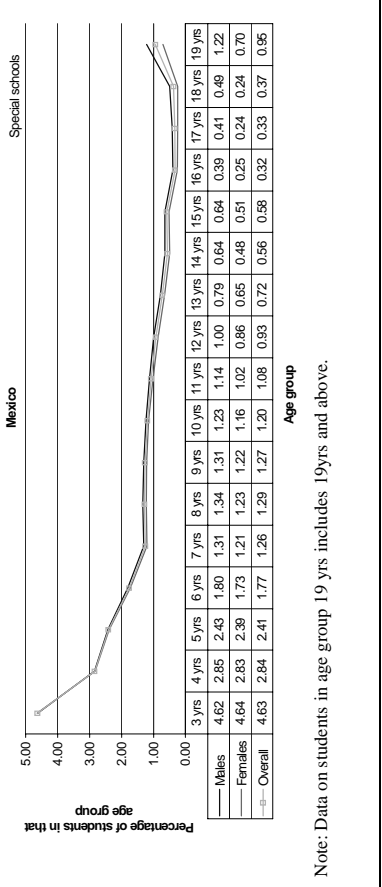
Note: Number of children in the age group under 3 yrs is zero.



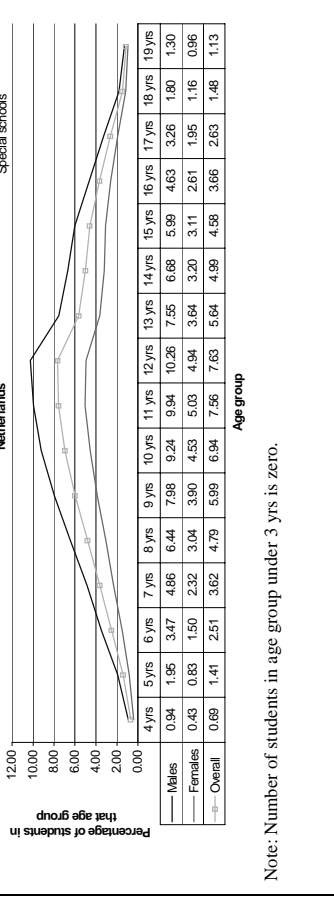
Note: Children in age groups under 3 yrs-5 yrs are included in the 6 yrs age group, students in the 7-9 yrs age groups are included in the 10 yrs age group, students in the 11-13 yrs age groups are included in the 14 yrs age group, students in the 15-17 yrs age groups are included in the 18 yrs age group.



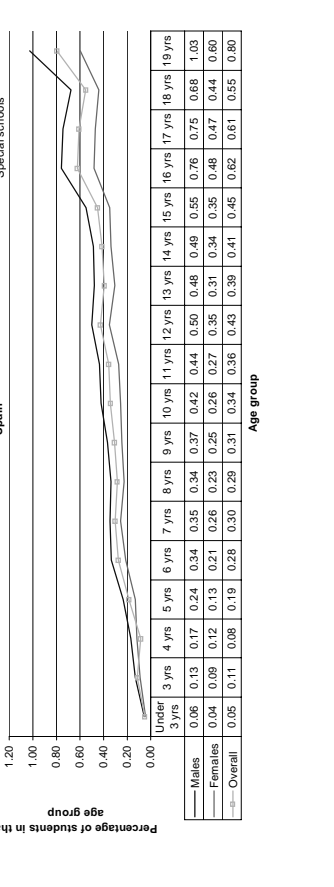
Note: No provision for children in the age group under 3 yrs; 3 to 5 yrs data missing; 15-19 yrs no gender breakdown in the denominator.



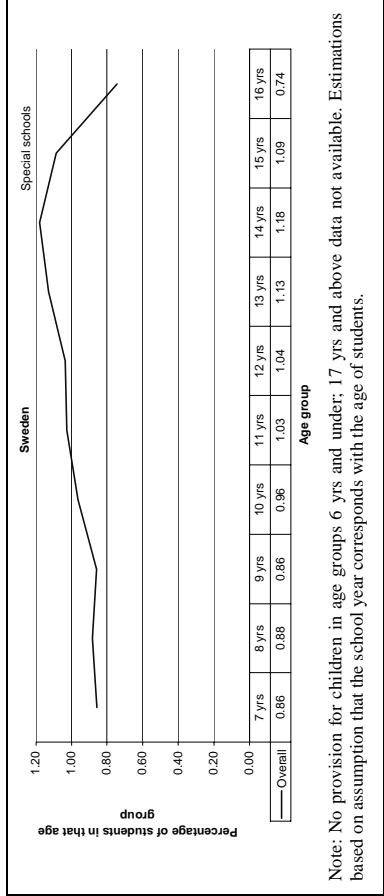
Note: Data on students in age group 19 yrs includes 19yrs and above.



