

Child development, the life course,
and social exclusion:

Are the frameworks used in the UK
relevant for developing countries?

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Abstract

This paper brings together three themes that have become increasingly important in both research and policy on inequality and disadvantage in the UK: child development, the life course, and social exclusion. It is suggested that there are several aspects of the social exclusion approach that are valuable in both the UK and developing country contexts: multidimensionality; a dynamic, longitudinal perspective requiring a focus on both inter- and intra-generational processes; a concern with the interplay of agency and structure; an emphasis on human development through the life-course; and an emphasis on child development.

After a review of the various approaches to social exclusion, with particular attention to the research and policy environments in the UK, the paper presents a summary of research on the intergenerational transmission of disadvantage drawing especially from work on the UK birth cohorts of 1958 and 1970. A key finding from this research is that many childhood disadvantages have a 'pervasive' influence on a wide range of adult disadvantages. The paper concludes with a brief exploration of the relevance for such an approach in developing countries. While not generally couched in social exclusion terms, the major shifts in UN development thinking over the past decade or so, as well as much in research on chronic poverty, do resonate with the social exclusion approach as seen in the UK.

Key words: child development, life course, social exclusion, methodology, United Kingdom

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1. Introduction

This paper brings together three themes that have become increasingly important in both research and policy on inequality and disadvantage in the UK: child development, the life course, and social exclusion. In 1997 the incoming Labour government placed high priority on policies to tackle social exclusion, with the establishment of the Social Exclusion Unit (SEU) in the Cabinet Office – one of its first and most visible attempts to create ‘joined-up’ government. In the same year, research on social exclusion was given a substantial impetus through the establishment of the ESRC Research Centre for Analysis of Social Exclusion (CASE) at the London School of Economics. Although it may be tempting to link these two developments, some care is required since, as noted by Burchardt, Le Grand and Piachaud (2002: p.3), the usage of the term social exclusion in the UK was initially by conservative politicians who did not want to acknowledge ‘poverty’.

Key aspects of social exclusion include:

- It is multidimensional (for example including at least the whole package of the Millennium Development Goals (MDGs) for poor countries and not just halving of absolute poverty);
- It requires a dynamic, longitudinal perspective, both intergenerational and intragenerational, whereby early endowments and experiences shape individuals and their contexts;
- It is concerned with the interplays of individuals and their (multiple) contexts, so that both individual agency and structures are crucial;
- It has a key emphasis on the development of the individual through the life-course, and thus overlaps with human development approaches, with capability and functioning approaches, and with an emphasis on multiple ‘capitals’;
- There is often some emphasis on child development, and increasingly early child development, as a key pathway out of social exclusion.

Once these concerns and some of the resultant research have been discussed more fully, the relevance of this UK agenda and the research and policy lessons for developing countries will be considered. The issues here are seen to be about what can be learned from the approach and whether the style and methods of research can help illuminate policy and understanding for poor countries, rather than concern about such research or policy bearing a ‘social exclusion’ label. I see many parallels with other approaches to development and would not wish to indulge in protracted debates on labelling, especially since a refined operational definition of the key components of social exclusion remains elusive (as a does a definitive list of functionings or capabilities).

2. Social exclusion: the concept and measurement

The modern European concern with social exclusion can be traced to *Les Exclus* (Lenoir 1974; an extended discussion of the origins is given by Estivill 2003). Social exclusion is taken to have many different meanings. Its usage by Lenoir, within the European Union, and by the ILO is predominantly one of exclusion from the social protection system: disadvantaged groups who are falling through the net, such as lone parents, the disabled, or the uninsured among the unemployed (Evans 1998). For others, the term is used more to cover groups who are excluded from participation in society, which could include homosexuals or lack of political participation or emotional support networks. Yet others emphasize community or neighbourhood contexts (Lupton and Power 2002; and the World Bank’s ‘community empowerment and social inclusion’ programme). Within the UK, the package of elements considered under the broad heading of social exclusion covers all of

these elements and more, encompassing almost all elements of disadvantage and having some quite particular features (Hills, Le Grand and Piachaud 2002).

