



Social Exclusion
Meaning, measurement and experience and links
to health inequalities
A review of literature

**Jane Mathieson, Jennie Popay, Etheline Enoch, Sarah Escorel, Mario Hernandez,
Heidi Johnston and Laetitia Rispel**

WHO Social Exclusion Knowledge Network Background Paper 1

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Contact:

Professor Jennie Popay
Institute for Health Research
Lancaster University, UK
j.popay@lancaster.ac.uk
+441525592493
+7734058761

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1. Introduction

'...social exclusion is a theoretical concept, a lens through which people look at reality and not reality itself'. (de Haan, 2001:28)

'Social exclusion' has become central to policy and academic discourse in Western Europe, and increasingly in other parts of the world. It is the focus of one of nine global Knowledge Networks established to support the work of the World Health Organisation's (WHO's) Commission on Social Determinants of Health (CSDH). The literature review reported here was undertaken by the WHO Social Exclusion Knowledge Network (SEKN) to inform its own work and the work of the Commission. The CSDH final report was published in August 2008 and can be found at http://www.who.int/social_determinants/final_report/

The objectives of this literature review have been to explore the meanings attaching to the concept of social exclusion and to start to consider their implications for policy/action in general and for the work of the WHO Commission in particular. In the first section of the review, explanations offered for the rise to prominence of the concept from the 1970s are considered. The next two sections focus on the ways in which social exclusion is defined highlighting how the concept takes on different - often 'taken for granted' - meanings, according to the theoretical, ideological, and personal perspectives in which it is embedded and the nature of some of the exclusionary processes at work around the globe. This is followed by two sections that consider in turn some of the quantitative approaches to measuring social exclusion and the insights offered by narratives or personal stories of social exclusion. The review then moves on to explore the relevance of the concept of social exclusion for our understanding of the causes of health inequalities and in particular for the theoretical model underpinning the work of the WHO Commission on Social Determinants of Health. The final section brings together the different strands of the review in order to outline a conceptual framework to guide the work of the WHO Social Exclusion Knowledge Network.

The literature has been reviewed using a traditional narrative approach involving a thematic analysis rather than a higher order synthesis. Our starting point in identifying relevant literature was a bibliography produced during an initial scoping phase of the work of the SEKN. This was extended through searches of: selected electronic databases (ASSIA, PubMed, google); key websites (eg CASE, ILO); library catalogues (Lancaster University Library; Wellcome Library, London); expert contacts, including references identified by the SEKN regional hubs in Latin America, Southern Africa and South East Asia; and reference chaining. Searches sought literature on: approaches to defining and measuring social exclusion; experiences of social exclusion; and the relationship between social exclusion and health disadvantage. The included literature is very diverse spanning theoretical literature, findings from qualitative and quantitative research, and non-research sources.

The review has not covered all of the potentially relevant literature. The included literature emanates largely from the northern hemisphere where

the concept of social exclusion originated. It was restricted primarily to the English language. Although some papers from the southern hemisphere and papers in Spanish and Portuguese were accessed through SEKN regional hubs we are aware that there is considerable literature in other languages that we have not taken into account.

Other work by the SEKN has underlined the limits of the global salience of social exclusion, while at the same time recognising useful aspects of the discourse, in particular the extended focus beyond financial poverty, its emphasis on processes driving inequalities and on relational interdependence as the driving force in social life (Popay et al., 2008). The SEKN has identified alternative discourses focusing on similar 'realities' as those viewed through the lens of social exclusion but which may have greater policy and/or action purchase in some countries and/or regions. The SEKN did not have the time or resources to undertake a comprehensive review of the non-English literature nor to expand this work to these proximal concepts. However, input from members of the SEKN, and other reviewers, has extended the global reach of the review, albeit in a modest way.

2 Origins of the concept of social exclusion

'In symbolic politics, the power to name a social problem has vast implications for the policies considered suitable to address it... the discourse of exclusion may serve as a window through which to view political cultures' (Silver, 1994).

2.1 The European roots of social exclusion

Amartya Sen (2000) has pointed out that the historical roots of the concept of social exclusion go back as far as Aristotle. For the purposes of this review, however, the exploration of the contemporary interest in the concept began in 1974 when René Lenoir, then Secretary of State for Social Action in a French Gaullist government, first popularised the term.

Social cohesion is a central political and cultural concern in France. Its origins can be traced back to the eighteenth century Enlightenment, which emphasised solidarity and the idea of the state as the embodiment of the will of the nation: a will encapsulated in the revolutionary demands for "Liberty, Equality and Fraternity". Reflecting these concerns the French sociologist Emile Durkheim writing in the late nineteenth century (1895) gave particular prominence to the concept of social cohesion and the problems created by weak social bonds in his theoretical work on the relationship between members of society and nation-states. More recent historic events, including the traumatic end to France's colonial history and the political and social turmoil of the May 1968 uprising, reinforced this French concern with the role of the state in promoting social cohesion, or in the language of René Lenoir in preventing or reversing exclusion.

The appearance of the idea of social exclusion in the France of the 1970s is related to developments of the state as well as to its incipient crisis. Robert Castel (1997)[1995] argued that French society, as most European societies, resolved the issue of "the social question" by passing 'from tutelage to contract' between the Middle Ages and the nineteenth century, and 'from contract to statute' in the twentieth century. This took place within the context of societies still pursuing full employment in which salary relationships were the foundation of the expansion of social citizenship. When Lenoir spoke of "*les exclus*", he was referring to population groups that were unable to find a place in the salary nexus and whose rights to social citizenship were thus limited or, at least, not recognized. As increasing numbers of people were unemployed and hence excluded from the salary relationship, the search for ways of compensating individuals and groups in precarious labour market conditions began. Over time this has involved the individualization of social protection in the context of globalization and increasing labour flexibility (Rosanvallon, 1995; Castel, 1998, 2004; Esping-Andersen, 2000).

Following René Lenoir's policy initiative in France, the idea of social exclusion was rapidly and enthusiastically adopted across the European Union (EU), decentring discourses around poverty. European interest in social exclusion grew in large part from debates surrounding the EU's anti-

poverty programmes. From the first programme (1975-80) to the third (1990-94), the naming of the social problem of interest shifted from 'poverty' to 'exclusion':

"Poverty' was at the heart of the Council decisions that launched the first and second programmes... The third programme, in contrast, was concerned with the 'integration' of the 'least privileged'... By the time the programme was actually launched, 'social exclusion' became the fashionable terminology. It was debatable how far these shifts reflect any more than the hostility of some governments to the language of poverty, and the enthusiasm of others to use the language of social exclusion' (Room, 1995:3).

Importantly, as the social exclusion discourse spread beyond France, the meanings attached to the concept adapted to reflect prevailing political and cultural contexts. Thus, in the United Kingdom (UK), when the term was first taken up in the 1980s by a Conservative government resistant to the suggestion that income poverty was a significant problem, the emphasis shifted from social cohesion to individualism (Hills et al., 2002). However, when the New Labour government elected in 1997 embraced the concept with considerable enthusiasm, its meaning shifted again to reflect a more social collective ideology. Indeed, this semantic flexibility may have contributed to its strong appeal in the UK context. The concept sat comfortably alongside the consensual 'Third Way' thinking underpinning New Labour's political economy and by the time the New Labour government entered its third term in office, Ruth Levitas (2005:ix) observed:

'The language of social exclusion is no longer the preserve of a temporary specialist unit. It has become commonplace in public discourse, and pervades government policy'.

Jordi Estivill (2003), in a document published by the International Labour Organisation (ILO) put forward a number of hypotheses as to how the shift from poverty to social exclusion in European discourse could serve a political purpose. According to Estivill, a policy focus on poverty inevitably raises difficult political questions about the distribution of wealth in society. Additionally, he suggests, the visibility of a social problem labelled as poverty 'conflicts with the tenets of the mass media, certain constitutional principles and optimistic assessments of the ineluctably positive effects of economic development' (2003:21). When rates of poverty are seen to be high, he suggests, 'it discourages politicians and gives rise to scepticism in relation to remedial measures, as captured in the saying that there have always been poor people and always will be' (2003:21). In contrast, Estivill argues, striving for an inclusive society does not provoke any special fears, and is acceptable to a wide range of political positions. Moreover, he continues, social exclusion may be less stigmatising than poverty and therefore more acceptable to public opinion and to those primarily affected.

More generally, the shift from a poverty discourse to the discourse of social exclusion in the EU has been linked to the rise of neo-liberal

ideology and the culture of the individual from the 1970s onwards (Veit-Wilson, 1998; Byrne, 1999; Levitas, 2005; Gough & Eisenschitz, 2006). Gough and Eisenschitz (2006) argue that within neo-liberal political economies, the notion of poverty as 'a misfortune occasioned by the vagaries of the market' (2006:2) has been superseded by the concept of social exclusion understood as detachment from social life in general, and the labour market in particular. For these writers, this shift is linked in turn to a critique of universalist welfare state policies portrayed within neo-liberalism as:

'expensive and wasteful, as a disincentive to provide for one's self, as nationally-centrist and dictatorial, and as sapping individuals' enterprise and independence and limiting their choice' (2006:2).

In a similar vein, John Veit-Wilson (1998) argues that the discourse of social exclusion in France in the 1980s and subsequently in the EU was:

'a discourse deliberately chosen for closure, to exclude other potential discourses in European political debate and to depoliticize poverty *as far as income distribution was concerned*' (Veit-Wilson, 1998:97) (original emphasis).

2.2 Global dissemination of the social exclusion discourse

A more positive explanation for the growing popularity of the concept of social exclusion is that it may have been considered to provide novel insights into the nature, causes and consequences of poverty, deprivation and discrimination. By focusing attention on processes driving inequality, power relationships, and agency (*exclusion by whom?*), and on the multi-dimensionality of disadvantage and the inter-linkages between different forms of deprivation (*exclusion from what?*), some commentators felt it could give new direction to remedial policies and actions. In Amartya Sen's words:

'...it is to investigative advantage rather than to conceptual departure that we have to look to see the major merits of the new literature on social exclusion' (Sen, 2000: 8)

The belief that the concept could offer an original perspective on the social world, its primary focus on labour market relationships and its 'fit' with the dominant neo-liberal politics of the time may go some way to explain why, from the early 1990s, the discourse of social exclusion began to spread beyond the boundaries of Europe. Initially, the International Labour Organisation (ILO) appears to have taken a lead in driving the concept out into aid and development policies in low income regions. Arguably, the concept resonated with ILO's traditional concerns with social cohesion, participation in the labour market, social justice, and social organisations (specifically trade unions). In 1994, the International Institute for Labour Studies (IILS), attached to ILO, launched a research programme:

'The work aimed to "deconstruct" the usage of the term social exclusion in European policy debates and to fashion a notion of

social exclusion which is not Eurocentric but relevant globally, in a wide variety of country settings... the ultimate objective was to clarify the interrelationships between poverty and social exclusion and to assess the potential usefulness of this latter approach for anti-poverty strategies' (Gore & Figueiredo, 1997:3).

This programme, supported by the United Nations Development Programme (UNDP), was IILS's contribution to the United Nations World Summit for Social Development held in Copenhagen in 1995. Underlying the programme were some important strategic questions, notably: could social inclusion provide a unifying policy framework to link employment and anti-poverty policies with development strategies? And could it illuminate debates on the social impacts of globalization? (IILS,1998).

The programme included case studies in several developing and transitional countries. A key conclusion of this work was that understandings of social exclusion and its manifestations varied according to the socio-economic environment and value system. This was hardly surprising. A concept developed in industrialised states where 'exclusion is very much associated with long-term unemployment, the loss of rights associated with work and the welfare state, and the process of breakdown of social ties and affiliations' (Gore & Figueiredo, 1997:9) was now being applied to developing countries and economies in transition, where 'social exclusion is very much related to the process of labour market formation; moreover, in such "fragile" societies, it is not only closely associated to social rights, but also to the enforcement of civil and political rights' (Gore & Figueiredo, 1997:9).

The concept was not greeted with unequivocal enthusiasm from all quarters. Its relevance to less economically developed countries continues to be questioned to the extent that most definitions take for granted strong governance, a welfare state and a largely established formal economy. There are also major questions of relevance in country contexts and regions where the great majority of a population are living in severe poverty or where there is formalised and deeply entrenched exclusion through apartheid and caste systems for instance. Moreover, at a "Policy Forum on Social Exclusion" organised by the IILS in 1996, and bringing together academics and representatives from governments and international agencies, concerns were raised about the political and ideological implications of the increasing prominence of the concept of social exclusion in development policies:

'The great danger of the deployment of the notion of social exclusion was that it was being politically used to make "real, nasty, genuine, poverty" invisible as it became hidden under the umbrella of social exclusion... in the immediate post-colonial situations exclusion had been a broad screen, a curtain, which hid problems of desperate destitution... it was important that social exclusion did not become a "blaming label", which was used to make the poor responsible for their predicament, as had happened with the term "underclass" in the USA' (Gore & Figueiredo, 1997:44).

Notwithstanding, the concept was judged in the main by the ILS to be relevant beyond Europe. Social exclusion was perceived, potentially, as a political concept of great strength and appeal, enabling 'a better understanding of the politics of growth and the fact that the politicians were using it reflected their greater sensitivity to the great changes occurring in the world' (Gore & Figueiredo, 1997:44). Perhaps most significantly, its analytical potential was recognised in a note prepared by the ILS for the ILO's 1997 Conference on overcoming social exclusion:

'Social exclusion complements traditional poverty analyses by illuminating the multi-dimensional aspects of deprivation and their interrelationships; the dynamics of social disadvantage; the processes of impoverishment; the role of institutions and rights in generating – or alleviating – deprivation in the process of economic growth' (ILS, 1998).

The research sponsored by ILO has had a major influence on the policies of other important players in the development world, with social exclusion entering, in particular, the lexicon of international agencies and donors. Notably, the Organisation for Economic Cooperation and Development (OECD, 1997) and the World Bank have embraced social exclusion/inclusion. Indeed, James Wolfensohn, then President of the World Bank, remarked in his address to the 1997 annual meetings that:

"Bringing people into society who have never been part of it before... This – *the Challenge of Inclusion* - is the key development challenge of our time" (Wolfensohn, 1997)(original emphasis)

2.3 Key points: origins of the concept of social exclusion

The concept of social exclusion became increasingly prominent in Western Europe in the latter part of the twentieth century. Although less salient in other global regions, it diffused from the Northern Hemisphere to the South from the early 1990s.

While the concept's historical roots can be traced back to Aristotle, the contemporary notion of exclusion emerged in France in the 1970s, linked to a perceived breakdown in social cohesion following civil unrest in the late 1960s in the context of growing unemployment and socio-economic inequalities. From France, its use spread through the European Union's institutions, decentring the poverty discourse. It was adopted particularly enthusiastically by the UK's New Labour government elected in the late 1990s when the International Labour Organisation also took a lead in driving the concept out to less economically developed countries.

Part of the rise in popularity of the social exclusion concept has been attributed to its political appeal. It has been argued that it is perceived as less threatening than poverty and its semantic flexibility allows it to be acceptable to a range of political positions. Its emergence has also been linked to the rise of neo-liberal ideology and individualism from the 1970s. In addition, its popularity may in part be attributable to a belief that the concept of social exclusion offers an original perspective on the social

world. Understood as multi-dimensional, it has the potential to provide new insights into the nature, causes and consequences of poverty, deprivation, inequalities and discrimination, and give new direction to remedial policies.

However, the limitations of applying a concept developed in the industrialised nations of the northern hemisphere with well developed welfare systems, to nation states with weak governance, minimal welfare provision, largely informal economies and a majority of the population living in extreme poverty, have been pointed out. More generally, the danger that 'exclusion' may be used as a screen to hide extreme poverty and as a blaming label to make the poor responsible for their condition has also been recognised.

3. The meanings of social exclusion

“Exclusion” is not a concept rooted in the social sciences, but an empty box given by the French state to the social sciences in the late 1980s as a subject to study... The empty box has since been filled with a huge number of pages, treatises and pictures, in varying degrees academic, popular, original and valuable’. (Murard, 2002:41)

Given its origins and rapid spread across nation states and global regions, it is perhaps inevitable that the phrase ‘social exclusion’ is used in different ways at different times reflecting different institutional, political, historical and geographic contexts. In this section we describe some of the meanings attaching to the concept of social exclusion and consider the relationship between these meanings and policy and actions aimed at addressing social exclusion.

3.1 Constituent elements of the concept of social exclusion

Definitions of ‘social exclusion’ variously emphasise:

- The *groups* at risk of being excluded: for example, Lenoir (1974) quoted in Silver (1994:532) wrote: ‘the excluded made up one-tenth of the French population: the mentally and the physically handicapped, suicidal people, aged invalids, abused children, drug addicts, delinquents, single parents, multi-problem households, marginal, asocial persons, and other social misfits’
- What people are *excluded from*: for example, Silver (1994: 541) notes that: ‘the literature says people may be excluded from: a livelihood; secure, permanent employment; earnings; property, credit or land; housing; the minimal or prevailing consumption level; education, skills and cultural capital; the benefits provided by the welfare state; citizenship and equality before the law; participation in the democratic process; public goods; the nation or the dominant race; the family and sociability; humane treatment, respect, personal fulfilment, understanding’
- The *problems* associated with social exclusion: for example, England’s Social Exclusion Unit (SEU’s) defined social exclusion as: ‘a shorthand for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown’(SEU, 1997)
- The *processes* driving exclusion and the *levels* at which they operate: for example, Estivill (2003:19) argues that: ‘Social exclusion must ... be understood as an accumulation of confluent processes with successive ruptures arising from the heart of the economy, politics and society, which gradually distances and places persons, groups, communities and territories in a position of

inferiority in relation to centres of power, resources and prevailing values'

- The *agents* and *actors* involved: for example, Mike Rann, Prime Minister of South Australia commented that: 'social exclusion is created by harsh and unjust economic conditions compounded by difficult social environments and made worse by insensitive government policies and government neglect...' (South Australian Labor Party, 2002).

Importantly, the differing emphasis on one or more of these facets of 'exclusion' has different implications for policy/action to address exclusion. A selection of definitions of social exclusion is provided in Appendix 1. These definitions are drawn from academic literature, reports from governmental and intergovernmental agencies; and from the ILO country case studies. Whilst not exhaustive they do illustrate both recurring elements and subtle differences in the ways in which social exclusion is defined.

Much of the 'common ground' apparent across these definitions can be attributed to Graham Room (1992, 1995), who was instrumental in establishing social exclusion as a multidimensional, dynamic and relational concept. These three constituent elements deliver insights into the nature, consequences and implications of unequal power relationships, and point to the important conceptual contribution that 'social exclusion' can make to understanding and addressing social and health inequalities.

Multidimensional: Room's conceptual shift from poverty, as primarily concerned with income and expenditure, to social exclusion, which he argues implies multidimensional disadvantage, has since been expanded upon in the literature. Definitions now typically refer variously to different dimensions (social, economic, cultural, political) and different levels (micro e.g. individual, household; meso e.g. neighbourhoods; and macro e.g. nation state and global regions) along which a social exclusion/inclusion continuum is seen to operate.

The consensus that social exclusion is a multidimensional phenomenon is present both in the English and the Spanish literature. García Roca (1998) for example, identifies three dimensions to social exclusion: a structural or economic dimension referring to a lack of material resources associated with exclusion from the labour market; a contextual or social dimension, expressed in a lack of integration into family life and the community; and a subjective or personal dimension expressed in an erosion of self worth and increased sense of anomie. Kronauer (1998) argues that the concept of social exclusion derived from France needs to be combined with elements of the concept of the "underclass" as used in the United States of America (USA) and the UK (Murray, 1990), to differentiate it from poverty. According to Kronauer, social exclusion arises when a marginal economic position and social isolation combine. In this context he argues social exclusion is a product of people's relationships with: the labour market, consumption, institutions, social relationships, culture and geographical space. Other relevant arguments have been developed by

Gaviria, Laparra and Aguilar (1995), Minujin (1998), Cabrera (2000) and Velásquez (2001), based on Tezanos (1999).

Dynamic: This refers to the changing and interactive nature of social exclusion along different dimensions and at different levels over time. Some, including Room (1995) and Barnes (2005), contend that persistence over time is an integral aspect of social exclusion, while others (Levitas et al., 2007) have argued that judgements about the importance of persistence are neither theoretically nor empirically based. Most definitions recognise that the experience of social exclusion is unequally distributed across socio-economic and ethnic groups and that it is not a static state experienced by the same social groups at all times in all places. The experience and consequences of stigmatising conditions such as HIV/AIDS, for example, differ profoundly between South Africa and the USA and between ethnic groups in the USA. Additionally, rapid structural transformations and in particular the impact of globalisation are altering the contours of exclusion and inclusion within and between nation states and global regions.

In elaborating on the dynamics of social exclusion Castel (1997) argues that the causal relationship between poverty and disadvantage and wider inequalities must be recognised: the linkage between the experience of those at the margins of society and the fundamental working of societies. To do this, he suggests, 'exclusion' should be replaced by 'disaffiliation' because "Exclusion is immobile. It designates a state or, rather, privation states [...] To speak of disaffiliation, on the other hand, is not to confirm a rupture, but to delay a journey. The concept belongs to the same semantic field as dissociation, disqualification or social invalidation. Disaffiliated, dissociated, invalidated, disqualified, with relationship to what? This is in fact the problem. [...] To look for the relationships between the situation in which one is and that from which one comes, not to autonomise the extreme situations but to link what happens in the peripheries and what arrives to the centre' (Castel, 1997:16-17). It is apparent that Castel's argument refers not only to the dynamism of the social exclusion concept but also to its relationality.

Relational: This refers to the critical conceptual shift from the focus on distributional outcomes within a poverty discourse (i.e. the lack of resources at the disposal of individuals, households and/or wider social groups) to a focus on social relationships. However, there are two linked but importantly different strands to this argument.

One focuses on the idea that social exclusion involves the rupture of relationships between people and the society in which they live. This is vividly described by Room who notes that the concept is referring to:

"people who are suffering such a degree of multidimensional disadvantage, of such duration, and reinforced by such material and cultural degradation of the neighbourhoods in which they live that their relational links with the wider society are ruptured to a degree irreversible. This is the core of the concept (..) inadequate social

participation, lack of social protection, lack of social integration and lack of power."

In his writing on social exclusion and capability deprivation Amartya Sen adopts a related perspective arguing that social exclusion focuses attention on to the disadvantages arising from being excluded from shared opportunities enjoyed by others. Looking back to classical Greece, Sen (2000:4) writes: 'In this Aristotelian perspective, an impoverished life is one without freedom to undertake important activities that a person has reason to choose'. He draws parallels with the eighteenth century writings of Adam Smith, according to whom: "the (in)ability to appear in public without shame" is an important deprivation in itself. Indeed, for Sen, (2000:8):

'the real importance of the idea of social exclusion lies in emphasizing the role of relational features in the deprivation of capability and thus in the experience of poverty'.

