SOCIAL EXCLUSION AND CHILDREN: A BRIEF REVIEW OF SELECTED LITERATURE

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Introduction

1. This report is a brief, preliminary review of recent literature in the United States related to the developmental, behavioural, and health effects of social exclusion on children and youth. Several very recent key studies in each area are discussed.

2. By way of background, the term social exclusion, while somewhat vague in definition, is multidimensional in concept having economic, social, political, and cultural connotations. A key characteristic is the shift from individual responsibility to society and its institutions. Importantly for the development of public policy, social exclusion represents a process rather than a state such as poverty. Silver (1994) presents a thorough historic and theoretical overview of the evolution of the concept of social exclusion using three conceptual models: solidarity (the bond between the individual and society), specialisation (social differentiation and the division of labour), and monopoly (the formation of group monopoly). Having its recent roots in France, the coining of the term is credited to Rene Lenoir in 1974 who identified the mentally and physically handicapped, suicidal people, aged invalids, abused children, drug addicts, delinquents, single parents, multiproblem households, and asocial persons as the primary vulnerable groups. Using the framework of social exclusion, social policies and programs have emerged in France and throughout Europe.

3. Sound public policies that address the well being of children and families as well as political stability point to the need for decisions that promote social cohesion and address the causes of social exclusion such as high unemployment, income distribution and poverty, housing policy or lack there of, disruption of traditional values and families, and the inability of educational systems to cope with new requirements and demands of the labour market. The effect of such policies on our nations’ children represents the future stability of our societies. The results of policies that have been unable to respond to the effects of social exclusion have had profound effects on our society’s young as evidenced by the literature reviewed in this report.
Recent studies on developmental outcomes

4. The harsh reality in the United States is the continued increase of the number of children living in poverty; between 1987 and 1992 the percent of children under six living in poverty grew from 17 per cent to 26 per cent and for children ages 6-17, from 15 per cent to 20 per cent.

5. Recent studies purport to show that household income represents the most powerful predictor of developmental outcome in children. In two large longitudinal studies (the Infant Health and Development Project and the National Longitudinal Survey of Youth-NLSY), family income predicted children's vocabulary, IQ, and reading and math skills even when families were statistically equated for single parent status, race, parent IQ, and many other characteristics (Duncan, Brooks-Gunn, & Klebanov, 1994; Smith & Brooks-Gunn, 1994; Smith, Brooks-Gunn & Klebanov, 1995). In the National Longitudinal Survey of Youth the effect for family income was consistently higher than the effect for maternal education and employment (Smith, Brooks-Gunn, & Klebanov, 1995).

6. Duncan, Brooks-Gunn & Klebanov (1994) overall results suggest that family income and poverty status are significant determinants of cognitive development and behavioural adjustment of children independent of family structure (such as single parent status) and maternal schooling. Specifically they found that family income was the most significant correlate of age five IQ. Neighbourhood income differences were also significant determinants of age five IQ.

7. Other researchers have found the effect of other dimensions related to family demographics to influence child outcomes. Felner and his colleagues (Felner et al., 1995), in studying a sample of middle grade early adolescents, found that levels of disadvantage are related to both socioemotional and academic adjustment.

8. Specifically, children of parents with low-income, unskilled occupations had lower levels of school performance and achievement compared to children of parents with semi-skilled or skilled-professional occupations. When neither parent had graduated from high school, academic adjustment and socioemotional adjustment were significantly worse than for those children whose parents had higher educational levels.

9. Luster & McAdoo (1994) found a positive relationship between the number of risk factors children were exposed to and academic or behavioural problems. African American children with the lowest scores on measures of cognitive competence had mothers with lower levels of intelligence and fewer years of education, came from large families, and experienced less supportive home environments. The number of risk factors increased the probability of lower achievement.

10. McLanahan and Sandfeur (1994) found that children of single mothers are at higher risk than those from two parent families for dropping out of high school and early pregnancy.