Let us begin with UK government statements on what social exclusion is:

- 'an attempt to define not just income poverty, but many other forms of disadvantage that exclude people from mainstream activities and society'.
- It is 'a short-hand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime, bad health and family breakdown.'
- 'While social exclusion is often associated with highly marginalised groups facing extreme forms of multiple disadvantage, our approach is broader. We also include an understanding of how wider social inequality and intergenerational disadvantage can impact on the causes of social exclusion and the risk of becoming excluded.'
- 'This is a deliberately pragmatic and flexible definition. One of the characteristics of social exclusion is that problems are linked and mutually reinforcing. They combine to create a vicious cycle. Indeed, children whose parents experience social exclusion are much more likely to find themselves excluded later in their lives.' (Social Exclusion Unit, 2004: p.14)

An alternative approach, but with some key elements in common is the working definition of social exclusion provided by Burchardt, Le Grand and Piachaud (2002a: p.30) : 'an individual is socially excluded if he or she does not participate in key activities of the society in which he or she lives'. They stress the *relative* nature of the concept, being society specific. For Britain in the 1990s, they identified four 'key activities':

- *Consumption*: the capacity to produce goods and services
- *Production*: participation in economically or socially valuable activities
- *Political engagement*: involvement in local or national decision-making
- *Social interaction*: integration with family, friends, and community (p.31)

Further, Burchardt *et al* regard participation in *every* one of these key activities as necessary for social inclusion and lack of participation in *any* one dimension as sufficient for social exclusion. When they come to measure these 'dimensions' of social exclusion they meet a number of problems, some acknowledged and others not. These include that income is used instead of a consumption measure. Also, the conflation of socially and economically valuable activities as production, based solely on a main economic activity question, means that virtually all the 'economically inactive' are regarded as participating in socially useful activities (e.g. as homemakers or parents), whereas the unemployed, long-term sick, disabled, early retired or 'other' are deemed not to be participating in socially useful activities!

Burchardt *et al* (2002a) suggest that indicators of disadvantage, such as being a member of an ethnic minority, suffering partnership breakdown, or living in a deprived area are causes or risk factors for social exclusion. But poverty is deemed to be a key element of social exclusion, rather than a risk factor.

Hobcraft (2002) is more equivocal on these issues:

'Social exclusion is unequivocally more than poverty, but undoubtedly poverty is a key precursor, marker, or component of social exclusion. Equally, social exclusion goes beyond other economic variables, such as employment status or occupational class. An as yet unresolved question is what else is included among social, welfare, demographic, housing, psychological, and health circumstances. Clearly social isolation, benefit dependency, lone parenthood, living in a 'sink'

estate, and having mental or physical health problems (to give but a few examples) are also precursors, markers or components of social exclusion. Moreover, insofar as social exclusion is relative rather than absolute, the bundle of circumstances deemed to exclude an individual from (full and 'normal') inclusion in society must inevitably change with age. In the face of such uncertainty, the pragmatic solution is to explore a wide range of attributes that might be deemed indicative of social exclusion and the interplays among these attributes and then gradually to refine the definition.' (p.62)

The Social Exclusion Unit acknowledges these concerns by having commissioned a wide-ranging report on the 'drivers' of social exclusion, which acknowledges the macro-level drivers, such as the demographic, labour market, and social policy contexts (Bradshaw *et al* 2004). The bulk of the report, though, is concerned with individual-level drivers, including income, employment, education and skills, health (including sections on drugs, alcohol, mental health, teenage conceptions, and child and premature deaths), housing, neighbourhoods and networks, and crime. A surprising omission is family structure and relations.

In all of this discussion the nub of social exclusion is seen as being excluded from 'mainstream activities and society' or 'to not participate in key activities of the society'. Value-laden words like 'mainstream' or 'key' could suggest too prescriptive a conformity and the role of choice needs emphasis too, though few people would choose to be poor, long-term sick, or lack social support (*cf* Burchardt *et al* 2002a: p.32).

