

**Social Exclusion of Children in the U.S.:
Compiling Indicators of Factors
From Which and By Which Children Are Excluded**

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If developments in Europe over the last decade are any indication, the concept of social exclusion holds the potential to reframe policy research and policy development, and perhaps the entire policy discourse, on problems facing children and families. The concept of social exclusion can extend policy discussions from an exclusive focus on income poverty to a nuanced appreciation of the factors that exclude children and families from opportunities and experiences. Unlike the concept of poverty and disadvantage, social exclusion remains relevant to societies with robust economies and low poverty rates (like many Scandinavian countries). Children can be and are excluded from the basic activities that define membership in a culture or society even when they are not poor. Social exclusion may also prove increasingly relevant to societies which still experience high poverty rates, such as the U.S. and the U.K., but perhaps for different reasons.

Using the concepts of strategic frame analysis (Gilliam & Bales, 2001), “social exclusion” likely provokes very different attributions of the causes of and preferred solutions to children’s problems than does “poverty.” Specifically, whereas the American public is more likely to attribute the responsibility for poverty to individual children and their families, the concept of exclusion can reframe the attribution to social and structural responsibility and thus also social and structural solutions. In the U.S. context, new policy concepts take on power and influence not only by reframing old problems to promote new insights and new policy responses, but also by allowing policy researchers and policy makers to (1) measure and monitor the new concept across places and over time, and (2) evaluate the impact of new policy actions on trends over time.

For these reasons, this paper focuses on the current status of our nation’s ability to measure and monitor the social exclusion of children through the development and use of a system of indicators. This effort hopes to contribute to the larger literature on the development and use of indicators of children’s well-being both in this country (Hauser, Brown, & Prosser, 1997) and internationally (Ben-Arieh et al., 2000). While informed by European efforts to measure and monitor social exclusion (Mikulic, Linden, Pelsers, & Schiepers, 1999), this paper is different in two respects. First, it defines social exclusion more broadly (as will be described in more detail below) than do Mikulic and colleagues (1999). Second, where possible, it points to U.S. data sources by which social exclusion might be operationalized.

In this paper, we will very briefly describe several current conceptual definitions of social exclusion of children, noting that most now consider social exclusion to be a dynamic, multidimensional concept. The main portion of the paper will lay out for American audiences descriptions of eight potential domains of exclusion and identify numerous specific measures of social exclusion in each domain. Throughout, we also identify: (1) national data sources when they exist in the U.S.; (2) if U.S. sources do not exist, European sources as exemplars; and (3) critical features of social exclusion for which we have been unable to identify any data sources. In the final sections of

the paper, we explore potential uses of indicators of social exclusion of children and outline a research agenda for the further development of such indicators.

Defining Social Exclusion of Children

In thinking about the definition of social exclusion of children, it is important to consider the question, “excluded from *what*?” In general, social exclusion involves exclusion from activities considered to be normal or desirable (Burchardt, Le Grand, & Piachaud, 1999; Percy-Smith, 2000) such as:

- economic security,
- adequate housing,
- crime-free neighborhoods,
- work and after-school activities for youth,
- political influence (including voting),
- an active and involved community,
- available friends and social support,
- available local services (infrastructure), and
- educational opportunities.

Social exclusion also is conceptualized as relevant to several life domains, including those related to production, consumption, wealth, political life, and social life (Burchardt et al., 1999).

- The term “social exclusion” implies that the goal is for all children and families to be included. So what exactly would “inclusion” look like? Chanan (2000) has delineated inclusion as entailing:
 - living in a household in which at least one person is employed;
 - having maximum opportunity for local community involvement without being dependent on it;
 - living in a household which participates in local and national voting;
 - living in a household that keeps informed about national and international news;
 - living in a household that enjoys culture and entertainment;
 - being a part of a social network;
 - having the choice and means to live in a different locale;
 - living in a neighborhood with easy meeting places and transportation; and
 - living without fear of crime and harassment.

In current conceptions and operationalizations of social exclusion, the majority of its components are tied to the socioeconomic and cultural status of adults. By extension, the majority of factors that constitute (or predict) exclusion in the lives of children are out of the control of children and rarely alterable by children. This fact is reflected in the list of identified predictors of social exclusion: characteristics of the individual (e.g., health, education level); events in individual’s life (e.g., job loss); characteristics of the area an individual lives in (e.g., physical condition, level of unemployment);

and social, civil, and political institutions of society (e.g., racial discrimination, welfare policies) (Burchardt et al., 1999). As children age into adolescence and young adulthood, their own characteristics and abilities will help to shape their experience with social exclusion, yet, for the most part, when we speak of the social exclusion of children, we refer most often to the social exclusion of their parents (and sometimes of their schools and communities).

Although children have little effect on whether they or their families are socially excluded, the experience of social exclusion can have large effects on how children interact with their peers and on how children perceive themselves relative to their peers. Children and adolescents are keenly aware of the consequences of social inequality (Brooks-Gunn & Duncan, 1997; Duncan, Brooks-Gunn, & Klebanov, 1994).

Children may feel excluded relative to their peers when their parents cannot find jobs that pay above minimum wage, and although parents may be able to provide basic housing, food, and clothing, they will not be able to afford to buy his or her child the latest videogames, clothes, or shoes. The child’s lack of these goods in turn will restrict the child’s ability to share common experiences with their peers and to “fit in” with the current styles of dress. Children who are unable to share in these aspects of a common youth culture may in a very real way feel excluded from their same-age peers and as such may feel stigmatized, discriminated against, and alienated (Klasen, 1998). Being unable to control whether they experience social exclusion, whether and how children internalize the experience of exclusion will be a key determinant of the long- and short-term outcomes of exclusion for children.

