

The role of social cohesiveness in promoting optimum child development

GRAHAM VIMPANI



An understanding of the genetic and biological underpinnings of child development, while necessary, is an insufficient framework for understanding the complexity of human development. Whilst the concept of the mother–infant relationship stressed by Bowlby (1969; 1980) and Ainsworth (1978) and others (Blehar et al. 1978) is important, Bronfenbrenner’s (1979) seminal work drawing attention to the broader ecology of child development and the impact of the many different social systems that interface with the developing child is a significant advance.

The importance of this perspective within the health care professions has again been highlighted as a result of McKeown’s (1976; 1988) and Fogel’s (1994) historical analyses of the impact of the industrial revolution on health, and more recent work examining the links between socio-economic inequality

and health. McKeown, former professor of Social Medicine at the University of Birmingham, claimed that improved living conditions and nutrition had been the main cause of improved health in Britain following the Industrial Revolution rather than advances in health care; Nobel Laureate Fogel set out to disprove his hypothesis and became even more convinced of the central role of better nutrition in improved mortality throughout Europe.

The “new morbidity”

Recent concern about the impact of the massive social changes experienced in the last half century on patterns of child health and wellbeing was described as the “new morbidity” (Haggerty et al. 1975) by an eminent American pediatrician Robert Haggerty (who had undertaken a seminal study of child health status in Rochester NY in the early 1970s).

The new morbidity was reflected in new trends in the epidemiology of developmental, behavioural and learning disorders in children and young people (Garbarino 1993; Garbarino and Kostelny 1997; Osofsky 1997). These trends included self-harming behaviour in young people, which in turn widened the focus of attention beyond the family unit to the broader social environments that impinge on children and young persons – including the support and reinforcement provided to parents, children and young people by neighbourhoods, schools, friends, peers and mentors at a geographical level. It also considered the impact on the health and wellbeing of children and families of macrosystem features such as social values and public policy in general. This work mirrors broader movements within the field of public health that is reflected in documents on the broader contextual framework of health produced under the auspices of the World Health Organisation, such as the Ottawa charter (1986) and the Jakarta declaration (1997).

Social isolation

In today's mobile societies, many nuclear families are isolated not only from members of their extended family but from their neighbours. Social isolation contributes to a sense of disempowerment and alienation. Because of housing difficulties, poorer families are often amongst the most mobile, compounding the adversity experienced by their children. This breakdown in social cohesiveness constitutes a significant disruption of the pattern that has existed for most of human history, where the village clan of 50–100 people, in which women had a significant community role, and which was communitarian in its social order, had been traditionally responsible for the task of childrearing (Boserup 1981). Such structures acknowledge the fact that most primate species are social animals and flounder without social support networks, and therefore tend to form groups that can provide this support, particularly for rearing their young (Bly 1996).

Socially toxic environments

There is mounting concern that the increasing recognition of child maltreatment in all its forms, the growth in disruptive behaviour problems in children and young people, the deteriorating developmental achievements of children from many minority groups (especially those living in inner cities) and rising youth suicide rates are the modern day equivalent of the miner's canary – a barometer of what Garbarino (1995) has coined a “socially toxic” and certainly less civil environment (World Health Organisation 1986).

This environment is marked by a breakdown in the effective functioning of many families, contributed to in part by the declining role of adult males in family life through both physical and emotional absence (Bly 1996). Another factor is the pervasive “famine of parental time”, and an erosion of mutually supportive social relationships (in part a consequence of high social mobility and a decline in trust). Other factors include growth in domestic and community violence (World Health Organisation 1997), demands for rights that are uncoupled from responsibilities (witness some elements of the recent debate on IVF for single and lesbian parents), and growth in various kinds of addictive behaviours.

Social wellbeing

These contemporary concerns give further weight to the argument that human wellbeing cannot be judged solely by improved economic wellbeing (as reflected in continuing growth of the GDP throughout most of this period). Other

measures of social wellbeing, such as the Index of Social Health (Miringoff 1996) or the Genuine Progress Indicator (GPI, Cobb et al. 1995) tell a less optimistic story that resonates more closely with community opinion (Eckersley 1998). Moreover, there is ample evidence that economic growth has been unevenly distributed in many industrialised societies with increasing socioeconomic inequality. There is also evidence that at least on some measures of health status, states with wider income gaps between rich and poor fare less well than those where the gaps are narrower (Wilkinson 1996).