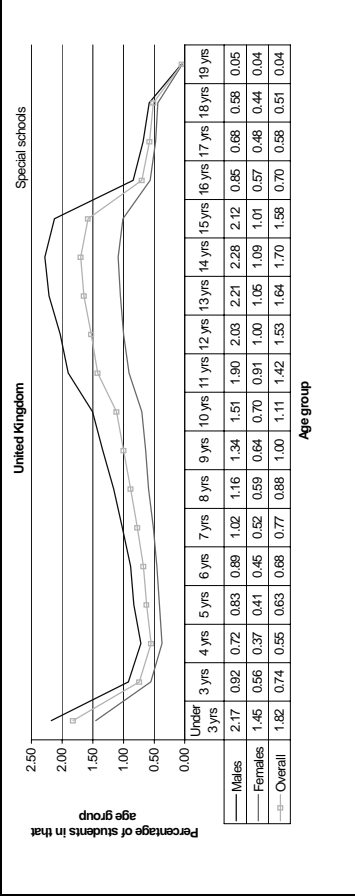
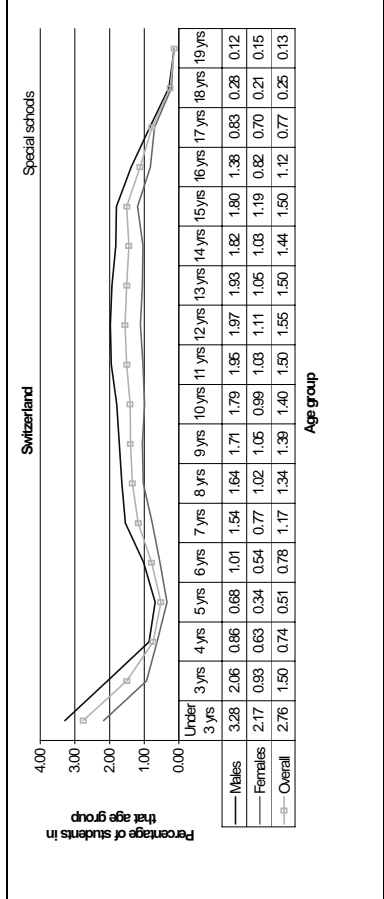
Note: Number of students in age group under 3 yrs is zero.



NOT TO BE QUOTED



Note: No provision for children in age groups 6 yrs and under; 17 yrs and above data not available. Estimations based on assumption that the school year corresponds with the age of students.



Implications for Higher Education

Other OECD work (OECD, 1997, 2003) has shown the difficulties special needs students entail in accessing higher education. The reduction in the numbers of many of these students in some countries in upper secondary education would seem to be linked to this issue. This would apply especially to students with disadvantages and is of some policy significance if social cohesion is to be addressed by encouraging more DDD students to complete advanced studies and gain the necessary qualifications for entry into HE.

Case study examples of country approaches

In this section, examples of developments to tackle social exclusion in children from two countries, the UK and the USA are briefly reported. In both countries, approaches around 'zones' are being developed in rather different ways.

*The UK*⁷

Education Action Zones have been implemented by the current government as a way to tackle social exclusion through community development. There is an especial concentration on tackling underachievement and raising educational standards which are often linked to other problems such as truancy, exclusion from school and crime. Educational Action Zones (EAZs) are being developed to provide new solutions to these problems by the development of new forms of governance to enable capacity building and social inclusion to develop over time. EAZs are supposed to develop action plans to improve educational outcomes through a number of inter-linking strategies that will bring together schools, families, business, health and social services, etc., *i.e.* a co-ordinated services approach (*e.g.* see OECD, 1996, 1998) with the intention of improving learning and teaching. In EAZs educational standards are often low with significantly reduced achievements at GCSE in comparison to other parts of the local education authority and England as a whole. This is especially true for boys. There are generally negative attitudes to learning with 30 per cent of 16 year olds not proceeding into training or further education. The post-16 drop out rate in EAZs can be double the local figure.

This approach is in the tradition of developing learning communities and hence improved governance through the renewal of civil society. In addition to creating learning communities and improving community governance, some of the features of this approach include the development of lifelong learning, partnership across sectors, participation and improved consultation and dialogue with the citizens involved.

EAZs frequently suffer from geographical isolation, for instance housing areas on the edges of urban developments with poor transport and communication facilities. Rural isolation is also common especially if parents do not have cars. The areas are often seriously deprived in terms of social amenities, access to shopping facilities, libraries and sporting facilities. There is often substantial poverty. Unemployment is common leading to poverty. Children often are hungry or without the appropriate clothes *e.g.* to attend school in the rain.

Children also often suffer from ill health which also lead to learning difficulties, restricted emotional development, poor mental health, criminality, teenage pregnancies, etc.

⁷ The work described here is based on a fuller account of the working of Education Action Zones in the UK (Ranson, 1999).

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Single parent families and absent male role models are common. Mothers, therefore, must have a number of jobs, to raise adequate resources, and to try to keep the family together. There are few male role models in the nursery and primary schools and many EAZs are looking at ways of bringing males into schools as teachers or assistants.

These factors lead to low standards in education and hence potential exclusion through factors such as inertia and restricted experiences, parochiality, hopelessness about the future, low educational aspirations, disaffection and community anger.

The work on EAZs is not only needed but is also based on a new agenda or a new culture for learning and education in the UK. The key components of this, which are being practised in EAZs are the following:

- *Learning for capability and active membership of society*

Education has been driven by too narrow a conception of the competencies which people are to acquire. The challenge is to reconceive the purposes of education as being a preparation for living and becoming active citizens of the communities in which they are to live and work.

Education has been shaped by a mistaken division between knowledge and practice. The point of learning is practice. Learning now needs to be connected to the wider experiences of people and the purposes which are to shape their lives. The relevance of education to the lives of people is the challenge facing educators at every level.

- *Valuing the whole learner - recognising all the needs of all the learners*

Learning has been envisaged, mistakenly as a narrow cognitive process, with thinking and feeling separated out. The research of Goleman (1996) and others is illuminating the significance of emotional well-being, of health and quality of relationships for learning and fulfilling potential. Educators are learning to recognise the importance not only of developing basic cognitive skills and competencies but also the need to address the social emotional health of each person to enhance their self-esteem, motivation and well-being.