There is thus considerable vagueness in the concept of social exclusion, as indicated most explicitly by the SEU's 'deliberately pragmatic and flexible definition' or Hobcraft's equivocation over 'precursors, markers, or components'. Does this matter? I would argue that such imprecision has been helpful (and is not uncommon for useful concepts – e.g. social capital, human development, or capabilities).

At the policy level the rather broad and vague definition has enabled many forms of disadvantage or disadvantaged groups to be targeted through the SEU, which has the advantage of explicitly crossing boundaries of traditional government departments ('joined-up thinking and joined-up government' having been a catch phrase). Diverse past examples that have met with some success include teenage conceptions, rough sleepers, and neighbourhood renewal. Current priorities include looked-after children (those in care or foster homes), teenage pregnancy, chronic mental illness, families with complex problems and the intergenerational transmission of disadvantage.

For research too, social exclusion has helped to move away from disciplinary bunkers. Whilst many economists still instinctively prefer their domain and emphasize poverty and labour force participation, and many sociologists emphasize class or social structure or housing, there has been a significant shift to both recognizing and researching both the interlinkages among multiple disadvantages and the extent to which they have common antecedents. There has also been a much stronger emphasis on both intergenerational and life-course precursors of social exclusion or multiple disadvantages, making use of the rich range of prospective studies in the UK. In this respect, the UK is unique in having three long-term birth cohort studies where members are now in adulthood and much new research has taken place using the accessible 1958 and 1970 birth cohorts (Blanden and Gibbons 2006; Bynner 2001; Case, Fertig and Paxson 2005; Chase-Lansdale, Cherlin and Kiernan 1995; Feinstein and Bynner 2004; Gregg and Machin 1998; Gregg *et al* 1999; Hobcraft 1998, 2000, 2003, and 2004; Hobcraft and Kiernan 2001; Kiernan 1986, 1992, 2002 and 2004; Manor, Matthews and Power 2003; Sacker, Schoon and Bartley 2002; Schoon 2006; Schoon and Bynner 2003; Sigle-Rushton 2004; and Sigle-Rushton, Hobcraft and Kiernan 2005).

3. A summary of some key results

In this section I draw disproportionately from my own research (often with colleagues) on social exclusion, using the 1958 and 1970 birth cohorts, which has the advantages of being unusually interdisciplinary and focussing both on a very broad range of antecedents and of outcomes. Details will not be given, since the main purpose of summarising some of the key findings is to illustrate the concerns, research style, and insights that have emerged from this work. The issue of relevance for poor countries is addressed in a subsequent section.

As outlined above, the social exclusion perspective has encouraged a more holistic approach to understanding the multiple origins of multiple disadvantaged outcomes. However, the complexity of this task also means that there is still a long way to go. We have gained improving insights into intergenerational and life-course 'transmission' of disadvantages, into the connections among disadvantages, both as states at any one point in time and in terms of the 'legacies' of earlier disadvantages.

A key finding from this research is that many childhood disadvantages have a 'pervasive' influence on a wide range of adult disadvantages: these include childhood poverty, school absences, educational test scores, parental interest in education, behaviour measures, family structure (including looked after children), and health, all of which are strongly related to a very broad range of adult disadvantages (see Hobcraft 1998, 2000, 2003, and 2004 on the 1958 birth cohort; and Sigle-Rushton 2004 on the 1970 birth cohort). Although such multiple pervasive influences might have been anticipated from earlier disparate studies, the exploration with a common set of antecedents for many outcomes that both span a very wide range of disadvantaged experiences (and scientific disciplines) within two datasets had not been done before.

One of the ways in which such holistic approaches give fresh insights is that some of the 'classic' elements of intergenerational transmission of disadvantage, such as social class, are shown to be far less important than some of these other pervasive influences. Social class of parents does have specific intergenerational links to social class of their children when they reach adulthood (net of the wide range of other antecedents), which is reassuring given the huge sociological literature on such links. However, social class appears to be of very little direct consequence for most other forms of adult disadvantage once other antecedent disadvantages, often related to social class are controlled. Researchers are beginning to disentangle which childhood antecedents (among a wide range) really matter and then move towards elaborating some of the pathways and mechanisms involved.