Potential Indicators for the Measurement of Social Exclusion of Children

Social exclusion is not merely a “you’re in” or “you’re out” phenomenon; rather, social exclusion is a dynamic experience with multiple, interconnected levels (Percy-Smith, 2000). Whether a child or family is excluded may change over time, as will the subjective experience of that exclusion. Because social exclusion involves such dynamic and interconnected aspects, longitudinal data are required to understand its effects (Burchardt et al., 1999). Unfortunately, most national studies that measure the indicators of interest are primarily cross-sectional and/or domain-specific. Thus, it will be important for researchers to optimize the use of longitudinal, multi-domain data available in the few ongoing, in-depth longitudinal studies (e.g., Panel Study of Income Dynamics, National Longitudinal Study of Youth, Early Childhood Longitudinal Study; Brooks-Gunn, Berlin, Leventhal, & Fuligni, 2000; Brooks-Gunn, Brown, Duncan, & Moore, 1995).

We started generating possible indicators of the social exclusion of children by first consulting the list of social exclusion indicators developed by Eurostat and the Organization for Economic Cooperation and Development (OECD) for use in the European Union (Mikulic et al., 1999; see Table 1). We then supplemented these

potential indicators with those reported in several sources with available nationally representative data for the U.S.: Federal Interagency Forum on Child and Family Statistics (2000); Department of Health and Human Services (2000); Annie E. Casey Foundation (2000); and Zaff (2000). To the best of our ability, we identified indicators that adhered to recent recommendations (Mikulic et al., 1999) for indicators of social exclusion, namely that the indicators:

1. be easily understood by the public and congruent with their concerns;
2. be relatively easy to quantify;
3. follow international conventions;
4. allow comparisons over time;
5. be able to be operationalized at the local area level;
6. emphasize both objective and subjective indicators;
7. characterize living conditions of both poor and non-poor;
8. be experienced by majority of the population;
9. allow international comparisons; and
10. allow easy connections between non-monetary and monetary indicators.

We derived eight domains that would encompass these indicators of children's social exclusion: (1) Basic Living; (2) Family Economic Participation; (3) Housing; (4) Health; (5) Education; (6) Public Space; (7) Social Participation; and (8) Subjective Experience of Exclusion. Before detailing the domains and indicators of exclusion, we must call attention to several factors that, although in and of themselves are not considered to be a part of social exclusion, do place children who experience them at significant risk of exclusion (Packham, 1999; Social Exclusion Unit, 1998; Sparkes, 1999). These are: being of a minority ethnic group; being disabled; being in a single-parent family; and being a child in foster care. To date, such factors have not been included as aspects of social exclusion per se. Yet, given their strong links with other exclusion factors, we may want to consider in the future an additional domain that encompasses these risks. At this point, we have included whether the child has a disability under the Health domain and whether a disabled child has access to special education services in the Education domain.

For each of the domains that follow, we have sorted the potential indicators into subdomains based on those that we have judged to be necessary components of exclusion/inclusion, those that are normative for this society, and those that are desirable for members of this society but not absolutely required for inclusion. Examples from the Basic Living domain include food security as necessary, affording new clothes as normative, and having a color TV as desirable (see Table 2).

Suggested indicators and a list of U.S. nationally representative surveys that include these indicators are provided in each domain's respective table. The full name of each survey and the agency or institute that conducts it are provided in Table 10. A few indicators have been proposed by the Eurostat group on measuring social exclusion (Mikulic et al., 1999) from variables used in the European Community Household

Panel but which we have not yet identified in any U.S. surveys. We note at the outset that these indicators are suggestive and by no means exhaustive.

Basic Living

The Basic Living category is an index of a family's consumption of goods and services that are viewed by the majority culture as necessary for participation in the essential activities of the society (see Table 2). The most basic and necessary among these are indicators having to do with families' ability to afford food, clothing, and transportation. As normative indicators, we have included the quality of food consumed and whether a family can afford new clothes. The desirable subdomain of indicators in this category refer to consumables that a family might purchase which, although not essential to basic survival, are viewed by a majority of the culture to be necessary for inclusion in mainstream society (e.g., having a TV, a phone, a car, a computer; going out to a restaurant once in a while; having friends over for a meal).

Family Economic Participation

The Family Economic Participation domain captures those indicators that have up to now been considered crucial determinants of family disadvantage, namely income and human capital indicators (see Table 3). Central to the notion of social exclusion is that children living in families without an adult participating in the labor market are by definition excluded (Percy-Smith, 2000a); however, having a job does not guarantee inclusion (Campbell, 2000), and thus we can view parents' participation in the labor market as a necessary, although not sufficient, condition for children's social inclusion. A family's income, particularly whether it falls below the U.S. poverty line, is a necessary component of exclusion that relates to all other components. In the normative subdomain of Economic Participation are several indices of families' financial hardship, such as whether the family receives public assistance and whether the family has experienced significant financial trouble. Also included are aspects of the human capital of the adults in the family, particularly their education level, job training, and job prestige, which will determine whether a family is excluded by affecting whether a child's parents are able to obtain jobs and the stability and financial remuneration of those jobs. Although not necessary for inclusion, having financial assets and wealth is considered a desirable buffer against financial hardship (Aber, Bennett, Conley, & Li, 1997).