A second interpretation of a relational perspective on social exclusion is that it focuses attention on inequalities as the product of social relationships that are defined historically by normative systems that assign social identities and associated power and status to different individuals, groups, classes, and even States. As in Norbert Elías' famous study in the 1960s of the English town given the pseudonym 'Winston Parva', "the exclusion and the stigmatization of those excluded turned out to be powerful weapons that were used by the old-established residents to keep their identity, to reaffirm their superiority, to maintain the outsiders firmly in their place" (Elías, 1998, [1993]:86). This approach to a relational perspective on exclusion demands a group, rather than an individual, analysis, that recognizes human interdependence as its foundation. In Michael Mann's analysis (1986:2), it is to understand the place that human groups occupy in "social power networks".

The exercise of power (economic, political, ideological or military) by human groups in social networks is unequal and it is from here that hierarchies are derived (Mann, 1986: 4). From this relational perspective, social reality viewed through the lens of social exclusion is the product of an unequal balance of power between social groups, nation states and global regions which contributes to an unequal distribution of goods and services. For these writers, without the two ingredients of redistribution and recognition it is not possible to overcome exclusion (Fraser, 1997:18). For this reason, a relational perspective implies an emancipatory dimension (involving new less hierarchical social systems), a political dimension (involving new political actors) and an institutional dimension (involving new public administrations and materiality of the state) (Fleury, 1998: 13-14).

There are other important differences in the way social exclusion is conceptualised. For example, it can be understood as a phenomenon operating in a *continuum* across society, or as affecting a *segment* of the population placed outside mainstream society. Similarly, it may be conceptualised as a *process* - a way of explaining power relationships

underlying and producing inequalities - or as a *state*, a way of describing the most disadvantaged people or social groups, who are assumed to be 'excluded' from social systems and relationships. In most definitions this 'state' is seen to be associated with (extreme) poverty.

There is also a distinction between schools of thought that emphasise *lack of participation* of individuals in society in general and labour markets in particular and those that identify social exclusion as a *lack of access to rights* as a citizen and/or member of particular group, community, society or country (Curran et al., 2007). The participation approach underpins much of the European writing on exclusion/inclusion, whereas the rights-based approach is more strongly associated with the development literature (Gore & Figueiredo, 1997). Curran et al. also suggest that the rights-based approach may be particularly relevant in the context of mental health.

However, Curran et al. (2007:295) have suggested that 'in the face of globalisation and greater international labour mobility, the rights-based and participation approaches become increasingly difficult to separate' (2007:295). The definition offered by Levitas et al. (2007:25) illustrates how both approaches can be integrated: 'Social exclusion is a complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole'.

Burchardt et al.'s (1999) definition emphasises participation: 'an individual is socially excluded if he or she does not participate in key activities of the society in which he or she lives'. This type of definition implies that social exclusion is relative, applicable to individuals living in a particular society. It leaves open question of who should decide which activities may be regarded as 'key'. This is not only an empirical question, implying the existence of a measurable inclusion/exclusion threshold according to the degree of participation in a particular activity, but also a normative one, involving the choice of key activities (or dimensions of participation necessary for inclusion) at a specified time and place.

The United Nations Development Programme (UNDP) is a strong advocate of a human rights-based approach to address social exclusion. At a recent virtual round table facilitated by the UNDP (UNDP, 2007a), it was argued that translating social exclusion as the UN non discrimination clause enables the concept to be grounded in international law applicable to the majority of states, and allows the necessary relationships between 'duty bearers' and 'claim holders' to be cultivated. From this perspective, social exclusion is understood to involve discrimination on the basis of social attributes and social identity. Marshall (1964) identified three stages in the development of rights: civil rights, political rights, and social rights. Since the Universal Declaration of Human Rights in 1948, a series of legally binding international treaties have established human rights standards which signatories have obligations to respect, protect and fulfil.

Civil rights include the rights to life, liberty and personal security; the right to equality before the law; the right to protection from arbitrary arrest; and the right to religious freedom. Political rights include free speech, expression, assembly and association, and political participation and vote. Economic and social rights include the rights to a family, to education, to health and wellbeing, to social security, to work and fair remuneration, to form trade unions, and to leisure time. Cultural rights include the right to benefits of culture, to the ownership of indigenous lands, rituals and shared practices, and the right to speak one's language and to 'mother tongue' education. Todd Landman (2006), in work commissioned by the UK's Department for International Development (DFID), argues that social exclusion is a form of rights violation if systematic disproportionality of treatment of people across social, economic and political spheres can be demonstrated. He further argues that human rights deficits can increase people's vulnerability to exclusion.

Another key conceptual issue in the literature on social exclusion is that of *agency*. This is usually understood as a question of "who is doing the excluding?" (Atkinson, 1998) and is highly contested in the literature with attention having been directed at the causal role of 'agents' ranging from globalisation, multi-nationals and international agencies such as the World Bank and IMF, through nation states and their institutions, to excluded individuals/groups themselves. There appears to have been relatively little empirical research on the potential for agency amongst groups most severely affected by exclusionary processes. However, there is a rich literature from civil society and other sources demonstrating that rather than passive victims such groups can actively mould and/or resist exclusionary processes and their social, economic and health consequences. Importantly, this literature also gives more emphasis to the role of public services in addressing social exclusion and to issues of social justice and social solidarity than is apparent in much of the academic literature (Popay *et al.* 2008).

3.2 Making sense of diverse definitions of social exclusion

The discussion so far suggests that whilst it is possible to identify common constituent elements in the meanings attaching to the concept of social exclusion there are also important differences in emphasis and tone. Frameworks developed by Hilary Silver (1994), Ruth Levitas (1998; 2005) and Jo Beall (2002) have made important contributions to understanding the ideological and political roots of these differences and illuminating the implications for policy/action to address social exclusion.

Hilary Silver's paradigms of social exclusion

Silver argues that social exclusion is 'polysemic, i.e. it has multiple meanings and therefore requires extensive semantic definition' (1994: 536). She identifies three paradigms in which she argues the different meanings and usages of the term social exclusion are embedded. She borrowed Kuhn's definition of a paradigm as 'a constellation of beliefs,

values, techniques and so on shared by the members of a given community' (Kuhn, 1970:175). According to Kuhn (1970:7) such paradigms 'specify not only what sorts of entities the universe does contain but also, by implication, those that it does not'. As Silver notes:

'Each paradigm attributes exclusion to a different cause and is grounded in a different political philosophy: Republicanism, liberalism and social democracy. Each provides an explanation of multiple forms of social disadvantage – economic, social, political and cultural – and thus encompasses theories of citizenship and racial-ethnic inequality as well as poverty and long-term unemployment' (Silver 1994: 539).

The *Solidarity paradigm* is embedded in French Republican political ideology, and views exclusion as the breakdown of a social bond between the individual and society that is cultural and moral, rather than economic. It draws on Durkheimian social theory: 'like deviance or anomie, exclusion both threatens and reinforces social cohesion' (Silver 1994:542). More recent uses incorporate multicultural notions of how the basis of solidarity is reconfigured.

The *Specialization paradigm* typifies Anglo-American liberal thought about exclusion. It perceives social actors primarily as individuals, who are able to move freely across boundaries of horizontal social differentiation and economic divisions of labour. This paradigm holds that exclusion is a form of discrimination. The roots of exclusion are to be found in unenforced rights and market failures. The specialization paradigm emphasises the individual and micro-sociological causes of economic exclusion; however, social liberals are also cognisant of the effects of structural change. According to Silver (1994:560): 'The split between supply-side and demand-side theories parallels the division between classical and social liberalism... In contrast to supply-side theoreticians who attribute poverty or unemployment to individual failings, most sociologists now accept that the new poverty and long-term unemployment have demand-side or structural causes'.

The *Monopoly paradigm*, influential on the European Left, sees exclusion as the result of the formation of group monopolies, restricting access of outsiders to resources. 'Drawing heavily on Weber, and, to a lesser extent, Marx, it views the social order as coercive, imposed through a set of hierarchical power relations. In this social democratic or conflict theory, exclusion arises from the interplay of class, status and political power and serves the political interests of the included... Exclusion is combated through citizenship, and the extension of equal membership and full participation in the community to outsiders' (Silver 1994: 543). In this paradigm, theories of labour market segmentation epitomise the link between social closure and economic exclusion.

Importantly, the focus in Silver's analysis is on the role of political ideology in generating different understandings of the nature and causes of social exclusion, and by implication different approaches to

policy/action to address social exclusion. However, there are limitations to this typology. Each of Silver's paradigms presents exclusion as based in social relationships between two groups: the included and the excluded. Whilst drawing attention to the 'actors' and 'forces' driving exclusionary processes this dichotomous approach fails to take account of the social gradients in access to resources and power evident in all societies. The paradigms also fail to account for the differential emphasis placed in different definitions on the potential for agency by people experiencing exclusionary processes. Finally, and importantly from the perspective of this paper, Silver's paradigms are shaped around advanced Western democracies. Their applicability in the global context remains therefore to be demonstrated, although in later writings, Silver extended the analysis to the Americas (2004, 2005).

Ruth Levitas' discourses of social exclusion

Silver is primarily concerned to illuminate the political ideologies underpinning different definitions of social exclusion. Whilst she raises questions about the significance for policy of these differences she does not consider these in detail. In contrast, Ruth Levitas (2005) is primarily concerned to illuminate how ideological underpinnings for concepts of social exclusion change over time and how these are translated into different policies/action. Her focus is the UK and her work is based on an analysis of political discourse over the past two decades or more. As she notes: 'a discourse constitutes ways of acting in the world, as well as a description of it. It both opens up and closes down possibility for action' (Levitas: 2005:3). Levitas identifies three different social exclusion discourses in the UK. These are described briefly below.

The *redistributionist discourse (RED)*, emphasises poverty as a prime cause of social exclusion. It posits citizenship as the obverse of exclusion: 'poverty spells exclusion from the full rights of citizenship... and undermines people's ability to fulfil the private and public obligations of citizenship' (Lister,1990:68). RED addresses social, political, cultural and economic citizenship, broadening out into a critique of inequality (Levitas, 2005:14).

The *moral underclass discourse (MUD)* emphasises cultural rather than material explanations of poverty, resonating with the work of Charles Murray (1990), whereby the excluded are to blame for their fate. It focuses on the behaviour of the poor and implies welfare benefits are bad as they undermine people's ability to be self sufficient creating dependency. It is a strongly gendered discourse. (Levitas 2005:21).

The *social integrationist discourse (SID)* sees social inclusion and exclusion primarily in terms of labour market attachment. It obscures inequalities between paid workers, particularly gender inequalities (Levitas,2005:26).

Levitas argues that RED, SID and MUD are:

'... ways of thinking about exclusion that imply different strategies for its abolition. In RED, the assumption is that the resources available in cash or kind to the poor need to be increased both relatively and absolutely, implying both improved levels of income maintenance and better access to public and private services. In SID, the solution is increased labour market participation, for paid work is claimed to deliver inclusion both directly and indirectly through the income it provides. In MUD, the emphasis is on changing behaviour through a mix of sticks and carrots – manipulation of welfare benefits, sanctions for non-compliance and intensive social work with individuals' (Levitas, 2005:x).

Her analysis is strongly informed by a socialist feminist perspective. In particular she points to the contradictions inherent in policies that valorise unpaid work (e.g. promote good quality parenting as a mechanism to address anti-social behaviour) whilst at the same time linking income maintenance entitlement to formal employment.

Although Levitas's framework focuses on contemporary Britain and is particularly applicable to states with established welfare systems, it has a broader relevance highlighting key issues concerning the nature of public policy responses to multiple social disadvantages. In the context of the UK, for example, she argues that policies to address social exclusion have moved from a concern with distributional equality to focus on ways of:

'lifting the poor over the boundary of a minimum standard – or to be more accurate, inducing those who are sufficiently sound in wind and limb to jump over it – while leaving untouched the overall pattern of inequality, especially the rich' (Levitas, 2005:156).

In a similar vein, Veit-Wilson (1998), differentiates between 'weak and 'strong' political discourses of social exclusion in Europe, noting that power relationships are absent from the 'weak' version:

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

Jo Beall's approaches to social exclusion

Jo Beall (2002) has identified three approaches to social exclusion which are described below.

The *neo-liberal* approach views social exclusion as 'an unfortunate but inevitable side effect of global economic realignment' (Beall, 2002:43). As a consequence of the emergence of free trade and a single global market,

workers are now excluded from the benefits of trade barriers and social and employment protection.

A second approach argues that 'social exclusion represents little more than an unhelpful *re-labelling of poverty* or acts to distract attention from inequality generated by the workings of the economic system' (Beall, 2002:44) (emphasis added).

The third, *transformationalist*, approach focuses attention on social relations embedded in formal and informal institutions, and 'signals the use of the social exclusion framework to analyze international processes and institutional relationships associated with rapid social and economic global change and local impacts and responses' (Beall, 2002:44).

Of these three approaches, the neo-liberal and re-labelling of poverty approaches conceptualise social exclusion as a 'state' whereas the transformational approach focuses attention on exclusionary processes. This latter approach is concerned with social interactions and power relationships at different levels – from global to local – and recognises the social, political and cultural, as well as the economic, dimensions of power.

3. 4 Key points: the meanings of social exclusion

The concept of 'social exclusion' is contested, and has multiple meanings. These meanings are being continually redefined over time and have different policy implications.

The term 'social exclusion' has been used to describe: groups at risk of exclusion; what people are excluded from; the states associated with exclusion; the processes involved and levels at which they operate; and the actors involved.

There is some consensus that 'social exclusion' is: (a) *multidimensional*, encompassing social, political, cultural and economic dimensions, and operating at different social levels; (b) *dynamic*, impacting in different ways to differing degrees at different social levels over time; and (c) *relational*. A relational perspective has two dimensions. On the one hand, it focuses on exclusion as the rupture of relationships between people and the society resulting in a lack of social participation, social protection, social integration and power. Alternatively, a relational perspective points to exclusion as the product of unequal social relationships characterised by differential power i.e. the product of the way societies are organised.

Definitions also differ in other fundamental respects. 'Social exclusion' has been conceptualised as a *continuum* across society, or as affecting a *segment* of the population outside mainstream social systems and relationships. Similarly, social exclusion may be defined as the *processes embedded in* unequal power relationships that create inequalities or as a *state* of multiple disadvantage. There is also a distinction between schools of thought that emphasise *lack of participation* of individuals in society and those that identify social exclusion as a *lack of access to citizenship rights* for members of particular group, community, society or country.

In terms of who or what is driving exclusion, attention has been directed at the causal role of diverse 'agents' ranging from globalisation to excluded individuals/groups themselves. Although there has been little research on the agency of groups most affected by exclusionary forces there is ample evidence from other sources that they are rarely passive victims.

Silver (1994), Levitas (1998; 2005) and Beall (2002) have made important contributions to our understanding of the ideological and political roots of different definitions and illuminated the implications for policy/action to address 'social exclusion'. While many definitions of 'social exclusion' incorporate apparently contradictory connotations, the labelling approach distinguishing 'the excluded' from the rest of society, dominates attempts to operationalise and measure 'social exclusion' and policy/action to address it.

4. Exclusionary Processes

'The concept [social exclusion] takes us beyond mere descriptions of deprivation, and focuses attention on social relations and the processes and institutions that underlie and are part and parcel of deprivation' (de Haan, 2001:26).

The previous section explored some of the differences - often implicit - underlying definitions and descriptions of 'social exclusion'. A key theme has been the distinction between social exclusion conceptualised as a 'state', a 'process', or both. As de Haan notes, conceptualised in relational and process terms, social exclusion can help increase understanding of the causes and consequences of deprivation and inequalities. In this section, we focus on some of these exclusionary processes. As Sen (2000) has noted a distinction can be drawn between active exclusionary processes that are the direct and intended result of policy or discriminatory action including, for example, withholding political, economic and social rights from migrant groups or deliberate discrimination on the basis of gender, caste or age; and passive exclusionary processes, which in contrast, arise indirectly, for example when fiscal or trade policies result in an economic downturn leading to increased unemployment. Whether active or passive, exclusionary processes operate at many levels - in households, villages and cities, nation states and global regions - and encompass, for example: institutionalised and informal racism, discrimination and xenophobia; deeply rooted social structures such as patriarchy; political ideologies such as neo-liberalism and the policies that flow from these; and the workings of global, national and local economies. Climate change is creating new powerful exclusionary processes and these will increase in the future whilst conflict, fuelled by competition over land and resources, by hatred and greed has long been a powerful exclusionary force and continues to be so. In a review of this nature we cannot cover the full range of exclusionary processes nor do justice to their complexity instead we have sought to illustrate the complexity, pervasiveness and scale of the processes involved. We focus on the economic, social, political and cultural domains, in particular: the exclusionary processes accompanying globalisation; the potentially exclusionary impacts of public policy; and the stigmatising and exclusionary impacts of certain cultural and symbolic processes. This section ends with a discussion of the distinctive contribution of the social exclusion relational 'lens'.

4.1 Economic transformation and globalisation

The concept of social exclusion emerged from the 1970s onwards during a period of rapid social and economic transformation at national, regional and global levels. As Silver (1994) and others have highlighted these transformations created what were perceived to be new social problems that challenged the assumptions underpinning Western welfare state provision concerning the operation of labour markets, the potential for full

employment, the relationship between paid and unpaid work and the nature of citizenship and entitlement¹.

The economic crisis of the 1970s triggered a rise in the power and influence of neo-liberal ideologies and policies including: industrial restructuring, the opening up of labour markets, moves to reduce workers protection and the retreat of state provided welfare. Production was relocated and decentralised often moving to low wage economies, capital investment in new technologies contributed to growing unemployment in the older established industrial heartlands of Western Europe, North America and Australia, differentially affecting already disadvantaged groups and whole geographic areas. These trends were reinforced by the progressive growth of the tertiary sector of the economy from the 1960s, especially of the financial sector. As the financial sector became more global the monetary sovereignty of the nation state was undermined. These dynamics in the financial sector added to the pressure for greater labour flexibility, expressed in higher unemployment, more precarious employment and loss of the old mechanisms of social protection for many workers (Salama, 2006:64-72; Castel, 2004:75-86).

The nature and impact of globalisation and employment conditions around the world are considered in detail in the final reports of two other WHO Knowledge Networks (Benach, *et al.*, 2007; Labonte, *et al.*, 2007), including the dramatic impacts of these changes on the distribution of income and wealth and social relationships. Organised labour organisations and informal networks of solidarity have been undermined, individuals, households and entire communities have been put under extreme social and economic pressure, working conditions have deteriorated for millions of people, poverty increased and income inequalities widened. It was in this context that 'social exclusion' was seen to provide greater explanatory power than the concept of poverty: not only does it move beyond the economic domain to highlight the multi-dimensionality of inequalities, but it also illuminates causal processes. Some commentators went further arguing that the concept of social exclusion opened up new ways of investigating and understanding global exclusionary processes. Beall (2002:50) for example, suggests that it provides:

'a way of understanding the relational and institutional dynamics that serve to include some and keep others out in a connected but polarized global economic context. As such, it is an analytical construct compatible with the study of global economic processes and the poverty and inequality to which they increasingly give rise'.

As Castells (1998:162) has noted: 'globalization proceeds selectively, including and excluding segments of economies and societies in and out of networks of information, wealth and power that characterize the new dominant systems'. And whilst the economic and social impact of these transformational forces may have been felt initially in high income

¹ Feminist writers, amongst others had, of course, challenged the assumptions underpinning western welfare states before these macro economic and social changes became prominent.

countries, they have been both global and local in their reach. For example, Beall (2002), using examples from the cities of Faisalabad and Johannesburg, highlights the ways in which exclusionary processes associated with globalization graft themselves onto local dynamics of social exclusion. At the same time it is not just segments of societies that are subject to exclusionary processes but whole nations and regions of the world notably for example Sub-Saharan Africa (SSA).

Some writers, such as Amartya Sen, caution against a wholesale condemnation of globalisation arguing that it can be both a threat and an opportunity. For example, the positive impact on women's lives of paid employment in the garment industry in Bangladesh despite poor working conditions is described in the final report of the SEKN (Popay, et. al. 2008). For Sen, it is not globalization and markets per se that are problematic. Indeed, in a sense Sen sees markets as value-free, representing the 'basic arrangement through which people can interact with each other, and undertake mutually advantageous activities' (2000: 28). Rather, Sen argues, it is the malfunctioning of markets and the lack of adequate governance of globalizing forces that are the root of the problem. The role of public policy in this regard is considered next.

4.2 Public policy and exclusionary processes

For many writers, broadly positioned on the 'democratic left', exclusionary processes are not simply an unintended consequence of the economic restructuring that has taken place in the past 40 years: rather they are a necessary condition for it in a situation where, as David Byrne has argued (1999:128) 'post-industrial capitalism [is] founded around a flexible labour market and ... a systematic constraining of the organizational powers of workers as collective actors'. For Byrne, 'the excluded' are a reserve army of labour, moving in and out of employment at the bottom end of the labour market, mobilised or demobilised according to fluctuations in the economy. These writers point to the exclusionary processes associated with economic and social policies enacted by many Western states. For example, Navarro and colleagues (Navarro and Shi, 2001; Navarro et al., 2006) have analysed the relationship between political commitment to redistributive policies in high income capitalist countries and levels of income and social and health inequalities, arguing that where this commitment is weakest, in liberal democracies such as the USA, Canada and the UK, income and health inequalities are greatest. Similarly, Townsend (1997) has argued that the principle causes of increased levels of relative poverty in Britain from the 1980s onwards are deregulation; privatisation; unemployment; reduction in public spending; restructured taxes; and the centralising of political control.

The dominance of the international financial sector led to economic and political pressure on many low income countries to repay the debt accumulated in the post-war period. Multilateral banks pressed for structural adjustment policies in the 1980s, which became known in the 1990s as "the Washington Consensus". These 'adjustments' included opening up economies to international competition, increasing labour

flexibility, restricting public social expenditure and the introduction of new 'pro-market' forms of social protection for the poor underpinned by neo-liberal theories (Stewart, 1998: 38-42; Salama, 1999). These involved a shift away from the public funding and provision of essential services (e.g. healthcare) to a focus on subsidising demand for services from private sector providers (Hernández et al., 2002:323-333) and an increasing reliance on conditional cash and/or service transfers primarily to the poor (Popay et al., 2008; Hernández, 2003:352-358; Rodríguez, 2007). However, many commentators argue that these selective programmes have not had the impacts anticipated by their proponents. Instead, it is argued, they have increased social inequalities creating new forms of 'social exclusion'. These critics maintain that social protection systems that are conditional upon people's capacity to pay rather than their citizenship status (as in universal systems) will inevitably be exclusionary as well as being expensive to administer and difficult to target effectively (Hernández, 2002; Lauthier, 2005; Le Bonniec, 2005; Rodríguez, 2005; Mkandawire, 2005; Townsend, 2007).

An alternative view, from the radical left, is that the link between the right to an income and the obligation to earn or use it in ways consistent with the economic and cultural hegemony of capitalism should be broken (Bowring, 2000, in Davies, 2005:5). Bowring argued that redistributionist scholars, by emphasising participation in work, income and commodity relations, implicitly equate exclusion with normative deviation and inclusion with conformity to social convention. He also argued for the assertion of the existence of new, non-commodified, needs, which cannot be satisfied by capitalism and which prefigure a different kind of society (2000:309). Moreover, for Bowring (2000:314) 'assuming people are ashamed of poverty is... a scandalous attribution to make'; and many people living on substandard incomes are reluctant to describe themselves as such.)