- *Learners are capable*

Education has been undermined for many because of the flawed assumptions of capacity and intelligence. The research of Gardner (1993) is transforming our understanding of human ability and potential. In this model, intelligence is thought of as being far more diverse and broad ranging than in more traditional approaches. Intelligence is not viewed as a fixed internal characteristic of individuals, but each individual is accepted as able and with a different portfolio of abilities which require careful nurture and attention to develop each person's talents to full potential. Intelligent behaviour is learned (Perkins, 1995) through experience, hard work and through developing capacities for critical self-reflection. Achievement in all areas of learning needs to be celebrated.

- *Involving the family*

The more holistic view of the learner which the new education strives to achieve is reflected in the practice of involving parents and families. This also requires focusing support on the family unit to encourage and bring out the best in both parent and child through family learning and the development of positive parent child interaction.

- *A pedagogy of active and flexible learning*

If learners are to become active members of their communities then institutions need to become crucibles of active learning, enabling people to see the purpose of education by reconnecting learning and practice. Grounding education in investigative learning and reflective problem solving motivates people to become involved in their learning. Gardner's research has revealed that individual learn in different ways. Music and colour and movement are as important as traditional forms of transmission.

- *Curriculum extension and enrichment*

The new education is grasping the importance of encouraging and supporting learning beyond the classroom. As the work of Macbeath (1999) has emphasised achievement depends upon encouraging self- directed learning out of classroom and school hours. The DfEE⁸ has reinforced the importance of extra curricular provision for achievement in school: through curriculum enrichment (sport, drama, photography and other clubs and societies) and curriculum extension (study support opportunities provided before and after school and in holiday time).

- *Multi-agency working*

Addressing all the needs of the learner and the family leads to a much more integrated approach to education, one which involves family support, health and social services in a co-ordinated approach.

- *Engagement with the wider community*

The new pedagogy which relates learning to practice and social purpose together with the inclusion of families provides the context for engaging with the wider community. An education which includes adults in their own learning as well as in support of the education of the young creates a broader agenda supporting education for life-long learning.

Conclusions

EAZs are faced with overwhelming problems and require radical innovations. Additional funding whilst helpful cannot be seen as enough. Many are therefore basing there innovations around three key themes.

The new pedagogy of capability for active citizenship which includes:

- Reconnecting learning to living through preparation for active citizenship;
- Understanding all the needs of the learner, particularly emotional well-being;
- Enriching understanding of human capability and potential;
- Active learning for developing responsible as well as reflective learners.

⁸ DfEE = The Department for Education and Employment, of the UK government, now the Department for Education and Skills (DfES).

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Learning to learn in the learning school

The learning school places dialogue at the centre of its management strategy for change helping colleagues to unify around shared purposes. This process helps schools to learn to value all the students in the school thus creating motivation for learning.

Community governance

Some of the characteristics of community governance were perceived to include:

- ‘The government of difference, both responding to differences in needs and aspirations and creating differences. One learns from difference rather than uniformity;
- A capacity for local choice, which creates the potential for innovation, and the learning made possible by that innovation;
- The diffusion of power - change is more easily made on the smaller scale, and there are limits to political capacity at the centre;
- A concern for the community beyond the mere provision of service;
- Local and visible government - decisions can more easily involve when made close to the community than when made in corridors and committees of central government;
- A renewed basis for accountability in local democracy.’ (in Stewart and Stoker, 1988)

*The USA*⁹

Federal policies for helping disadvantaged persons in the USA have developed since the great depression of the 1930s. These policies have tended to be fragmented providing for instance high density housing which while achieving the goal of putting roofs over heads also set the stage for exclusion. Enclaves of poverty developed with associated problems of crime, gang activity, substance abuse and a lack of role models for youngsters.

Another example of a segmented programme is Job Corps. Initiated in the 1960s, this programme was aimed at one very specific aspect of social exclusion for youth – lack of education, job and life skills that will lead to employment. Job Corps is a model which takes youth out of their families and communities and gives them training and other forms of support in residential centres. But removing youth from their communities has two associated problems. First it may serve to isolate the young person and make long term inclusion even more difficult, and second it does nothing to address the broad community issues that led to the young person’s problems in the first place and the need for Job Corps (see Job Corps, 1999).

Similar developments also apply to students with disabilities. Prior to 1975 these students were typically excluded from education systems, although legislation in that year guaranteed these students a free and appropriate public education. The outcome of this was the setting up of special schools and classes and despite later legislation which stressed the importance of inclusive education, in reality for many students

⁹ This section is based on a fuller account of community solutions for social inclusion in the US (Bronheim, Magrab and Crowel, 1999).

this has proved difficult to achieve especially for those with emotional disturbance or significant mental health problems. These students frequently find themselves excluded from school and their behavioural problems bring them into the juvenile justice system and the child welfare system leading to further exclusion. More recently, however, there has been a shift in Federal and State policies to approach these problems from a community perspective. The example described here is from Baltimore in Maryland.

The picture of disadvantage in Baltimore is not unlike the EAZs in the UK. For instance, nationally the high school drop out rate was 4.7% while in Baltimore it was 10.5%. Nationally 24.4% of the population are graduates, in Baltimore it is only 15.5%. Infant mortality rates nationally in 1996 were 7.2 per thousand live births, in Baltimore in 1997 the rate was 14.4. Unemployment rates are also about twice the national average.