The specific 'heritability' of social class across the generations is mirrored by stronger than usual associations across generations or the life-course for several other specific domains: childhood behaviour is especially strongly related to adult mental health; childhood illness to adult limiting long-standing illness; both educational test scores and parental interest in education to lack of qualifications; living in social housing across the generations; early childbearing, childbearing outside marriage, and partnership breakdown across the generations.

These specific linkages have quite often appeared in examinations of single adult outcomes by researchers tied to a single discipline. Indeed there are some indications of segmentation of the legacies of disadvantage between the generations: demographic and family behaviour beget demographic and family behaviour; housing begets housing; economic disadvantage begets itself; educational achievement is linked across the generations; personality, behaviour and mental health are similarly linked. But there is powerful evidence from the results on pervasive antecedents that it is essential to look across disciplinary boundaries in trying to understand the processes of social exclusion.

In our more recent research, we have been exploring the extent to which there are common legacies of childhood disadvantage across two birth cohorts (the 1958 and 1970 cohorts) and by gender. Remarkably, we find very few instances where the strength or natures of the relationship for childhood antecedents to a wide range of adult disadvantages significantly differ by gender or by cohort. The evidence on gendered pathways being relatively rare first appeared from the 1958 cohort (Hobcraft 2003 and 2004) – strikingly almost all evidence for a differentially larger response by gender to any childhood disadvantage (though rare) was for an excess for women. This finding has been replicated in our cross-cohort analyses: though there are surprisingly few gendered differences in responsiveness to childhood disadvantage, those that do emerge all show women to have the greater legacy of such disadvantage. These findings cover a range of socioeconomic outcomes (low income, benefit receipt, living in social housing, and being in a low status occupation – see Hobcraft, Hango, and Sigle-Rushton 2004), becoming a parent (Hobcraft and Kiernan 2005), and a range of health and well-being outcomes (life dissatisfaction, a high malaise score (incipient depression), general poor or fair health, and limiting long-standing illness – Hobcraft and Mensah 2006).

A similar picture has emerged in relation to cross-cohort differences in responsiveness to childhood disadvantages: it is very rare indeed to find clear evidence for such differences. The combination of these findings on gender and cohort is at least suggestive that responses to (or legacies of) childhood disadvantage are very similar by gender and over time (though only 12 years) and that such findings are therefore robust.

Despite this robustness of the legacies, the findings raise other important and unanswered questions. For example, the incidence of several adult disadvantages differs quite substantially between the two cohorts and between men and women (most dramatically for adult mental health as measured by a high malaise score). Yet the powerful associations of these adult disadvantages with childhood circumstances and attributes often do nothing to account for the overall differences in incidence by cohort or gender, indicating that unmeasured (and quite possibly structural or post-childhood) factors are responsible for the observed, but unaccounted for, differences. More work is clearly needed here.

A further, though less well developed, life-course theme of our work has been examining continuities and change through the late adolescent to adult life-course (Hobcraft 2003 and 2004). To date this has only proved possible for the 1958 cohort, where we have examined the childhood legacies of disadvantage for late adolescent and very early adult experiences between ages 16 and 23 (lack of qualifications; unemployment for 12 months or more; not in education, employment or training (NEET) for 24 months or more, early parenthood; experience of lone motherhood; whether left home because of 'friction'; and any homelessness). We have also examined the associations of these late adolescent/ early adult disadvantages for six outcomes at ages 23 and 33 (unskilled or semi-skilled occupation, living in social housing, receipt of non-universal benefits, low household income, mental health as measured by the malaise score, and cigarette smoking). Moreover, we have explored the extent to which continuity and change in these disadvantaged states between ages 23 and 33 can be accounted for by the childhood and late adolescent/ early adult markers of disadvantage and by a couple of experiences between ages 23 and 33 (divorce and unemployment for 12 months or more).