4. 3 Discrimination, stigma and human rights

The discussion so far has highlighted exclusionary processes embedded in economic, political and social relationships operating within and between nation states. However, as Estivill (2003) has argued, these processes are overlain and reinforced by cultural and symbolic processes which differentiate and stigmatise particular groups, nations and global regions. Estivill (2003:45) describes three stages in the development of these dominant social values and attitudes. Dominant institutions start by applying negative labels and attributes to define and classify those who do not conform to dominant social 'rules'. The victorious 'social mindset' then uses its categorization to legitimize differences in the treatment of others. The third stage is characterised by strong repression and stigmatisation. This description resonates with Durkheim's (1895) analysis of deviance:

'Imagine a society of saints, a perfect cloister of exemplary individuals. Crimes (or deviance) properly so called, will there be unknown; but faults that appear venial to the layman will create

there the same scandal that the ordinary offence does in ordinary consciousnesses. If, then, this society has the power to judge and punish, it will define these acts as criminal (or deviant) and will treat them as such.'

Public attitudes towards the poor in Britain illustrate the exclusionary potential of these processes. For example, research by Gough and Eisenschitz (2006) suggest that these attitudes are at best indifferent, at worst, hostile, in a context of socio-spatial separation of the poor from the better off. They argued that this hostility is shaped, among others, by popular culture and political ideology propagated by the mass media, competition for jobs and other resources, and fear of poverty. A Fabian Society Report on child poverty (2006) reinforces this picture arguing that there would be little public support for a more progressive tax regime in the UK. However, a more nuanced picture emerges from the Joseph Rowntree Foundation's 2007 report on public attitudes to income inequality, with a majority of people thinking that the gap between high and low incomes is too great although this does not translate directly or simplistically into support for more redistributive policies.

Whilst Durkheim's theories are deterministic – leaving little space for agency on the part of disadvantaged people – more recent theorists have acknowledged that people are not necessarily passive victims. For example, Estivill (2003:14) argues that in the face of powerful exclusionary processes individuals and/or groups 'either try to find a way out through their own networks of relations or, if they so decide, they can fight against the circumstances of their exclusion and criticize society for its lack of recognition'. However, as Gough and Eisenschitz (2006:131) point out: 'In an individualistic society, it is natural to blame social failure on oneself' (Gough and Eisenschitz, 2006:131). They suggest that prevailing negative attitudes can increase the sense of powerlessness felt by people living in poverty and undermine their capacity for collective action. In addition to the lack of realistic opportunities for advancement, the ability of disadvantaged groups to improve their circumstances is further compromised by the social specificity of what Bourdieu (1986) has called 'cultural capital': a composite of social behaviours, accent, physical demeanour, cultural tastes and attitudes acquired in childhood. While higher-class cultural capital is regarded as universal, lower-class capital has limited socio-spatial recognition. Gough and Eisenschitz (2006: 111) contend that despite the mass media, the class gap in cultural capital in the UK is probably not narrowing, and that everyday behaviours still stigmatise and exclude the poor.

Negative social values and attitudes towards the poor and poverty in high income countries also create downward pressure on the level of aid monies going to low income countries. For example, a household survey of public attitudes towards poverty in developing countries commissioned in 2006 by DFID in the UK echoed, at a global level, negative and paternalistic perceptions of recipients of aid (Lader, 2007). On the positive side, over four fifths of respondents were concerned about poverty in developing countries, and 53% thought the UK government's commitment to poverty reduction in developing countries was too little. However, two

fifths of respondents agreed with the statement: 'some people have said that most aid to developing (poor) countries is wasted', generally blaming developing countries themselves for wasting aid, through corruption (76%) and inefficiency (46%). The most popular policy to help countries with corrupt governments was putting strict conditions on how the money was spent.

The impact of cultural and symbolic exclusionary processes is not confined to attitudes towards the poor. Operating through formal legalised and institutionalised systems as well as informally, these processes devalue and undermine the cultures and voices of indigenous peoples around the globe. They are contributing to the displacement of millions, rendering many stateless and condemning them to live in extreme poverty and constant fear with limited if any rights (Popay et al., 2008). Economic, cultural and symbolic exclusionary processes are together fuelling an unprecedented growth in the numbers of people without citizenship. These include refugees in countries with no asylum legislation; the displaced; failures in the birth registration system; and illegal immigrants. 'Non-citizens' implicitly do not exist in the eyes of social institutions and are not in a position to make claims to human rights, social protection or public services. The Office of the United Nations High Commissioner for Refugees (UNHCR) reported that at the end of 2005, the number of people with 'official' refugee status or protected or assisted by the UNHCR because they were at risk stood at 21 million. A year later this had increased by 56% to 32.9 million (UNHCR, 2007).

The International Labour Organisation (ILO) has made a major contribution to understanding the nature of exclusionary processes in both developed and less economically developed countries (LEDCs) drawing particular attention to the significance of fundamental civil and political rights (Figueiredo and Gore, 1997). In many countries of the South, particularly those still struggling to free themselves from the negative legacies of their colonial past, political exclusion remains a powerful constraint on people's participation in formal institutions. Importantly, the contours of political exclusion are frequently mapped onto and reinforce patterns of cultural discrimination and stigmatisation.

4. 4 Social exclusion and other relational concepts

Social exclusion is one of a number of relational 'lens' used by social scientists to make sense of patterns of social differentiation and inequalities. Notable others include gender, social class, religion, caste and ethnicity and all are complex and contested. Arguably, at the very least there are important overlaps between the social realities these concepts seek to describe; the particular contribution of social exclusion may be to focus attention on to the interaction and impact of multiple exclusionary processes.

Participants at a recent Round Table on social exclusion (UNDP, 2007a), mostly drawn from the UNDP and other UN agencies, highlighted the unequal power relationships underlying poverty, and the experiences of

exclusion of non-citizens, migrant workers and indigenous groups (for example the Janajati in Nepal and the Roma in Eastern Europe) and of stigmatised groups (for example the Dalits in India and Burakumin in Japan). They acknowledged that the concept of 'social inclusion' may be double-edged for ethnic, religious or linguistic minorities and indigenous peoples, with the potential for states to adopt policies of forcible displacement or assimilation that eradicate cultural differences. Minority groups often seek recognition of equal rights, including recognition of diversity². Women and children were identified as being particularly vulnerable to exclusion, due to their weak economic and political power and lack of status in their communities, violence against women, increased HIV/AIDS vulnerability, and their exposure to ritual exclusion (eg women who refuse genital mutilation or rites of widowhood in the Cameroun).

The UNDP round table participants identified failure on the part of states to address exclusion based on caste, ethnicity, gender and geography as one of the causes of conflict. Examples of groups resisting discrimination by violent action include the Maoist people in Nepal, conflict in Sudan, and action by militant youths in the Niger delta, where the poorest and most excluded indigenous groups have had no share in the benefits of natural resources exploited by oil companies and the state (Mathieson et al. 2008). An estimated three-quarters of the world's conflicts have an ethnic or religious dimension, most often linked to exclusion from economic or political opportunities and/or suppression of cultural identity.

The insistence by some commentators to distinguish between causal processes underpinning different axes of social differentiation is linked in part to the earlier discussion of the diverse meanings attaching to social exclusion. Beall (2002), for example, adopting a definition reflecting the European origins of the concept, argues that experiences under apartheid in South Africa are best understood as racial oppression, exploitation and denial of citizenship rights rather than social exclusion. In contrast, she suggests, social exclusion is primarily speaking to class based divisions driven by economic processes and labour market dynamics and hence is more relevant to understanding the genesis of inequalities in post-apartheid urban South Africa where:

'... new forms of capitalist production and changes in employment in Johannesburg, associated with the rise in importance of the service sector, have begun to erode the entrenched correspondence between racial and class divisions that characterized racial economic development and employment patterns during much of the apartheid era. The new socially excluded residents of Johannesburg are not only those who are black but also white who

² Following many years of lobbying by indigenous and non-indigenous people, on 13 September 2007, the United Nations General Assembly adopted a declaration on the Rights of Indigenous Peoples, which although non-binding, sets out the individual and collective rights of indigenous peoples and prohibits discrimination.

are superfluous to the requirements of the global economy and Johannesburg's place in it' (2002:49).

Concerns about the relationship between different dimensions of social differentiation and inequality and the relative salience of different causal processes are important. The concept of social exclusion has considerable analytical potential to enhance understanding and inform policy/action. It focuses attention simultaneously on the complex causal processes driving poverty and disadvantage and on the multidimensional nature of the experience or outcome of these processes. However, the insights provided by the social exclusion 'lens' cannot replace those provided by the lens of gender, ethnicity, caste, age, disability and so on. Only taken singly and in combination will the understanding provided by these concepts make the maximum contribution to achieving more equitable and cohesive societies and global systems.

4.6 Key points: the processes of exclusion

A relational approach to defining social exclusion that focuses on multidimensional, dynamic, processes embedded in unequal power relationships has 'investigative advantage' in understanding the causes and consequences of poverty and deprivation.

These processes operate and interact across economic, social, political and cultural dimensions, through social relations within and between individuals, communities, institutions, nation states and global regions. A focus on exclusionary processes can:

- Highlight the impacts of economic and social transformation driven by relational and institutional power differentials;
- Reveal linkages between processes associated with globalisation and local exclusionary dynamics;
- Illuminate the active and passive exclusionary processes arising from public policy;
- Expose the role of cultural and symbolic processes as drivers of exclusion stigmatising the poor and other population groups, restricting human, civil, political and cultural rights and constraining capacity for collective action.

In theory the concept of social exclusion has considerable analytical potential. It can focus attention onto the interaction between multiple exclusionary processes operating across systems of social stratification associated with gender, ethnicity, caste, religion, social class etc. However, insights provided by the social exclusion 'lens' are complementary to these other relational lens rather than providing an alternative way of conceptualising these.

5. Alternative and parallel discourses

'...the concept of social exclusion as it originated in Western Europe, seems to have played a role in the re-opening of old debates and discussions... under new terminology' (Saith, 2001:10)

5.1 Which alternative discourses?

As Saith highlights, debates surrounding the concept of social exclusion have echoes in and to some extent have replaced older debates. In the previous section important overlaps with debates about the nature and causes of inequalities associated with major axes of social differentiation notably gender, race/ethnicity, caste, age and ability/disability, were discussed. It was noted that the particular feature of the social exclusion lens is that it focuses attention on the role played by relationships between individuals, groups and whole nations, and particularly differential power embedded in these relationships, in the generation of poverty and inequality. In addition to overlaps with other relational concepts there are therefore important links with more proximal concepts – concepts which may have greater policy/action salience than social exclusion in some parts of the world. Poverty is clearly the most obvious alternative concept from this perspective but there are others: basic needs, sustainable development, social cohesion, social capital, etc. We have chosen to focus here on just two alternative discourses – poverty and social capital - partly because they are the most proximal to social exclusion but also because these discourses and their relationship to social exclusion are arguably the most contentious.

5.2 Poverty, vulnerability, capability and human development

The concept of poverty is fast evolving, and when broadened to incorporate notions of relativity, vulnerability and capability deprivation, it tends to dovetail with thinking about social exclusion. Notwithstanding this common ground, most commentators would argue that the concepts of poverty and social exclusion are not synonymous.

Poverty was long conceptualised in absolute terms typically in terms of a minimum consumption basket to meet an individual's basic needs (Rowntree, 1901). It has more recently been redefined in relative terms, placing emphasis on the distribution of income and wealth in a society. There has been a corresponding move from defining an absolute poverty line - denoting a minimum standard of living that is similar in any country at any time - to a relative poverty line, set for example as a proportion of the national average income at a point in time.

Peter Townsend's landmark work in the UK was instrumental in this re-conceptualisation of poverty, establishing a set of resources, in the form of goods and services, governing standards of living, and moving towards a multidimensional, relative, definition of poverty. He also includes social participation – another relational concept - as a resource necessary to avoid poverty and its consequences.

'Individuals... can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong' (Townsend, 1979:31).

This relative concept of poverty is now prevalent in many countries in South and North America, Western Europe and Australasia. In the UK it was recently reiterated by the newspaper columnist Polly Toynbee: 'To be poor is to fall too far behind what most ordinary people have in your own society' (Toynbee, 2006). And it has gained credence to the right of the political spectrum in the UK: whereas in the past Conservative administrations have tended to dismiss relative poverty as reflecting no more than unavoidable, almost natural, inequalities in society (Beresford et al., 1999), in 2006 the Conservative Party leader David Cameron was quoted as saying: "Even if we are not destitute, we still experience poverty if we cannot afford things that society regards as essential" (Cameron, 2006). Measures of poverty in the UK, the EU and many other countries are consistent with this conceptualisation (for example, in the UK, poverty is assessed against low-income thresholds linked to contemporary median incomes).

As noted in earlier sections whilst some Northern Hemisphere commentators have voiced a concern at the way in which the discourse of social exclusion is decentring poverty discourses, others have focused on the additional benefits of the exclusion 'lens'. From an Anglo-Saxon poverty tradition, Matt Barnes (2005:15) has attempted to draw distinctions between poverty, deprivation and social exclusion. In his schema, and in contrast to poverty and deprivation, the concept of social exclusion 'evokes a multi-dimensional notion of participation in society, involving a combination of physical, material, relational and societal needs, over a period of time' (Barnes, 2005:16). This approach echoes Estivill's suggestion (2003:21) that: 'if poverty is a photograph, exclusion is a film'.

Table 1: Comparison of poverty, deprivation and social exclusion

Poverty	Deprivation	Social exclusion
One-dimensional	Multi-dimensional	Multi-dimensional
Physical needs	Physical needs Material needs	Physical needs Material needs Societal participation
Distributional	Distributional	Distributional Relational
Static	Static	Dynamic
Individual Household	Individual Household	Individual Household Community

Source: Barnes (2005)

However, whilst social exclusion has become the dominant inequality discourse in Europe and Latin America this is not necessarily the case around the globe. In other regions, notably South East Asia and Sub-Saharan Africa the discourse of poverty, defined in both absolute and relative terms and extending to include notions of vulnerability, basic needs, capabilities, resource enhancement and sustainable human development and have greater policy/action relevance and salience. This is discussed in other SEKN documents and the SEKN's final report (Popay, et al. 2008; Rispel et al. 2007; Johnston et al. 2008).

Not-with-standing the pioneering work of scholars such as Peter Townsend, euro-centric approaches to defining and measuring poverty and deprivation have been criticised from a development perspective for placing too much emphasis on income disadvantage. For example, Robert Chambers (1997) on the basis of participatory research with people experiencing poverty and disadvantage in Africa, Asia and Latin America, emphasises the notion of *vulnerability*, which he defines as exposure to risk and shocks, and *defencelessness*, or the lack of means to cope without damaging loss. As Chambers (1997:45) argues:

'Deprivation as poor people perceive it has many dimensions, including not only lack of income and wealth, but also social inferiority, physical weakness, disability and sickness, vulnerability, physical and social isolation, powerlessness and humiliation ... In practice, much of this wide spectrum of deprivation and ill-being is covered by the common use of the word poverty... [However] poverty is then defined as low income, or often as low consumption, which is more easily and reliably measured. Surveys are carried out and poverty lines constructed. This limits much of the analysis of poverty to the one dimension that has been measured'.

Castel also focuses on the notion of 'vulnerability' pointing to need for a better understanding of the trajectory of groups and individuals along a '*continuum* of vulnerable situations' (Castel, 1998: 129). In Castel's formulation vulnerability is not understood as an individual weakness, but as a range of situations that human groups share but the resources and capabilities to avoid or escape them is unequally distributed. Minujin similarly proposes a *continuum* from inclusion to exclusion characterised by increasing vulnerability (Minujin, 1998: 176-187).

Of particular relevance at a global level is the notion of *human development*: the process of enlarging people's choice by expanding human capabilities and functioning. This understanding of the common global development challenge regardless of GDP has been promoted by the UNDP, inspired by Amartya Sen's work on *capabilities*:

'At all levels of development the three essential capabilities for human development are for people to lead long and healthy lives, to be knowledgeable and to have a decent standard of living. If these basic capabilities are not achieved, many choices are simply

not available and many opportunities remain inaccessible. But the realm of human development goes further: essential areas of choice, highly valued by people, range from political, economic and social opportunities for being creative and productive to enjoying self-respect, empowerment and a sense of belonging to a community' (UNDP, 2007b).

The UNDP's first Human Development Report published in 1990 introduced the Human Development Index (HDI) which incorporates Sen's three 'essential' capabilities. Since then three other indices have been developed, including a Human Poverty Index (HPI). These are described in section 6.6 below.

In contrast to the UNDP's broad conceptualisation of poverty as deprivation in elements essential for human life, the World Bank uses a reductionist monetary figure of \$US 1 a day to define absolute poverty. This measure is now widely adopted by international agencies although it fails to take account of social needs and local complexity. Indeed, the first of the eight Millennium Development targets is to halve, between 1990 and 2015, the proportion of people whose income is less than \$US 1 a day, using a 1993 measure of purchasing power parity (PPP) to adjust for differences in prices between countries. In developing countries, measures of poverty generally reflect an absolute approach relying on calculation of the costs of a 'basket' of basic needs.

5.3 Social exclusion and social capital

Social capital, like social exclusion, is a contested concept which has received much attention in recent years. It has been described as a relational concept, concerned with 'identifying the nature and extent of social relationships' (Szreter and Woolcock, 2004:650). Whereas the conceptual literature linking social exclusion to health is limited, social capital has been widely theorised as a mediating link between socio-economic inequality and health, building on Richard Wilkinson's influential book, *Unhealthy Societies* (1996). There has also been extensive empirical research in this area, the interpretation of which is a subject of ongoing debate (see section 8 of this paper).

Robert Putnam, one of the key advocates of the concept, defines social capital as: 'features of social organisation such as networks, norms and trust' (Putnam, 1993). Types of networks range from the informal (family, friends, neighbours) to the formal (sports clubs, civic associations); norms are 'those unstated rules or standards that often govern actions during informal or spontaneous social relations' (Hean et al., 2004); and trust has been defined as 'belief in the goodwill and benign intent of others' (Kawachi et al., 1997).

Putnam (1993, 2000) sees social capital as the social infrastructure ('wires') that enables individuals to gain access to resources. Viewed at a relational level, social capital is thus for Putnam the property of individuals, but only by virtue of group/community membership. In

contrast, network scholars, notably James Coleman (1988), argue that social capital refers to the resources that flow through networks (for example, material resources, willingness of network members to offer assistance, information): i.e. the electricity rather than the wires themselves.

Bourdieu (1986) a French socialist and sociologist writing from a radically different theoretical and political position to Putnam, also defines social capital in terms of networks but emphasises their role in the constitution and maintenance of hierarchical class relations and social and economic inequalities. This is part of his account of different forms of capital (economic, cultural, social and symbolic) and their interrelationships. According to Virginia Morrow (2002:11), 'Bourdieu is primarily concerned with how economic capital underpins these other forms, how forms of capital interact with wider structures to reproduce social inequalities, and how the day-to-day activities of social actors draw upon and reproduce structural features of wider social systems'.

Much of the empirical research on social capital has been underpinned by the Putnam approach to understanding the concept. In this context, the unit of analysis to which the concept can be applied is contentious. While some neo-classical economists see social capital as the property of individuals, others, including the neo-conservative Francis Fukuyama (1995) see it as a characteristic of spatially defined communities ranging from villages to entire societies. It has been suggested that communities possessing high levels of social capital may obtain benefits including faster economic development, better government and improved health. However, most commentators recognise that social capital can be associated with either good or bad outcomes: the purposes for which resources are used being analytically and practically distinct from how they are obtained. Thus high levels of social capital may be associated with criminal and 'terrorist' activity, corruption and nepotism and/or social control, blocking the access of 'out-groups' to 'community' resources.

Conventionally, within the Putnamesque approach, two types of social capital have been identified: 'bonding' social capital, referring to relations between members of a group or network who share a common identity; and 'bridging' social capital, which transcends these divides (for example, of age, ethnicity, class), through participation in associational activity. More recently, a third dimension, 'linking' social capital, has been introduced, defined by Szreter and Woolcock (2004:655) as 'norms of respect and networks of trusting relationships between people who are interacting across explicit, formal or institutionalized power or authority gradients in society'. Linking social capital, according to Szreter and Woolcock (2004:656), is: 'particularly relevant for the effective implementation of measures to assist the ill, poor, and the 'socially excluded'. For example, they argue that without relationships of trust and respect between those involved in delivering public services and 'the poor', these measures are unlikely to succeed. Szreter and Woolcock conclude that a three-dimensional conceptualisation of social capital:

'places great emphasis on both the quality and quantity of relationships between all citizens. It also places emphasis on whether or not these relationships are founded on mutual respect between people, differentiated either horizontally by their varying social identities or vertically by their access to different levels of power and authority' (Szreter and Woolcock, 2004:663).

It has been argued that much empirical research on social capital has suffered from a lack of theoretical clarity (Hean et al., 2004) and attempts at measurement reflect the conceptual debates described above. Criticisms include: a preponderance of indicators that reflect the same 'elasticity' with which the term 'social capital' is used in different disciplines and approaches; a lack of clarity about the choice of unit of analysis or level for measurement (e.g. individual, aggregate, or community); over-reliance on self-reports; a large number of potentially omitted variables; and problems with the transferability and appropriateness of survey instruments to different geographic contexts and disciplinary realms. Blaxter argues that these problems have implications for the study of the putative relationship between social capital and health because:

'...there is a tendency to define as social capital whatever social indicators best predict health status. This becomes tautologous: social capital promotes good health, but is at the same time defined by those things known to be health promoting' (Blaxter, 2004:15).

In part because of these measurement difficulties, there are conflicting views on the relationship between social capital and health outcomes. For example, whilst Szreter and Woolcock, (2004:65) claim that the 'specific research connecting social capital to health outcomes via a social support mechanism is vast', Muntaner (2004:765), argues that 'the health effects of social capital cannot be taken for granted and in spite of some promising findings, the burden of proof is still on the 'social capital' hypothesis'. Morgan and Swann (2004:190), in the conclusion of their secondary analysis of surveys relating to social capital and health conclude that 'the positive relationships that have been found are only true for some indicators of social capital and vary according to the health outcome of interest. Moreover, while some independent effects have been found, social capital has less power to predict health than other more familiar indicators of socio-economic status'.

Swann and Morgan (2002:6) have also reviewed qualitative research on social capital to 'look beneath the surface at the hard-to-measure processes and actions of people's relationships to others, at community structures, and the 'life' of communities and networks'. This review identified a number of barriers to the acquisition and utilisation of 'social capital', including differential power and the experience of disempowerment, social identity, rights and aspects of place. Attempts have also been made to observe community relationships and norms directly.

