Understanding impact of family construct on children's psycho –social health and wellness

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Abstract
Children and youth with special health care needs (CYSHCN) and their families may experience a variety of internal (ie, emotional and behavioral) and external (ie, interpersonal, financial, housing, and educational) psychosocial factors that can influence their health and wellness. Many CYSHCN and their families are resilient and thrive. Medical home teams can partner with CYSHCN and their families to screen for, evaluate, and promote psychosocial health to increase protective factors and ameliorate risk factors. Medical home teams can promote protective psychosocial factors as part of coordinated, comprehensive chronic care for CYSHCN and their families. A team-based care approach may entail collaboration across the care spectrum, including youth, families, behavioral health providers, specialists, child care providers, schools, social services, and other community agencies.

Keywords: children, family, impact, society, wellbeing

Introduction
Over the past two decades or so, a significant literature has developed on the impact of family structure and family change on child wellbeing. This literature documents an accumulating body of evidence that children raised in different family contexts display differential patterns of outcomes across a wide range of developmental domains. In particular, children raised in lone-parent families have been found, on average, to do less well across a range of measures of wellbeing than their peers in two-parent families, while parental separation has been found to be associated with an array of adverse outcomes for children. Behind these patterns of associations between family contexts and child outcomes, however, lies a complex web of overlapping and interacting influences, which means that interpreting these results is far from straightforward.

A child's social environment is largely dictated by where their parents live and send them to school. In turn, the social environment largely determines who children form social relationships with and the quality of those social relationships, as many of the relationships children form are within their family or neighbourhood. As such, parents' decisions (or, on the contrary, lack of decision making power) about where to live, work and school can markedly affect the health and wellbeing of their children.

Physical surroundings
An individual's physical surroundings markedly influence their health. Environments characterised by poor physical surroundings (e.g. lack of open space, lack of facilities and litter) are assocated with poor health outcomes. For example, social environments characterised by quality, affordable housing are associated with reduced poverty and increased residential stability, both of which affect a child's health and the social relationships which they form. Children who change neighbourhoods frequently because their parents are forced to move to find affordable housing may find it difficult to develop supportive social relationships and are more likely to be absent from or under-perform at school. Australian children who lived in cleaner neighbourhoods were assessed as having better social behaviours than those living in less clean environments.

The availability of good quality educational facilities within an environment is also important. For example, attending early childhood education is associated with improved childhood development and individuals living in socio-economically marginalised communities are less likely to have access to early childhood education facilities, and are thus less likely to attend and experience the benefits of early childhood education. Children who do not attend early childhood education have also been shown to be at greater risk of maltreatment during childhood.

The availability of job opportunities within a neighbourhood or community may also affect a child's development, by influencing their parents' work. Working locally means less travel time (and presumably, more time for family commitments) and associated stress. Work-related stress and time constraints have been shown to have negative effects on individuals and spill over into the family and affect relationships within it, including the quality of parent-child relationships. Working locally can improve parenting, relationships between parents and children and ultimately child health and development. There is also evidence that the availability of housing and employment within a neighbourhood, affect levels of child maltreatment and children are less likely to be maltreated in communities where housing and employment are more readily available.

Parents play a key role in educating their children. However, they also rely on resources within their community including teachers, doctors and other adults (e.g. community members, family, friends) to fulfil their parenting role. The degree of cohesion amongst members of the community (measured for example by the presence or absence of community organisations or community activism) influence the nature of these relationships.

Communities characterised by high levels of cohesion, such as those with active community groups, provide good opportunities for individuals to become involved in and develop the resources in their community.

For example, an Australian study of children living in 257 neighbourhoods reported that a sense of belonging to the neighbourhood (having positive social relationships within the neighbourhood) was associated with more pro-social behaviour amongst children. An American study reported that children growing up in neighbourhoods characterised by impoverishment were more likely to experience maltreatment (negative social relationships) than those living in neighbourhoods without these characteristics.

The rules and norms which govern a community can also exert an influence. For example, many Australian communities now have laws which prevent adults smoking in the vicinity of children's recreational facilities, and these laws increase the capacity of communities to protect their children's health.

Factors relating to an individual's personal circumstances also influence the extent to which they are able to access resources within the community. For example, the length of time an individual has lived in a community influences the extent to which they engage with resources in the community, and residential stability increases an individual's sense of belonging to a community and access to resources. However, in Australia families are increasingly mobile, and this mobility may undermine the development of support networks within a community. A parent's work situation may also influence their access to community resources. For example, parents who are working fulltime or working long distances away from their home community may find it difficult to get involved in community organisations.

The role of extended family members in providing support for parents is declining in Australia. This means that access to non-family resources which can provide such support is of increasing importance to families.