The late adolescent/ early adult disadvantages generally prove to be very strongly and pervasively linked to subsequent adult disadvantages. Inevitably the strength and pervasiveness of residual association to childhood disadvantages weakens somewhat, although educational test scores prove quite robust in this respect. What is more surprising is that the associations of the late adolescent/ early adult experiences with disadvantages at age 23 and age 33 are extraordinarily similar, even though age 33 is 10 years further removed from these earlier experiences. These findings may have important policy

implications, since they suggest lasting scarring effects from these formative experiences rather than a transient legacy.

There are very strong continuities in disadvantage from age 23 to age 33, with those disadvantaged on any specific measure at age 23 being substantially more likely to be disadvantaged on the same measure at age 33. Moreover, we found some instances where being disadvantaged on one measure at age 23 had a strong further net link to some other disadvantage at age 33 (e.g. social housing at age 23 links not just to social housing at age 33, but also to low income and to benefit receipt at age 33). In particular, there seemed to be a nexus of socioeconomic disadvantage at age 23 feeding through to outcomes at age 33: this illustrates some of the advantages of taking a more holistic social exclusion approach.

However, we urge caution in interpreting these very strong continuities in disadvantage (with odds ratios between 2.7:1 and 11.7:1) as indicating any deterministic element. Among those disadvantaged on each of the factors examined at age 23 (except cigarette smoking, which is highly addictive) over 50 percent had exited that state by age 33; concomitantly over 50 percent of those experiencing each disadvantage at age 33 had not been disadvantaged on the same factor at age 23. Thus there is considerable turnover (or 'churning') of disadvantage over time.

Further, we found hardly any childhood antecedents that distinguish new entrants to disadvantage at age 33 from those who remain disadvantaged from 23 to 33. The only real exception to this was for those with poorer educational test scores as children, who were differentially more likely to remain disadvantaged than to newly enter disadvantage as indicated by receipt of benefits, low income, and cigarette smoking.

The substantial 'churning' of adult disadvantage suggests scope for policy interventions. As discussed earlier, with very few exceptions mostly linked to educational test scores, we found very little evidence to suggest that markers of earlier disadvantage play different roles in generating new entries into disadvantage as compared with staying disadvantaged. Thus, policies need to counterbalance the potential lasting legacies of earlier disadvantage, regardless of current status. However, for the individuals already currently disadvantaged, a significant additional policy effort is required to help them to escape from the relative stickiness of disadvantage. Even when they have escaped, the legacy of this earlier disadvantage will mean that they require policies to protect these gains.

This reinforces John Hills' useful discussion of the four P's of policy interventions and welfare provision (Hills 2002), which focuses on policies concerned with the *transitions* into or out of disadvantage, trying to Prevent entry and to Promote exit, and those concerned with the *status* of disadvantage, trying to Protect the disadvantaged from the impact of the event and to Propel those newly exiting further away from disadvantage.

The work outlined here reinforces the need to deal with all of these categories, but also makes the further points that there is a need to deal with multiple and interconnected disadvantages, *social exclusion*, and that there is a further need to build in a much longer term focus involved in the ways in which cumulative or repeated disadvantage plays out through the lives of individuals, rather than focusing only on entries and exits and status on one disadvantage at a time. There is a clear need for a sustained and long-term dynamic perspective in policies aimed at dealing with disadvantage and for recognition of the interconnectedness of social exclusion, rather than a piecemeal isolated approach to one symptom of a deeper risk of social exclusion, affected by the accumulated legacies of earlier disadvantage.