At a general level, the utility of the Putnam approach to defining the concept of social capital has been criticised because of its foundation in the liberal traditions of utilitarianism and individualism (Skocpol, 1996; Hernández et al., 2001). From this perspective it is the notion of 'capital' available for individual roots - with its root in economics - that is the problem, notwithstanding the focus on personal relationships and voluntary association. These commentators challenge the assumption that "values" related to mutual trust and reciprocity will generate individual wealth and make for successful societies and criticise attempts to create hierarchies of societies based on the level of social capital (Inglehart, 1997). These approaches, it is argued, fail to recognise that conflict and power relationships do not necessarily lead to social failure and that voluntary relationships and the action of voluntary associations are not necessarily freely chosen but may result from potentially invisible pressure from states and institutions (Hernández et al., 2001:21-23).

Recent approaches to using the concept of social capital in research and policy has also been criticised for distracting from more pressing economic and political issues. For example, Muntaner (2004:677) has argued that: 'the political use of social capital outside public health leans towards tolerance for social inequality and against egalitarian social change'. He adds that an emphasis on the measurement of 'social capital', to the detriment of data reflecting political and economic processes, can lead to 'pseudo explanations' where:

'Crime, isolation, drug use, broken windows, sexually transmitted diseases and other diseases are seen as the outcome of some intrinsic deficiency of the community' (Muntaner, 2004: 678).

There are then major controversies surrounding the value of social capital as a conceptual lens through which to understand the nature and consequences of social relationships at micro, meso and macro levels within societies - controversies that mirror those surrounding the concept of 'social exclusion'. A pre-requisite for any analysis of the relationship between these two concepts is clarity of theoretical and ideological position and definition. Thus, for example, Putnam sees social capital as associated with social benefits or social problems - and hence as potentially a focus of social policy. Bourdieu on the other hand uses the concept as part of his social theory of inequality and does not develop it as a single cause of social ills or argue that policy should seek to impact on it specifically as distinct from social inequalities in general. Putnam's neo-Durkheimian perspective on social capital aligns itself most obviously with Levitas' SID discourse, and Silver's 'solidarity' paradigm, described in section 3. Bourdieu's analysis is closer to radical redistributionist interpretations of social exclusion, drawing on conflict theory, as exemplified by Silver's 'monopoly' paradigm and Beall's transformationalist approach. A three-dimensional conceptualisation of social capital goes some way towards exploring links between micro- and macro-sociological phenomena, but falls short of the 'integrated analysis of institutions' that Sen (2000) sees as essential to a relational approach to social exclusion; neither does it take full account of the dynamic structural aspects of global exclusionary processes. In summary, as

Levitas cautions (2006:136): 'the conceptual background and political implications of 'exclusion from social relations' and 'social capital' are not the same', and care should be taken to avoid defining, measuring, and interpreting them interchangeably.

5.3 Key points: alternative and parallel discourses

This section has considered concepts that may act as alternatives to social exclusion as 'lens' through which to understand and act on social inequalities. Poverty and social capital have been selected for attention here as the most proximal concepts and arguably the most contentious. There are other concepts which might have been considered including, for example, human rights, basic needs and sustainable development.

The conceptualisation and measurement of poverty and related notions of vulnerability and capability deprivation, have become increasingly sophisticated in recent decades. It is now widely accepted that poverty is relative (defined in terms of a particular spatial, cultural and temporal context) and multi-dimensional, encompassing lack of social as well as material resources. However, in contrast to the notion of 'social exclusion', contemporary measures of poverty tend to be restricted to distributional (rather than relational) resources, and to focus on the individual and household levels.

Whilst poverty continues to dominate the policy agenda in many low income countries/regions, eurocentric conceptual approaches have been challenged, in particular through Chambers' work on *vulnerability* and Sen's work on *capabilities*. In response to such critiques, since 1990, the UNDP has produced the *Human Development Index*, a composite measure of life expectancy, educational attainment and income, and more recently, a Human Poverty Index which adopts a relative rather than absolute approach. In contrast, the World Bank promotes an absolute measure of poverty and continues to set the extreme poverty line at \$US1/day. Despite criticisms that this level is now out of step with increases in commodity prices/costs of living and should be increased to \$2 per day at a minimum, it is still widely adopted by policy makers focused on international poverty reduction targets e.g. Millennium Development Goals.

Social capital is a relational concept which, like social exclusion, has received much attention in recent years and is highly contested. Leading theories differ as to the nature, role and benefits of social capital. The operationalisation and measurement of social capital reflects these controversies including: a lack of theoretical and definitional clarity; contested choices of indicators and levels of measurement; reliance on self-reports; and limited transferability.

In contrast to social exclusion, the relationship between social capital (defined in terms of relationships of trust and reciprocity) and population health/health inequalities has been widely theorised and is the subject of extensive empirical study. Research linking social capital to health outcomes is controversial whilst qualitative research has highlighted

barriers to the acquisition of social capital in disadvantaged communities. More generally, the concept within the Putnamesque approach is criticised as emanating from the liberal traditions of utilitarianism and individualism, and for distracting attention from the political and economic causes of inequalities.

A pre-requisite for any analysis of the relationship between 'social exclusion' 'poverty' and/or 'social capital' is clarity of ideological and theoretical position and definition. Care should be taken to avoid defining, measuring, and interpreting these concepts interchangeably.

6. Measuring social exclusion

'...effective government policy to combat poverty and social exclusion requires appropriate data, raising the issue of relevant indicators of social exclusion' (Burchardt *et al*, 2007:32).

6.1 Introduction

In previous sections the origins of the concept of social exclusion have been traced, the multiple meanings attaching to the concept examined, causal processes have been explored and alternative discourses discussed. In order for these largely theoretical considerations to have relevance for policy and action to address social and health inequalities, it is necessary to have some appreciation of the scale of the problem, and to agree measurable criteria for improvement. Politicians are also in need of data to account for their policy decisions. In this section we consider some of the ways in which social exclusion is or could be measured.

Given earlier consideration of the differing meanings attaching to the concept it is perhaps not surprising that there is no single validated measure of 'social exclusion' and that existing measures have been subjected to extensive critiques. One important issue is the relative neglect of 'exclusionary processes' - not readily amenable to measurement - compared to the emphasis given to 'states of exclusion' - potentially more easy to measure, but highly diverse and of varying salience globally. Moreover, the assumptions underlying many available measures (typically developed in high income countries), such as having paid employment, a fixed address, access to welfare services or access to housing, limit their transferability across countries and global regions. Finally, although politicians, policy makers and other stakeholders may wish for a single composite index of 'social exclusion' derived from multiple data sources, this approach is highly problematic: theoretical concerns include the concept's multi-dimensionality and dynamism, while from a pragmatic perspective, there are potential pitfalls in developing rules for aggregation and weighting of data and problems with variations in the quality and availability of appropriate data.

In this section, measures of social exclusion being used in the UK and in the European Union are considered first as exemplars of measures developed in the more economically developed world. The experiences of measurement in other global regions/countries are then considered, focusing in particular on the ILO country case studies in less economically developed countries and examples of measures being developed in Latin America. At a global level there are no specific indicators of social exclusion and/or inclusion. However, data sources addressing some aspects of 'exclusion' are described, notably the UNDP's Human Development Index (HDI), and other indices and reports developed by multilateral agencies. A general point is relevant to all of the discussion that follows: that the availability of data, or the lack thereof, can in itself be 'exclusionary', and people experiencing exclusionary processes wherever they live around the world - the stateless and displaced, marginalised indigenous people, and those living in extreme poverty - are often the least likely to be counted or included in research.

6.2 Measuring social exclusion in the UK

Efforts to operationalise and measure 'social exclusion' in the UK, while generally sharing an acknowledgment of its multi-dimensional character and its 'social' dimensions, draw on a wide range of different data sources and methodologies. These measures have been developed within and for national government, for academic research and by other agencies in an effort to monitor policy and hold government to account.

At government level, whilst social exclusion has gained prominence since the election of the 'New Labour' administration in 1997, largely replacing poverty as the central focus of social policy, a poverty discourse has continued to be visible in national policy. Reflecting this, from 1999, the UK government has produced annual reports entitled *Opportunity for All (OFA)*³ (DSS,1999), describing its strategy and progress in addressing both social exclusion and poverty. Around 60 indicators are now included in this report, derived from routine data and surveys, grouped according to three population subgroups - children and young people, people of working age and older people - and place based communities. This idiosyncratic set of indicators, reflecting the eclectic nature of UK social exclusion policy, focuses principally on income, labour market status and human capital (e.g. educational attainment) but also includes and several health related measures (e.g. smoking and suicide rates). The government claims that OFA demonstrates improvement in most indicators against a 1997 baseline.

Another important set of single indicators has been developed by the New Policy Institute (NPI) a UK based not-for-profit 'think tank' with funding from the Joseph Rowntree Foundation: an organisation that funds social research and acts as an advocate for social change. The NPI has produced annual assessments of the government's efforts to reduce poverty and social exclusion in the UK since 1998. These reports draw on several data sources to provide 50 indicators in six domains: poverty amongst children; poverty amongst adults; inequalities in income and pay; health inequalities; minimum educational achievements and exclusion by institutions (e.g. access to bank accounts and availability of central heating). Contrasting with the government's positive self-assessment, the key message of the NPI's 2006 report was that 'the overall picture is not so much a mixture of success and failure as one of success and neglect' (Palmer *et al*, 2006).

From a methodological perspective, OFA and NPI reports have been criticised for their reliance on batteries of single indicators, which fail to distinguish between risk factors and outcomes, and cannot prioritise or measure the interaction between factors. Some academic groups in the UK have attempted to produce more sophisticated, theory-based, measures of the impact of exclusionary processes, which rather than

³ <http://www.dwp.gov.uk/ofa/indicators/complete.asp>

relying on single indicators, examine the interaction of various dimensions of social exclusion. In 1999 a large scale survey was conducted - The Poverty and Social Exclusion in Britain Survey (PSE) - based on a representative sample of 1,534 UK households. To date this is the only British survey specifically designed to measure social exclusion (Gordon et al., 2000; Pantazis et al., 2006). PSE uses eight indicators (poverty, not in paid work, jobless households, service exclusion, non-participation in social activities, socially isolated, poor social support, disengagement) to reflect four dimensions of social exclusion: impoverishment; labour market exclusion; service exclusion; and exclusion from social relations.

Burchardt and colleagues (2002) at the London School of Economics' Research Centre for Analysis of Social Exclusion (CASE) have also produced a multi-dimensional measure. They use longitudinal secondary data from the British Household Panel Survey (BHPS) collected through the 1990s and their measure incorporates four dimensions of participation: consumption (the capacity to participate in the purchase goods and services); production (the capacity to participate in economically or socially valuable activities); political engagement (participation in local or national decision-making); and social interaction (integration with family, friends and neighbours). The use of data from an existing survey is relatively cheaper. The BHPS also permits projection over time: because the same individuals were re-interviewed year on year for the BHPS, longitudinal analysis of the survey data was possible through the 1990s. Nonetheless, whilst this work attends to changes over time it still assumes that social exclusion is a (dynamic) state experienced by individuals rather than relational processes impacting at different levels.

More recently, Levitas and researchers (2007) have proposed the 'Bristol Social Exclusion Matrix' (B-SEM), consisting of 10 domains across the life course, as shown in the box below:

Resources:

- Material/economic resources
- Access to public and private services
- Social resources

Participation:

- Economic participation
- Social participation
- Culture, education and skills
- Political and civic participation

Quality of life:

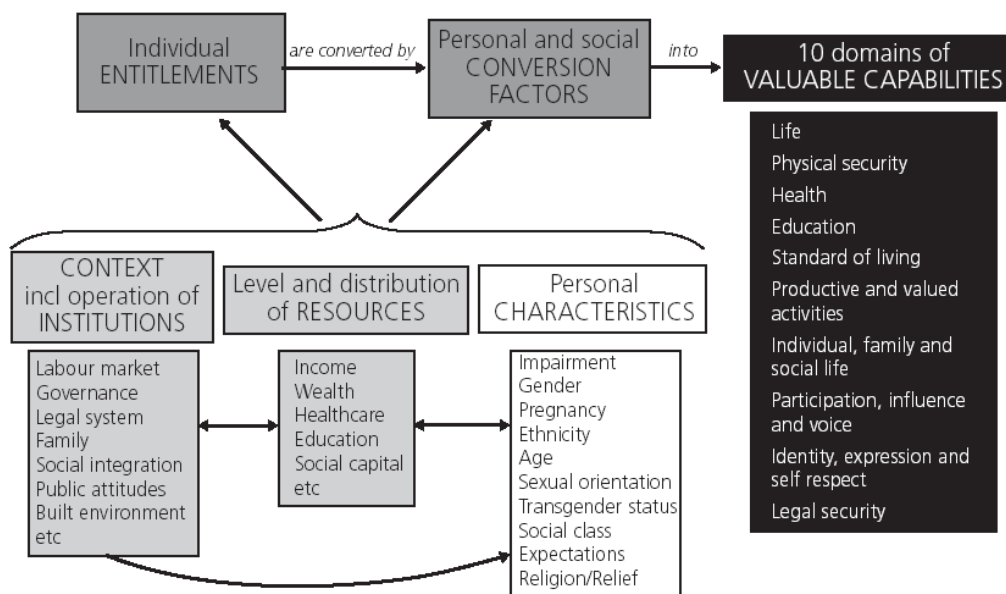
- Health & wellbeing
- Living environment
- Crime, harm and criminalisation

The Bristol group argue that their matrix provides a heuristic device for assessing the coverage of existing data on social exclusion, and

highlighting gaps in sources of quantitative survey data on the processes and drivers of social exclusion. In addition to the 10 domains, they identify gender, ethnicity, social class, housing tenure, household composition, religious affiliation and critical life events (death in the family, divorce, separation or pregnancy) as risk factors that may trigger social exclusion, and for which data is required. They recommend a repeat of an improved version of the PSE survey, and inclusion of a 'social exclusion module' in future routine longitudinal surveys conducted with public funds by, for example, the Office of National Statistics. They also argue that further research is needed to better understand the relationships between the B-SEM domains in order to inform quantitative approaches to investigating and tracking changes in social exclusion over time. Additionally, they recommend the use of qualitative studies using life history and biographical methods to explore exclusionary processes and experiences.

Finally, a framework developed by CASE researchers as part of a review of equality conducted on behalf of the government (Burchardt & Vizard, 2007) could make an interesting contribution to the measurement of social exclusion conceptualised as a human right. Based on a definition of equality that adopts a capability approach, a list of 10 domains of central and valuable capabilities has been derived from international human rights literature and stakeholder consultations. These domains are: life; physical security; health; education; standard of living; productive and valued activities; individual, family and social life; participation, influence and voice; identity, expression and self-respect; and legal security). It is intended that this multi-dimensional framework will enable the exploration of causes of inequality through analysis of the interaction between context, resources and personal characteristics (see figure 1).

Figure 1: capability measurement framework



(source: Burchardt & Vizard, 2007)

This work is still at an early stage. Some 'spotlight' indicators have been identified, but there are gaps, in particular with regard to some of the social identity categorisations (gender, ethnicity, disability, age, sexual orientation, transgender status, and religion/belief) that the framework addresses.

6.3 Measuring social exclusion in Europe

Since 2001, EU Member States have been required to produce biennial reports on their National Action Plans for social inclusion (these reports are known as NAPIncl) under the terms of the 2000 Lisbon Summit. At this Summit, Member States agreed to attempt to coordinate European social inclusion policies at country level, based on a set of common objectives: facilitation of participation in employment and access to resources, rights, goods and services; prevention of risks of exclusion; help for the most vulnerable; and mobilization of all relevant bodies to overcome exclusion (European Council, 2000).

A set of harmonised indicators on poverty and social exclusion was adopted in Laeken in 2001 by the European Council. The Laeken indicators were initially based on the European Community Household Panel Survey, which has been replaced from 2004 by EU Statistics on Income and Living Conditions. The Laeken indicators provide longitudinal data which is comparable between countries. Primary indicators are intended to cover 'the most important aspects of social inclusion' and secondary indicators are intended to support the primary indicators by 'elaborating' on them or 'describing other dimensions of the problem' (DWP, 2003: 1). These measures were revised in 2006.

European indicators of social inclusion

Primary indicators

1. Persistent at-risk of poverty rate
2. relative median poverty risk gap
3. long term unemployment rate
4. population living in jobless households
5. early school leavers not in education or training
6. employment gap of immigrants (national level measure)
7. material deprivation (to be developed)
8. housing (to be developed)
9. unmet need of care by income quintile (to be developed)
10. child well-being (to be developed)

Secondary indicators

1. At risk of poverty rate
2. poverty risk by household type
3. poverty risk by the work intensity of households
4. poverty risk by most frequent activity status
5. poverty risk by accommodation tenure status
6. dispersion around the at risk of poverty threshold
7. persons with low educational attainment

- | |
|---|
| 8. poverty risk by accommodation status
9. low reading literacy performance pupils |
|---|

Source: European Commission (2006)

As the list in the box above shows, measures of income poverty (including distributional measures) and labour market participation are dominant, a reflection of the European social policy emphasis on paid work as a route to inclusion. However, indicators of child health and educational attainment are also included. Data is disaggregated primarily by age, gender and income. Although one measure concerns employment disadvantage amongst immigrant groups, there is little attention to ethnicity, religion, or people with disabilities. Individual EU Member States can also include additional 'tertiary' indicators in their NAPIncl that are not comparable across the EU.

The role of these indicators within the EU is contested. While it has been claimed that they constitute a common language for the discussion of European social policy, social exclusion discourse across member states remains diverse and there are distinctions between the content and concerns of EU-level and member states social policy (Mabbett, 2004).

There have also been attempts to measure interactions between domains or dimensions of social exclusion in Europe, resonating with work in the UK. For example, Paugam (1995) attempts to measure 'spirals of precariousness', whereby loss of employment tends to be associated with social and psychological forms of deprivation, such as marital problems and loss of 'social capital' as well as loss of income. Similarly, research in Galicia, Spain (GES, 1995, quoted in Estivill 2003:39) used both quantitative and qualitative methods to identify 'points of rupture' defined in terms of deterioration of family relations and the loss of health and employment. These approaches all imply the existence of a 'state' of exclusion.

6.4 Approaches to measurement in other global regions

The International Labour Organisation's social exclusion research programme conducted in less economically developed countries in the 1990s was described earlier in section 2 (Gore and Figueiredo, 1997). The analytical approaches to social exclusion adopted in these case studies can be broadly categorised as focusing on (i) rights, (ii) 'excluded' groups, and (iii) social participation. Ways of measuring social exclusion reflected these different approaches. For example, the India case study, which focused strongly on rights, defined social exclusion in terms of exclusion from basic welfare rights negatively impacting on wellbeing and livelihood. The welfare rights dimensions chosen for measurement were health, education, housing, water supply, sanitation and social security. Access to each right was measured but no threshold was identified to define 'exclusion'. Rather variations were examined in relation to geography, gender, age, income level, asset base, religion and caste (Appasamy et al., 1996).

Other case studies focused on *a priori* identified groups experiencing multiple exclusionary processes. In Peru, this involved the study of processes of economic exclusion from labour, credit and insurance markets; political exclusion from property rights, social protection rights and basic public services; and cultural exclusion from membership of some social networks (Figueroa et al., 1996). All the case studies identified relational aspects of deprivation, such as violence and personal insecurity, as key features of social exclusion.

In Latin America Alberto Minujin (1998) has proposed a measure based on the idea of a *continuum* from inclusion through vulnerable states to exclusion. Using data on social and economic circumstances from the 1994 survey of households in Venezuela Minujin has developed a classification of households into three groups - "excluded", "vulnerable" and "included" - based on income level, years of education, type of employment contract and duration of unemployment. Minujin's classification allows for the possibility that households can be poor because of their income but not excluded or vulnerable according to other indicators (Minujin, 1998: 198). The ability of Minujin's classification to reveal the complexity of social exclusion is inevitably restricted by the limitations of the data available to him. For example, political and cultural dimensions are invisible in this approach. Importantly, like other measures described in this section, the approach is concerned to describe states rather than illuminating the processes generating these states although this measure does acknowledge the existence of a continuum but develops measures of discreet states along this continuum.

Other Latin American studies are seeking to develop approaches to measuring exclusionary processes that make explicit links to other relational concepts such as gender and race/ethnicity and/or give emphasis to processes relatively neglected in Northern Hemisphere measures such as violence (See for example, the work compiled by Alberto Valencia in Colombia, 2001).

6.5 Measuring social exclusion globally: the Human Development Report, the Human Development Index and other global data

Although there are no specific indicators of social exclusion and/or inclusion at a global level, data collated and analysed by various multilateral agencies elaborates on some aspects of social exclusion. The Human Development Index (HDI), developed by Amartya Sen and Mahbub ul Haq in 1990, is published every year as part of the UNDP's Human Development Report (HDR). It covers 175 out of 192 UN member countries. The average HDI of regions of the world and groups of countries are also included for comparison. The HDI is a composite measure across three dimensions of human development: length of healthy life (life expectancy at birth); education (adult literacy and enrolment in primary, secondary and tertiary education); and material living standards (purchasing power parity and income). It is not intended to be a comprehensive measure of human development and in particular

does not include indicators such as respect for human rights, democracy or inequality. However, it does provide a powerful tool for looking at inequities in the conditions for human development around the globe, particularly in the economic and to a lesser extent the political and social domains.

Human Development Reports also contain a wealth of additional data from member countries. In total, the Human Development Report 2006 (HDR 2006) lists more than 200 indicators, including measures, among others, of the status of major human rights instruments and labour rights conventions; security (refugees, armaments, and victims of crime); and energy and the environment (Watkins, 2006). Alongside the HDI, the reports contain three other composite indices for human development: the Gender-related Development Index, (GDI) the Gender Empowerment Measure (GEM), and the Human Poverty Index (HPI).

The GDI and GEM were introduced in 1995. The GDI is not in itself a measure of gender inequality, but a composite index that measures human development in the same dimensions as the HDI while adjusting for gender inequality in those basic dimensions. To obtain a measure of gender inequality thus requires comparing the GDI with the HDI. Because of the way it is calculated, differences between the HDI and GDI tend to be small. In contrast to the GDI, which is concerned with well-being, the GEM focuses on gender inequality in three key areas: women's political participation and decision-making power; their economic participation and decision-making power; and their command over economic resources. Both GDI and GEM have been critiqued for giving the misleading impression that gender gaps are largely irrelevant for human development, and for failing to capture some important dimensions of gender discrimination in human development (for example, unpaid care work, which is not reflected in the GDI or GEM whose focus is exclusively on labour market work, and violence against women).

In contrast to the HDI which measures average achievement, the Human Poverty Index (HPI) has been designed to reflect the extent of deprivation. The HDR 2006 website defines human poverty as 'primarily a denial of choices and opportunities for living a life one has reason to value'⁴. Lack of income is therefore considered to be too narrow a measure. The Human Poverty Index for developing countries (HPI-1) and for selected OECD countries (HPI-2) differ slightly. Both measure human deprivation in the same three basic dimensions of human development as the HDI, but use different indicators and calculation formulae. For example, whereas the HDI uses life expectancy at birth as an indicator of a long and healthy life, the HPI-1 uses the probability at birth of not surviving to the age of 40, and the HPI-2 the probability at birth of not surviving to the age of 60. In addition, the HPI-2 includes a fourth dimension, 'social exclusion', measured by the rate of long-term unemployment (lasting 12 months or more) (Watkins, 2007:355).