With respect to disability issues it can be noted that nationally these persons also face exclusion. About 80% of the non-disabled population who are not college graduates are employed, but only 24% of those with a severe disability are employed. For college graduates only 48% of those with disabilities are employed and if they are their median income is only just over half that of the non-disabled (\$15,144 in contrast to \$26,280 (Keck, 1998)).

In Maryland, where Baltimore is located, 30% of students with severe emotional disturbance are in special schools and 11% in residential or hospital settings. This being about twice the national average, the equivalent comparative figures being 15% and 6% respectively. Thus taken together these statistics reveal a substantial likelihood of social exclusion.

Baltimore has started to address these problems by using the Empowerment Zone/Enterprise Community (EZ) initiative of the Federal government.

Empower Baltimore—a neighbourhood focused empowerment zone approach

The Empowerment Zone/Enterprise Community (EZ) initiative of the U.S. Federal government is an excellent example of the move to community driven and community owned responses to poverty. This program was designed as a key element in a job creation strategy for America. It is different from previous urban revitalization programs in that it is designed so that the community drives the decision-making. The community sets its quantifiable goals. The Federal government then empowers the community by providing tax incentives and performance grants to fund the community-chosen activities. In 1994, 72 urban areas were designated Empowerment Zones. These communities and 33 rural Empowerment Zones or Enterprise Communities are receiving more than \$1.5 billion in performance grants and \$2.5 billion in tax incentives. Each urban Empowerment Zone received \$100 million in performance grants. Employers are eligible for \$3000 in tax credits for each employee hired who lives in the Empowerment Zone. Businesses in the Empowerment Zone are also eligible for increased tax expensing for equipment purchases. The program also enables the zones to receive tax-exempt bond financing to finance business property and land, renovations or expansions. Less tangible benefits to the communities are efforts by Federal agencies to reduce red tape and provide flexibility in relation to regulations and an on-line communication network and other ways for the communities to share experiences and ideas. (Empowerment Zone/Enterprise Community Initiative, 1999)

Empower Baltimore, Inc. the EZ program in that city has been noted as a widely recognised model of a successful implementation of this program. It appears that its success is related to Baltimore taking to heart the concept of community control—the city administration has encouraged independence for the communities within the Zone. While Baltimore has anchored its program on three separate zone districts, Empower Baltimore has gone even further with the concept of local planning and implementation.

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Baltimore is a city with neighbourhoods that have very strong identities and highly specific needs and histories. The Baltimore EZ effort has seen this as a strength and built on it by having six Village Centres which provide the infrastructure for community planning and development. Director of Empower Baltimore, Diane Bell is quoted as saying, “We don’t see ourselves as touchers; we are facilitators.” (Paige, 1999; Guidera, 1997).

A sample of the initiatives of Empower Baltimore will be presented to illustrate the job creation and the support for businesses that characterize the EZ philosophy. In each case, the EZ creates programs that can support the goals and decisions of the six Village Centres—the infrastructure designed to help those communities take control. These initiatives include Customized Services for Workforce Development and a loans program. In addition Empower Baltimore has been involved with a few efforts directed specifically toward children and youth, including after school programs and youth crime diversion. Much of the work, however, is planned and implemented within the communities connected with the Village Centres.

Customized Services for Workforce Development

Customized Services for Workforce Development is designed to help businesses find and train new staff or upgrade skills of current employees. In providing this service the EZ also creates job opportunities for residents and helps residents develop specific marketable skills that will lead to a job in the business given these services. Empower Baltimore provides assessment of workforce needs; analysis of specific job skills; funding for new employee training; screening of potential employees; skill enhancement for existing employees and employer specific on-the-job training. These services are available for any business in the area that has full-time jobs, with benefits, to fill. Communities within the EZ can use this service to support businesses in their area and find jobs for their residents. (Empower Baltimore, 1998)

An example of the kind of job and job skills development that has arisen from this approach is a program to train EZ residents for laboratory jobs in the high-tech sector that the state is counting on to fuel economic growth in the next decade. With neither a science nor technology background, many East Baltimore residents are excluded from these types of jobs of the future. Empower Baltimore developed a joint venture involving Johns Hopkins University, Baltimore City College and the potential employer to screen, select and train nine EZ residents for laboratory jobs. The employer will also receive \$3,000 tax credits on the wages paid to program trainees who are hired. Once participants have completed the training and passed the final exam, they will be employed as lab technicians for \$20,000 a year. Even more important, a whole new career track is opened to them. (Guidera, 1997)

Loan Programs

Empowerment Zone funding is used to promote economic opportunities including small business expansion, entrepreneurial initiatives, job creation, and business retention within the Zone. Empower Baltimore has designated the Community Lending Group, which is an affiliate of the Development Credit Fund, Inc. to manage the Empowerment Zone Finance Vehicle Track Loan Fund. Loans from the \$1.5 million revolving fund are available for periods of one to ten years with flexible payment plans and favourable rates of interest. In addition, the Community Lending Group works cooperatively with other lending and loan servicing organizations to provide financial and technical assistance to small businesses within the Zone. Communities within the Zone can utilize this program to meet specific local goals in keeping, expanding or attracting businesses to their area.

Child and Youth Oriented Activities

Empower Baltimore has partnered with the Baltimore School Board to provide funds to individual schools for after school programs. In a matching funds approach, schools and communities could design a program and apply for the funds. After school programs can play an important role in keeping children safe and constructively involved during hours that may not be supervised. In addition, it keeps children engaged with activities that may build skills and relationships that will keep them included within school and later work. Again, there is community opportunity to plan and implement these programs.