Housing

A family's housing situation can lead to social exclusion if it constrains opportunities and impairs control over family members' daily lives (Hawtin & Kettle, 2000). Just being able to obtain an adequate residence is a challenge in many neighborhoods without a range of affordable housing options. This is especially true for ethnic minorities who are faced with housing discrimination and economic discrimination in access to bank home mortgages (Massey, 1999; Wilson, 1987). At the extreme of housing difficulty and of those needs that are necessary to be met for inclusion, homelessness clearly puts children and families at a distinct disadvantage (Whitman,

Accardo, & Sprankel, 1992); families without a permanent residence have difficulty establishing jobs, schools, regular health care, and social networks. Low income families who are able procure housing but who must spend more than 50% of their take-home income on housing face substantial difficulty in financing their food, clothing, and utility needs. Among normative indicators, children whose families can only afford housing that is in physical disrepair (e.g., leaking windows, peeling paint, rotting) or crowded (e.g., less than one room per person) are at risk for problems in both physical and mental health. Finally, it is desirable that families feel invested, both socially and economically, in their homes and neighborhoods. Families who feel insecure in their housing, either because they experience financial troubles that precipitate frequent moving, or because they live in public housing, or because they do not feel safe in their homes or neighborhoods, will be less likely to establish roots in their communities, and as such both children and their families may feel socially excluded. It is important to note that merely having, or even owning, housing does not ensure inclusion: families must have a “home” in which they feel safe and in which they are willing and able to invest in order to feel included in the community and society (Hawtin & Kettle, 2000). (See Table 4 for list of example indicators).

Health

Socially excluded families may be unable to maintain proper health for a variety of reasons (see Table 5). Having low income can restrict a family’s ability to procure adequate physical, dental, and mental health care (Moran & Simpkin, 2000). If a family lives in a neighborhood with few health care options (or, for poor children, affordable options such as public health clinics: Brooks-Gunn, McCormick, Klebanov, & McCarton, 1998), children may not receive adequate care (both pre- and postnatal) to ensure their optimal development. Yet although low income is a primary risk for poor child health, inequalities in children’s health may also arise from inadequacies in housing, education, safe learning environments, and safe neighborhoods (Moran & Simpkin, 2000). Physically degenerative housing and neighborhoods pose physical risks for children (e.g., exposure to lead paint and other toxins; development of asthma; risk of injury from broken glass and busy streets). In turn, poor health may reinforce exclusion by limiting participation in education, work, and social activities (Moran & Simpkin, 2000). Beyond health care and physical risks, a family’s ability (and inclination) to provide healthy foods for their children will also affect children’s development; children from wealthier families and in more affluent neighborhoods in the US are more likely both to eat fruit and to exercise (Currie, 2001). Unfortunately, social inclusion does not guarantee healthy eating: with the rise of corporations providing cheap soft drinks and snack products, inclusion in society may also mean adopting the mainstream culture’s poor eating habits (Moran & Simpkin, 2000).

We consider all of the health indicators as either necessary or normative as they are key components of children’s well-being. Having health insurance and receiving regular medical and dental care are essential to inclusion, as are living in areas free from lead exposure and poor air quality. Normative indicators include healthy births, access to mental health services, and not having a disability that prevents easy

participation in daily activities. A final component of health and exclusion is specific to adolescents, namely teen parenthood. Teenage parenthood is viewed as both a cause and consequence of social exclusion (Social Exclusion Unit, 1999). Social exclusion may precipitate teen pregnancy by restricting access to family planning services. After having children, teen parents are more likely than their peers to live in poverty and unemployment and to be trapped thus through lack of education or available and affordable child care (Brooks-Gunn & Chase-Lansdale, 1995; Social Exclusion Unit, 1999).

Education

Because children spend a majority of their time growing up in schools, schools are viewed as primary socializers of children, and thus children excluded from schools (either “passively” or “actively”) are viewed as a threat to society (Packham, 1999). Passive exclusion refers to when a child is removed from mainstream education, such as because of the child’s disruptive behavior or the child’s disability. Undoubtedly, many children benefit from receiving more individual attention in special education classes, yet exclusion of disruptive and difficult children from mainstream education may reinforce social exclusion (Klasen, 1998). Typically, active exclusion from education involves the child himself or herself abandoning school through repeated truancy or dropping out altogether. Table 6 lists several indicators of education exclusion; necessary indicators of exclusion include children under 18 not being enrolled in school at all, whether they have been held back a grade from their peers, and whether children receive special education services if necessary. Suspensions, expulsions, and truancy are normative signs of exclusion in the education domain; having access to quality child care and education are desirable indicators.

A variety of factors contribute to children’s low educational attainment or poor school performance. Demographic factors of children and families, such as income level, family size, parent marital status, parent level of involvement in school, and whether a child is in foster care, are several key predictors of educational achievement (Sparkes, 1999). At the policy level, educational spending per pupil is positively associated with educational attainment, even after controlling for poverty levels (Sparkes, 1999). Thus, economic policies that link funding of schools to the local tax base ensure that economic disadvantage translates into educational disadvantage (Klasen, 1998). Furthermore, policies that place pressures on schools to maintain high test scores may also lead schools to exclude problematic students quickly before attempting to help them in their own schools (Sparkes, 1999).

Children who perceive that they are being stigmatized, stereotyped, dehumanized, or alienated are at high risk of excluding themselves from schools through truancy and school drop-out. Thus, because of their risk for stigmatization, children from lower SES backgrounds, children from certain ethnic groups, and children in care are more prone to truancy and to lower levels of educational attainment than other groups (Walton, 2000). Further, students who have poor relations with teachers, who feel left out of decision making, and who feel that they are being treated unfairly are also more

likely to be truants or drop-outs (Sparkes, 1999). Self-exclusion from education in turn leads to participation in local and street-based youth networks and disengagement from opportunities provided by education and job training (Johnston, MacDonald, Mason, Ridley, & Webster, 2000).