⁴ <http://hdr.undp.org/hdr2006/statistics/indices/>

Each Human Development Report also analyses and produces policy recommendations on a topical theme in the development debate: in 2006 the global water crisis and in 2007, climate change. Other relevant global data and analyses can be derived from a range of UN reports, for example, those produced by the WHO (global health indicators); by UNHCR (refugees, stateless, asylum seekers); the UN Food and Agriculture Organisation, FAO (food poverty); ILO (labour rights and conditions); and the World Bank's annual reports on progress towards the Millennium Development Goals.

6.7 Key points – measuring social exclusion

Developing and targeting policy and monitoring implementation and impact require information on the nature and scale of 'social exclusion'.

Measures of social exclusion can contribute to the monitoring and assessment of policies and programmes, and may serve as a barometer for the effectiveness of policy in reducing 'exclusion', poverty and inequality. They serve a political purpose, with signs of improvement taken up in political discourse and may provide a mechanism for accountability for policy decisions.

Measures can also draw attention to the diverse causes and consequences of poverty, particularly in terms of access to resources, social participation and quality of life. Regional and global measures enable the study of trends over time for countries and regions, as well as the identification of disparities globally, across regions and between and countries.

However, there is no single validated measure of social exclusion. Thus it is hardly surprising that findings are inconsistent, and that the 'prevalence' of social exclusion varies widely according to the way it is quantified. Existing approaches to measuring social exclusion suffer from a number of limitations. These include:

- (i) Lack of a shared definition – in particular, pre-occupation with measuring 'states' of exclusion rather than processes generating these
- (ii) Arbitrary thresholds for exclusion/inclusion: ensuing categorisations are artificially dichotomous
- (iii) Lack of clarity concerning how social exclusion differs from proximal concepts, in particular, poverty
- (iv) Lack of consensus on the indicators and domains/dimensions to be included
- (v) Limited global salience of indicators from more developed countries where understanding of exclusion tends to emphasise formal labour markets and welfare systems and neglect cultural and political aspects of exclusion and human rights

(vi) Concern with the selection, prioritization, and quality of indicators, and the lack of clarity as to whether items included in indicators are causes, risk factors or outcomes of 'social exclusion'

(vii) Mis-match between indicators derived from surveys that are not originally designed to measure social exclusion and the dimensions of 'social exclusion' they are intended to measure

(viii) Failure to include people belonging to certain groups (e.g. ethnic minorities) or social identities (e.g. disabled people) because numbers in survey data too small for analysis and exclusion from surveys of people who are most severely disadvantaged, for example, people living in institutions (eg care homes, prisons), or lacking a fixed address or citizenship

(ix) Under-representation of important forms of inequality (eg domestic violence, homophobic violence)

(x) Differential availability of data across countries and global regions

(xi) Cost and technical complexity of data collection.

The obvious limitations of quantitative approaches to the measurement of social exclusion have led some authors to question the coherence and usefulness of the concept itself (Levitas, 2006:154). Perhaps most importantly, quantitative approaches to measurement fail to provide insights into what it means to experience exclusionary forces, or to capture the wisdom of experience amongst people most severely affected.

7. The experience of exclusionary processes

'There is a great need for the people who are excluded themselves to get a chance to define what exclusion is – otherwise debates about its nature and solutions run the risk of becoming exclusionary themselves' (Dunn, 1999:47)

7.1 Introduction

The complexity of the concept of social exclusion - its multi-faceted nature including both objective and subjective elements – cannot be fully and sufficiently captured in quantitative measures and indicators and hence these cannot be an adequate foundation for policy and action. Rather, the nature and impact of exclusionary processes can only be adequately 'represented' through both quantitative and qualitative data – through indicators and stories. Only by combining the understanding of the nature and experience of exclusionary processes from both these sources will the effectiveness of policy and action be maximised.

In this section evidence on the experience of exclusionary processes is reviewed to illustrate the ways in which stories of people most severely affected can contribute to understanding the diverse experiences of exclusionary processes operating globally, nationally and locally and the ways in which these experiences are shaped by specific contexts. This evidence is derived from formal qualitative and mixed method research, reports from civil society organisations and other agencies working directly with people most severely affected by exclusionary processes and from journalistic sources. Because time, place and social position and identity influence exposure to a multiplicity of exclusionary processes, the material included reflects a range of social and geographic contexts and some include a focus on the relationship between social exclusion and health.

7.2 Transitions in social identity and the changing nature of work

Chamberlayne et al. (2002) recount the experiences of individuals in different social groups in contemporary Europe whose lives have been marked by exposure to exclusionary processes. The research was carried out between 1996 and 1999, and highlights the experiences and problems of transitions from one social situation and milieu to another: transitions that Chamberlayne and colleagues argue are 'increasingly both expected and demanded of citizens' (2002:2).

Writing on gender identity and exclusion, Spano (2002:151), recounts the stories of three women from Naples, Italy, to highlight the growing centrality of paid employment in women's life-courses and the problems women are experiencing in seeking to reconcile domestic and paid work 'in a coherent, unified identity, which is both personally stable and socially legitimated'. As others have argued, many women in high income countries now have two jobs - paid employment and domestic labour – and the loss of paid employment can no longer be considered to be a

minor problem for these women. However, Spano argues against considering women as a homogenous category suggesting that differences within gender are as significant as differences between gender - with age, class and place operating as crucial markers of within-gender heterogeneity.

Spano also argues that men are subject to similar challenges to their gender identity as a result of changes in the nature and distribution of paid and domestic work. She points to the absence in contemporary labour markets in high income countries of the collectivist pathways to social integration that were available to earlier generations of paid workers. As she notes: 'Older workers' narratives are testimony to the ways in which even the most isolated individuals with backgrounds of neglect or violence achieved a sense of social belonging and attachment through intergenerational and peer relations at work' including relationships with management and membership of trade unions. Spano shows how problematic the loss of these structures of support and social integration has been for many older workers but importantly she also argues that 'the consequences of their total absence for present-day youth are more serious still. The family is no longer a reliable mechanism of social integration'. She suggests that for the individual in these new more 'flexible' labour markets '... Defending and rebrokering the private sphere, and identifying new opportunities and resources, require an immense amount of emotional and reflexive energy' (Chamberlayne et al., 2002:13).

7.3 Mental health and social exclusion

There is a substantial literature on the experience of exclusionary processes amongst people experiencing mental health problems although the studies reviewed here are all from the UK. Sara Dunn (1999) collected written and oral submissions from hundreds of individuals, groups and organisations with experience of mental illness – ranging from users and professionals to voluntary groups and high street retailers - to explore the '...experiential processes.... leading particular individuals and groupings to be excluded from the norms of everyday social life, activity and participation' (Dunn, 1999:47). This study found strong and consistent evidence of discrimination, notably in the areas of employment and education and training, but also in daily living: users of mental health services felt a psychiatric diagnosis made them non-citizens, with no rights, no credibility and no redress. Racist discrimination and gender stereotyping were described as adding to their ostracism. Inquiry witnesses, both users and professionals, were also concerned at the power of the media to create and perpetuate discriminatory attitudes towards people with mental illnesses. Many witnesses also felt that mental health services themselves bore some responsibility for triggering experience of stigma and exclusion. Overall, the evidence pointed to the multifaceted and interconnected nature of processes operating to exclude people with mental health problems.

Parr et al. (2004) undertook qualitative interview based research with 100 mental health service users in the rural Scottish Highlands and described

lives characterised by both inclusionary and exclusionary social relations, with 'slippery pathways between 'insider' and 'outsider' positionings' (2004:403). These accounts highlight the pervasive nature of exclusionary processes embedded in social relationships in both public and private spaces. For example, one respondent described neighbours' negative reactions to mental health problems:

'It's like, if somebody's broken a leg, you immediately go to their house and help them as much as you could and make them meals, make them comfortable, make them cups of tea, and this sort of thing. You would do that as a good neighbour, just automatically. But with mental health problems... it's difficult, it's strange' (2004:406).

Others pointed to the particular nature of rejection and stigmatisation in rural areas typically perceived to be socially more cohesive: '... people that I'd known all my life couldn't... I would say hello to them if I met them. And they'd look straight through me, and walk away, or talk to somebody else' (2004:407). A myriad other 'practices of social exclusion' were identified including: 'being the butt of jokes in pubs, being ostracized from established community groups, encountering barriers to the joining of groups, facing rejection of the illness itself, and not receiving hospital visits' (2004:408).

The exclusionary processes fuelled by racism are fore-grounded in the study by McLean et al. (2003) of the experience of Afro-Caribbean mental health service users. These researchers argue that the experience and expectation of racist mistreatment by mental health services are key factors discouraging early access to services, thereby perpetuating mental health inequalities. They point to cultural exclusion manifested as a perceived misinterpretation by staff of Afro-Caribbean modes of self-expression.

'We express ourselves a bit differently, you know, because we're not white and we talk differently, so we might express ourselves differently and they feel that we are paranoid schizophrenia' (2003:663).

Similarly, respondents reported that they were discriminated against in terms of the form of treatment offered, with black users reportedly only being offered drug treatments and being excluded from talking therapies. As one respondent commented:

'They really don't believe that black people can be treated, that black people can be given therapy, that you can talk to black people' (2003:665).

In summarising their findings McLean and colleagues argue that institutional racism and the centrality of whiteness in mental health institutions was leading to the stereotyping of black mental health service users as 'mad, bad and dangerous' (2003:664).

7.4 Globalisation and exclusion: Faisalabad, Pakistan

Jo Beall's ethnographic work with municipal sweepers in Faisalabad illuminates the complexity of exclusionary processes including in particular the interaction between local and global processes, the multi-dimensional nature of these processes, the influence of context and the creative agency of ordinary people in the face of powerful exclusionary forces. Municipal sweepers form a cohesive - though stigmatised and marginalised - social group that can be traced back to the Hindu Churha caste, who converted to Christianity in the nineteenth century to escape caste oppression. Beall describes how these Punjabi Christians have over time acted to secure economic integration for themselves through stable albeit low paid employment as street sweepers and waste collectors in the local government sector whilst at the same time experiencing severe social and cultural exclusion with limited rights. However, as she shows, global forces are impacting on the 'cosy world of municipal waste collection' undermining the agency of this group. Technological innovations supported with aid monies have been introduced to improve solid waste management but in return local government has been encouraged to downsize the large municipal workforce in the city and contract out waste collection services to private operators. The consequences for the Punjabi Christian municipal sweepers are devastating as economic exclusionary processes operating through the casualization of labour drive them deeper into deprivation and financial insecurity leading, as Beall notes, to a convergence of social and economic exclusion 'in patterns much closer to more global patterns of exclusion' (Beall 2002:47).

7.5 'Spoiled identities': arsenic poisoning and social exclusion in Bangladesh

Arsenicosis results from drinking naturally occurring arsenic-contaminated water from tube-wells. It was first discovered in Bangladesh in 1993 (Hassan et al., 2005). The first symptoms to appear are skin blisters that eventually turn black, and can become cancerous or gangrenous. Nearly 40,000 people in Bangladesh have been identified with skin lesions. The effect is cumulative and symptoms usually only appear after more than 10 years of exposure to contaminated water.

People with arsenic poisoning in Bangladesh suffer not only from the medical symptoms but also ostracization by fellow villagers, family and friends, who assume arsenicosis is contagious (Hassan et al., 2005). The social isolation disrupts lives, forcing sufferers to the fringe of their communities. Young women with symptoms are unable to marry, and married women have been abandoned by their husbands, and forced to return to their parental home. Daily labourers are excluded from work, losing income. Shame also means that people with symptoms keep themselves isolated, to avoid being shunned. (Hassan et al., 2005)

People who are already malnourished are more vulnerable to the effects of poisoning. Cultural norms around household food allocation mean that women are more likely to be malnourished than men. This disadvantage is compounded by other cultural exclusionary processes differentially impacting on women. For example, limits on their mobility and the lower priority given to their health delay help seeking and treatment (APSU 2006; Hassan *et al*, 2005). These factors mean women are more severely affected by arsenic poisoning than men. Similarly, poor people suffer from arsenicosis more than the affluent. Poor people have fewer options in accessing water that is arsenic free due to less time and less buying power. They are similarly less able to access care because of the time taken to get to a hospital (opportunity cost) and the expense of treatment (APSU 2006). And even when people access care they are not always given correct advice and simple effective treatments - skin lotions and vitamins - are often not available.

To combat the arsenic problem comprehensive testing has been undertaken throughout the country, accompanied by campaigns to encourage people in high risk areas to find alternative water sources. Affected wells are painted red, unaffected wells are painted green and, if there is no convenient safe well, alternative water sources are provided. As a result awareness about arsenic poisoning has risen from 5% in 1998 to 84% in 2006 and this has reduced exclusionary processes within communities. However, arsenicosis has not disappeared and getting safe water to drink in rural Bangladesh is still difficult with people having to resort to surface water and run the risk of diarrhoeal diseases frequently deadly for children.

7.6 The 'untouchables', India

The Indian caste system classifies the population into four groups widely believed to be created by the gods. Caste is therefore fixed at birth and is the vehicle for complex and diverse exclusionary processes (Popay, *et. al*. 2008). In this context the Marathi term *Dalit* - which means broken people - was made popular by the leaders of the anti-caste movement in the post independence period after 1947. Dalits are composed mostly of the servant caste: the Untouchables. The Indian Constitution identified the 'untouchables' as a scheduled caste on the basis of their social-economic-cultural disadvantage and made provision for improving their circumstances. However, more than 166 million Dalits are still subject to social, economic, cultural and political exclusionary processes in India today, deeply embedded in social practices, norms and values.

Dalits are socially and physically separate. They must live outside the village in rural areas and in prescribed areas in cities. They are denied basic human rights: not allowed to own property or to use public and common property like wells, tanks and temples. Stringent social sanctions are applied if 'rules' are broken including physical abuse. Dalits also do the dirtiest menial jobs like cleaning toilets and in some part of the country they carry the night soil of others on their head. Everywhere in the country sweeping is still done with brooms that were designed thousands of years ago even in the most developed parts of New Delhi. Severe

poverty forces the Dalits to do work that presents acute risks to life and health. The account below, from a collection of stories written by Dalits (Karikalan, 2002) provides a vivid picture of their oppression:

'On rainy days, our existence was absolutely miserable. We were allowed to enter the village only through the byways, and these would be all slushy with mud when it rained. The outcastes and village people would squat on either side of the path, defecating. Rain water, mixed with faeces, stagnated in puddles on the path through which outcastes, field labourers and rice planters had to pass. Our legs would itch, infected with scabies. Later, at night, red ants would discover the wounds and feed on them. Oozing pus, the discoloured skin of our legs would resemble a leper's'.

7.7 Experiences of civil war: North Niger, 2007

The Republic of Niger, a landlocked West African country, ranked last (177th) in the UNDP's Human Development Index (HDI) in both 2005 and 2006. The transhumant indigenous Tuareg people, who form the majority in the scarcely populated north of the country bordering the Sahara, are dominated politically by sedentary agricultural peoples living in the South and experience diverse exclusionary processes leading to social, economic, cultural and political marginalisation (Mathieson & Alhacen, 2007). There have been a number of Tuareg uprisings going back to French colonial occupation and continuing after independence. Peace accords were signed in 1994 and decentralisation policies led to Niger's first municipal elections in 2004, with representation reflecting the local ethnic composition. But representation in central government remains weak, public policy does not address the specific needs of the Tuareg and there is ongoing conflict in the north.

The origins of the conflict can be traced back to policies that excluded nomads from governance and policy making. Other factors include the vulnerability of nomads during drought years, corruption in the government, police and military, as well as ethnic conflict rooted in historic inequities. Tuareg involvement in the trade and ownership of slaves, many of whom were from the south of the country, led, after independence, to ill will between people in the north and south. This has been exacerbated by environmental degradation caused by north Niger's uranium mining industry, the profits from which have had only marginal benefits for the local population. Moreover, it is alleged that US military involvement in what is known as the Trans-Sahara counter-terrorism initiative includes support to the Niger government in subduing rebel activity⁵.

Even in times of peace, geographic and cultural accessibility of health and education services is poor in north Niger. For example, in the commune of Iferouane, three quarters of the population of about 10,000 live more

⁵ www.globalsecurity.org/military/ops/pan-sahel.htm

than 15 km from the nearest health centre; and in Arlit district only two of the 94 health workers are Tuareg, so most consultations have to be translated, and patients complain of cultural insensitivity and lack of politeness of staff. School teaching is in French, UNICEF standards for mother-tongue instruction are not applied, and transhumant cycles are ignored in planning the school curriculum and timetable. Valuing their cultural heritage, relatively few Tuareg have progressed through the education system to access mainstream society.

'When you look at a young man who lives with his camels, racing them across the desert, we who have an education live with regrets' (Tuareg elder and school teacher cited in Crawhall, 2006:43).

The new local municipalities signify some transfer of political power. However, their budgets are very limited: Ifrouane commune's budget was less than 28 million CFA (about 42,500 Euros) in 2006. There is a lack of skills and training for councillors, competence in needs assessment and programme management is weak, and the census and population registration mechanisms are ineffective. The unfair distribution of power and resources drives conflict. Since February 2007 armed conflict has resulted in displacement and loss of livelihood of tens of thousands of north Nigeriens. Rural areas are isolated from the rest of the country, access roads have been mined, schools and health centres closed, and most people have fled into the arid mountainous hinterlands or to urban centres. The government refuses to negotiate with the rebels. Yet people, rather than being passive victims, show great resilience and still attempt to act in ways consistent with tradition, as illustrated by these statements from witnesses: ⁶

27.8.07

"The convoy of food aid approaches... The village's inhabitants seem to show some signs of hope, this situation has been going on for so long, here are the vehicles that they have been expecting for days. The convoy goes to the Town Hall and the police station and a few hundred metres away, people form a long queue, awaiting the food sent by the State. The village is completely militarised and it has become difficult to understand what's going on, the contours of this kind of context are so difficult to discern. The village chief and other dignitaries mix with people who have come to collect their bowls of cereals. There appears to be no functioning structure, traditional or modern. The village lives in a state of confusion, of meli melo, of indescribable cacophonics. Despite all, the inhabitants are patient, telling themselves that one day this will come to an end".

2.9.07

⁶ These statements were emailed to Nord Niger Sante, a French voluntary agency, by Ahmed Hammo, resident of Ifrouane and member of the Nigerien civil society organisation SOS Ifrouane.. They were translated by Jane Mathieson, a research fellow at Lancaster University in the UK and member of the SEKN.

"Eleven in the morning, an explosion is heard ...10 kilometres away. Some volunteers with motorcycles go to find out what caused the noise, making a big detour. They are horrified by what they find. The manager of the village truck and his apprentice have been blown up by a mine, laid by no-one knows whom. The volunteers returned to tell the villagers what happened. The decision is made to go back to the scene of the accident, taking some water to prepare the bodies for burial. About 60 people, many young, go spontaneously to the site of the disaster on foot.... Many of us couldn't face looking at the raw horror of the macabre spectacle, The two bodies were blown apart and burnt to a degree where it was difficult to identify body parts. Feelings of powerlessness and abandonment in the face of official indifference fill the people who made the journey. Those authorised to report on these exceptional events didn't bother to visit the site as witnesses, perpetuating the impressions of indifference, of abdication of responsibility, of sadism, of refuge in a refusal to question one's own authority... We are under the impression that we belong to a part of the country where official voices don't pay attention to who we are, what we aspire to and what happens to us, despite the fact that we are only a few kilometres from Iferouane, one of the administrative centres of Niger. The same reflexes persist, history serves up the same dishes. Thanks to the moralisers, the good speakers and the artificial theoreticians on high for making us live this misfortune in the face of collective indifference".

7.8 The Zapatista uprising, Chiapas, Mexico

'The Zapatistas chose January 1, 1994, the day the North American Free Trade Agreement (Nafta) came into force, to "declare war" on the Mexican army, launching an insurrection and briefly taking control of the city of San Cristobal de las Casas and five Chiapas towns. They sent out a communiqué explaining that Nafta, which banned subsidies to indigenous farm co-operatives, would be a "summary execution" for four million indigenous Mexicans in Chiapas, the country's poorest province... the Zapatistas have come to represent two forces at once: first, rebels struggling against grinding poverty and humiliation in the mountains of Chiapas, and, on top of this, theorists of a new movement, another way to think about power, resistance and globalisation' (Klein, 2001:11).

In the Guardian weekend newspaper article from which this extract is taken, Naomi Klein describes the Zapatismo as non-hierarchical decentralised decision-making organisations operating across communities as a whole and linking with broader social movements. The Zapatistas are thus concerned both to oppose neo-liberalism and globalisation, and to propose a participatory model for local government under the motto *mandar obedeciendo* (to command while obeying). These local "Juntas of Good Government", whose membership rotates continuously so that all community members have an opportunity to serve, have implemented communal health, education and food-producing programmes. In 2007,

the Zapatistas still controlled 32 "rebel autonomous municipalities" in Chiapas, and maintain an uneasy truce with the Mexican government.

Their charismatic leader, Subcommandante Marcos is a sophisticated communicator and the movement has used the internet to disseminate information and to garner international solidarity. The Zapatistas' high profile has conferred a degree of protection against attacks by the Mexican armed forces and has fostered activism among other indigenous communities. In the following quote from Klein's article Marcos describes his trademark black mask as a mirror, reflecting the struggles of anyone anywhere fighting injustice:

'Marcos is gay in San Francisco, black in South Africa, an Asian in Europe, a Chicano in San Ysidro, an anarchist in Spain, a Palestinian in Israel, a Mayan Indian in the streets of San Cristobal, a Jew in Germany, a Gypsy in Poland, a Mohawk in Quebec, a pacifist in Bosnia, a single woman on the metro at 10pm, a peasant without land, a gang member in the slums, an unemployed worker, an unhappy student and, of course, a Zapatista in the mountains' (Klein, 2001:9).

7.9 Insights from evidence about the experience of exclusionary processes

The evidence reviewed here has of necessity been limited in its social and geographical coverage and evidence from other countries and regions could have been included, for example, accounts of diverse social movements in Latin America (Seoane, 2004). Notwithstanding the limitation, this experiential literature illuminates the complexity of exclusionary processes. Such processes are revealed as being embedded in both historical and contemporary dynamics and their outcomes at individual and population levels as influenced by time, place and social settings. They are clearly seen working through and interacting across social relationships at all levels from micro relationships in families and communities to large scale global forces. Experiential narratives also provide insights into the formal and informal institutions and actors involved; how the interpretations, choices and actions of various social actors affect outcomes; the ways in which individuals and groups adapt to change and challenge; the resources they use; and the material, physical, social, psychological and emotional costs involved. In brief, these narratives bring us closer to understanding the nature and utility of a relational approach to social exclusion.