Within the EZ, an innovative approach to dealing with juvenile crime has been developed that draws on strengths and supports within the community. Vandalism is often considered an entry level crime—the first step into illegal behaviour. If youth can be diverted from the juvenile justice system and prevented from going into more serious criminal activity it goes a long way toward preventing the ultimate social exclusion in adulthood—incarceration. This exclusion comes not only in the form of physical removal from the general society, but with long lasting effects that continue this exclusion. It is difficult for individuals with a criminal record to obtain jobs and those convicted of a felony crime¹⁰ lose voting rights for life. For the neighbourhoods in most of the EZ in Baltimore, such an approach is particularly important due to the high percentage of African-American youth living in these neighbourhoods. This group of youth are at particular risk of being involved with the Juvenile Justice system. While African-American youths constitute 15 % of the 10 to 17 year olds, they account for 26% of juvenile arrests. Perhaps more striking is the fact that 41% of those detained as delinquents are African-American (Rasberry, 1999). Within the EZ, there is a program where video cameras are used to catch youth committing acts of vandalism. Community members help identify the youth involved in the activity. The youth, however, are not turned over to the Juvenile Justice system. Instead, resources within the community are used to work with these young people to help them avoid further criminal activity. In this way, the community works to prevent potential isolation for its youth and at the same time enhances the quality of life for all community members by working to reduce crime.

Baltimore's Plan for Children and Families

While the Empowerment Zone activities help support the development of communities to support children and youth, Baltimore also has a major initiative with a specific focus on children, youth and families.

The Family League of Baltimore City, (a private, non-profit organization) is the designated governance entity for children and family services. As the local management board (a structure developed in the state of Maryland to allow for more community control in the administration of programs for children and families), it is charged with developing and overseeing a comprehensive system of services for families and children in Baltimore City. The initial step in this process was the development of a set of six Results for Children and Families which describe what outcomes Baltimore wants for its children and families. In addition, 23 Indicators have been established which will be used to measure progress on impacting the Results. One of the primary functions of the Family League is to develop a critical mass of energy and investment in moving the measures related to the Indicators.

A strong partner in this process is the Safe and Sound Campaign. This city-wide planning and action effort directed at making children “safe and sound” is one of five urban initiatives funded by the Robert Wood Johnson Foundation. The Safe and Sound Campaign has developed five major strategies, which when implemented, will bring substantial investment to the six Results.

10. In the United States crimes are classified at two levels—minor crimes are misdemeanors and more serious crimes are felonies

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Both efforts were developing goals, outcomes and plans through a process that involved significant community input. Wisely, in Baltimore, these two efforts were brought together with coordination through the Family League of Baltimore City to develop one set of goals, plans and data collection and reporting efforts.

The vision for Baltimore City is that all initiatives and service delivery programs directed at family and children will fit within the framework of the six results, which are:

- Children live in nurturing families
- Children enter school ready to succeed
- Children and young adults are educated
- Children and their families are healthy, with youth avoiding high-risk behaviours
- Children live in safe and supportive communities and neighbourhoods
- Children's families are self-reliant.

These goals all contribute to factors that can alleviate long-term social exclusion of children and youth. Again, these goals reflect a broad-based, integrated and community rooted approach, rather than a piecemeal set of efforts directed at any one specific problem or issue. Healthy communities are seen as a key to supporting and nurturing children and youth. From these six goals, a set of 23 key indicators were developed and baseline data gathered on these key indicators. A series of action plans have been developed to address these goals.

The twenty-two key indicators for Baltimore, broken down into health, education and social issues are:

- Prenatal care.
- Pre-term births.
- Low birth-weight births.
- Infant mortality.
- Teen births.
- Rate of child and adolescent substance abuse.
- School readiness.
- Third grade reading levels.
- School attendance rates.
- School-age children's use of time.
- Young adults' use of time.

- Poverty rate.
- Homelessness in children and families.
- High school program completion.
- Unemployment rate.
- Placement of children and youth out of home.
- Child abuse and neglect.
- Child and adolescent adverse effects injuries.
- Juvenile crime.
- Juvenile violent crime.
- Juvenile violent death rate.
- Exposure to crime/victimisation.

These efforts have just begun and there is only historical and baseline data. Thus the effects of the initiatives described in this paper are yet to be documented in relation to the key indicators.

One important recognition of the effectiveness of Baltimore's planning and data efforts related to children and families is Baltimore being chosen as one of thirteen communities in the United States for Vice President Gore's Boost4Kids initiative. Boost4Kids Partners (the communities and state and federal agencies) will work to achieve better opportunities and outcomes for children by working to cut bureaucratic rules and regulations that prevent communities from effectively using resources and programs to meet the needs of their citizens. Boost4Kids will help communities measure results; find ways to pool administrative savings from discretionary grant programs to use for improving outcomes; streamline administration and provide greater flexibility to communities in administering grant funds; address barriers in legislation and regulation at all levels and maximise the use of resources for children and families. Communities were chosen for Boost4Kids through a competitive nomination process. Baltimore was chosen as a partner that had the existing mechanisms to implement this effort and to teach other communities about successful approaches.

These city-wide efforts, however, do not mean one approach to obtaining these goals for the whole city. Neighbourhoods are actively engaged in planning and developing the actions within their own communities. Data on the 23 core indicators of children's health and well-being were collected not only city-wide, but also baseline data and ongoing collection of data are broken down by neighbourhood. Safe and Sound, for example, invited up to 15 neighbourhoods in Baltimore, based on data of these core indicators, to participate in community-based planning. Up to eight of the communities responding will receive planning grants, technical assistance and support to develop their own local strategies for implementing the Safe and Sound family support program. Finally, six of those communities will receive implementation grants. The funding of these neighbourhood efforts is a collaborative effort as well with Family League of Baltimore City supplying funds for the planning grants and United Way of Central Maryland providing resources with other partners for the implementation of neighbourhood-based service delivery.

