



Social Isolation and its Relationship to Multidimensional Poverty

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Research to Practice Policy Briefs

Policy Brief No. 4 | February 2016

This research to policy paper is an updated and revised version of the paper “Social Isolation and its Relationship to Multidimensional Poverty.” (Kim Samuel; Sabina Alkire; John Hammock; China Mills and Diego Zavaleta) published by the Oxford Poverty and Human Development Initiative, Working Paper No. 80, November 2014. Special thanks to Rachel Milette, who worked as a research assistant on this paper and was very helpful in updating and revising the current version.

Introduction

The study of multidimensional poverty has expanded the range of factors that are considered part of impoverishment. We argue in this paper that social isolation and decreased social connectedness can be important results of living in poverty, as well as contributing factors to the persistence of poverty. We first examine how social isolation fits into multidimensional poverty from a conceptual standpoint. We then discuss field research from South Africa and Mozambique which reveals the influence of social isolation in the lived experience of poverty from the perspective of the impoverished themselves. The next section investigates how isolation can contribute to poverty, using the Aboriginal peoples of Canada as a case study. Finally, we explore how reducing social isolation, through programmes aimed at reintegrating people with disabilities into their communities, can provide insight into directions for policy. In concluding we show how addressing the issue of social isolation in a concerted fashion, recognizing that it arises in diverse contexts, can potentially mitigate poverty.

1. Social Isolation and Multidimensional Poverty

In the global discussion on poverty, the focus on income alone dictates what is being prioritised. Yet Amartya Sen (1999) provided powerful arguments why this focus on income is too narrow. Firstly, there are huge variations in people's different abilities to confer income into capabilities. A person with disabilities may a) have problems earning a decent income, and b) may face greater difficulties converting income into capabilities (the things needed to live well). Thus a person with disabilities may be disadvantaged 'even with the same job and the same income' as compared to a person without disabilities (Sen, 1999, p. 119). Secondly, income is not a proxy for non-income deprivations - having income cannot always purchase non-income capabilities, such as access to health care or education. These realisations point to a skewed relationship between income-earning and income-using ability, and lead to a 'coupling of low incomes with handicaps in the conversion of incomes into capabilities' (Ibid). Outright exclusion and generally lower levels of access to education for people with disabilities or poor children (often due to stigma), create barriers to finding paid work in adulthood, meaning such exclusion can be a predictor of poverty (Sen, 1999; Nussbaum, 2004). The centrality of human relationships has been recognised in other prominent studies, which are briefly surveyed below.

The Voices of the Poor study encompassed a pioneering attempt to investigate the multidimensionality of poverty, from those living the experience. This vast effort, organised by the World Bank, collected accounts

from more than 60,000 poor men and women in 60 developing countries. The reports highlight the ‘pain’ of poverty. ‘Poverty is pain: it feels like a disease...It eats away one’s dignity and drives one into total despair’ (Narayan, Patel, Schafft, Rademacher and Koch-Schulte, 2002b, p. 2). Another interviewee explained that being poor contributed to isolation and shame - when a person is too poor to participate in community gatherings and feels compelled to isolate themselves, that is when ‘a person goes mad and wishes to commit suicide.’ (Narayan *et al.*, 2002a, p. 258). The case studies and quotations provided by the Voices for the Poor study highlighted the relevance of social isolation for impoverished peoples’ understanding of their poverty (Narayan *et al.*, 2000a, 2000b; Narayan and Petesch, 2002).

Yet many of the dimensions that poor people cite as important (Narayan, Chambers, Shaw and Petesch, 2000a) remain ‘missing’ within international datasets (Alkire, 2007). One of these missing factors is social connectedness. Social relations are so fundamental that some argue that social isolation is an intrinsically important component of poverty (Sen, 2000; Grootaert, 1998; Narayan *et al.*, 2000a). Sen builds on Adam Smith’s observation that the inability to interact freely with others is a deprivation that ‘relates to the importance of taking part in the life of the community, and ultimately to the Aristotelian understanding that individual lives an inescapably ‘social life’’ (2000, p. 4). Relational deprivation, Sen argues, is intrinsic to poverty; people ‘have good reason to value not being excluded from social relations, and in this sense, social exclusion may be directly a part of capability poverty’ (Ibid). Furthermore, relational deprivation is instrumentally a cause of poverty, as not being able to interact freely can result in other deprivations (e.g. being excluded from employment opportunities), thus leading to diverse capability failures. Without social connectedness, without an opportunity for empathetic interactions with one’s peers, without the give and take of generalised reciprocity that Putnam argues is ‘the touchstone of social capital’ (2000, p. 134), isolation can become an overwhelming burden.