Education is clearly implicated in the perpetuation of social exclusion across successive generations (Phillips, Brooks-Gunn, Duncan, Klebanov, & Jencks, 1998). The quality of education a child receives and the level of education he or she attains are strong predictors of whether that child will in turn become a socially excluded adult: children with low levels of educational attainment, numeracy, or literacy are at higher risk for low rates of employment and low earnings and high social exclusion as adults (Sparkes, 1999; Walton, 2000). Thus, quality is a desirable indicator: schools that do not provide what might be thought of as a “quality” education (e.g., education that promotes functional literacy, numeracy, social skills, and job readiness) play a significant role in perpetuating social exclusion throughout childhood and into adulthood.

Public Space

Social exclusion at the neighborhood level is manifest in disinvestment by private and public institutions in deprived communities (Brooks-Gunn, Duncan, & Aber, 1997; Sanderson, 2000). Jargowsky (1997) has identified three aspects of neighborhoods that help determine whether a population is socially excluded (or, in his terms, part of the “underclass”): (1) economic, institutional, and social processes that contribute to the poverty level of the community; (2) concentration of poverty in certain neighborhoods; and (3) how concentrations of the excluded cause certain behavioral responses in those who live there. As with the Health domain, we have only identified necessary and normative indicators for the Public Space domain (see Table 7 for sample indicators).

Where a child’s family lives determines his or her access to places, activities, resources, services, amenities, public transportation, and information (Pitts & Hope, 1997; Sanderson, 2000); thus, parents in socially excluded neighborhoods face difficulties meeting the daily needs of their children. Many excluded neighborhoods experience the withdrawal of public services for families which then undermines social capital and contributes to social exclusion (Berlin, Brooks-Gunn, & Aber, 2001; Leventhal, Brooks-Gunn, & Kamerman, 1997; Pitts & Hope, 1997); even when services exist in such “poverty pockets,” they are overcrowded and overloaded (Van Kempen, 1997). The concentration of disadvantages in excluded neighborhoods make both living in and escaping such disadvantages more difficult (Wilson, 1987); by the end of the century, the number of people living in neighborhoods with high concentrations of poverty increased steeply (Jargowsky, 1997). Such “poverty pockets” are particularly disadvantageous to children, as they are characterized by a lack of social contacts, few social clubs and cultural events, few opportunities for socialization into steady work and family life, and exposure to “illegal” means of survival (Van Kempen, 1997).

Although poor quality neighborhoods can have direct effects on the physical and mental health of children and families, such neighborhoods precipitate social patterns and behavior that can only be explained by the specific characteristics and social structure of the local environment in which they evolve (Leventhal & Brooks-Gunn, 2000; Van Kempen, 1997). One manifestation of such patterns is increased rates of violent and criminal behavior in disadvantaged neighborhoods. Children exposed to violence, either as observers or victims, are at high risk for behavioral and emotional problems brought on by increased levels of depression, suicidal ideation, and post-traumatic stress disorder (Horn, & Trickett, 1998; Mazza & Reynolds, 1999; Stiffman, Hadley-Ives, Elze, Johnson, & Doré, 1999).

It is important to note that neighborhood-level social exclusion from and inequalities in access to services are not restricted to urban, disadvantaged communities, and may in some ways be more acute in rural areas. Low population density in rural areas requires that families travel to services, but public transportation in rural neighborhoods is rare, and thus low-income rural families without their own transportation receive fewer services than those in urban areas (Sanderson, 2000).

Social Participation

Whether children are able to participate socially depends on the economic security of their families, on whether the society supports positive relationships between children and their communities, on whether children belong to social networks, and on whether children are able to participate in social, economic, political, and cultural processes to their maximum potential (Beck, van der Maeson, & Walker, 1997). The extent to which citizens are able to participate in and contribute to the social and economic life of their communities in ways that enhance their own well-being characterizes the social quality of a community and society (Beck et al., 1997). The quality of children’s social interactions is determined by the resources available to children, whether children are able to use those resources, and whether those who use the resources are able to get what they want from them (Berman & Phillips, 2001). We include as necessary indicators those related to children’s relationships with significant others in their lives as well as the extent to which children engage in delinquent and antisocial behaviors. We consider to be normative children’s participation in organized activities and consider to be desirable children’s participation in volunteer and civic-related activities. (See Table 8 for example indicators.)

The social networks of the excluded are somewhat of a paradox. Although excluded in functional ways from mainstream social networks related to employment, financial services (Van Kempen, 1997), socially excluded communities often develop informal social networks that help families manage their lives (e.g., by providing connections to informal work, informal credit arrangements, etc.; Johnston et al., 2000). Such informal networks and strategies developed by inhabitants to deal with each other and with their difficult conditions may become an important part of their cultural capital (Van Kempen, 1997). The lack of formal, organized social networks in some communities leaves them without adequate social control over children, such that

families in poor neighborhoods do not have a community that can share the burden of upbringing children and provide guidance, support, and control of children (Wilson, 1996). Thus, sparse infrastructure means that the burden of socialization falls solely on individual families who are already incapacitated by the additional burdens of coping with the stress of poverty (McLoyd, 1990).

Children can become positively involved in their communities in a variety of ways (Flanagan & Faison, 2001). They can perform volunteer work, hold part-time jobs, participate in religious organizations, and keep up to date on current events through newspapers and television. Politically, they can work on campaigns, and write to public officials. Unfortunately, most research interest to date has focused on the extent to which children become negatively involved in their communities, specifically by committing delinquent, criminal, or violent acts. A social exclusion approach to such behaviors emphasizes them as reactions to exclusion from mainstream networks and activities.