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The Family League of Baltimore City also supports community development by serving as a grants clearinghouse. This process helps get information to community organisations about grant opportunities, co-ordinates applications among interested organisations, serves as a research and technical assistance resource and thus helps increase funding coming into Baltimore City to better serve and support children and families.

As already noted, the Baltimore's Results effort is focused on outcomes and sees planning as a data-driven process (Baltimore Data Collaborative, 1998; Baltimore Data Collaborative, 1999). One barrier for many local community planning and development efforts for children and families is the lack of data that relates to the specific area or neighbourhood in question. Much Federal and state data focuses only on state, city or county level units. Other data may relate to Census tracts and sometimes postal codes (ZIP codes), but these externally imposed geographic designations often do not correspond to organic communities and neighbourhoods. The Family League of Baltimore in partnership with the Safe and Sound Campaign of Baltimore and the Maternal and Child Health Community Health Science Consortium of the Johns Hopkins University School of Hygiene and Public Health established the Baltimore City Data Collaborative in 1998. Other participating organisations include the Baltimore City Health Department, the Maryland Department of Health and Mental Hygiene and the Urban Institutes National Neighbourhood Indicators Project. The Data Collaborative tracks the 23 core indicators to monitor progress toward the six goals or results developed for Baltimore. With the Family League of Baltimore City, the Data Collaborative provides status reports about progress toward Baltimore's Six Results for Children and Family. A web page provides city-wide summary data, but also provides the support needed by individual communities within the city with community-specific geo-mapped data and listings of community resources. Thus, the support for local community planning has been built and reflects an unusual level of commitment and concrete support for allowing these community planning efforts to blossom.

Overall conclusions

The initial discussions of social exclusion which began in France in the 1970s were focused on disabled and seriously marginalised persons. However, the current debate has expanded this group considerably and has become more concerned with features of modern life which broadly speaking threaten to exclude people from citizenship and deny them certain rights. This analytic framework fits well with other contemporary discussions of social exclusion such as that developed by Sen (1992, 1999) using a capabilities model. By extension, social exclusion for children is best understood in terms of a rights based approach stemming from the UN Charter on the Rights of the Child.

A rights based approach raises a large number of questions not only about the form of services and support that must be provided to prevent a denial of rights but also in terms of how systems are evaluated. For instance, a utilitarian approach to education would promote education in ways which would raise the sum total of achievement in the education system and thus would target resources on those best placed to make use of them. In contrast, a rights based approach calls for maximising the potential of each child irrespective of the contribution to the overall economy. Thus policies aimed to combat social exclusion should change the focus of evaluation criteria from one based on averages to one relying in addition on the distribution of access and achievements. Such an approach would go beyond human capital formation to include the psychological and social resources underpinning social and cultural capital to sum to what has been described as identity capital - the key protector against adult social exclusion in modern society.

Much work remains to be done to elaborate on all of these different factors, but it is clear from the data presented that a start has been made and that focusing on the causes of social exclusion in childhood is a powerful approach. There is wide recognition of the complexities of the processes that can lead to social exclusion, the need to find holistic and preventive solutions and the involvement of disability issues in the

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wider debate. Statistics and indicators in this area are rather new but they have been well-received and certainly provide another dimension to the discussion and are essential for policy formulation. The case studies from the UK and the USA show the creative energy and innovatory approaches that need to be put into communities to help to prevent exclusion.

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ANNEX 1
ALLOCATION OF CATEGORIES OF STUDENTS WITH DISABILITIES, DIFFICULTIES, DISADVANTAGES
INCLUDED IN THE RESOURCES DEFINITION TO CROSS-NATIONAL CATEGORIES A, B, C

<u>Country</u>	<u>Cross-National Category A</u>	<u>Cross-National Category B</u>	<u>Cross-National Category C</u>
<u>Belgium (Flemish Community)</u>	1. Minor mental handicap – Type 1 2. Moderate or serious mental handicap – Type 2 4. Pupils with a physical handicap – Type 4 5. Children suffering from protracted illness – Type 5 6. Visual handicap – Type 6 7. Auditory handicap – Type 7 9. Support at home for children who are temporarily ill	3. Serious emotional and/or behavioural problems – Type 3 8. Serious learning disabilities – Type 8 10. Extending care 11. Remedial teaching	12. Educational priority policy 13. Reception classes for pupils who do not speak Dutch 14. Travelling children 15. Children placed in a sheltered home by juvenile court 16. More favourable teacher/pupil ratio in the schools of the Capital region of Brussels 17. Additional resources for schools in some municipalities around the Capital region of Brussels and at the linguistic border between the Flemish and the Walloon regions
<u>Canada-Alberta</u>	1. Severe mental disability (Code 41) 3. Severe multiple disability (Code 43)	2. Severe emotional/behavioural disability (Code 42) 10. Mild/moderate emotional/behavioural	