Social capital

One concept that has emerged within this debate that has potential value as an explanatory variable for some features of the “new morbidity” and which may also give guidance about some possible ways to address the contemporary dilemma is that of *social capital*. Kawachi et al. (1997); Kennedy et al. (1996); Kaplan et al. (1996); and Wilkinson (1994) have all argued that these widening gaps have led to declining levels of social cohesion and trust, what they term a “disinvestment in social capital”. This concept has growing appeal in at least some countries (Cox 1995) and international organisations, such as the World Bank (1993), in part because in a public marketplace of ideas dominated by economic concepts, it resonates with opinion leaders and those who hold the key to the public purse.

What is particularly helpful is the analogy that can be drawn with government expenditure on other forms of capital – human (the level of education and training of individuals in a community), physical (infrastructure) – namely, that outlays to promote its growth can be considered an investment, rather than a cost. In Australia, for example, both the left (Latham 1998) and right (Smith 1998) of politics have grasped the concept, albeit with different emphases, since it first received wide exposure in the Eva Cox's 1995 Boyer Lectures (Latham 1998). While the conservatives have emphasised the importance of strengthening communities to support families as an alternative to government intervention, the left sees it as a way of challenging unhealthy aspects of economic rationalism and ensuring that social considerations have a key place in policy making whose goals include building a caring civil society that rests on the legitimacy of state intervention (Baum 1998).

Social cohesion

Social cohesion is a central element of social capital that includes “those features of social organisation, such as trust, reciprocity, norms and networks that can improve the efficiency of society by facilitating coordinated actions” (Putnam 1993). High levels of social capital contributes to a willingness to take risks in a social context based on a sense of confidence that others will respond as expected and act in mutually supportive or non-harmful ways (Fukuyama 1995), and the active and willing engagement of citizens within a participative community (Onyx and Bullen 1997). It is the very fabric of a civil society.

There is a growing body of evidence that social cohesion has considerable relevance to child health, development and behaviour. However, there are fewer studies that have analysed the relationship between the broader concept of social capital and health outcomes, and some of those that purport to do so have used definitions of social capital that could be justifiably challenged. For example, Sameroff and Seifer (1983) clearly demonstrated a link between cumulative environmental risk and cognitive development, and Coleman (1988) and Smith et al. (1992) examined the impact of several dimensions of social capital on high school completion rates.

Factors associated with low-cohesive neighbourhoods

Other work has shown that communities with less dense social networks and lower rates of social engagement experience higher rates of child maltreatment and other forms of criminal behaviour. For example Vinson, Baldry and Hargreaves (1996) found that the one outstanding difference between two adjoining economically depressed neighbourhoods with contrasting rates of child abuse was in the structure of the networks in the two areas with a relative lack of connection between the more immediate (familial) and more distant parts of the social networks in the area with the higher rate of abuse.

These are findings similar to those found in other settings previously by Salinger et al. (1983) and Garbarino and Sherman (1980) in an analysis of similarly contrasting area samples found that mothers in the higher risk neighbourhood tended to assume more exclusive and direct responsibility for child care, less frequently used children in the neighbourhood as playmates for their own children, engaged in fewer neighbourhood exchanges, made less use of neighbourhood resources and rated their neighbourhood more poorly as a place to live.

Korbin and Coulton (1995) found that poor families tended to function better in neighbourhoods characterised by markers of greater social capital – community investment, trust and organisational affiliation. Weatherburn and Lind (1998) found that child neglect was a strong predictor of juvenile crime and, drawing on the work of Belsky (1993), concluded that several of its antecedents, poverty and unemployment, were less likely to lead to child maltreatment in families that had strong social supports.

Recent analyses from the National Longitudinal Survey of Children and Youth in Canada (NLSCY) (Voyer 1999) have shown that lower socio-economic status levels lead to lower levels of social support, and poorer children are likely to have social support networks that are relatively impoverished in intellectual and cultural activities – features that are associated with poorer school attainment (Ryan and Adams 1999).

Boyle and Lipman (1999) found that neighbourhood level characteristics, in particular the proportion of one-parent families in a neighbourhood, had an impact on the prevalence of child behaviour problems over and above the impact of this feature within families; interestingly neighbourhood poverty had no additional influence beyond its individual effects within families.

Kohen, Hertzman and Brooks-Gunn (1999) found that lower cognitive scores were more common in children living in neighbourhoods characterised by a high proportion of single female-headed families; only 10 per cent of children living in neighbourhoods with 0–5 per cent single female-headed families had low cognitive competence scores compared to 22 per cent in those with the largest percentage of single female-headed households. They also found that children living in the least cohesive neighbourhoods (as measured by support provided by neighbours and perceived sense of community) were least likely to be ready for school – 27 per cent of the former obtained low cognitive competence scores compared to only 13 per cent in neighbourhoods rated high on cohesiveness. They were also more likely to obtain lower behavioural competence scores (19 per cent compared with 12 per cent).