Subjective Experience of Social Exclusion

Recent writings on the topic of social exclusion have increasingly focused on an individual's experience of social exclusion as an important component of it (Percy-Smith, 2000). The proposed social exclusion indicators from Eurostat (Mikulic et al., 1999) specifically include measures of an individual's satisfaction with their life situation. Extending this to children, we might ask children how satisfied they are with their housing situation, with their school, and with their leisure time. Additionally, measuring children's overall happiness, self-satisfaction, self-concept, and locus of control each would provide insight into how the experience of social exclusion lowers children's perceptions of themselves and children's beliefs about how much they control their present lives and their futures. Table 9 lists a very preliminary attempt to suggest indicators of this domain, which for now we consider to be desirable indicators rather than necessary or normative.

Remaining Issues Regarding These Domains and Indicators Values¹

Many of the indicators we have suggested either implicitly or explicitly represent values regarding what (we think) is normal or appropriate for children and families. Examples of such values include having working parents, not receiving public assistance, and having a home in which to live. As much as indicators of children's well-being are based on values about the presence of states and experiences that constitute a happy and healthy environment, indicators of social exclusion hinge upon values about the absence of such states and experiences. Values are thus inherent in the task of developing indicators yet they must be acknowledged and perhaps challenged. Why do we believe that it is better for a child to have a working parent? Is it that we as a society think the child will be better provided for with food and other necessities (out of our concern for the child's present well-being), or that the child will be less likely to be dependent on public assistance (out of our concern for our own potential financial costs), or that the child will have an appropriate work model

(concern for child's future contribution to society),? Or is it all three to varying degrees? We have done our best to select available indicators which we, in agreement with other researchers, value as necessary, normative for, or desirable for positive child development.

Individual- Versus Society-Level Indicators

As stated above and developed more below, the concept of social exclusion has the potential to shape and redirect public policies related to children and their families. However, this is most likely to be true for indicators which are under direct societal-level control rather than those which are highly determined by individual-level control. Policy makers and the public will be hesitant, if realistically so, to set out to change individual-level indicators, such as completion of high school education. Although society can take the important step of guaranteeing that families have livable incomes, it cannot oversee every purchase to restrict how parents allocate those funds (e.g., nutritional foods vs. fast foods). Indeed, many such "choices" about how to spend limited money are difficult ones that parents should not have to make (e.g., rent vs. medicine).

Particular to the case of socially excluded children is the bare fact that deprivation and exclusion in their lives are entirely linked with the exclusion of their parents. Thus, rather than blaming the children for the proverbial "sins" of their parents, policy makers intent on reducing the exclusion of children must be simultaneously concerned with the inclusion of their parents.

Relations Among Domains

In our conceptualization, we have organized the indicators into eight potentially distinct domains. Although such an organization is comprehensive, it may also be unwieldy, particularly if our goal is to capture the attention and energies of policy makers who will be more concerned with practical rather than theoretical linkages. Several participants at the *Conference on Social Exclusion and Children* suggested alternative ways to categorize our indicators, which we describe briefly here.

Robert Haveman, of the University of Wisconsin-Madison, suggested dividing the indicators into supply-side and demand-side indicators. On the supply side, he would place those indicators that embody what society needs to do in order to increase the inclusion of children and families. Examples of supply indicators would be the prevalence of child mental health services or the availability of affordable housing. Demand-side indicators would focus on individual-based sources of exclusion; these would include both involuntary sources of exclusion, such as a physical disability or mental illness, and voluntary sources of exclusion, such as truancy from school. Such a conceptualization makes clear where societal effort toward reducing exclusion should be directed, although society would have an easier time resolving exclusion on the supply rather than the demand end.

John Hills, of the Center for Analysis of Social Exclusion and the London School of Economics, argued that the current eight domains should be reduced to 2, one focused on children's material needs and one focused on indicators related to children's future flourishing. This latter category, Hills suggests, would encompass social interaction, the development of self-determination, and barriers to flourishing (e.g., those derived from safety or health concerns). Such a dichotomy is consistent with the approach taken by another international group working on indicators, namely that indicators of children's current "well-being" be distinguished from indicators of their future "well-becoming" (Ben-Arieh et al., 2000). Although we find such an approach intriguing, it contrasts with our view that indicators of social exclusion should be distinct from indicators of well-being, for inclusion in and of itself is not our primary concern but rather the physical, mental, and social benefits made possible by inclusion.

Constance Flanagan, of the Pennsylvania State University, also suggests organizing the indicators along two dimensions which overlap with those described by Hills, namely (1) those indicators related to the nurturance and protection of children, and (2) those indicators concerned with children's rights and abilities to engage in self-determination and in societal participation. Such an organization would value participation equally with the meeting of children's basic needs, which may indeed get to the heart of what "inclusion" should mean.

How Can Indicators of the Social Exclusion of Children Be Used and Improved?

Up to this point, we have demonstrated that a wide range of measures is available for use by policy makers, opinion leaders, and other interested parties to operationalize a multi-dimensional and dynamic conception of the social exclusion of U.S. children. In this section, we wish to stimulate discussion about the potential uses of such measures and about new research needed to improve both the measures themselves and their use.

