![Synergos logo]
Synergos
in partnership with Kim Samuel

BUILDING SOCIAL CONNECTEDNESS

A Brief for Practitioners Working with Children and Youth

Fulfilling relationships and secure bonds with others are vital to wellbeing. Poverty, the stigma of disease, disability, migration, abuse, maternal depression and the death of a parent can all break these vital connections and lead to social isolation.

Social isolation is especially harmful when it is chronic; that is, when it endures over a long time. Chronic isolation impairs people's quality of life and health. It erodes their sense of dignity and thwarts them from attaining their rights. For infants and young children, especially, isolation harms their chances of healthy physical and psychosocial development.

Practitioners who work with children and youth have an important role in supporting them, and their caregivers, to prevent and overcome isolation. Child and youth care workers, ECD practitioners, teachers, social workers and faith-based volunteers, among others, can all help to build social connectedness.

This brief:

► defines social isolation and social connectedness
► explains why it is important to build social connectedness;
► outlines enabling policies;
► provides guidelines on how practitioners can support children and youth to build meaningful social connections.

Information and guidelines in the brief come from desktop research and focus groups conducted as part of the Social Connectedness Programme of Synergos South Africa and partners.[1]

Working definitions

Social isolation is the inadequate quality and quantity of social relations with other people. Social isolation can refer to how alone a person is but also to how lonely a person feels. It may be experienced as a sense of being unable to approach others to find comfort or engage physically or emotionally. A person may feel isolated even when surrounded by other people.

Socially connected people have meaningful and trusting relationships and bonds with those around them, including their peers, families and communities.

Why is it important to build social connectedness?

Social connectedness is important to people because it gives them a sense of belonging, but also because it facilitates their access to opportunities, services and resources. Research from different fields points to the damaging effects of isolation and shows why social connectedness is so crucial.

Meaningful relationships and brain functioning

From **neuroscience research**, we learn that thought, emotions and action occur through the activation of circuits in the brain. Genetics and experience together determine the wiring of our brains. The parenting we receive as children, and relationships we have throughout our lives, change connections in our brains.[2]

Isolation deprives people of the attention they need for healthy brain functioning and, consequently, for their ability to function socially. Children and youth who experience social isolation struggle with low self-esteem and poor emotional health, often played out in behavioural and learning difficulties.

Poverty, stigma and isolation

Worldwide **studies of poverty** have found that poor people commonly experience feelings of shame, humiliation and isolation.[3] Poverty is not just about having little or no income, but involves multiple deprivations – such as poor housing and sanitation, inadequate access to health services and insufficient nutrition. Because social relations are so fundamental to wellbeing, deprivation of social connectedness (in other words, isolation) is a core dimension of poverty.[4] Even so, meaningful social ties are often stronger in poor communities than amongst wealthy families.

Children who live in extreme poverty experience many layers of deprivation, all worsened by isolation. When children and their caregivers have no network of people whom they can depend upon for mutual support, this adds to the deprivations of poverty.

The HIV epidemic, especially, has had devastating effects, disrupting families and leading to an increase in the number of orphans and children taking care of sick family members. Poverty, stigma, premature burdens of care, school drop-out, and an inability to access services – all these circumstances put children at risk of isolation and so makes them vulnerable to further deprivations.

Being socially connected enables the young to participate in activities that strengthen their relations with their peers and communities, build resilience and give a sense of belonging. Social connectedness – of the right kind – also protects children.

Ecology of human development

The **eco-systemic model of human development** shows how important the social environment is for healthy development from infancy to adulthood.[5]

Development occurs through reciprocal interactions between the child and the people and things in the child's immediate environment. In early stages of development, to be effective, face-to-face interaction with parents or primary caregivers must occur regularly over prolonged periods of time. As children grow older, their development occurs through more complex reciprocal interactions with a wider range of people and things.

Think of the eco-systemic model as a set of concentric circles, with the individual at the centre, see figure 1. Each circle represents a different layer of the social environment of development.