	<p>4. Severe physical or medical disability (Code 44)</p> <p>5. Deafness (Code 45)</p> <p>6. Blindness (Code 46)</p> <p>7. Severe communications disorder (Code 47; ECS only)</p> <p>8. Mild mental disability (Code 51)</p> <p>9. Moderate mental disability (Code 52)</p> <p>12. Mild/moderate hearing disability (Code 55)</p> <p>13. Mild/moderate visual disability (Code 56)</p> <p>14. Mild/moderate communication disability (Code 57)</p> <p>15. Mild/moderate physical/medical disability (Code 58)</p> <p>16. Mild/moderate multiple disability (Code 59)</p>	<p>disability (Code 53)</p> <p>11. Learning disability (Code 54)</p> <p>17. Gifted and talented (Code 80)</p>	
<p><u>Canada – British Columbia</u></p>	<p>1. Visual impairments</p> <p>3. Deaf/Blindness</p> <p>4. Multiple disabilities</p> <p>5. Hearing impairments</p> <p>6. Autism</p> <p>8. Moderate to severe to profound intellectual disabilities</p>	<p>2. Specific learning disabilities</p> <p>7. Mild intellectual disabilities</p> <p>9. Mild to moderate behaviour disorders, including rehabilitation</p> <p>11. Gifted</p> <p>12. Learning assistance</p>	<p>13. English as a second language</p> <p>15. Aboriginal education programme</p>

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	<p>10. Severe behaviour disorders</p> <p>14. Physical disabilities or chronic health impairments</p>		
<u>Canada – New Brunswick</u>	<p>2. Communicational</p> <p>3. Intellectual</p> <p>4. Physical</p> <p>5. Perceptual</p> <p>6. Multiple</p>	<p>1. Behavioural exceptionalities</p>	<p>7. Immigrant</p>
<u>Canada - Saskatchewan</u>	<p>1. Intellectual disabilities</p> <p>2. Visual impairments</p> <p>4. Orthopaedic impairments</p> <p>5. Chronically ill</p> <p>7. Multiple disabilities</p> <p>8. Deaf or hard of hearing</p> <p>9. Autism</p> <p>10. Traumatic brain injury</p>	<p>3. Social, emotional or behavioural disorder</p> <p>6. Learning disabilities</p>	
<u>Czech Republic</u>	<p>1. Mentally retarded</p> <p>2. Hearing handicaps</p> <p>3. Sight handicaps</p> <p>4. Speech handicaps</p>	<p>7. Students in hospitals</p> <p>8. Development, behaviour and learning problems</p>	<p>11. Socially disadvantaged children, preparatory classes in regular schools</p>

	<p>5. Physical handicaps 6. Multiple handicaps 9. Other handicaps 10. With weakened health (Kindergarten only)</p>		
<p><u>Finland</u></p>	<p>2. Moderate mental impairment (MOMI) 3. Most severe mental impairment (SMI) 4. Hearing impairment (HI) 5. Visual impairment (VI) 6. Physical and other impairment (POHI) 8. Other impairments</p>	<p>1. Mild mental impairment (MIMI) 7. Emotional & social impairment (EI) 9. Speech difficulties 10. Reading and writing difficulties 11. Speech, reading and writing difficulties 12. Learning difficulties in mathematics 13. Learning difficulties in foreign languages 14. General learning difficulties 15. Emotional and social difficulties 16. Other special difficulties 18. Remedial teaching</p>	<p>17. Remedial teaching for immigrants</p>
<p><u>France</u></p>	<p>1. Severe mental handicap 2. Moderate mental handicap 3. Mild mental handicap</p>	<p>15. Learning difficulties</p>	<p>14. Non-francophone students 16. Disadvantaged children - ZEP</p>

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	<p>4. Physical handicap</p> <p>5. Metabolic disorders</p> <p>6. Deaf</p> <p>7. Partially hearing</p> <p>8. Blind</p> <p>9. Partially sighted</p> <p>10. Other neuropsychological disorders</p> <p>11. Speech and language disorders</p> <p>12. Other deficiencies</p> <p>13. Multiply handicapped</p>		
<p><u>Germany</u></p>	<p>2. Partially sighted or blind</p> <p>3. Partially hearing or deaf</p> <p>4. Speech impairment</p> <p>5. Physically handicapped</p> <p>6. Mentally handicapped</p> <p>8. Sick</p> <p>9. Multiple handicaps</p> <p>11. Autism (No statistical data of the large groups available, but programmes are provided)</p>	<p>1. Learning disability</p> <p>7. Behavioural disorders</p> <p>10. Unknown, no information</p> <p>12. Remedial instruction (No statistical data of the large groups available, but programmes are provided)</p>	<p>13. Travelling families (No statistical data of the large groups available, but programmes are provided)</p> <p>14. German for speakers of other languages (No statistical data of the large groups available, but programmes are provided)</p>
<p><u>Greece</u></p>	<p>1. Visual impairments</p>	<p>6. Learning difficulties</p>	<p>8. Socio-economic/cultural educational difficulties</p>

	<p>2. Hearing impairments 3. Physical impairment 4. Mental impairments 5. Autism</p>	<p>7. Multiple impairment</p>	
<p><u>Hungary</u></p>	<p>2. Pupils with moderate degree mental retardation 3. Pupils with visual disabilities 4. Pupils with hearing disabilities 5. Pupils with motoric disabilities 6. Pupils with speech disabilities 7. Pupils with other disabilities</p>	<p>1. Pupils with mild degree mental retardation</p>	<p>8. Children of minorities 9. Disadvantaged pupils/Pupils at risk</p>
<p><u>Ireland</u></p>	<p>1. Visually impaired 2. Hearing impaired 3. Mild mental handicap 4. Moderate mental handicap 7. Physically handicapped 8. Specific speech and language disorders 9. Specific learning disability 11. Severely and profoundly mentally handicapped</p>	<p>5. Emotionally disturbed 6. Severely emotionally disturbed 15. Pupils in need of remedial teaching</p>	<p>10. Classes of children of travelling families 13. Young offenders 14. Children in schools serving disadvantaged areas 16. Children of refugees</p>