4. Relevance for developing countries

Although not couched in social exclusion terms, the major shifts in UN development thinking over the past decade or so resonate with these concerns. During the 1990s there was a plethora of UN Conferences concerned with development, each dealing with different broad elements and often achieving substantial shifts (e.g. the sustainable development agenda at Rio or the emergence of a reproductive health and rights perspective at Cairo):

- 1990 World Summit for Children, New York (UNICEF)
- 1992 Earth Summit (UNCED), Rio de Janeiro
- 1993 Human Rights, Vienna
- 1994 Population and Development (ICPD), Cairo
- 1995 World Social Summit, Copenhagen
- 1995 4th World Conference on Women, Beijing
- 1996 Habitat Conference, Istanbul

Realisation that such a sequence (including the +5 and +10 UNGASS meetings) was politically unsustainable and, even more importantly, leading to major cross-sectoral conflict and duplication, led the UN and the international community to set about the more holistic approach of the Millennium Summit. This and the resultant MDGs resonated with a whole host of pressures for a more holistic approach to development that recognized the need for mutually supportive and interlinked programmes. Implicitly at least, there was recognition that no one of the MDGs was adequate on its own. But, just like much of the social exclusion agenda in the UK, there has emerged some differential emphasis on poverty reduction (MDG 1a) as 'first among equals'. As other papers at this meeting stress, the human development agenda espoused most visibly by UNDP and the capability framework of Sen were enormously influential in achieving this shift of emphasis. It is much less clear that ILO's adoption of the social exclusion agenda (in the narrower social protection sense) had any real impact on these policy debates. There is no mention of the term social exclusion in the Millennium Development Declaration or in the 2005 World Social Summit Outcome, although the term is used in the contexts of community or ethnic group exclusion in the following quotations from *Investing in Development* (UN Millennium Project 2005):

Impoverished smallholder farmers scratch out an existence that is brutally difficult, living on the edge of survival and often falling off the edge. They live in communities that are geographically isolated and burdened by disease, climatic shocks, environmental degradation, and social exclusion and violence. They not only suffer—they pass on their suffering to the next generation. (p.67)

If the social exclusion of people living in informal settlements or slums can be ended, urbanization can be a powerful driver for improving the lives of a country's population and for generating economic growth. (p.73)

Social exclusion of minority groups, such as the Roma, means that they are more likely to be poor and to lack access to education and health services. (p.175)

The only reference that I have found to social exclusion in an official UN document comes from the 1993 World Conference on Human Rights, which seems almost to conflate extreme poverty with social exclusion, but emphasizes participation in decision-making processes:

The World Conference on Human Rights affirms that extreme poverty and social exclusion constitute a violation of human dignity and that urgent steps are

necessary to achieve better knowledge of extreme poverty and its causes, including those related to the problem of development, in order to promote the human rights of the poorest, and to put an end to extreme poverty and social exclusion and to promote the enjoyment of the fruits of social progress. It is essential for States to foster participation by the poorest people in the decision-making process by the community in which they live, the promotion of human rights and efforts to combat extreme poverty. (Vienna Declaration And Programme Of Action, 1993, Part 1, para. 25)

Perhaps one of the difficulties with the definitions of social exclusion as used in the UK – participation in key (or mainstream) activities in society – is that much of the international development agenda is aspirational and framed in terms of absolutes (e.g. the dollar a day extreme poverty definition). But living below the dollar a day threshold is the mainstream activity in many of the least developed countries. Thus, great care is required in framing useful definitions of social exclusion in the context of development.

However, the integrated treatment of multiple disadvantages – the ‘more than poverty’ element of social exclusion – is already a major element of the development agenda. The Millennium Development Goals clearly represent an attempt to achieve joined-up international governance in the same way that the UK’s agenda did. The recognition that a whole package of areas of progress is required and that poverty, although of crucial importance, cannot be tackled in isolation resonates well with the perspective on social exclusion adopted in the UK. Of course, this recognition rests much more heavily on the closely related human development agenda.

Moreover, many pro-poor or poverty alleviation programmes in the developing world are aimed at what might reasonably be called socially excluded groups or at dealing with specific levers, such as education. Examples include the (Nobel peace laureate winning) micro-credit movement pioneered by the Grameen Bank and widely adopted in other Asian countries, or the very targeted interventions of the experimental programmes of the Progresá (now Oportunidades) programme in Mexico that has been used as a model in several other Latin American countries. The Grameen Bank differentially targets women, in recognition of the gendered nature of social exclusion; Progresá targeted pregnant women, nutrition of young children, and school continuation (especially for girls) with its interventions.