Figure 1:
The Eco-systemic Model of Human Development
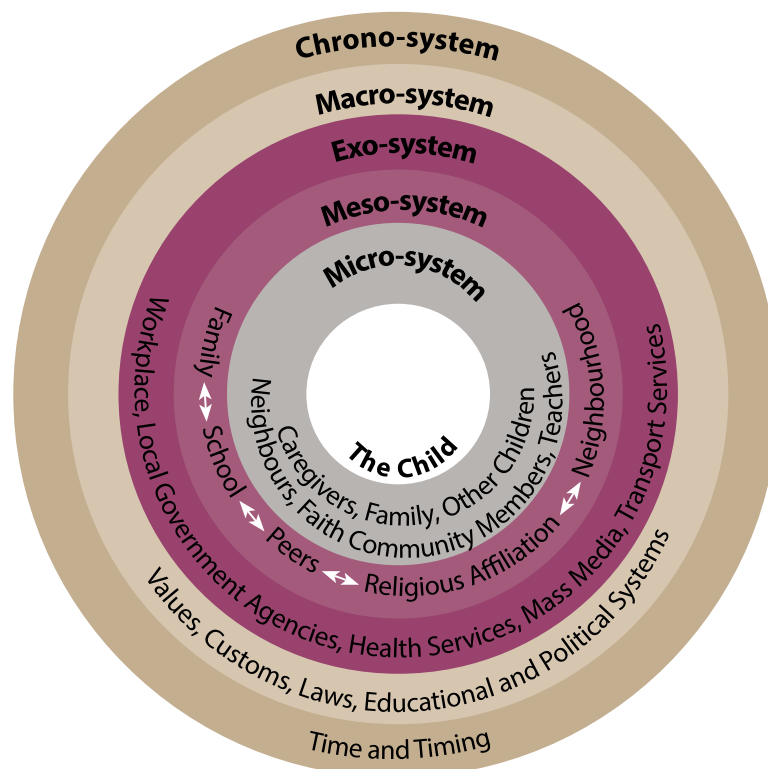
The **micro-system** is closest to the child. It contains all relationships and interactions a child has in face-to-face settings – with family, other children, child carers, neighbours, faith communities and, for older children, at school. The word 'family' means different things to different people. In South Africa, children may be cared for by caregivers who are not their biological parents. Also, children may move between different caregivers; the family environment changes each time this happens.

Through interactions in these close surroundings, a child learns how to live. Caring relationships help the child to develop trust and mutuality. Isolation, neglect and abuse breed distrust and impede healthy development.

The **meso-system**, the second circle, is formed whenever a child moves into a new setting. It includes linkages between two or more settings which contain the child. Examples are linkages between: a child's playgroup and family: home and faith community; home, school and neighbourhood. These linkages have developmental effects. For example, collaboration between a child's teachers and caregivers can assist cognitive development.

The **exo-system**, the third circle, has an indirect influence on development. It consists of connections between two or more settings, at least one of which does not contain the child. Examples are connections between: a child's home and a parent's workplace; a child's clinic and local government. Long, inflexible hours at a parent's workplace, for instance, can result in unintentional neglect of the child's emotional needs. Mass

media, government agencies, social institutions and transport services are also part of the exo-system.

The **macro-system** contains values, customs, bodies of knowledge, life-styles and resources that are characteristic of a social group. Economic, social, educational, legal and political systems are also part of the macro-system..

Time, the **chrono-system**, is important to the model. Time and timing affect events and transitions over a life-span, bringing about change – to individuals, relationships, customs, laws, institutions and systems. For example, children become adults; parents become grandparents; rural people move to the city, where some of their customs endure and others change to fit urban ways. Major changes may leave people feeling lost and isolated, no longer connected to the relationships that gave them recognition and meaning.

Practitioners can use the eco-systemic model to help identify enabling factors and blockages in circles of support for children's psychosocial development.[6]

What are the enabling laws and policies?

South Africa has an enabling policy environment for programmes that aim to increase meaningful connections for children.

The Bill of Rights in the Constitution safeguards the rights, dignity and best interests of children. The Children's Act aims to support families in enabling their children's well-being, to prevent abuse and neglect, and to ensure provision of appropriate care to children in need of care and protection.[7] The Act also aims to make sure that children's rights in Section 28 of the Bill of Rights become a living reality. Rights imply duties: Everyone working with children has a duty to respect, protect, promote and fulfil the rights set out in the Children's Act.

The Departments of Social Development (DSD), Basic Education (DBE), and Health (DOH) all recognise social connectedness as critical for wellbeing. Also, they all draw on the eco-systemic model. The DSD's National Policy Framework for Orphans and Vulnerable Children regards social connectedness both as an outcome of psychosocial wellbeing and a principle of psychosocial support.[8] The DBE's Care and Support for Teaching and Learning (CSTL) Programme recognises meaningful social connections as an enabling condition for school learning.[9] The DOH's Policy Guidelines on Child and Adolescent Mental Health, recognises social connectedness as a protective factor for maintaining mental health.[10] Implicitly, all three recognise social isolation as a risk factor.