In 2008, former French President Nicholas Sarkozy convened a commission to identify the limits of current indicators of economic performance and social progress, and to suggest improvements. The commission concluded that social connections should be considered simultaneously alongside other dimensions, such as material living standards, health, education, personal activities, political voice and governance, environment, and economic and physical insecurity, in determining quality of life globally (Stiglitz, Sen and Fitoussi, 2009). Local and global initiatives spanning the developing and developed world attest to the importance that humans place on social relations in evaluation of wellbeing. The World Bank’s Chief Economist Kaushik Basu (2013) likewise argued that one’s sense of belonging is decisive in enhancing capability or supporting economic progress. The reasons that explain the differences between individuals in benefiting from development run deeper than can be explained by standard economic models: ‘Once people are treated as marginal over a period of time, forces develop that erode their capability and

productivity, and reinforce their marginalisation. Such people learn not to participate in society and others learn to exclude them, and this becomes a part of 'societal equilibrium'' (p. 324).

In earlier work, we defined social isolation as 'the inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place (individual, group, community and the larger social environment)' (Zavaleta, Samuel and Mills, 2014, p. 6). Many definitions of social isolation stress the importance of the quantity and quality of social relations in its measurement. Our definition of isolation can be expressed intuitively as that experience in which a person feels like they are sitting alone at the bottom of the well – they feel as if no one knows they are suffering; no one cares; if they call out they cannot be heard; they are invisible and outside all circles of concern.

More formally, isolation can be defined both by external and internal circumstances. Externally, it means having few meaningful relationships with other people (de Jong Gierveld, van Tilburg and Dykstra, 2006). Internally, it refers to 'the distress that results from discrepancies between ideal and perceived social relationships' (Hawkey and Cacioppo, 2009). External assessment can be made regarding the number of one's social relations (e.g. frequency of contact), and some quantitative evaluation can occur. The quality of social relations can be harder to assess. In this instance, 'quality' refers to two aspects: a relationship that satisfies a person's expectations or standards, and the instrumental value of the relationship - one type of friend or network might yield a different contribution to life than another. Evaluation in this internal sphere is affected by one's perception of an ideal quantity or quality of relationships, and by one's past experiences. The sum of the external and internal spheres thus reflects the overall set of social relations, and both must be considered in the discussion of social isolation and poverty.

There have been recent attempts to evaluate social connectedness. The OECD (2011) used four indicators from social capital literature to examine 'social connections': i) social network support, ii) frequency of social contact, iii) time spent volunteering, and iv) trust in others. These indicators were selected because of their capacity to inform about informal and formal types of connections and to measure important individual and societal outcomes. On a large scale, the U.K.'s Office for National Statistics explored social connectedness as part of its Measuring National Well-being Programme (Self, Thomas and Randall, 2012). New Zealand's ongoing Social Report uses social capital and subjective social isolation indicators to assess social connectedness (Cotterell and Crothers, 2011). This report, published since 2001, blends social indicators with economic and environmental variables to provide information on outcomes, changes over time, and group differences in social outcomes. It contains data on social connectedness, defined as 'the relationships that people have with others and the benefits these relationships can bring to the individual as well as to society' (New Zealand Ministry of Social Development, 2010, p. 110). However, in these

studies the data for each indicator is from a different source, which prevents any analysis of the joint distribution of social, economic and environmental circumstances for each individual.