One important set of activities is to examine the validity of the measures of social exclusion. If proponents of the concept of social exclusion are right, namely that it identifies both social-political-cultural processes and a population of children whose life chances are compromised in a way that neither "poverty" nor "disadvantage" do, then studies of the convergent, discriminant, predictive, and construct validity of measures of social exclusion will be needed. Validity studies might address such questions as:

- How much of the variation in the social exclusion of children is explained by traditional measures of poverty and disadvantage?
- What important processes and outcomes are predicted by measures of social exclusion of children that are not predicted by measures of poverty and disadvantage?
- What subgroups of children or communities are identified as in need of public attention and action by measures of social exclusion that are not identified by measures of poverty and disadvantage?

An example of a research initiative that would address some of these questions would be one that determines whether and how the levels/trends/dynamics of social exclusion of children differ from the levels/trends/dynamics of child poverty and/or racial residential segregation.

Well-designed validity studies could also provide answers to two other key questions.

- Is there a subset of measures of social exclusion that can capture the critical variation required?
- Are there relations among the indicators, the knowledge about which could improve their use in policy formulation, implementation, and evaluation?

The over 100 individual measures outlined in Tables 1 through 8 are derived from 26 distinct data sources and are thought to represent eight domains of the social exclusion of children (an average of 13 measures per domain, range of 7 to 17 measures per domain). This organization of data collection does not inhibit the study of national trends in the component variables, but it does prohibit the understanding of the relations among the various components of social exclusion. Since social exclusion is conceptualized as a multi-dimensional, dynamic concept, the ideal indicator system would permit examining the relations among all the important components over time. This is not cost efficient or even feasible without a reduced set of variables and measures. For these reasons, we encourage policy researchers to conduct studies on the intercorrelations of dimensions of social exclusion over time in the service of identifying a reduced set of critical indicators which can be used as part of a national (or local) measurement and monitoring system.

A reduced set of variables and measures collected on the same samples of children over time would enable policy researchers to understand the causal relations among the indicators in the service of identifying "leading" and "lagging" indicators of social exclusion. In the economic domain, this distinction is critical to the nature and timing of public decisions about the economy. Some workers in the "social indicators" movement have the same aspirations in the social domain, namely to identify negative trends before they fully develop so as to prompt and guide early action.

A reduced number of core or critical variables would increase the possibility of collecting a comprehensive set of data at the local, state, and national levels. Unless indicators of the social exclusion of children can be disaggregated to the state and local levels, the probability of informing and influencing state and local decision-making is reduced. For instance, it would be very valuable to identify states and locales that are very comparable in indices of child poverty and disadvantage but which vary in other indices of children's social exclusion. Presumably, much could be learned about the political and civic cultures, policies, and services of states and communities in which children are socially included despite poverty and disadvantage.

The Most Important Uses of Indicators of the Social Exclusion of Children

To our minds, the two most important uses of a system of indicators of social exclusion of children are: (1) to provide new insights into and new applications for policy interventions; and (2) to monitor and guide the progress of programs and policies designed to reduce the social exclusion of children at the local, state, and national levels. The concept of social exclusion directs attention to “exclusion from what,” as we noted above, as well to “exclusion by what.” Specifically, what are the forces, processes, institutions, and groups that are causing or leading children to be socially excluded? Can there be any doubt that the historical combination of racial discrimination and residential segregation continues to lead the social exclusion of millions of African-American children? With current rapid growth in the proportions of U.S. children who are Latino and Asian, how will American social institutions and processes adapt to the language and culture changes required to include immigrant children in the American Dream?

A refined system of indicators of the social exclusion of children that has been shown to be valid and that can be used at the local, state, and national levels can contribute to a new policy discourse by directing our attention to the questions of “exclusion from what?” and “exclusion by what?” These questions could help re-balance America’s concentration on individualistic explanations for poverty, disadvantage, and exclusion by directing attention to social-structural explanations. Both new policy proposals and new ideas about how to monitor and evaluate the influence of policies on the social exclusion of children could be advanced with the help of the right kind of social indicator system.

Endnotes

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Table 1.
European Union Indicators of Social Exclusion used by Eurostat.

Indicator	Indicators on Means	Indicators on Perception	Indicators on Confidence
Basic Needs and Consumption	1. Access to a telephone(s) 2. Access to a color TV 3. Access to a car(s) 4. Access to a videorecorder 5. Access to a microwave 6. Access to a dishwasher	7. Household ability to afford adequate diet 8. Household ability to afford to buy new clothes 9. Household ability to afford to keep home adequately warm 10. Household ability to afford having friends or family for a drink/dinner 11. Household ability to afford a week holiday away from home	
Housing	12. Accommodation rented from a public, municipal, or non-profit agency 13. Shortage of space (less than one room per person) 14. Presence of shower or bath in the dwelling 15. Having a place to sit outside (access to garden or balcony)	16. Shortage of space (subjective) 17. Inconveniences from humidity situation 18. Inconveniences due to rot in windows and frames 19. Perceived risk of crime or vandalism in the area	20. Satisfaction with the housing
Education	21. Highest level of completed education		
Labor Market	22. Living in a non-working household 23. Living in a household situation where unemployment benefits are many source of income in household 24. Personal position in the labor market (ILO definition)		25. Satisfaction with the housing

Table 1. Cont.
European Union Indicators of Social Exclusion used by Eurostat

Indicator	Indicators on Means	Indicators on Perception	Indicators on Confidence
Health	26. Coverage by a medical insurance 27. Hospitalization in past 12 months	28. Health status (self-reported) 29. Limitations in daily activities due to a chronic health problem, illness, or disability	
Family Ties and Social Relations		30. Frequency of contacts with family or friends 31. Frequency of contacts with neighbors	
Social Participation	32. Membership of a club or association		33. Satisfaction with the amount of leisure time
Indicators of the Household Financial Situation/ Financial Stress		34. Household ability to make ends meet 35. Household ability to pay scheduled utility bills 36. Household ability to save regularly	37. Satisfaction with the financial situation