Experiential evidence, above all, and in contrast to quantitative measures throws into sharp relief the creative agency of people adversely affected by exclusionary processes as they seek to live meaningful lives. This agency has both individual and collective dimensions. In highlighting individual, non-linear, trajectories narratives emphasise, as Chamberlayne and colleagues (2002:12-13) note, the: '... amount of biographical work necessary to accommodate the (apparently) individualised circumstances of risk society'. When people experience loss of, or exclusion from, valued

social positions and identities (whether municipal sweepers in Faisalabad, wives and mothers suffering arsenic poisoning in Bangladesh, rural farmers in Chiapas, or unemployed miners in South Wales) they will endeavour to [re]-construct alternative valued social identities as individuals and/or collectively. However, as Chamberlayne and colleagues go on to argue, this capacity for reflexivity – the ability to [re]-build a sense of personal and/or collective worth in the face of exclusionary processes – is 'not 'natural' at all, but ..slowly and painfully acquired'.

Across very different political and cultural contexts experiential narratives make visible processes of resistance, of resilience and of individual and collective action by those most adversely affected by exclusionary forces. No matter how difficult the circumstances this evidence shows that there is always the possibility of reflexive social agency and such agency can and does make a difference. As Prigogine and Stengers (1985, quoted in Byrne, 1999:77) point out: 'At the level of the individual/ household, action can change life course. At the level of the whole social order, collective action can change the social system'.

7.10 Key points – narratives of exclusionary processes

The complexity of the nature and impact of exclusionary processes can only be adequately 'represented' through both quantitative and qualitative data – through indicators and stories. Evidence on the experience of exclusion provide access to these stories and are available from qualitative research, reports from civil society organisations and other agencies and journalistic sources.

This evidence provides insights into the multiple and often interacting relational processes that operate to exclude, revealing the influence of both historical and contemporary dynamics and demonstrating the role of social, political, cultural and economic inequities rather than individual inadequacies.

Evidence on the experiences of people most adversely affected by exclusionary processes point to their resilience and reveal their creative pursuit of social justice. This is contrary to the discourse around 'social exclusion' understood as a state, which tends to neglect or even deny the possibility for self directed action by people experiencing extreme disadvantage, and to depict powerlessness and apathy as inherent in the 'excluded state'.

People's agency in the face of exclusionary processes may at times appear counterproductive to the more privileged both at the individual level (with the prevalence of behaviours perceived as anti-social and/or as health damaging) and at the group level (where responses may be violent and destructive).

The literature reviewed also provides glimpses into the complex relationships between exclusionary processes and health. The stigma associated with, for example, arsenic poisoning or mental ill- health can

restrict participation in social and economic relationships directly damaging health through for example social isolation and indirectly through increasing material disadvantage. Ill health is thus both the product of and contributes to exclusionary processes.

8. Social exclusion and health inequalities

'If social epidemiologists are to gain clarity on the causes of and barriers to reducing social inequalities in health, adequate theory is a necessity, not a luxury' (Krieger, 2003:443).

8.1 Introduction

The Social Exclusion Knowledge Network was one of nine networks established to support the work of the WHO Commission on Social Determinants of Health. The other networks have reviewed evidence linking other social determinants (e.g. gender, employment conditions, urban settings) to levels of population health and health inequalities. However, there were particular constraints on the capacity of the SEKN to undertake a systematic review of evidence on the relationship between social exclusion, population health and health inequalities. Most importantly, as earlier sections have described, major issues needed to be addressed concerning the diverse meanings associated with social exclusion. Additionally, the sheer size and complexity of the potentially relevant literatures – covering other major social determinants of health such as poverty, poor housing, unemployment and poor working conditions, malnutrition, access to essential services, etc. – would make the conduct of such a review very problematic. For these reasons the discussion in this section is primarily focused on an examination of the theoretical contribution that social exclusion, viewed as a relational concept, can make to theories of social inequalities in health. First however, empirical evidence linking social exclusion to health inequalities is briefly considered.

8.2 The limits of empirical evidence of links between health inequalities and 'exclusion'

The SEKN has identified relatively little empirical research focusing explicitly on the relationship between social exclusion and health inequalities. There are, however, significant bodies of research that focus either on a particular dimension that people are 'excluded from' or particular groups assumed to be affected by or at risk of social exclusion. Both approaches are consistent with a conceptualisation of social exclusion as multi-dimensional but, paradoxically, limit the scope to measure a putative association between health and social exclusion to one dimension or group. For example, the relationships between health and poverty, labour market inclusion, access to services, various aspects of identity, social capital/social cohesion, and place have been extensively studied (see, for example, Marmot and Wilkinson, 2006; and Dahlgren & Whitehead, 2006); as have, for example, the health experiences of homeless people or refugees (Shaw et al., 2006). The latter approach also tends to describe the health consequences of 'social exclusion' conceptualised as a particular 'state' rather than focusing on causal relational processes.

In Latin America, the category "social exclusion" has only just begun to be used in health research with the development and promotion of the concept of "exclusion in health" by the Pan American Health Organisation. However, the relationship between social organization and health equity has been the focus of theoretical, methodological and political debate and empirical research for a long time with the emergence in the 1960s of a strong social medicine movement.

Another approach to examining the impact of exclusionary processes on health outcomes would be to study the relationship between a composite measure of social exclusion and health outcomes. However, as discussed earlier (section 6.1), the development of a single index of 'exclusion' relevant across time and place is highly problematic. This is in part due to the difficulties inherent in defining social exclusion. But it is also because it would be impossible to develop globally appropriate rules for the aggregation and weighting of data, given the general consensus that 'social exclusion' (whether a 'state' or 'process') is multi-dimensional, dynamic and context specific.

These considerations render the enterprise of quantifying and attributing directionality to a putative causal relationship between 'social exclusion' and 'health' highly contentious. To add to the difficulty, physical and mental health status variables are included in many indicators of social exclusion. Health measures have been included in various lists of indicators, but it is generally unclear whether this is as a risk factor for, as a constituent part of, or as an outcome of, social exclusion. For example, one of the EU primary indicators under development is child wellbeing; the UK government OFA indicators cover infant mortality, obesity in children, drug misuse, suicide, teenage pregnancy and life expectancy at age 65; and the UK's independent New Policy Institute reports cover health inequalities, as measured by low birth weight, infant mortality, dental health and accidents in children, suicides and drug use in young adults, death, illness mental health and obesity in working age adults, and death and illness in older people.

Theory driven approaches to measuring social exclusion described earlier have also included health measures. For example, the GHQ 12, a scale used to detect depression, is used as an indicator of poor mental wellbeing in the UK's survey of poverty and social exclusion described in section 6.2. This was then examined alongside other indicators of social exclusion. Higher GHQ scores were found to be associated with poverty, and there were complex relationships with various other indicators of social exclusion (Payne, 2006). The CASE study of social exclusion (Burchardt et al., 2002) also uses measures of long term sickness and disability in its 'production' dimension, and the Bristol social exclusion matrix (Levitas et al., 2007) and Burchardt and Vizard's capability framework (2007) both include a 'health' domain.

Criticisms of the various attempts to quantify associations between (mental) health and social exclusion include: failure to clearly define social exclusion; the pragmatic use of available proxy indicators of exclusion rather than specifically developed measures; the assumption of a clear-

cut distinction between inclusion and exclusion; and the creation of crude composite indices of exclusion. A recent systematic review of the relationship between 'mental health' and 'social exclusion' did identify 72 relevant papers/studies, but the reviewers argued that inferences to be made from the sample were limited by the diversity of approaches to definition and measurement in included studies, compounded by the complexity and cross-disciplinary nature of the topic (Curran et al., 2007).

8.3 Causal theories of health inequalities

While demonstrating an empirical relationship between social exclusion and health inequalities is highly problematic, from a theoretical perspective, social exclusion, particularly when conceptualised in relational terms, has considerable investigative potential. As Beall (2002:50) points out, 'the concept of social exclusion implies a focus on the causes of poverty and inequality as well as on the outcomes, and encourages the exploration of macro-micro linkages'. This focus on causation and macro-micro linkages is central to the understanding of social inequalities in health. The literature on inequalities and health has been criticised for focusing on the consequences of social inequalities on people's health, rather than how and why inequalities are generated and reproduced (Navarro, 2002); and for failing to consider people's lived experiences and the relationship between agency and wider social structures as well as for neglecting history (Popay et al., 1998).

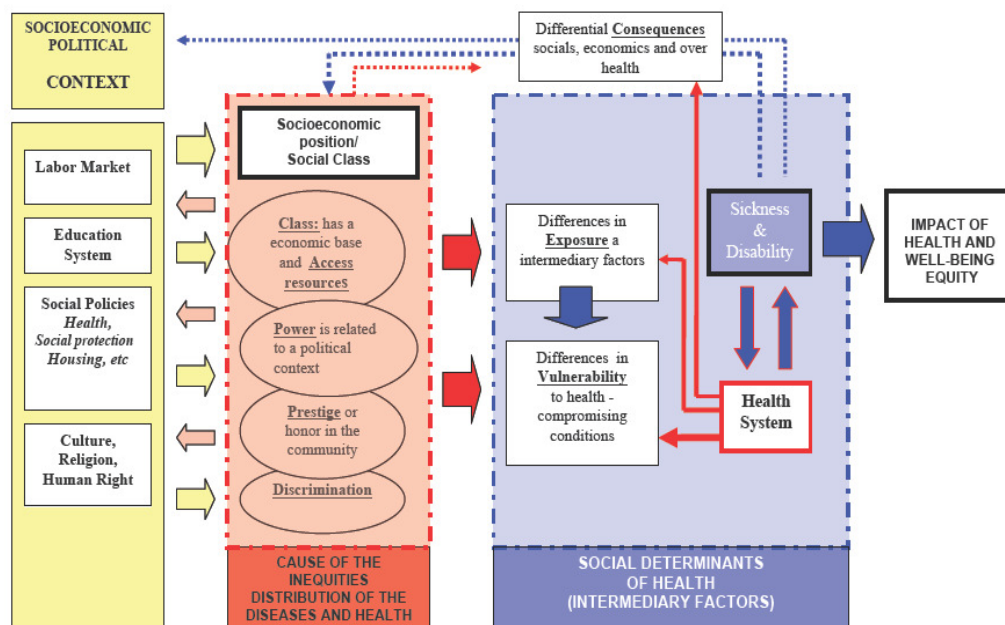
In recent years, several models have been proposed to explain the persistent gradients in health and illness across social groups and between areas found in all societies. One of the most frequently cited models, developed by Dahlgren and Whitehead (1993), places individuals – with their unique biological and genetic inheritance – at the centre of concentric semi-circles. These denote, in successive layers, the contextual factors arising from personal lifestyle and behaviours; social and community networks; living and working conditions and access to essential facilities and services; and the wider socio-economic, cultural and environmental conditions in society. Dahlgren and Whitehead argue that processes operating within each domain, and across domains, contribute in complex ways to the genesis of health inequalities. Brunner and Marmot (2000), propose a link between social structure and health and disease through material, psychosocial and behavioural pathways. Genetic, early life and cultural factors are presented as further important influences on population health. A third closely related approach – the life-course model – presents a dynamic picture of individuals from pre-conception to old age, variously exposed over time and place to risks to health and/or protective factors (Blane, 2000).

Wilkinson's (1996) recent work points to the influence of social hierarchies *per se* in determining health outcomes. He has focused on high income countries and his two fundamental propositions are that: the most egalitarian rather than the richest countries have the highest standards of population health and smallest health inequalities; and the most important pathways between health and income inequalities are psychosocial. Using

an impressive array of evidence from animal research Wilkinson argues that inside the body, ill-health would be produced via direct psycho-neuro-endocrine mechanisms, or indirectly through stress-related unhealthy behaviours whilst outside the body, a breakdown in social cohesion/social capital would lead to anti-social behaviour/loss of trust etc. Although this approach is still speculative, it is supported by a growing body of empirical research, showing, for example, that relative inequality influences levels of isolation, anxiety and insecurity, with the key causal pathway theorised to be chronic stress (Wilkinson & Pickett, 2006).

All these explanatory models, whilst highlighting the multi-factorial character of the pathways leading to health inequalities, are strongly social in their orientation. They point to the enduring and unequal risks to health arising from injustices in the way societies are organised, which impact differentially on particular groups living in particular places. Notwithstanding contemporary interest in the role of social capital/social cohesion, their primary focus is the macro dimensions of health inequality. They seek to explain inequalities across different dimensions of the social world according to major axes of social differentiation including: socio-economic position (usually measured in terms of income, employment or educational status), ethnic groups, age groups, gender and place.

The WHO Commission on Social Determinants of Health (CSDH, 2006) framework for action on health inequalities, shown in the diagram, draws on these different models.



¹ Elaborated for equity team based (opsh) on : Reducing inequalities in health a European Perspective J. Mackenbach, M Bakker 2002; Generating evidence on interventions to reduce inequalities in Health : the Dutch case K. Stronks Scand J Public Health 30 Suppl 59 ; Evans T, Whitehead M, Diderichsen F., Bhuiya A., Wirth M. Challenging inequities in health from ethics to action Oxford University press 2001.

The causal pathways presented in this model include:

- The socioeconomic and political context (highlighted on the left in yellow) and including: the labour market; the educational system; religion and other cultural systems; and political institutions.
- These give rise to patterns of social stratification based on differential access to economic status, power and prestige (the causes of social inequities shown in the red column). Income levels, education, occupation status, gender, race/ethnicity and other factors are used as proxy indicators of these differential social positions.
- Based on socioeconomic position individuals and groups experience differences in exposure and vulnerability to health-compromising conditions. Socioeconomic position determines the level or frequency of exposures and the level of vulnerability (intermediary factors through which social inequalities generate health inequalities).

The fundamental driving force for social inequalities and thus for health inequalities within the CSDH framework is 'power' embedded in social relationships and exercised through the formal and informal institutions and organizations making up the socioeconomic and political contexts. Most theories of power recognise different forms including ideological, political, economic and military. The precise manifestation of power and the relationships and institutions through which it is exercised are recognised to be context specific. Notwithstanding this, in most human societies, power is unequally distributed enabling small elite groups to control the majority of the population and determine the human goals that are to be attained. Alongside the explicit and visible exercise of power writers such as Marx and Foucault have explored the 'psychological' dimensions of power arguing that power 'gets under the skin' of oppressed people, reinforcing their oppression. Countering the deterministic tendency in such arguments it can be argued that 'oppressed' groups have demonstrated their potential to develop and use shared power through collective action to challenge the exercise of power by elite groups (Popay, et. al. 2008).

8.4 Integrating a relational approach to social exclusion

The literature reviewed here suggests that social exclusion understood as a relational concept can be incorporated into the CSDH framework at multiple points. An instrumental perspective would locate social exclusion firmly within the relational domain: referring to and encompassing the economic, political, ideological, social and cultural processes that generate differential 'terms and conditions' of inclusion and/or exclusion. These result in deprivations such as low income, poor nutrition, housing problems, etc., which contribute to ill-health. Alternatively, seen as a 'constituent' element of deprivation (rather than a driver of it) having the right and freedom to participate fully in economic, social, political and cultural relationships has intrinsic value and the experience of restricted participation can be expected to increase exposure and/or vulnerability to negative health outcomes. Moreover, poor health and disability can themselves generate exclusionary processes – by limiting people's ability to find and retain paid work for example, or through the stigma often associated with ill-health further restricting social participation. Disease and ill health are thus both products of and contribute to exclusionary

processes. From a more limited perspective, when viewed as a 'state', social exclusion is most appropriately located as a social position: arguably a social position outside the class system analogous to the concept of an 'under-class'.

The CSDH framework and the causal pathways it describes are relational – seeing the processes generative of health inequalities as arising from the differential power embedded in social relationships. However, like the models of the social determinants of health that it is informed by, the CSDH framework focuses particularly on the 'macro' dimensions of health inequalities. While this macro perspective is important, attention is also required to the lived experiences of inequalities at the individual level. Without this 'micro' focus, explanations of health inequalities will tend to be deterministic in their orientation, and fail to recognise that the individuals involved are not passive victims of social processes, but consciously act to protect themselves from the exclusionary forces they experience – albeit within structural constraints largely out-with their individual control. Consideration should thus be given to extending the relational approach underpinning the CSDH framework to take account of macro-micro linkages, which recognise and integrate the agency of people experiencing social and health inequalities, as well as that of the social actors who are 'doing' the excluding.

Hilary Graham (2004) argues that health inequalities can be defined in different ways. The first approach focuses on improving the health of the worst off, and engenders policies which can be considered a success if the health status of this group is improved regardless of what happens to the health of other groups. The second approach seeks to narrow the gap between those in worst health and the 'average health' of the rest of the population. The third approach focuses on reducing the gradient in health experiences across society. Typically, policies aiming to address health inequalities are underpinned by the first or second definition and neglect the gradient across societies. In the UK, for example, where health inequalities are a central concern of public policy attention has focused as Graham (2004:2) notes on: '... the most socially excluded, those with most risk factors and those most difficult to reach'. This perspective, Graham argues, has been important in linking health inequalities to the high profile social exclusion agenda pursued since the late 1990s by the UK government and has focused policies at local and community level.

However, whilst targeted policies are integral to achieving more equitable societies a sole focus on a 'state' of social exclusion (on the poorest and/or the gap between them and the rest of society) fails to recognise the crucial causal link to inequalities in power across societies and the potential for agency amongst the most marginalised groups. Hence this approach cannot alone achieve the goals of greater equality and social cohesion. In contrast, a focus on *relational* exclusionary *processes* forces attention onto the causal role of social and economic inequalities driven by unequal power relationships. As the Ecuadorian Jaime Breilh (2003) writes, from this perspective the pursuit of greater equality in health must consist of two parallel and closely linked dimensions: an understanding of and action to address the generative processes embedded in social

relationships of production and reproduction including wider processes such as globalization; and the development of emancipatory processes supporting full and genuine participation in identifying and acting on inequalities and the transformation of power relationships.

8.4 Key points: social exclusion and health inequalities

Relatively little empirical research focuses explicitly on the relationship between 'social exclusion' and health inequalities but a significant body of research focuses either on a particular dimension that people are 'excluded from' (eg income, employment); or particular 'excluded' groups (eg the homeless, refugees). This research limits the measure of a putative association between health and social exclusion to one dimension or group, implicitly conceptualising 'social exclusion' as a 'state'.

Studying the relationship between a 'composite' measure of 'social exclusion' and health outcomes is also fraught with difficulties given the problems inherent in defining social exclusion; the multi-dimensional, dynamic and context-specific nature of the concept; operational difficulties in developing rules for aggregation and weighting of data and problems with variations in the quality and availability of appropriate data; and the inclusion of measures of health/illness in many indicators of exclusion. In contrast, evidence on the experience of exclusionary processes can illuminate the complex relationship with inequitable health outcomes.

Available explanatory models for health inequalities all highlight the multi-factorial character of the pathways leading to health inequalities and are strongly social in orientation. The causal framework underpinning the work of the WHO Commission on Social Determinants of Health builds on these models and identifies the fundamental driving force for social inequalities and thus for health inequalities as power embedded in social relationships and exercised through formal and informal institutions and organizations making up the socioeconomic and political contexts in societies.

Social exclusion can be integrated into this framework in several ways. *Constitutively* restricted participation in economic, social, political and cultural relationships as a result of the abuse of power in social relationships impacts negatively on health and wellbeing. *Instrumentally* these restrictions result in other deprivations, for example, low income. More narrowly, viewed as a 'state' social exclusion can be understood as a social position akin to social class. Additionally, disease and ill health are both products of and contribute to exclusionary processes.

Typically policies to address health inequalities adopt a 'state' perspective targeting 'excluded' groups. A sole focus on a 'state' of social exclusion fails to recognise the crucial causal link to inequalities in power across societies and the potential for agency amongst the most marginalised groups. In contrast, a focus on *relational* exclusionary *processes* forces attention onto the causal role of social and economic inequalities driven by unequal power relationships. This approach highlights the need for two

parallel and closely linked dimensions to policies to reduce health inequalities: action to address the generative processes embedded in social relationships; and emancipatory processes supporting full and genuine participation in identifying and acting on inequalities and the transformation of power relationships.

9. A synthesis and framework for the WHO Social Exclusion Knowledge Network

Previous sections have demonstrated that 'social exclusion' is the object of competing social theories and political ideologies. As a result the ways in which the concept is defined and measured are diverse and contested. The experiences of people adversely affected by exclusionary processes provide a vital but neglected dimension to the debates about how social exclusion is best understood and how it should be addressed in policy and action. In this section the different strands of analysis presented in earlier sections are brought together in an attempt to produce a synthesis of sorts. This is then used to develop a framework for understanding the nature of social exclusion and the links to policy/action to inform the work of the WHO Commission on Social Determinants of Health. In developing this framework as Sen (2000: 8) suggests, that aim has been to identify those approaches to understanding social exclusion that maximise 'investigative advantage' and best inform action to address it.

9.1 Social exclusion: dichotomy, trichotomy or continuum?

This review has drawn attention to the multiple definitions attaching to the concept of social exclusion. The most prominent approach is one that dichotomises social systems into the 'included' and the 'excluded'. However, many commentators recognise that there can also be very different terms and conditions of inclusion. Barry (2002:17) presents a particular view on this arguing that a society:

'marked by a combination of a market economy and liberal democratic institutions is liable to have two thresholds of social exclusion. The lower one divides those who habitually participate in the mainstream institutions from those who are outside them. The upper threshold is the one that divides those in the middle from those who can detach themselves from the mainstream institutions'.

Arguing that this 'social trichotomy' erodes egalitarian values and potentially compromises the quality of public services Barry, giving the example of the USA, continues (2002:17):

'...in a curious way those below the lower threshold and those above the upper one are a mirror image of one another. Thus, the inhabitants of the inner-city ghettos receive little police protection; the inhabitants of gated communities need little because they employ their own guards... there are those who make little contact with the publicly funded schools as a result of truancy and early dropping out; there are also those who make little contact because they attend private schools... Health care in the USA has a lower threshold that excludes about 20 percent of the population from the sort of treatment available to others, but there is no clear upper threshold because the rest get what ever they (or their insurers) are willing to pay for'.

In contrast, Gough and Eisenschitz are critical of approaches that conceptualise social exclusion in terms of a society divided into discreet groups. Rather they argue:

'If exclusion is generated by the society as a whole, then the processes producing exclusion also oppress the majority of the population.... Exploitation in work and the threat of unemployment are experienced by all workers; inequalities and conflicts within households and the difficulties of caring for dependents are widespread; problems with commoditisation of basic items of consumption, from housing and transport to food and the environment, impact on the majority; oppressions of gender, 'race', disability and age operate well beyond the poor; and the shortcomings of the welfare state and its disciplinary aspects are felt by all users'. (2006: 140)

As described in the previous section, Graham (2004) has identified three approaches to understanding health inequalities: people in worst health, the gap between these and the rest of society and the gradient across society. The same argument can be made in relation to different ways of understanding social exclusion. However, as Levitas points out, approaches that define social exclusion in terms of particular social groups are:

'intrinsically problematic... Attention is drawn away from the inequalities and differences among the included. Notably, the very rich are discursively absorbed into the included majority, their power and privilege slipping out of focus if not wholly out of sight. At the same time, the poverty and disadvantage of the so-called excluded is discursively placed outside society' (Levitas, 2005:7).