But, in other ways, international and national development communities have been forced to couch more of their programmes in a pro-poor rhetoric as a result of the pre-eminence of the poverty reduction element in the MDGs: everything often has to be straitjacketed in the context of Poverty Reduction Strategy documents. So the increasing interconnections at national and international levels are being driven in part by donor priorities, especially the World Bank. Although such pressures are often seen as threatening to funding for specific sectors (for example, in the area most familiar to me, UNFPA 2005 on reproductive health and rights, although this ‘Cairo agenda’ is also threatened by neo-conservative agendas of the US government – see Kulczycki 2006).

Another theme developed in this paper concerns the progress in understanding multiple pathways through childhood and early adulthood to multiple disadvantages or social exclusion for adults. The dynamic life-course perspective and the importance of childhood for escaping social exclusion are at least implicit in the emphasis on child health and on education among major development goals (including the MDGs). The key stage of late adolescence and early adulthood is similarly evident in agendas on sexual and reproductive rights and health, or on early employment opportunities, and of huge importance given the unprecedented billion young people (aged 15-24) in the world today (for an extended and integrated treatment of these issues for the developing world see Lloyd 2005).

A real difficulty with research related to the dynamic, longitudinal, life-course perspective for the developing world is one of data availability. As indicated earlier, the UK is unique in having three nationally representative birth cohort studies where the members have now reached adulthood. However there are an increasing number of prospective studies in the developing world, though often with an epidemiological focus. Prominent among these is the INDEPTH network of demographic surveillance sites, covering 37 different sites in 18 different countries. Others have a behavioural or psychological focus, including the South African Birth to Twenty study of children born in 1990. The Jamaican birth cohort study was begun in 1986 and has quite broad content, though begun as a medical study. A further example is the Korean Youth Panel Survey, following up children who were around age 13 in 2003 and another cohort who were around age 9 in 2004. The experimental nature of Progresá and related studies involves prospective monitoring and evaluation: so far a number of studies have shown effects of the interventions separately for outcomes such as educational continuation or child health (see Huerta 2005), but a comprehensive, integrated evaluation of the effects of the whole programme is still awaited (which would get closer to a social exclusion perspective).

Other parallels can be drawn between work on the UK and on developing countries. The work on chronic poverty (Hulme and Shepherd 2003; Green and Hulme 2005; and McKay and Lawson 2003) uses similar household panel data to those used to study the 'churning' of poverty in the UK and more broadly poverty dynamics (e.g. Burgess and Propper 2002). Hulme and Shepherd come close to using a social exclusion perspective and explicitly do so at one point:

... in a country where a significant proportion of the poor are chronically poor, then policies to redistribute assets, direct investment toward basic physical infrastructure, reduce social exclusion (from employment, markets and public institutions) and provide long-term social security will be necessary if poverty is to be significantly reduced. (p. 404)

Equally, the work by Sen (2003) on drivers of escape and descent for household fortunes in Bangladesh and by Krishna (2003) on escaping poverty and becoming poor in North India essentially take a social exclusion perspective, paying attention to drivers and to dynamics.

5. Conclusion

Having reviewed the various approaches to social exclusion and paid particular attention to the research and policy environments in the UK, we can see the value of a social exclusion perspective for developing countries. There are strong resonances with the more holistic approach of the MDGs, and the rhetoric permits a broad canvas that interlinks multiple origins to multiple disadvantages. The crucial recognition of the importance of a life-course perspective and the need for evidence-based policy is also potentially valuable. However, the limitations of data availability and the quite different policy environments of poor and rich countries make any attempt to transfer the ideas, research and policy implications unthinkingly fraught with difficulty. It is probable that any useful working definition for poor countries would include some absolute standards, which might be rights or capability based and would almost certainly go beyond the current 'mainstream' of that country.

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