There have been various attempts to measure the multidimensional nature of poverty, and the direct contribution of social isolation. In 2010, UNDP and OPHI developed the Multidimensional Poverty Index (MPI). This index measures indicators of poverty in three areas: health, education and living standards (Alkire and Foster, 2011; Alkire and Santos, 2010, 2014). Alkire and Santos emphasise that 'a key priority for future work on multidimensional poverty must be gathering more and better data around core areas such as informal work, empowerment, safety from violence, and human relationship' (2010, p. 13), acknowledging the importance of assessing social connectedness within poverty indicators. Work using the MPI draws attention to the 'Missing Dimensions' of poverty data – things like violence (Diprose, 2007); disempowerment (Ibrahim and Alkire, 2007); informal work and safety at work (Lugo, 2007); and shame, humiliation and isolation (Zavaleta 2007, Zavaleta *et al.*, 2014, Mills *et al.*, 2014). At the present time, information on these aspects of poverty remains systematically overlooked by internationally comparable datasets, so cannot be included in the global MPI. Information on these aspects is needed for specific sector studies, but it is also needed to track, analyse, and reduce the multiple disadvantages experienced by those living in poverty.

Turning to empirical measures of social connectedness, the Foundation pour les Etudes et Recherches sur le Développement International has recently developed a Relational Capability Index, which 'focuses on the quality of relationships among people and on their level of relational empowerment.' (Giraud, Renouard, L'Huillier, de la Martinière and Sutter, 2013, p. 2). This index assesses three aspects of relational capabilities, each with multiple components which allow assessment of access to employment and information, strength, quality and quantity of personal relationships, and ties to the larger community. One of the characteristics of this index in the assessment of multiple dimensions of poverty is that income is not directly measured. Instead, the focus is on personal, social and political connections that impact on economic means. Yet the index is limited to relational aspects.

A significant initiative that includes social connectedness in multidimensional wellbeing analysis at the individual, is Bhutan's Gross National Happiness Index (Ura *et al.* 2012). The GNH Index has nine domains, of which one is community vitality. Alongside community vitality, the GNH index covers health, education, living standards, time use, good governance, environment, culture, and psychological well-being. The GNH Index is constructed by creating individual level well-being profiles, which show how adequate each person's achievement is in indicators across each of the nine domains. The community vitality indicators reflect a sense of belonging, trust in neighbors, family relationships, safety from

violence, donations of time and money to community activities, and volunteering. In Bhutan, community vitality is one of the four dimensions that contributes most to GNH.

Yet Bhutan's GNH does not directly focus on social isolation or loneliness. In a related paper we analyse indicators of social isolation that were fielded in nationally representative samples in Chile and Chad, and begin to develop a set of measurement tools that can be incorporated in multi-topic household surveys that measure poverty or well-being (Mills *et al* 2014). To develop measurement tools, however, it is essential first to listen keenly for the lived definitions of social isolation as it is experienced in different contexts.

2. Case Studies

Because multidimensional approaches to poverty enable the exploration of whether a particular person, or a particular group, have their lives battered by deprivations in different dimensions, they are particularly relevant for groups that have experienced high levels of marginalisation and exclusion. This section presents case studies of three marginalised populations who face difficulty in 'taking part in the life of the community' (Sen, 1999, p. 89). They illustrate how social isolation contributes multidimensional poverty, and the ways in which mitigating social isolation can ultimately improve lived experience.

2.1 Impact of Isolation among Vulnerable Populations – South Africa and Mozambique

Our field research in South Africa (Soweto and Grabouw) and Mozambique (Chibuto and Xai-Xai) brought into focus the value placed on social connectedness, and the ways in which isolation (self-imposed or not) removed people from their community and contributed to their lived experience of poverty in all its dimensions. This research was carried out using approximately 60 semi-structured interviews of community members and three focus groups of. Respondents were aged 19-82 years, and engaged in mix of occupations (including the unemployed) and slightly more females than males. Extensive thematic analysis was conducted using themes participants proposed, and points of contention as well as consensus were noted in the full study.¹ All quotes in the following section not otherwise referenced are from this qualitative field work.

A number of the participants expressed the belief that social connections were important to their lives. One participant in Mozambique said, 'Whenever people are around you, whatever is eating inside you will become better because you are surrounded by people, as you are talking you will be able to talk out whatever is bothering you inside, because when you're with people you are talking, talking, talking'. This need for

¹ An early presentation of the analysis by C. Mills used the title "'If you're poor...then you can't be my friend': Entanglements of Poverty, Social Isolation and Shame." *Mimeo*.

connections extends outside of familial relations. Some interviewees pointed out that good relationships with neighbours are important when a person is experiencing difficulties or breakdowns in relationships with family members;

'If I have a problem with my family then I go to the community and they can help me with things my family can't help me with...I can cry loud but my family won't hear me but the community will hear me and they will be able to help me.'