The social environment also influences the nature and quality of the social relationships in which parents and children engage, as the social environment largely determines who, how often and on what terms parents and children will interact socially. Developing and maintaining positive social relationships (e.g. characterised by trust, mutual satisfaction, respect, love and happiness) is fundamental to a good quality of life and psychological health. Individuals who have good relationships develop a sense of belonging and receive support from other members of their social network which helps them to function normally from day to day and also to cope with stress and difficult times. Social relationships also provide opportunities for generating new ideas, discussing issues and concerns, sharing good news and obtaining social, economic and emotional support. However, some social relationships involve negative emotions and behaviours (e.g. lack of trust, envy, jealousy, breaking promises and violence) which may undermine an individual's wellbeing and life quality.

Living in a good social environment increases the likelihood that a child will develop positive social relationships. Social behaviour and the ability to develop positive relationships with others were traditionally conceived as skills which would develop naturally. However, there is an increasing recognition that social behaviours are learned and that children must be taught pro-social behaviour. Children learn from their social environment, for example by mimicking (or challenging) the social behaviour of their peers, and thus what they see in their day to day environment is likely to influence their social behaviour. Social skills can also be actively taught, for example when a parent or teacher reinforces and encourages good behaviours, the probability of these behaviours occurring is enhanced. Teachers and parents may also actively encourage children to apply social skills learnt in one social setting (e.g. the classroom) to other settings (e.g. home or the playground).

Both the parent's and child's social relationships are increasingly recognised as a important factors influencing the quality of parenting, which in turn is an important contributor to the child's overall development. The children of parents who have strong and supportive social relationships are more likely to develop positive social relationships themselves and having positive and supportive social relationships and networks improves a child's development. In terms of parenting, social relationships of key importance include those between a child and their parents, but also a child and other adults (e.g. teachers, other children's parents) and other children (including their siblings). Parental involvement with the parents of other children creates trust and obligations, as well as community norms, which the parents set collectively for their children. This means that parents can collectively take responsibility for children's behaviour, for example by providing discipline if a child misbehaves.

Relationships between parents and children also affect a child's ability to develop social relationships in the community. One study reported that the children of parents who had difficulty disciplining their children and being affectionate towards them due to financial stress, received lower teacher ratings in terms of their social behaviour compared to children whose parents did not experience these difficulties.

There is a considerable body of evidence demonstrating that an individual's social environment influences their health status, although the mechanisms by which it does so are not yet fully understood. A number of possible mechanisms have been put forward. For example, it has been hypothesised that children may imitate what they see in their environment, thus those who grow up in contexts characterised by high-quality education and child-care, access to a range of essential services and recreational facilities and social cohesion, experience better developmental outcomes than those who grow up in contexts characterised by a lack of resources and social antagonism.

A child's social environment influences their cognitive development and educational attainment. Children who engage in good social relationships perform better academically than those who do not. Children living in social environments characterised by residential stability are less likely to be absent from school and perform better academically than those who do not. Those who live in poor quality neighbourhoods (e.g. low socio-economic status) are more likely to drop out of school before completion than those who do not.

Attending early childhood education, at which a child can develop social relationships with other children and teachers and in doing so, develop pro-social behaviour, has a particularly profound effect on future academic achievement. Children who attend preschool perform better academically and are less likely

to repeat a grade. There is evidence that cognitive development is influenced by the social environment during early childhood even if a child subsequently moves to a different neighbourhood. For example, a child who lives in a disadvantaged neighbourhood during early childhood will experience reduced cognitive development and academic performance even if they move to a more affluent neighbourhood later in life. An intergenerational effect is also present, and children whose parents grew up in disadvantaged neighbourhoods also experience impaired cognitive development and educational attainment compared to those who did not, even if they grow up in a more affluent neighbourhood.

Growing up in a positive social environment is associated with less risk taking behaviour. Children who grow up in positive environments are less likely to have accidents requiring treatment than those who do not. There is also a reduced risk of developing a substance use disorder amongst children who have positive social relationships compared to those who do not.

The sense of belonging which individual's experiences when they have good social relationships has a positive influence on their mental health. Children who have good social relationships have greater self-esteem than those who do not and are less likely to experience mental health problems including depression and anxiety. There is also evidence that pro-social behaviour during childhood leads to better psychological health in adulthood.

The social environment may also influence a child's health by influencing the behaviour of their parents. For example, an Australian study reported that parents living in communities where services were more accessible, were less likely to use hostile parenting techniques (which are expected to have negative psychological effects on their children) than those living in communities where resources were not available.

Individuals living in social environments characterised by positive social relationships are more motivated than those who do not. For example, peer support has been found to be an important predictor of a child's motivation to pursue social goals, while teacher support increases a child's motivation for both social and academic goal pursuits. Parent support also influences children in terms of their level of interest in school and their

Conclusion

Child development in India is the Indian experience of biological, psychological, and emotional changes which children experience as they grow into adults. Child development has a major influence on personal health and at a national level the health of people in India.

Children are a major part of the national disease burden of India [1]. Environmental health problems such as Pollution-related diseases, challenges with water supply and sanitation in India are difficult to fix and greatly affect children [1]. Many children in India miss vaccination and consequently acquire infectious diseases which vaccines could have prevented.

40% of children in India experience malnutrition or stunted growth due to lack of access to healthy meals [2]. India has a success story in the Midday Meal Scheme which feeds 100 million children daily.

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