Social capital and outcomes

Recent work has also attempted to examine a range of health and developmental outcomes against more global measures of social capital. Runyan et al. (1998) developed what they termed a social capital index comprising five separate indica-

tors – whether or not there were two parents in the home, social support of the maternal caregiver, fewer than two children in the family, neighbourhood support, and regular church attendance (as a proxy for social group membership). They examined the correlation between individual indicator measures and the global social capital index scores and whether high-risk children in a preschool sample were “doing well” or “not doing well” on the Batelle Developmental Inventory Screening test and the Achenbach Child Behavior checklist. They found a strong link between the individual indicators and, most convincingly, the global index and these developmental outcomes.

The index used in this study could be criticised from various perspectives (Vimpani 2000). For example, regular church attendance as a proxy for social group involvement may not be generalisable to other societies; the presence of two parents at home is not immediately obvious as an indicator of social capital, nor is the presence of more than two children in the home. However, it represents an important start in developing a measure of social capital that extends beyond measurement of its isolated components.

Social capital and resilience

It is also clear that some of the features known to be associated with resilience in disadvantaged children and young people are closely related to elements of social capital. For example, optimism is unlikely in the absence of trust between individuals, support from an extra-familial mentor is unlikely without a level of proactivity within neighbourhoods.

Participation in organised groups also distinguished resilient individuals from others. In the NLSCY, Jenkins and Keating (1999) found that ten-year-olds in multiple risk situations with good connections to people other than parents (teachers, friends and siblings) had much lower levels of behavioural difficulties than those with poor relationships. Interestingly, these supports were more influential in this age group than in younger (six-year-old) children; older children also benefited from multiple external supports, whereas six-year-olds only needed one.

Measurement of social capital

Some recent work in Australia is providing some useful guidance in the development of valid and reliable instruments to measure the various dimensions of social capital, including social cohesiveness. For example, Onyx and Bullen (1997) have developed and field tested a 36-item questionnaire that examines the various dimensions of social capital, elements of which are shortly to be used in a randomly selected cross-sectional survey of Australian children. The Australian federal government has also recently funded a consensus building approach to the development of an agreed set of core indicators of social and family functioning that can be used in surveys of child health and wellbeing (Zubrick 1999).

Social support interventions

There is clear evidence that interventions aimed at improving social support for families, such as that provided by extended home visiting by nurses (Olds et al. 1997) or paraprofessionals (Johnson et al. 1993), are effective in reducing maternal depression – itself an important determinant of child health status (Cox et al. 1991), child abuse, maternal self-esteem, and employment prospects and criminality in parents and children (Olds et al. 1998).

Whether they do this by improving parenting skills, in particular by strengthening attunement between mothers and their infants, or the support provided by the visitor, or by the way in which visiting enhances the growth of social networks – particularly if home visiting is combined with group activities for parents, as in the NewPin program developed in London (Tracy and Whittaker 1990) – or a combination of all of these, is not as yet clear. For despite Weiss's (1997) notion that "home visiting is the lynchpin that connects the axis of the family to the wheel of community services", none of the published evaluations of extended home visiting have examined in any formal way the impact these programs have on the strength and reciprocity of social networks, despite the availability of promising instruments (Tracy and Whittaker 1990).

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Initiatives

These intervention studies give some signposts to the ways in which governments and others concerned about social wellbeing might contribute to enhancing social cohesiveness and contributing to a more civil society.

Participation between residents and government agencies in building neighbourhoods that provide greater and more coordinated levels of social support to families with young children is clearly one direction (Mulroy 1997), and it is this notion that in part underlies the "full-purpose" schools movement in the United States (Dryfoos 1994). Schools involved in this movement attempt to diversify their purposes to promote a broader range of activities in support of their neighbourhood and the more successful have become a base for community development activities.

A combination of universally available family-centred and group-focused activities that encourage volunteer participation, as achieved throughout New Zealand by the Plunket society of visiting child health nurses and volunteers, and in some parts of Britain by NewPin, offers promise. Family support, preschool education and effective parent training, allied with situational prevention that modifies opportunities for crime, are known ways of preventing crime and enhancing neighbourhood safety (Farrington 1994; Karoly et al. 1998).

Indeed, it has been argued that along with poverty reduction and the development of healthy public policy, parenting is the most important public health issue facing many western societies. Thus, improved support of families with children would be one of the most effective ways whereby governments could intervene to improve social cohesiveness (Acheson 1998). The current Commonwealth Government's Stronger Families and Communities Strategy, along with other initiatives in Australia – like Families First in NSW and Parent CARE in Queensland – are steps in the right direction.

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Dr Graham Vimpani is Professor of Community Child and Family Health, and Head of Discipline of Paediatrics and Child Health, at the University of Newcastle in New South Wales.