11. As the next decade of research on the developmental outcomes for children living in poverty emerges, Huston, McLoyd, & Coll (1994) suggest that researchers must go beyond descriptions and emphasise the analysis of processes by which effects occur. Child care, school, neighbourhood, and community must be studied as well as family context. Current child development research should address the transaction between the child, the family, and the larger ecology including such issues as kinship and peer relationships. Huston and her colleagues raise interesting examples of questions to be studied such as - How do parents subjected to oppressive working conditions cope with the demands of parenting? How does the rate of neighbourhood violence affect parenting practices? How can poor single mothers advocate effectively for their children in school and health care settings?
Recent studies on behavioural outcomes

12. Recent findings suggest that children’s mental health and behaviour is determined by economic experience and where they live. Using the 1988 National Longitudinal Study of Youth data set, McLeod & Edwards (1995) found that family poverty and residential characteristics independently predict children's mental health. Regardless of poverty, children living in urban areas report more symptoms of depression and anxiety than counterparts in rural areas. Earlier McLeod and Shanahan (1993), using the 1986 National Longitudinal Study of Youth data set, found that length of time in poverty was an important predictor of children’s mental health. As the length of time in poverty increases feelings of unhappiness, anxiety, and dependence increased. They studied the relationship between parenting behaviours and children’s mental health as well. Parenting practices such as physical punishment and harsh discipline appear to occur more frequently in poor families and have a significant effect on children's mental health.

13. Youth violence represents a significant troubling behavioural outcome of living in poverty in the United States. Youth ages 12-17 are more likely to be victims of violent crime than adults. For black youth in 1994 the victimisation rate was 136 per 1000 as compared to 118 per 1000 for white youth (Federal Interagency Forum on Child and Family Statistics, 1997). Stressful events, individual beliefs, and economic disadvantage have been noted to increase the risk for aggression among urban children. In a study of almost 2,000 elementary school children over a two-year period (Guerra et al., 1995), life stress and neighbourhood violence stress as well as beliefs of approving of aggression were related to low economic status. These factors predicted aggression in the total population as did low socio-economic status. Cultural differences were noted among whites, African-Americans, and Hispanics.

Recent studies on health


15. Like developmental outcome, child health varies unfavourably with diminished income. In 1994, 88 per cent of children in the United States with incomes of over $35,000 were in good to excellent health as compared to 63 per cent of children in families where the annual income was below $10,000 (Federal Interagency Forum on Child and Family Statistics, 1997). Infant mortality in 1995 was 7.5 per 1000 births with black infant mortality rate 2.4 times greater than white infant mortality rate. Poverty plays a major role in the racial disparities (Children's Defense Fund, 1996). The Centre for Disease Control and Prevention (CDC) found that the infant mortality rate for infants born to women living in households with incomes below the poverty line is 60 per cent higher than for babies born to non poor women. CDC was the first to consider poverty simultaneously with other risk factors and concluded that the effect of poverty is as detrimental as smoking during pregnancy and inadequate prenatal care.

16. Additional statistics point to similar negative health effects related to poverty. Immunisation rates for children under three years of age who have the combined series of immunisations (DPT, polio, and Haemophilus influenza type B) was 74 per cent. Children with incomes below the poverty line were 11 per cent less likely to receive the combined series than other children (Annie Casey Foundation, 1997). Children and youth in low income families have significantly higher rates of activity limitation as a result of a chronic condition than children in affluent families (Federal Interagency Forum on Child and Family Statistics, 1997). Teen pregnancy represents a health phenomenon that has long term social implications.
for both the infant and the mother. Maternal education, maternal employability, parenting competence, infant outcome—all are related issues. Teen pregnancy rates, while declining very slightly, continue to be high in the United States at 37.6 per 1000 for 15-17 year olds. The majority of these births are "out-of wedlock."

Summary

To reverse the effects of social exclusion on the developmental, behavioural, and health outcomes in children in the United States will require public policies that address the root causes of social exclusion as well as the supports that can be provided to children and families. The research studies included in this report all suggest the need for dynamic interventions related to income distribution, employment, child care, education, health resources, and telecommunications. The global experience around social exclusion and successful efforts at intervention and inclusion should form the basis of a fuller literature review to further an understanding of the issues and solutions.
REFERENCES