How can practitioners help to build social connectedness?

Practitioners have a crucial role in putting these policies and programmes into good practice.

▶ Be alert for children and youth who are at risk of social isolation (see Table 1 indicators of isolation).

▶ Help to build trusting and trustworthy relationships among all relevant role players in a child's immediate environment — children, family members, teachers and community organisations and governmental agencies. Encourage caring adults at home, school, in faith communities and the neighbourhood to support children at risk of isolation and to come together so that they can share their knowledge, skills and resources. Encourage an appreciative approach that recognises and uses local strengths.

▶ Encourage caring and trusting relationships between children and other children. Find ways to build these intentionally. Help children to overcome conflict between them. Encourage groups of children to work and play together.

▶ Teach children and youth behaviours that promote social acceptance, including conflict resolution skills.

▶ Respect local values and practices of care. Be aware that ceremonies and other traditional practices can help people to emerge from painful pasts and relate to others meaningfully. Respecting local practices does not mean ignoring children's rights. With sensitivity, it is possible, and imperative, to promote children's rights without offending local values.

▶ Support children's participation in decision-making at home, at school and in their communities. Participation enhances self-confidence and builds resilience. Through participation, children see themselves as contributing to their surroundings in ways that value their evolving capacities.

▶ Create safe spaces – such as safe schools, safe parks and kids clubs – for children to connect with one another.

▶ Consult the relevant *Children's Act Guide* to make sure your practice follows the legal guidelines and requirements.[11]

3

Table 1: Indicators of social isolation among children and youth

KIND OF ISOLATION	INDICATOR
EXTERNAL SOCIAL ISOLATION	○ In the two previous weeks, little or no time spent interacting with parents or caregivers in the household
	○ In the two previous weeks, little or no time spent in face-to-face interactions with friends, relatives or significant adults living outside of the household
	○ No one to turn to for emotional support
	○ When in trouble, no one to turn to for assistance
INTERNAL SOCIAL ISOLATION	○ Feeling that people in your life do not care for you
	○ Feeling that you do not belong to your community
	○ Feeling that people are around you but not with you
	○ Feeling rejected
	○ Feeling there are few or no people you can trust

This small selection of indicators is from an extensive list proposed by the Oxford Poverty and Human Development Initiative (OPHI).[12]

References

1. Partners include the Oxford Poverty and Human Development Initiative (OPHI);Nelson Mandela Children's Fund (NMCF) and the Foundation for Community Development (FDC) in Mozambique. A shorter version of the brief appears in *REPSSI News,* Issue 12, May 2014.

2. Fishbane, M. (2007). Wired to Connect: Neuroscience, Relationships, and Therapy, *Family Proceedings,* Vol. 46: 395–412 and Cozolino, L., (2006). *The Neuroscience of Human Relationships: Attachment and the Developing Social Brain.* New York: Norton.

3. Narayan, D., Chalmers, R., Shah, M.K. and Petesch, P. (2000). *Voices of the Poor: Crying Out for Change.* Oxford: Oxford University Press for the World Bank; Narayan, D., Patel, R. and World Bank. (2000). *Voices of the Poor: Can Anyone Hear Us?* Oxford: Oxford University Press.

4. Sen, A.K. (2000). *Social Exclusion: Concept, Application, and Scrutiny.* Manilla: Asian Development Bank, pp. 4-5.

5. See Bronfenbrenner, U. (1994). Ecological models of human development. In *International Encyclopaedia of Education, Vol. 3, 2nd Ed.* Oxford: Elsevier.

6. For an explanation and guidelines, see Department of Social Development. (2005). *A Conceptual Framework for Orphans and Other Children Made Vulnerable by HIV and AIDS.* (First edition.) Pretoria: Department of Social Development.

7. Jamieson. L. (2013) *Children's Act Guide for Child and Youth Care Workers.* Edition 2. Cape Town: Children's Institute, University of Cape Town, in association with the National Association of Child Care Workers.

8. See Note 6.

9. Department of Basic Education and MIET Africa. (2010). *Care and Support for Teaching and Learning: National Support Pack.* Durban: MIET Africa.

10. Department of Health (2003). *Policy Guidelines on Child and Adolescent Mental Health.*

11. See note [7]. The Children's Institute has also published Children's Act guides for ECD practitioners; health practitioners; and drop-in centre managers. Available from www.ci.org.za.

12. Zavaleta, D., Samuel, K. & Mills, C. (2014). Social isolation: A conceptual and measurement proposal. *OPHI Working Papers 67.* Oxford: OPHI.