Table 2.
Indicators of Social Exclusion: Basic Living Domain

Social Exclusion Indicator	Potential Data Sources
Necessary Subdomain Food insecurity	CPS-FSS, NHANES, ECLS, NSAF
Household cannot afford to adequately heat home Household cannot afford any clothes Household cannot afford telephone Household cannot afford car (& lives more than 15 minute walk from public transportation)	(ECHP) (ECHP) CPS (ECHP)
Normative Subdomain Poor quality of diet Household cannot afford new clothes	CSFII (ECHP)
Desirable Subdomain Poor nutrition (fruits, vegetables, milk products, meat, etc) Household does not have a computer Household cannot afford to have friends over for dinner/drink Household cannot afford a week vacation away from home Household cannot afford color TV Household cannot afford VCR Household cannot afford microwave Household cannot afford dishwasher	Add Health CPS (ECHP) (ECHP) (ECHP) (ECHP) (ECHP)

Table 3. Indicators of Social Exclusion: Economic Participation Domain

Social Exclusion Indicator	Potential Data Sources
Necessary Subdomain	
Child does not have a parent in the workforce	CPS, ECLS, NLSY, PSID
Child does not have a parent earning income (through either employment or assistance [e.g., SSI])	CPS, ECLS, NLSY, PSID
Family income is below poverty line (per income: needs)	CPS, Green Book
Normative Subdomain	
Family receives cash and near-cash transfers	CPS, PSID
Family receives in-kind benefits (food stamps, Medicaid)	CPS, PSID
Main source of income is benefit	(ECHP)
Household has difficulty making ends meet	ECLS, PSID
Household unable to pay utility bills in last 12 months	NSAF
Child's parent(s) has/ve not completed high school	CPS, ECLS, NLSY, PSID
Low occupational prestige of parents' jobs	PSID, NLSY, ECLS
Child's parent(s) has/ve not completed job training	PSID, NLSY, ECLS
Desirable Subdomain	
Family does not have monetary assets (savings, stocks, etc)	PSID
Household unable to save	(ECHP)

Table 4. Indicators of Social Exclusion: Housing Domain

Social Exclusion Indicator	Potential Sources
Necessary Subdomain	
Family does not have a permanent residence (homeless)	??
Family's housing is physically inadequate (lacks plumbing; has unvented rooms, water leakage, cracks, rats)	AHS, NHANES
Family's housing is crowded (<1 room: person)	AHS
Family's housing cost burden exceeds 50%	AHS
Normative Subdomain	
Family's housing has no place to sit outside	(ECHP)
Family's housing has damp floors, walls	(ECHP)
Family's housing has rot in windows, floors	(ECHP)
Family feels safe and secure in home	??
Residential instability (several moves per year)	CPS, NHANES, ECLS, PSID
Family lives in public housing	(ECHP)
Desirable Subdomain	
Family is unable to get mortgage to buy a home	??
Family does not own home	CPS, PSID, ECLS
Family is faced with limited supply of homes in neighborhood	??
Family is not committed to investing in the home	??

Table 5. Indicators of Social Exclusion: Health Domain

Social Exclusion Indicator	Potential Sources
Necessary Subdomain	
Child is covered by health insurance (private or public)	CPS, ECLS
Child has had physical exam by doctor/nurse in last year	Add Health, NHANES, ECLS
Child has had dental exam by dentist/hygienist in last year	Add Health, NHANES, ECLS
Child's mother received prenatal care	HANES
Child has recommended immunizations	NIS, NHANES
Child's lead exposure	HANES
Quality of child's air (ozone, carbon monoxide, particulates, lead, nitrogen dioxide, sulfur dioxide)	AIRS
Normative Subdomain	
Child had healthy birth (5-min Apgar > 8, bw >2500 g gestational age of 37+ weeks, prenatal care)	NHANES
Child born low birth weight	NVSS, ECLS, PSID, NLSY
Child has access to mental health services	Add Health
Child has physical limitation that restricts activity	Add Health, NHIS, NHANES
Child has emotional or physical problem that causes him/her to miss school or an activity	Add Health
Child has permanent health conditions (heart problems, asthma, physical disability, diabetes, migraines)	Add Health, NLSY, NHANES, NSAF
Adolescent has access to drug or alcohol treatment	Add Health
Adolescent has access to family planning services	Add Health

Table 6. Indicators of Social Exclusion: Education Domain

Social Exclusion Indicator	Potential Sources
Necessary Subdomain	
Child is not enrolled in school	NSAF
Child is under 18 years but neither in school nor working	CPS
Child is under 18 years and dropped out of school	CPS
Child repeated a grade	Add Health, NLSY, ECLS
Child receives special education for mental retardation or learning disability	Add Health, NLSY, ECLS
Normative Subdomain	
Child is eligible for, but not enrolled in, subsidized child care	??
Child is suspended from school	Add Health, NELS, NLSY, NSAF
Child has been excluded from mainstream schools for behavior problems	ECLS
Child is truant from school	NLSY, NSAF
Desirable Subdomain	
Family has access to quality child care	NHES
Family has access to quality public schools	??