Silver also points to the double edged sword represented by the concept of social exclusion arguing that:

' By ghettoizing risk categories under a new label and publicizing the more spectacular forms of poverty requiring emergency aid, policies to combat exclusion may make it easier to re-target money on smaller social categories, like the homeless or the long-term unemployed. It may even undermine the universal social insurance schemes that traditionally protected the working- and middle-classes. In sum, therefore, just as the idea of exclusion has many meanings, it can serve a variety of political purposes'(1994: 572).

Most of the approaches to defining social exclusion reviewed here are 'western' in origin and orientation. A global perspective shifts the focus away for internal relationships in societies, and casts divisions between nations and global regions into dramatic relief: there are some countries where the majority of the population is systematically denied meaningful participation in the global marketplace. Schrecker (2005) argues that from a global perspective the central issue is not a dichotomy between included and excluded groups but rather the terms on which people, communities, nations and regions are included. Sen (2000) similarly

differentiates between exclusion and 'unfavourable inclusion' (for example exploitative conditions of employment or unequal terms of social participation) as different routes to capability failure and poverty. Shifting the perspective to a global level also makes visible the nature and scale of political exclusion, with latest estimates (UNHCR, 2007) suggesting that there are 15 million stateless people globally – a figure that swamps the concerns with asylum seekers in Europe.

9.2 Social exclusion and inequality: process or state?

A second and closely related theme in the literature is the distinction between social exclusion conceptualised as a process or as a 'state'. Many authors agree that social exclusion refers to the operation of processes embedded in social relationships that generate material and social inequalities. However, as already noted most attempts to measure social exclusion and its 'dimensions', and policies/actions designed to address the problems identified, typically focus on a 'state' experienced by particular 'excluded' groups regardless of how arbitrary and inconsistent the putative barrier between 'included' and 'excluded' may be.

Some authors who conceptualise social exclusion primarily in process terms also qualify their position. For example, Silver (1994:544) asks: 'does exclusion refer only to the change in a condition of those who were integrated, or can it refer to the constant condition of excluded people who wish to be included?' She hypothesises that the process of exclusion may become a state when it is repeatedly confirmed over time through social relations and practices, creating a boundary between the "ins" and "outs". Turnover among the individuals who are excluded does not necessarily invalidate the existence of a state of exclusion. Schrecker (2006) also adopts a 'state' perspective when he emphasises the 'hard, physical aspects of exclusion' such as 'transport systems ... configured around the desires of a car-owning middle-class and walls ... built to exclude 'others' who are thought of as dangerous'.

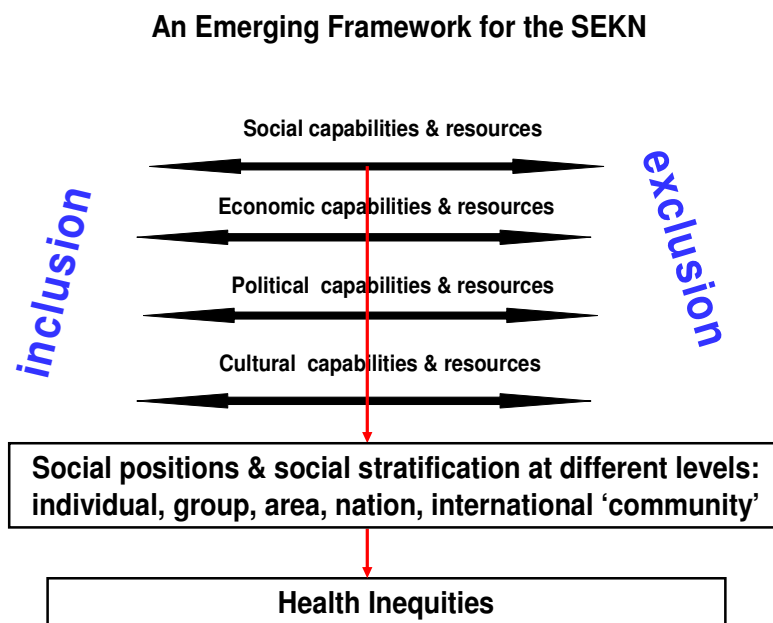
In a similar vein Estivill (2003:39) develops the notion of 'itineraries of exclusion' that can result in a state of 'chronic exclusion' when 'barriers are so insurmountable and distances so great, both symbolically and in reality, between those inside and those on the outside that the insiders no longer see the outsiders, who lose any opportunities and hopes of a possible return'. Sen (2000) makes a somewhat different distinction between constitutive and instrumental aspects of social exclusion. From this perspective social exclusion is not a 'state' characterised by multiple deprivation. Rather exclusion from social relations is conceptualised as an important type of deprivation in its own right, as well as leading to other forms of deprivation.

From a policy/action perspective, there are several potential advantages to working with a 'state' perspective on social exclusion. The 'excluded' and sometimes, by extension, their behaviours, are clearly identified as the problem to be dealt with. Targets for improvement can be set and monitored, 'quick wins' worked towards and positive political messages derived. However, as noted earlier there may also be substantial pitfalls.

Even setting aside the operational difficulties of selecting criteria to define exclusion, policies/actions focused solely on the 'excluded' cannot address the gradient of social (and health) disadvantage across society - in the same way as policies that focus exclusively on those with the worst health (or, as a proxy, those who are the most 'deprived') cannot alone redress social inequalities in health. To be effective in addressing exclusion, policies/actions have to address the processes that create inequalities, not just target those who are most deprived. Additionally, policies/actions focusing on and labelling a group 'socially excluded' can reinforce exclusionary processes by increasing social stigma and undermining cultural and social capital.

9.3 A framework for the Social Exclusion Knowledge Network

One of the main aims of this review has been to inform the development of a framework for understanding social exclusion that can contribute to the work of the WHO Commission on Social Determinants of Health. The diagram below provides a visual representation of this framework.



The term **resources** is used in the framework to refer to 'means' that can be used to meet human needs and '**capabilities**' to the relative power people have to utilise the resources available to them. The framework assumes that processes embedded in unequal power relationships result in differential access to capabilities and resources along four dimensions – economic, social, cultural and political – creating patterns of social stratification (differential patterns of inclusion/exclusion) which in turn generate health inequalities. These processes are embedded in relationships at different levels from individuals within families/households, through social groups and areas within nation states, between nation states and within and between global regions. Furthermore, the 'actors' involved in these relationships of power – individuals, public sector organisations, private companies, national

states, international agencies, NGOs, labour organisations, religious institutions, social movements, etc - can operate to increase and/or decrease inequalities in access to resources and capabilities depending on the context and circumstances.

This framework challenges two common assumptions in the social exclusion literature: the idea that a particular group's ties to society can be totally ruptured resulting in a complete state of 'exclusion'; and a simplistic binary division between inclusion and exclusion. In contrast, in highlighting differential inclusion and/or exclusion it suggests that the focus for policy and action should be the conditions on which people are included in society - i.e. social inequalities - rather than the conditions experienced by particular multiply disadvantaged groups. Additionally, the framework allows for the possibility that a particular social group may be relatively excluded along one or more dimensions but not on all dimensions. For example, some indigenous groups argue that they are excluded from a just share of material resources, that this has undermined their communities social resources and that they lack the political power to act. In contrast, they do not view themselves as culturally excluded in the sense that they value their cultural heritage and do not wish to be included in a majority culture. However, whilst their cultural resources have the potential to generate and sustain social resources, their lack of political and material resources reduce their capability to do this. From this perspective the focus of policy/action shifts from building the capability of disadvantaged groups, to creating environments in which their existing capabilities are recognised and released. In the case of indigenous people, for example, this would mean addressing problems of material poverty, social stigma and political power.

This approach to social exclusion could have global relevance. As Saith suggests in the context of the alternative concepts, such as vulnerability, capabilities, and sustainable livelihoods, which may be more appropriate to the nature of the problems experienced in developing countries:

'rather than trying to transplant the concept, it might be worth concentrating on incorporating the advantages of 'social exclusion' like its emphasis on process into existing frameworks in developing countries' (Saith, 2001:14).

9.4 Key points: a framework for the SEKN

Social exclusion is most commonly used in a policy context to describe a state of extreme disadvantage experienced by particular groups in a society. This limits the global relevance of the concept and restricts its value as a way of understanding the problems of inequality and developing policies and action to address these problems.

A different relational approach to defining social exclusion has greater investigative advantage. This approach focuses on exclusion as consisting of dynamic multi-dimensional processes embedded in unequal power relationships, interacting across cultural, economic, political and social dimensions and operating at the level of individuals, communities, nation states and global regions.

A relational understanding of social exclusion has the following advantages:

- (i) providing a wider lens to understand the diverse causes and consequences of unequal power relationships
- (ii) making explicit the links between exclusion and a 'rights' approach to the social determinants of health
- (iii) directing analytical attention to interactions between relationships and outcomes at different levels e.g. community, nation state and global regions
- (iv) highlighting both active and passive exclusionary processes
- (v) recognising that exclusionary processes will impact in different ways to differing degrees on different groups and/or societies at different times
- (vi) recognising that there is an inclusion/exclusion continuum
- (vii) avoiding the stigma of labelling particular groups as 'excluded'
- (viii) allowing for the possibility of inequitable inclusion and extreme exclusion
- (ix) acknowledging the potential for groups and/or nations to actively resist exclusionary processes and ensuing negative consequences
- (x) recognising diversity and hence providing global relevance.

References

- Almeida-Filho, N. & Silvapaim, J. (1999). La crisis de la salud pública y el movimiento de la salud colectiva en Latinoamérica. *Cuadernos Médico Sociales* (Rosario), (75): 5-30.
- Appasamy, P., Guhan, S., Hema, R. et al. (1996). *Social exclusion from a welfare rights perspective in India*. International Institute of Labour Studies and United Nations Development Programme, Research Series 106, Geneva: ILO publications
- Arsenic Policy Support Unit (APSU) (2006). *Social Aspects of Access to Healthcare for Arsenicosis Patients*. Arsenic Policy Support Unit. Dhaka, Bangladesh.
- Atkinson, A.B. (1998). Social Exclusion, poverty and unemployment, in Atkinson, A.B. & Hills, J. (eds). *Exclusion, Employment and Opportunity*. CASE paper 4. London: London School of Economics
- Barnes, M. (2005). *Social Exclusion in Great Britain. An empirical investigation and comparison with the EU*. Aldershot: Ashgate
- Barry, B. (2002). Social exclusion, social isolation, and the distribution of income. In Hills, J., Le Grand, J., & Piachaud, D. (eds.) *Understanding social exclusion*. Oxford: Oxford University Press
- Beall, J. Globalization and social exclusion in cities: framing the debate with lessons from Africa and Asia (2002). *Environment & Urbanization* 14(1): 41-51
- Benach, J., Muntaner, C., & Santana, V. (2007). *Employment Conditions and Health Equity. Final Report to the WHO Commission on the Social Determinants of Health from the Employment Conditions Knowledge Network* (ENCONET).
- Beresford, P., Green, D., Lister, R., & Woodard, K. (1999). *Poverty first hand: poor people speak for themselves*. London: CPAG
- Blane, D. (2000). The life course, the social gradient, and health. In Marmot, M. & Wilkinson, R.G. (eds.) *Social determinants of health*. Oxford: Oxford University Press
- Blaxter, M. (2004). Questions and their meanings in social capital surveys. In Morgan, A. & Swann, C. (eds.) *Social capital for health: issues of definition, measurement and links to health*. London: Health Development Agency
- Bourdieu, P. (1986). The forms of capital. In Richardson, J.G. (eds). *Handbook of theory and research for the sociology of education*. New York: Greenwood Press

- Bowring, F. (2000). Social exclusion: limits of the debate. *Critical Social Policy*, 20, 307-30
- Breihl, J. (2003). *Epidemiología Crítica. Ciencia emancipadora e intercultural*. Buenos Aires: Universidad Nacional de Lanús; Lugar Editorial.
- Brunner, E., & Marmot, M. (2000). Social organisation, stress and health. In Marmot, M. & Wilkinson, R.G. (eds.) *Social determinants of health*. Oxford: Oxford University Press
- Burchardt, T., Le Grand, J., & Piachaud, C. (1999). Social exclusion in Britain 1991-1995. *Social Policy and Administration*. 33/3: 227-44
- Burchardt, T., Le Grand, J., & Piachaud, C. (2002). Degrees of exclusion: developing a dynamic, multidimensional measure, in Hills J, Le Grand J, Piachaud D. 2002. *Understanding social exclusion*. Oxford: Oxford University Press
- Burchardt, T., & Vizard, P. (2007). *Definition of equality and framework for measurement: Final Recommendations of the Equalities Review Steering Group on Measurement*. CASE paper 120. London: LSE
- Byrne, D. (1999) *Social Exclusion*. Buckingham: Open University Press
- Cabrera, P. (2000). Introducción: exclusión, desviación, pobreza. En: Tezanos, F., Cabrera, P. *Miradas en el encuentro. Acortando distancias, construyendo realidades*, Madrid: RAIS:17-21
- Cameron, D. (2006). Quoted by Thompson I. in 'Is Poly Toynbee really the new guru? The Guardian, 25/11/2006
- Castel, R. (1997) [1995]. *Las metamorfosis de la cuestión social. Una crónica del salariado*. Buenos Aires: Paidós.
- Castel, R. (1998). La lógica de la exclusión. In Bustelo, E. & Minujin, A. (eds.) *Todos entran. Propuesta para sociedades incluyentes*. Bogotá: UNICEF, Santillana: 119-160.
- Castel, R. (2004). *La inseguridad social. ¿Qué es estar protegido?* Buenos Aires: Manantial.
- Castells, M. (1998). *The end of the millennium*. Oxford: Blackwell.
- Chamberlayne, P., Rustin, M., & Wengraf, T. eds. (2002). *Biography and social exclusion in Europe. Experiences and life journeys*. Bristol: Policy Press
- Chambers, R. (1997). *Whose reality counts? Putting the first last*. London: ITDG publishing
- Coleman, J. (1988). Social capital in the creation of human capital. *American journal of sociology*. 94:S95-S120

- Commission on Social Determinants of Health (CSDH) (2006). *A conceptual framework for action on the social determinants of health. Discussion paper for the Commission on Social Determinants of Health. Draft*. Geneva: WHO
- Council of Europe (1998). *Fighting social exclusion and strengthening social cohesion in Europe*. Recommendation 1355, Parliamentary Assembly debate on 28 January 1998
- Crawhall, N. (2006). IPACC secretariat mission to Niger report. In *Report on West African regional conference of indigenous peoples of the Sahara and Sahel*. Agadez, Niger, 20-25 February 2006, available: www.ipacc.org.za
- Curran, C., Burchardt, T., Knapp, M., McDaid, D. & Bingqin, L. (2007). Challenges in multidisciplinary systematic reviewing: a study on social exclusion and mental health policy. *Social policy and administration* 41 (3): 289-312
- Dahlgren, G. & Whitehead, M. (1993) *Tackling inequalities in health: what can we learn from what has been tried? Working paper prepared for the King's Fund International Seminar on Tackling Inequalities in Health*, September 1993, Ditchley Park, Oxfordshire. London: King's Fund
- Dahlgren, G. & Whitehead, M. (2006). *Levelling up (part 2): a discussion paper on European strategies for tackling social inequities in health*. Copenhagen: WHO regional office for Europe (Studies on social and economic determinants of population health, No.3).
- Davies, J.S. (2005). The social exclusion debate: strategies, controversies and dilemmas. *Policy studies* 26(1) 3-27
- Department of Social Security (DSS) (1999). *Opportunity for All: tackling poverty and social exclusion*. London: The Stationery Office
- Department for International Development (DFID) (2005). *Reducing poverty by tackling social exclusion. A policy paper*.
- Department for Work and Pensions (DWP) (2003). *United Kingdom National Action Plan on Social Inclusion 2003-05: the annexes*. London: Department for Work and Pensions
<http://www.dwp.gov.uk/publications/dwp/2003/nap/>
- Dunn, S. (1999). *Creating accepting communities. Report of the MIND inquiry into social exclusion and mental health problems*. London: MIND publications
- Durkheim, E. (1895). *The rules of the sociological method*
- Elias, N. (1998) [1993]. Ensayo teórico sobre las relaciones entre establecidos y marginados. In Elias, N. *La civilización de los padres y otros ensayos*.

Compilación, presentación y traducción de Vera Weiler. Bogotá: Norma, Editorial Universidad Nacional: 79-138.

Esping-Andersen, G. (2000). *Fundamentos sociales de las economías postindustriales*. Barcelona: Ariel.

Estivill, J. (2003). *Concepts and strategies for combating social exclusion: an overview*. Geneva: International Labour Organisation

European Council (2000). *Fight against poverty and social exclusion – Definition of appropriate objectives*. Brussels, 30 November 2000
http://ec.europa.eu/employment_social/social_inclusion/objectives_en.htm

European Commission (2006). *Portfolio of overarching indicators and streamlined social inclusion, pensions and health portfolios*. Brussels

Fabian Society (2006). *Narrowing the gap. The final report of the Fabian Commission on life chances and child poverty*. London: Fabian Society

Figueroa, A., Altamirano, T., & Sulmont, D. (1996). *Social exclusion and inequality in Peru*. International Institute of Labour Studies and United Nations Development Programme, Research series 104, Geneva: ILO publications

Fleury, S. (1998). Política social, exclusión y equidad en América Latina. *Nueva Sociedad*, N° 156, Julio-Agosto: 1-25 (pdf version).

Fraser, N. (1997). Redistribución y reconocimiento. En: Fraser, N. *Iustitia Interrupta. Reflexiones críticas desde la posición 'postsocialista'*. Bogotá: Siglo del Hombre, Universidad de los Andes: 15-54.

Fraser, N. (2003). Redistribución, reconocimiento y exclusión social. In Departamento Administrativo de Bienestar Social (DABS) & Facultad de Ciencias Políticas y Relaciones Internacionales, Pontificia Universidad Javeriana (eds.) *Inclusión social y nuevas ciudadanías. Condiciones para la convivencia y seguridad democráticas. Seminario Internacional. Memorias*. Bogotá: DABS, PUJ: 55-69.

Fukuyama, F. (1995). *Trust: the social virtues and the creation of prosperity*. New York: Free Press

García Roca, J (1998). *Exclusión social y contracultura de la solidaridad. Prácticas, discursos y narraciones*. Madrid: HOAC.

Gaviria, M., Laparra, M., and Aguilar, M. (1995). Aproximación teórica al concepto de exclusión. En: Álvarez-Uría, F. y otros. *Desigualdad y pobreza, hoy*. Madrid: Talasa: 133-200.

GES (Gabinet d'Estudis Socials) (1995). *Informe sobre a pobreza en Galicia*. Santiago de Compostela, Xunta de Galicia

- Gordon, D., Adelman, L., Ashworth, K., Bradshaw, J., Levitas, R., Middleton, S., Pantazis, C., Patsios, D., Payne, S., Townsend, P., & Williams, J. (2000). *Poverty and Social Exclusion in Britain*. York: Joseph Rowntree Foundation 2000
- Gore, C. and Figueiredo, J.B. (eds.) (1997). *Social exclusion and anti-poverty policy: a debate*. International Institute for Labour Studies Research and United Nations Development Programme, research series 110. Geneva: International Labour Organisation publications
- Gough, J. & Eisenschitz A, with McCulloch A. (2006). *Spaces of social exclusion*. London: Routledge
- Graham, H. (2004). *Health inequalities: concepts, frameworks and policy*. Health Development Agency briefing paper. London: Health Development Agency
- de Haan, A. (2001). *Social Exclusion: enriching the understanding of deprivation*. World Development Report Forum on 'Inclusion, Justice and Poverty Reduction'.
- Hassan, M.M., Atkins, P.J., & Dunn, C.E. (2005). Social implications of arsenic poisoning in Bangladesh. *Soc Sci Med*. 61:2201-11
- Hean, S., Cowley, S., Forbes, A. & Griffiths, P. (2004). Theoretical development and social capital measurement. In Morgan, A. & Swann, C. *Social capital for health: issues of definition, measurement and links to health*. London: Health Development Agency
- Hernández, M. (2002). Reforma sanitaria, equidad y derecho a la salud en Colombia. *Cadernos de Saúde Pública*, 18 (4), Jul-Ago: 991-1001.
- Hernández, M. (2003). Neoliberalismo en salud: desarrollos, supuestos y alternativas. In Restrepo, D.I. (Ed) *La falacia neoliberal. Crítica y alternativas*. Bogotá: Vicerrectoría Académica y Sede Bogotá, Universidad Nacional de Colombia: 347-361
- Hernández, M., Obregón, D., Miranda, N. et al. (2002). *La Organización Panamericana de la Salud y el Estado colombiano: cien años de historia, 1902-2002*. Bogotá: OPS/OMS.
- Hernández, M., Ochoa, D., & Novoa, E. (2001). Del capital social a la construcción de lo público. *Trans, Revista de la Sede Bogotá*, N° 1: 10-41.
- Hills J, Le Grand J, Piachaud D. (2002). *Understanding social exclusion*. Oxford: Oxford University Press
- Inglehart, R. (1997). *Modernization and Postmodernization: Cultural, Economic and Political Change in 43 Societies*. Princeton: Princeton University Press.