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	12. Multiply handicapped		
<u>Italy</u>	<ol style="list-style-type: none"> 1. Visual impairment 2. Hearing impairment 3. Moderate mental handicap 4. Severe mental handicap 5. Mild physical handicap 6. Severe physical handicap 7. Multiple handicap 		8. Students with foreign citizenship (No statistical data available)
<u>Japan</u>	<ol style="list-style-type: none"> 1. Blind and partially sighted 2. Deaf and hard of hearing 3. Intellectual disabilities 4. Physically disabled 5. Health impaired 6. Speech impaired 7. Emotionally disturbed 		8. Students who require Japanese instruction
<u>Luxembourg</u>	<ol style="list-style-type: none"> 1. Mental characteristic 2. Emotionally disturbed children 3. Sensory characteristic 4. Motor characteristic 	6. Learning difficulties	5. Social impairment

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<p><u>Mexico</u></p>	<ol style="list-style-type: none"> 1. Blindness 2. Partial visual disability 3. Intellectual disability 4. Auditory or hearing disability 5. Deafness or severe auditory disability 6. Motor disability 7. Multiple disability 	<ol style="list-style-type: none"> 8. Learning difficulties 9. Outstanding capabilities and skills 	<ol style="list-style-type: none"> 10. Compensatory educational needs 11. Community educational needs 12. Indigenous community educational needs 13. Migrant educational needs
<p><u>The Netherlands</u></p>	<ol style="list-style-type: none"> 1. Deaf children 2. Hard of hearing 3. Language and communication disabilities 4. Visual handicap 5. Physically handicapped / motor impairment 6. Other health impairments (No long hospitalisation) 8. Profound mental handicap / severe learning disabilities 9. Deviant behaviour 10. Chronic conditions requiring pedagogical institutes 11. Multiply handicapped 	<ol style="list-style-type: none"> 7. Learning and behaviour disabilities 13. Children in vocational training with learning difficulties 	<ol style="list-style-type: none"> 12. Children from disadvantaged backgrounds
<p><u>Poland</u></p>	<ol style="list-style-type: none"> 1. Light mental handicap 		<ol style="list-style-type: none"> 10. Social disadvantages, behaviour

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	<ul style="list-style-type: none"> 2. Multiple and severe mental handicap 3. Profound mental handicap 4. Blind 5. Partially sighted 6. Deaf 7. Partially hearing 8. Chronically sick 9. Motion handicapped 11. Autistic 		difficulties
<u>Spain</u>	<ul style="list-style-type: none"> 1. Hearing impaired 2. Motor impaired 3. Visual impaired 4. Mental handicap 5. Emotional/behavioural problems 6. Multiple impairment 	<ul style="list-style-type: none"> 7. Highly gifted 9. Programmes addressed to students in hospitals or with health problems 11. Learning difficulties 	<ul style="list-style-type: none"> 8. Students with compensatory education needs 10. Problems addressed to itinerant students
<u>Sweden</u>	<ul style="list-style-type: none"> 1. Pupils with impaired hearing, vision and physical disabilities 2. Students with mental retardation 3. Students with impaired hearing and physical disabilities 		<ul style="list-style-type: none"> 4. Students receiving tuition in mother tongue (other than Swedish) and/or Swedish as a second language 5. Students in need of special support (not included in other categories)

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<p><u>Switzerland</u></p>	<p>9. Educable mental handicap – Special schools</p> <p>10. Trainable mental handicap - Special schools</p> <p>11. Multiply handicapped - Special schools</p> <p>12. Physical disabilities – Special schools</p> <p>13. Behaviour disorders – Special schools</p> <p>14. Deaf or hard of hearing – Special schools</p> <p>15. Language disability – Special schools</p> <p>16. Visual handicap – Special schools</p> <p>17. Chronic conditions/prolonged hospitalisation – Special schools</p> <p>18. Multiple disabilities - Special schools</p>	<p>1. Learning disabilities / introductory classes – Special classes</p> <p>2. Learning disabilities / special classes – Special classes</p> <p>3. Learning disabilities / vocationally oriented classes – Special classes</p> <p>4. Behavioural difficulties – Special classes</p> <p>6. Physical disabilities – Special classes</p> <p>7. Sensory & language impairments – Special classes</p> <p>8. Students who are ill / hospital classes – Special classes</p> <p>19. Others of the group “special curriculum” – Special classes</p>	<p>5. Foreign first language</p>
<p><u>Turkey</u></p>	<p>1. Visually impaired (includes both blind and low vision children)</p> <p>2. Hearing impaired</p> <p>3. Orthopaedically handicapped</p> <p>4. Educable mentally handicapped</p> <p>5. Trainable mentally handicapped</p> <p>6. Speech impairment</p> <p>8. Chronically ill</p>	<p>7. Gifted and talented</p>	

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<u>United Kingdom</u>	1. Children with statements (records) of special educational needs	2. Children with special educational needs without statements (records)	
<u>USA</u>	<ol style="list-style-type: none"> 1. Mental retardation 2. Speech or language impairment 3. Visual impairments 5. Orthopaedic impairments 6. Other health impairments 8. Deaf/blindness 9. Multiple disabilities 10. Hearing impairments 11. Autism 12. Traumatic brain injury 13. Developmental delay 	<ol style="list-style-type: none"> 4. Emotional disturbance 7. Specific learning disability 	14. Title 1 - Disadvantaged students