This suggests that good relationships with neighbours, being connected to community life, can alleviate certain worries (for example about safety) and provide an outlet for other kinds of worries - someone to talk to about problems in the home or outside of it. In fact, having connections within the community, and particularly at least one close friend, seemed to be of intrinsic importance to many people. Participants suggested that not having someone with whom to cry, or share problems, is a deprivation in itself.

Connectedness within the community seemed to alleviate people's worries about facing adverse events in the future, such as illness, and thus, seems to provide this 'peace of mind', which may allow people to better make use of social opportunities. Good relations with neighbours was also observed to lay the ground for people to build connections to others (within or outside the community), or to sustain and nurture connections that continue at a distance (for example, with old friends and family who may live faraway).

A powerful illustration of the stigma that surrounds isolation was evident in the way that people talked about the importance of participating in funerals in South Africa. The social and cultural expectation that participation requires specific contributions of food can act as a barrier and serve to isolate the individual from the very activities that support social connectedness and community bonds. Connectedness within communities was summed up as:

'important because when you are experiencing some problem, the neighbour they are ones who come first. Let's say death, they [neighbours] are the ones who come and assist you with things before your family come. So I can say community relationship it is good'.

A woman from Mozambique explained;

'Being poor means not having anyone to care for you, for example an orphan child ends up becoming poor because of lacking those relationships that would result into a support to him/her'.

When asked to name the five things that are most important in people's lives, a number of people included relationships with others (both with family and broader communities) as one of their choices (alongside food, shelter, education, and work). Summing up the intrinsic importance of connectedness, one interviewee

from Soweto explained that,

‘if people are friendly you will see that you are important and its very important to live with them and share ideas and try to help one another and know you are safe., Even if maybe a person wants to rob you, they won’t be able to because you know people they will always be there for you’.

Within accounts from people living in poverty, both in the literature as within the preliminary fieldwork discussed here, social isolation tends to manifest in association with the stigma of poverty, and the shame associated with being labelled as the ‘poorest of the poor’. Here it seems that isolation may work in two directions, sometimes simultaneously. People may be excluded by others based on a process where they are marked out within a community as being ‘poor’. But people may isolate themselves and withdraw from community participation in order to avoid the shame of being seen by others as ‘poor’ due to not being able to meet normative cultural standards, such as not having enough money to bring food to share at a communal gathering. This experience of shame may be particularly critical for poor children. As a 2012 report on South Africa from the Synergos Institute indicates:

‘These children (living in poverty) cannot articulate their needs. They are outside what is considered the norm. You know you can be in a group (in school) so physically you may not seem isolated, but emotionally you really are.’ (Vujovic, 2012, p. 13)

This reiterates the relative nature of social isolation; it may not be immediately obvious to those on the outside that an individual is isolated, but their interior landscape is barren.

In outlining an approach to understanding poverty as relational, Amartya Sen refers to Adam Smith’s observation that linen shirts and leather shoes, while not strictly speaking necessities, were necessary in the England of his day, as they were required by social custom to be worn by those who were seen as creditable, and thus were required in order to go about without shame. Those who could not afford a linen shirt would be ashamed to appear in public, as this denoted a ‘disgraceful degree of poverty which, it is presumed, nobody can well fall into without extreme bad conduct’ (Sen, 2000; Zavaleta, 2007).

Similarly custom has made leather shoes a necessity, so that even ‘The poorest creditable person of either sex would be ashamed to appear in public without them’ (Smith, 1776: p.351-2). In the context of the OPHI research, it was not linen shirts as much as branded trainers, lunch boxes, and not living in a shack that allowed people to appear in public without shame. The effects remain similar – those who ‘have’, cannot play with those who ‘have not’. The more isolated people feel, the more vulnerable they become. The durability and persistence of these judgments and ways of marking out social divisions, over generations was illustrated by one woman in Soweto.

‘If I get successful and my neighbour lives in a shack, I won’t allow my children to play with her children...even after I’m dead and their parents are dead, these children will not have a good relationship, because mine will know they are better. And those that are living in the shack, when they grow up, they will make sure they destroy everything that I have...just to make me feel the pain they are feeling’.