Table 7.
Indicators of Social Exclusion: Public Space Domain

Social Exclusion Indicator	Potential Sources
Necessary Subdomain	
Neighborhood includes access to public transportation	??
Family's neighborhood includes access to health services, grocery stores, schools, and commercial goods and services (particularly financial services)	??
Child's exposure to observed violence (aggravated assault, rape, robbery, homicide)	NCVS, ECLS, NLSY
Child's level of victimization (aggravated assault, rape, robbery, homicide)	NCVS, YRBSS
Family's neighborhood infrastructure (walking distance to parks, variety in types of housing)	CPS
Normative Subdomain	
Family lives in neighborhood with high poverty level	CPS, ECLS, PSID
Family lives in neighborhood with high crime and vandalism	CPS
Family lives in neighborhood social disorganization	CPS, PSID

Table 8.
Indicators of Social Exclusion: Social Participation Domain

Social Exclusion Indicator	Potential Sources
Necessary Subdomain	
Child has positive relationship with parents	Add Health, NELS, NLSY
Child has relationships with people at school	Add Health, NELS
Child has relationships with friends	Add Health, MTF, NLSY
Child engages in delinquent behaviors (graffiti, lying, stealing, run away, robbery, selling drugs)	Add Health, MTF, NELS, NLSY, NSAF, PSID, SPD, NHANES
Child gets in physical fights	Add Health, MTF, NHANES, YRBSS
Child has committed violent crime (aggravated assault, rape, robbery)	NCVS
Child carries a weapon	Add Health, MTF, YRBSS
Child has been arrested, spent time in juvenile detention	NELS, SPD, NACJD
Child belongs to a gang	NELS, SPD, NLSY
Normative Subdomain	
Child has people to turn to when has problems	Add Health, NELS, NLSY, NHANES
Child attends religious services	HSB, MTF, NELS, NSC, SPD, ECLS, NLSY
Child participates in extracurricular activities	Add Health, HSB, MTF, NELS, NSAF, NSC, PSID
Child participates in organized sports	Add Health, NELS, NSAF, NSC, PSID
Desirable Subdomain	
Child participates in community or volunteer work	MTF, NELS, NLSY, NHES
Child reads newspaper/watches local and national news	MTF
Child participates in politics (votes, works on campaign, demonstrates, writes to officials)	MTF
Child holds part-time job	NELS, SPD

Table 9.
Indicators of Social Exclusion: Subjective Experience of Exclusion Domain

Social Exclusion Indicator	Potential Sources
Desirable Subdomain	
Child's satisfaction with housing situation	(ECHP)
Child's satisfaction with school	(ECHP)
Child's satisfaction with leisure time	(ECHP)
Child's overall happiness	MTF, NLSY
Child's self-satisfaction	Add Health, HSB, MTF, NLSY
Child's locus of control	NELS
Child's self-concept	NELS, NSAF, NSC, PSID

Table 10.
Key to Potential Source Abbreviations

Abbreviation	Survey Title Agency/Organization Conducting Survey
Add Health	National Longitudinal Study of Adolescent Health <i>Carolina Population Center, University of North Carolina, Chapel Hill</i>
AFCARS	Adoption and Foster Care Analysis and Reporting System <i>US-Administration on Children and Families</i>
AHS	Annual Housing Survey and American Housing Survey <i>US-HUD</i>
AIRS	Aerometric Information Retrieval System <i>USEPA-Office of Air and Radiation</i>
CPS	Current Population Survey <i>US Census Bureau</i>
CPS-FSS	Current Population Survey-Food Security Supplement <i>US Census Bureau</i>
CSFII	Continuing Survey of Food Intakes by Individuals <i>USDA, Center for Nutrition Policy and Promotion</i>
(ECHP)	European Community Household Panel <i>EU-Eurostat</i>
ECLS	Early Childhood Longitudinal Survey (Kindergarten & Birth Cohorts) <i>USDoE-National Center for Education Statistics</i>
Green Book	The Green Book <i>US Congress, House Ways and Means Committee</i>
HSB	High School and Beyond <i>USDoE-National Center for Education Statistics</i>
MTF	Monitoring the Future <i>Institute for Social Research, University of Michigan</i>
NACJD	National Archive of Criminal Justice Data

Table 10. Cont.
Key to Potential Source Abbreviations

Abbreviation	Survey Title Agency/Organization Conducting Survey
NACJD	National Archive of Criminal Justice Data <i>University of Michigan (with FBI data)</i>
NAEP	National Assessment of Educational Progress <i>USDoE-National Center for Education Statistics</i>
NHANES	National Health and Nutrition Examination Survey <i>CDC-National Center for Health Statistics</i>
NCVS	National Crime Victimization Survey <i>USDoJ-Bureau of Justice Statistics</i>
NELS	National Education Longitudinal Study <i>USDoE-National Center for Education Statistics</i>
NHES	National Household Education Survey <i>USDoE-National Center for Education Statistics</i>
NHIS	National Health Interview Survey <i>CDC-National Center for Health Statistics</i>
NIS	National Immunization Survey <i>CDC-National Center for Health Statistics and National Immunization Program</i>
NLSY	National Longitudinal Study of Youth <i>USDoL-Bureau of Labor Statistics</i>
NSAF	National Survey of America's Families <i>Urban Institute</i>
NSC	National Survey of Children <i>Foundation for Child Development/Child Trends, Inc.</i>
NVSS	National Vital Statistics System <i>CDC-National Center for Health Statistics</i>
PSID	Panel Study of Income Dynamics-Child Development Supplement <i>Institute for Social Research, University of Michigan</i>
SPD	Survey of Program Dynamics <i>US Census Bureau</i>
YRBSS	Youth Risk Behavior Surveillance System <i>CDC-National Center for Chronic Disease Prevention and Health Promotion</i>