- International Institute for Labour Studies (IILS) (1998). Annex I: issues for discussion. In: Figueiredo, J.B. & de Haan, A. eds. *Social exclusion: an ILO perspective*. International Institute for Labour Studies Research series 111. Geneva: International Labour Organisation
- Johnston, H. (2008). *Disentangling inequities in Bangladesh: A social exclusion and health analysis*. SEKN Background Paper 11, Dhaka, Bangladesh
- Juliano, D. (2001). Género y exclusión. In Valencia, A. (ed) *Exclusión social y construcción de lo público en Colombia*. Bogotá: Centro de Estudios de la Realidad Colombiana (CEREC), Facultad de Ciencias Económicas, Universidad del Valle: 27-50.
- Karikalan, I. (2002). Oorakali. In Basu, T. (eds) *Translating caste. Stories, essays, criticism*. New Delhi: Katha
- Kawachi, I., Kennedy, B.P., Lochner, K., & Prothrow-Smith, D. (1997). Social capital, income inequality and mortality. *American Journal of Public Health*. 87:1491-8
- Klein, N. (2001). The Unknown Icon. *The Guardian Weekend*, March 3 2001
- Krieger, N. (2003). Theories for social epidemiology in the twenty-first century. In Hofrichter, R. (ed.) *Health and social justice. Politics, ideology, and inequity in the distribution of disease. A public health reader*. San Francisco: Jossey-Bass
- Kronauer, M. (1998). Social exclusion and underclass – new concepts for the analysis of poverty. Pp 51-75. In Hans-Jurgen, A. (ed) *Empirical poverty research in a comparative perspective*. Ashgate: Aldershot
- Kuhn, T. (1970). *The structure of scientific revolutions*. 2nd edition. Chicago: University of Chicago Press
- Labonte, R., Blouin, C., Chopra, M., Lee, K., Packer, C., Rowson, M., Schrecker, T., & Woodward, D. (2007). *Towards Health-Equitable Globalisation: Rights, Regulations and Redistribution. Final Report of the Globalisation Knowledge Network to the WHO Commission on Social Determinants of Health*.
- Lader, D. (2007). *Public attitudes towards development. Knowledge and attitudes concerning poverty in developing countries, 2006. A report on research using the Office for National Statistics Omnibus Survey produced by the Office for National Statistics on behalf of the Department for International Development*. London: Office for National Statistics
- Landman, T. (2006). *Human rights and social exclusion indicators: concepts, best practices, and methods for implementation*. University of Essex: Department of Government Human Rights Centre
- Lauthier, B. (2005). Una protección social mutualista y universal: condición para la eficacia de la lucha contra la pobreza. In Salama, P., Marques-Pereira,

- J., Lauthier, B., Le Bonniec, Y., Rodríguez, O., Giraldo, C. *Sistemas de protección social: entre la volatilidad económica y la vulnerabilidad social*. Colección estudios sobre protección social, tomo 1. Bogotá: Centro de Investigaciones para el Desarrollo (CID), Facultad de Ciencias Económicas, Universidad Nacional de Colombia: 95-154.
- Le Bonniec, Y. (2005). Colombia: una apuesta aún incierta. In Salama, P., Marques-Pereira, J., Lauthier, B., Le Bonniec, Y., Rodríguez, O., Giraldo, C. *Sistemas de protección social: entre la volatilidad económica y la vulnerabilidad social*. Colección estudios sobre protección social, tomo 1. Bogotá: Centro de Investigaciones para el Desarrollo (CID), Facultad de Ciencias Económicas, Universidad Nacional de Colombia: 158-176.
- Lenoir, R. (1974). *Les exclus: un Français sur dix*. Paris: Le Seuil
- Levitas, R. (1998). *The inclusive society? Social exclusion and new labour*. Basingstoke: Palgrave Macmillan
- Levitas, R. (2005). *The inclusive society? Social exclusion and new labour. Second edition*. Basingstoke: Palgrave Macmillan
- Levitas R. (2006). The concept and measurement of social exclusion. In Pantazis C, Gordon D & Levitas R (eds.) *Poverty and social exclusion in Britain. The millennium survey*. Bristol: Policy Press
- Levitas, R., Pantazis, C., Fahmy, E., Gordon, D., Lloyd, E. & Patsios, D. (2007). *The multi-dimensional analysis of social exclusion*. Bristol Institute for Public Affairs, University of Bristol
- Lister, R. (1990). *The exclusive society: citizenship and the poor*. London: CPAG
- Mabbett, D. (2004). *Learning by numbers: the role of indicators in the social inclusion process*. Paper for the ESPAnet conference, Oxford, 9-11 September 2004
- Madanipour, A. et al. (eds.) (1998). *Social exclusion in European cities. Processes, experiences and responses*. London: Jessica Kingsley
- Mann, M. (1986). *The Sources of Social Power. Vol. I: A history of power from the beginning to A.D. 1760*. Cambridge: Cambridge University Press.
- Marmot, M. & Wilkinson, R.G. (eds.) (2006). *Social determinants of health. 2nd edition*. Oxford: Oxford University Press
- Marshall, T.H. (1964). *Class, citizenship and social development*. New York: Doubleday.
- Mathieson, J. Alhacen, A (Aghirin'man, Arlit) (2007). *Social exclusion in north Niger: A case study*. SEKN Background Paper 5, Lancaster, UK
- McLean, C., Campbell, C., & Cornish, F. (2003). African-Caribbean interactions with mental health services in the UK: experiences and expectations of

exclusion as (re)productive of health inequalities. *Soc Sci Med* 56: 657-669

Miliband, D. (2006). *Social exclusion: the next steps forward*. Wetherby: Office of the Deputy Prime Minister Publications.

Minujin, A. (1998). Vulnerabilidad y exclusión en América Latina. En: Bustelo, E., Minujin, A. (Editores) *Todos entran. Propuesta para sociedades incluyentes*. Bogotá: UNICEF, Santillana: 161-205.

Mkandawire, T. (2005). *Targeting and Universalism in Poverty Reduction*. Social Policy and Development Social Program Paper Number 23, Geneva: United Nations Research Institute for Social Development.

Organización Panamericana de la Salud (OPS) (2003). *Exclusión en salud en países de América Latina y el Caribe*. Serie N° 1. Extensión de la Protección Social en Salud. Washington: OPS/OMS, Agencia Sueca para el Desarrollo Internacional (ASDI).

Morgan, A. & Swann, S. (2004). Where next for social capital research? In Morgan, A., & Swann, C. (eds.) *Social capital for health: issues of definition, measurement and links to health*. London: Health Development Agency

Morrow, V. (2002). Children's experiences of 'community': implications of social capital discourses. In Swann, C. & Morgan, A. (eds.) *Social capital for health: insights from qualitative research*. London: Health Development Agency

Muntaner, C. (2004). Commentary: social capital, social class and the slow progress of psychosocial epidemiology. *International Journal of Epidemiology*. 33:674-80

Murard, N. (2002). Guilty victims: social exclusion in contemporary France. In Chamberlayne, P., Rustin, M., & Wengraf, T. (eds.) *Biography and social exclusion in Europe. Experiences and life journeys*. Bristol: Policy Press

Murray, C. (1990). *The emerging British underclass*. London: Institute of Economic Affairs Health and Welfare Unit

Navarro, V. & Shi, L. (2001). The political context of social inequalities and health. *Int Journal of Health Services*. 31(1) 1-21

Navarro, V. (eds.) (2002) *The political economy of social inequalities. Consequences for health and the quality of life*. Baywood: Amityville

Navarro, V., Muntaner, C., Borrell, C., et al. (2006). Politics and health outcomes. *Lancet* 368:1033-7

- Organisation for Economic Cooperation and development (OECD) (1997). *Societal cohesion and a globalizing economy*. Washington DC: OECD, March 1997
- Palmer, G., MacInnes, T., & Kenway, P. (2006). *Monitoring poverty and social exclusion in the UK 2006*. York: Joseph Rowntree Foundation www.poverty.org.uk, published by the New Policy Institute on behalf of the Joseph Rowntree Foundation
- Pantazis, C., Gordon, D., & Levitas, R. (eds.) (2006). *Poverty and social exclusion in Britain. The millennium survey*. Bristol: Policy Press
- Parr, H., Phil, C., & Burns, N. (2004). Social geographies of rural mental health: experiencing inclusions and exclusions. *Transactions of the Institute of British Geographers* 29 (4) 401-19
- Paugam, S. (1995). The spiral of precariousness: a multidimensional approach to the process of social disqualification in France. In Room, G. (ed.) *Beyond the threshold. The measurement and analysis of social exclusion*. Bristol: Policy Press.
- Payne, S. (2006). Mental health, poverty and social exclusion. In Pantazis, C., Gordon, D. & Levitas, R. (eds.) Bristol: Policy Press
- Pierson, J. (2002). *Tackling Social Exclusion*. London: Routledge
- Popay, J., Williams, G. Thomas, C. and Gatrell, A. (1998). Theorising inequalities in health: The place of lay knowledge, *Sociology of Health and Illness* 20 (5), 619-644
- Popay, J., Escorel, S., Hernandez, M., Johnston, H., Mathieson, J., and Rispel, L. on behalf of the WHO Social Exclusion Knowledge Network (2008) *Understanding and tackling social exclusion; Final Report of the Social Exclusion Knowledge Network of the Commission on Social Determinants of Health*. Geneva with web link
- Prigogine, I. & Stengers, I. (1985). *Order out of chaos*. London: Flamingo
- Putnam, R. (1993). *Making democracy work. Civic traditions in modern Italy*. New Jersey: Princeton University Press
- Putnam, R. (2000). *Bowling Alone. The collapse and revival of American community*. New York: Simon and Schuster
- Rispel, L. Molomo, B. Dumela, S. (2007). *South African Case Study on Social Exclusion*. SEKN Background Paper 3, Johannesburg, South Africa
- Rodríguez, O. (2005). Avatares de la reforma del sistema de seguridad social, Ley 100 de 1993. En: Salama, P., Marques-Pereira, J., Lauthier, B., Le Bonniec, Y., Rodríguez, O., Giraldo, C. *Sistemas de protección social: entre la volatilidad económica y la vulnerabilidad social*. Colección estudios sobre protección social, tomo 1. Bogotá: Centro de Investigaciones para el

Desarrollo (CID), Facultad de Ciencias Económicas, Universidad Nacional de Colombia: 177-231.

- Rodríguez, O. (2007).s *Las transformaciones teóricas y políticas del Banco Mundial: la antesala al Manejo Social del Riesgo*. Bogotá. Documento elaborado para el grupo Colombia del Nodo Regional Conjunto para América Latina de la Red de Conocimiento sobre Exclusión Social, Comisión de Determinantes Sociales de la Salud, Organización Mundial de la Salud (inédito).
- Room, G. et al. (1992). *Observatory on national policies to combat social exclusion. Second annual report*. Brussels: Directorate General for Employment, Social Affairs and Industrial Relations, Commission of the European Communities
- Room, G. (1995). Poverty and social exclusion: the new European agenda for policy and research. In Room, G. (ed.) *Beyond the threshold. The measurement and analysis of social exclusion*. Bristol: Policy Press.
- Rosanvallon, P. (1995). *La nueva cuestión social. Repensar el Estado providencia*. Buenos Aires: Manantial.
- Rowntree, S. (1901). *Poverty: a study of town life*. London: Longmans Green
- Saith, R. (2001). *Social exclusion; the concept and application to developing countries*. Working paper number 72. Queen Elizabeth House, University of Oxford
- Salama, P. (1999). *Riqueza y pobreza en América Latina. La fragilidad de las nuevas políticas económicas*. México: Universidad de Guadalajara, Fondo de Cultura Económica.
- Salama, P. (2006). De la flexibilidad a la cohesión social, pasando por las finanzas. In Le Bonniec, Y., Rodríguez, O. (eds) *Crecimiento, equidad y ciudadanía. Hacia un nuevo sistema de protección social*. Colección Estudios sobre Protección Social, tomo 2. Bogotá: Alcaldía Mayor de Bogotá, Departamento Administrativo de Bienestar Social
- Schrecker, T. (2006). Personal communication
- Scokpol, T. (1996). Unravelling from above. *The American Prospect*, N° 25. En: <http://www.prospect.org/cgi-bin/printable.cgi>
- Sen, A. (2000). Social Exclusion: concept, application and scrutiny. Social Development papers 1. Asian Development Bank
- Seoane, J. (Comp.) (2004). *Movimientos sociales y conflicto en América Latina*. Buenos Aires: Agencia Sueca de Desarrollo Internacional (ASDI), Consejo Latinoamericano de Ciencias Sociales (CLACSO).

- Shaw, M., Dorling, D., & Davey Smith, G. (2006). Poverty, social exclusion, and minorities. In Marmot, M. & Wilkinson, R.G. (eds.) *Social determinants of health*. 2nd edition. Oxford: Oxford University Press
- Silver, H. (1994). Social exclusion and social solidarity: three paradigms. *International Labour Review*. 133:531-78
- Silver, H. (2004). European Policies to Promote the Social Inclusion of Disadvantaged Groups: Lessons for Latin America. Pp. 135-76. In Buvinic, M. & Mazza J. (eds) *Social Inclusion: Latin America's Development Challenge*. Baltimore: Johns Hopkins University Press, Inter-American Development Bank
- Silver, H. (2005). From Poverty to Social Exclusion: Lessons from Europe. Pp. 57-70. In Hartman, C. (eds.) *Poverty and Race in America: The Emerging Agendas*. Lanham, MD: Lexington Books
- Social Exclusion Unit (SEU) (1997). *Social Exclusion Unit: Purpose, work priorities and working methods*. London: The Stationery Office
- South Australian Labor Party (2002). *Labor's social inclusion initiative: Labor's plans for government*.
- Spano, A. (2002). Female identities in late modernity. In Chamberlayne, P., Rustin, M., & Wengraf, T. (eds.) *Biography and social exclusion in Europe. Experiences and life journeys*. Bristol: Policy Press
- Stewart, F. (1998) La insuficiencia crónica del ajuste. In Bustelo, E. & Minujin, A. (eds) *Todos entran. Propuesta para sociedades incluyentes*. Bogotá: UNICEF, Santillana: 25-65.
- Swann, C. & Morgan, A. (2002). Introduction: Social capital for health: insights from qualitative research. In Swann, C. & Morgan, A. (eds) *Social capital for health: insights from qualitative research*. London: Health Development Agency
- Szreter S and Woolcock M (2004). Health by association: social capital, social theory and the political economy of public health. *International Journal of Epidemiology*. 33:650-67
- Tezanos, F. (1999). Tendencias de dualización y exclusión social en las sociedades tecnológicas avanzadas. Un marco para el análisis. En: Tezanos, F. (Editor) *Tendencias en desigualdad y exclusión social*. Madrid: Sistema.
- Townsend, P. (1979). *Poverty in the United Kingdom*. Harmondsworth: Penguin
- Townsend P. (1997). Redistribution: the strategic alternative to privatisation. In Walker, A. & Walker, C. (eds.) *Britain divided. The growth of social exclusion in the 1980s and 1990s*. London: CPAG

Townsend, P. (2007) *The Right to Social Security and National Development: Lessons for OECD experience for low income countries*; Issues in Social Protection, Discussion Paper 18, International Labour Office

Toynbee, P. (2006). *The Guardian*, 23 November 2006

United Nations Development Programme (UNDP) (2007a). *Summary of the virtual round table on social exclusion*
www.hdr.undp.org/docs/nhdr/consolidated_replies/161.pdf, accessed 3.10.07

United Nations Development Programme (UNDP). (2007b). *Human Development Reports. Glossary of terms*. Available at:
<http://hdr.undp.org/en/humandev/glossary/>

United Nations High Commission for Refugees (UNHCR) (2007). *2006 global trends: refugees, asylum-seekers, returnees, internally displaced and stateless persons*. Geneva: UNHCR

Valencia, A (2001). Exclusión social y construcción de lo público en Colombia. In Valencia, A. (ed.) *Exclusión social y construcción de lo público en Colombia*. Bogotá: Centro de Estudios de la Realidad Colombiana (CEREC), Facultad de Ciencias Económicas, Universidad del Valle: 11-25.

Veit-Wilson, J. (1998). *Setting adequacy standards*. Bristol: Policy Press

Velásquez, F. (2001). Exclusión social y gestión urbana: a propósito de Cali. En: Valencia, A. (Editor) *Exclusión social y construcción de lo público en Colombia*. Bogotá: Centro de Estudios de la Realidad Colombiana (CEREC), Facultad de Ciencias Económicas, Universidad del Valle: 97-156.

Watkins, K. (2006). *Human Development Report 2006. Beyond scarcity: power, poverty and the global water crisis*. New York: Palgrave Macmillan
Available: <http://hdr.undp.org/hdr2006/statistics/indicators/>

Watkins, K. (2007). *Human Development Report 2007/2008. Fighting climate change: human solidarity in a divided world*. New York: Palgrave Macmillan
Available: <http://hdr.undp.org/en/reports/global/hdr2007-2008/>

Wilkinson, R. (1996). *Unhealthy Societies: the afflictions of Inequality*. London: Routledge

Wilkinson R.G., and Pickett, K.E. (2006). Income inequality and population health: a review and explanation of the evidence. *Social Science and Medicine* 62 1768-84

Wolfensohn, J.D. (1997). *The challenge of inclusion*. Annual meetings address. Hongkong, 23 September 1997

Appendix1: Definitions of social exclusion

i) Definitions from the academic literature

Barnes (2005:15): 'Social exclusion refers to the multi-dimensional and dynamic process of being shut out, fully or partially, from the economic, social and cultural systems that determine the social integration of a person in society'.

Burchardt et al. (1999:229): 'An individual is socially excluded if (a) he or she is geographically resident in a society but (b) for reasons beyond his or her control, he or she cannot participate in the normal activities of citizens in that society, and (c) he or she would like to so participate'.

Byrne (1999): 'Social exclusion is defined as a multi-dimensional process, in which various forms of exclusion are combined: participation in decision-making and political processes, access to employment and material resources, and integration into common cultural processes. When combined, they create acute forms of exclusion that find a spatial manifestation in particular neighbourhoods'.

Estivill (2003:19): 'Social exclusion must ... be understood as an accumulation of confluent processes with successive ruptures arising from the heart of the economy, politics and society, which gradually distances and places persons, groups, communities and territories in a position of inferiority in relation to centres of power, resources and prevailing values'.

Landman (2006:19): 'social exclusion involves discrimination against individuals and groups based on one or many different social attributes or elements of social identity. Such discrimination can occur as the result of formal or informal activities of the state as well as institutions and organisations in the private sector (including families, villages, and community associations).

Levitas et al. (2007:25): 'Social exclusion is a complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole'.

Madanipour (1998:17): Social exclusion 'is a societal, that is a society-wide, process, induced by wider changes and working itself through in specific ways shaped by national contexts and negatively affecting the ability of particular groups to participate in those social relationships which mean that 'living in a place' contributes to human flourishing'.

Pierson (2002): 'Social exclusion is a process that deprives individuals and families, groups and neighbourhoods of the resources required for participation in the social, economic and political activity of society as a whole. This process is primarily a consequence of poverty and low income,

but other factors such as discrimination, low educational attainment and depleted living environments also underpin it. Through this process people are cut off for a significant period of their lives from institutions and services, social networks and developmental opportunities that the great majority of society enjoys'.

Fleury (1998:13): 'In summary, exclusion is a cultural process that implies the establishment of a norm that prohibits the inclusion of individuals, groups and populations in a sociopolitical community. Thus, the excluded groups are, in general, prevented from participating in predominant economic relationships - the market, as producers and/or consumers - and in political relationships, in effect, citizenship rights. However, the coexistence of poverty situations in the same population group, the absence of social rights or of conditions for exercising them, and exclusion from the sociopolitical community, should not confuse us and make us think that it is a simple phenomenon, subordinated to the economic dimension, what would imply only one strategy of confrontation of this complex condition."

Fraser (2003:56): '[...] social exclusion is a kind of injustice but not always total economic deprivation that can be remedied with redistribution. On the contrary, the concept is located in the intersection of two dimensions of social injustice: bad distribution and the lack of recognition. Being a two-dimensional form of justice, it demands a two-dimensional answer. Therefore, a policy that seeks to combat social exclusion should combine a policy of redistribution with a policy of recognition. Neither of the two will be enough by itself."

Juliano (2001:32): 'Two types of interrelated processes have become visible in modern complex societies: those of marginalisation and those of exclusion. The result of marginalization is less access to economic resources and to power. The devaluation and stigmatization of particular groups and discriminatory practices tend to make this situation seem normal. On those excluded, the symbolic violence of assigning them the responsibility of their precarious situation is systematically applied. Social exclusion is found at the extreme of marginalizing process'.

Valencia (2001:18): "Exclusion is not only segregation and marginalization; it is a type of social relationship that does not recognize the other's right of existing."

ii) Definitions from governmental/intergovernmental agencies

England's Social Exclusion Unit (SEU) (1997): social exclusion is 'a shorthand for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown'.

Rann (then Prime Minister) in South Australian Labor Party (2002): 'social exclusion is created by harsh and unjust economic conditions compounded by difficult social environments and made worse by insensitive

government policies and government neglect. Social exclusion is experienced by individuals, families, and communities when they are denied access to the opportunities they need to live rewarding and secure lives'.

UK Department for International Development (DFID)(2005:3): 'Social exclusion describes a process by which certain groups are systematically disadvantaged because they are discriminated against on the basis of their ethnicity, race, religion, sexual orientation, caste, descent, gender, age, disability, HIV status, migrant status or where they live. Discrimination occurs in public institutions, such as the legal systems or education and health services, as well as social institutions like the household'.

Council of Europe (1998): 'social exclusion goes well beyond participation in consumer society and includes inadequacy, inequality, or total lack of participation in social, economic, political and cultural life. Exclusion extends from social isolation to a total rupture with society'.

United Nations Development Programme virtual round table (UNDP, 2007a): 'exclusion could be translated as the UN non-discrimination clause, defined by the Human Rights Commission to mean "any distinction, exclusion, restriction or preference which is based on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, and which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons, on an equal footing, of all rights and freedoms."'

iii) Definitions from ILO country case studies (Gore & Figueiredo, 1997:17-18)

Peru: 'social exclusion is the inability to participate in aspects of social life considered important. These are economic, cultural and political. "Hardcore" social exclusion occurs when there is mutual feedback, rather than offsetting, relationships between the inability to participate in these three dimensions of social life'.

India: 'social exclusion is the denial of the basic welfare rights which provide citizens positive freedom to participate in the social and economic life and which thereby render meaningless their fundamental negative freedoms'.

Thailand: 'social exclusion is a process through which citizenship rights on which livelihood and living standards depend are not recognised and respected. This involves relationships between people, in which rights are challenged and defended through negotiations and conflict'.

Russia: 'social exclusion is both an objective and a subjective feature of people's lives. As an objective condition, it is characterized by material deprivation and infringement of social rights (including rights related to employment for the employed and the unemployed). As a subjective

feeling, it is characterized by a sense of social inferiority in the community or a loss of prior social status'.

Tanzania: 'social exclusion is both a state and a process. As a state, it is equivalent to relative deprivation; as a process, it refers to the socially-determined structures and processes which impede access on the part of some members of society to economic resources, to social goods, and to institutions which determine their destinies'.

Yemen: 'social exclusion is the opposite of social integration. It is present when some individuals and groups cannot participate, or are not recognised, as full and equal members of society, at local community or national level'.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BEAM	Basic Education Assistance Programme
CASE	Research Centre for Analysis of Social Exclusion, London School of Economics, UK
CCT	Conditional Cash Transfer
CSDH	Commission on Social Determinants of Health
CSG	Child Support Grant
CSO	Civil Society Organisations
DFID	Department for International Development, UK
DWP	Department for Work and Pensions, UK
EU	European Union
HDI	Human Development Index
HIV	Human Immuno-Deficiency Virus
HPI	Human Poverty Index
HSRC	Human Sciences Research Council, South Africa
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
IILS	International Institute for Labour Studies
ILO	International Labour Organisation
IMF	International Monetary Fund
IPC	International Poverty Centre
IRIF	Inter-Regional Inequality Facility
KN	Knowledge network
LEDs	Less economically developed countries
MEDCs	More economically developed countries
NGOs	Non governmental organisations
OFA	Opportunity for All

PSE	Poverty and Social Exclusion
RSA	Republic of South Africa
SA	South Africa
SASSA	South African Social Security Agency
SD	Social Determinants
SDH	Social Determinants of Health
SEKN	Social Exclusion Knowledge Network
SEU	Social Exclusion Unit, England
SSA	Sub Saharan Africa
UK	United Kingdom
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
WHO	World Health Organisation