It is no wonder that she goes on to explain that these sorts of judgments make people ‘feel anger and creates hatred’. Or as another participant said, ‘it kills both of the people’s spirits, it hurts’... it ‘kills our community’. This makes evident how these divisions and exclusions pass down across generations. It also locates part of the problem of bad relationships being caused by some people ‘knowing’ they are ‘better’, while evoking the pain, and subsequent potential destructiveness, of those who have long been told they are inferior. The importance of emphasising social connectedness is perhaps best illustrated by a participant in this research, who, after describing the importance of relationships with others because of their capacity to sustain people, reduce poverty and give a sense of solidarity and of hope, felt compelled to state that ‘poor people have the right to have relationships’.

In our field research as in prior studies, impoverished people themselves cited social isolation as a powerful and important component of the lived experience of poverty. Without connections to their families, their neighbours and their community, they reported feeling invisible and alone, without any way out. Maintaining relationships with others, maintaining social connectedness is necessary in their view to minimise poverty. Our study advanced previous research by documenting direct and detailed analyses of the relational components of poverty in these communities

2.2 Impact of Isolation on Indigenous Communities - First Nations of Canada

Because multidimensional approaches to poverty enable analysts to explore many dimensions of deprivations, they are particularly relevant for groups that have experienced high levels of marginalisation and exclusion, such as the Aboriginal peoples of Canada. Thus multidimensional analyses can be useful for those groups who experience particular difficulty in ‘taking part in the life of the community’ (Sen, 1999, p. 89, Alkire and Santos, 2014).

The First Nations of Canada provide further examples of the role of isolation in the lived experience of poverty. Indigenous peoples are arguably one of the most disadvantaged, vulnerable and marginalized groups in Canada (Dutt, 2015). This case study illustrates how systematic isolation of a group dramatically contributes to continued poverty in its many dimensions among that population. First Nations people living on reserves experience inadequate housing, lack of access to healthcare, and vastly inferior educational opportunities as compared to the rest of the country, where children begin dropping out of school at age ten

(Best Start Resource Centre, 2012). The 600 scattered Aboriginal communities within Canada, each with their own distinct practices, cultures and lands all share one thing in common - staggering statistics (Samuel, McDonald-Currier Lecture, 2015). A child born into an Aboriginal community in Canada is twice as likely to die in infancy as one born elsewhere in the country (Smylie, Fell and Ohlsson, 2010). If that child makes it to her teenage years, she is five times more likely to commit suicide (Kielland and Simeone, 2014). And if she survives, she is more likely to end up in jail (Owusu-Bempah *et al.*, 2014) than to graduate from high school (Richards, 2014). Indigenous women face an uphill battle as they are three times more likely than non-Indigenous women to be assaulted, go missing or to be murdered. These shocking statistics underscore the true isolation of Aboriginal peoples in Canada.

The historical disenfranchisement of Aboriginal peoples has led to widespread isolation of this group, and has contributed to their lived experience of poverty. The roots of Aboriginal poverty can be traced back to the forced relocation of Aboriginal peoples onto Reserves. This destroyed many of the traditional ways of life including economic pursuits, and continuing lack of funding support or access to aid agencies has perpetuated the cycle of isolation and poverty. Work in communities in the Cowichan Valley on Vancouver Island revealed that the women interviewed, who were living below the income poverty line as defined by the Canadian government, identified isolation as a key feature of the deterioration of their emotional wellbeing (Ocean, 2005, as cited in Raphael, 2011).

In the instance of First Nations peoples' lived experience of poverty, there is a strong historical component of government-supported exclusion. The destruction of the traditional lifestyle of the First Nations people by relocation to reserves served to isolate this group, both along an urban/rural divide, but also within the isolated Aboriginal community itself. Today, an increasing number of Aboriginals live in Canada's major urban areas— nearly half (49%) of the entire Aboriginal population in Canada. Census data gathered by Urban Poverty in Canada shows that Aboriginal people living in urban areas were more than twice as likely to live in poverty as non-Aboriginal people (CCSD: Canadian Council on Social Development). The rapid changes associated with urban living and the loss of traditional supports has compounded feelings of isolation and dislocation among Aboriginal people, further disadvantaging their families and communities. Aboriginals living in urban areas often fall through the policy cracks, since neither the federal nor provincial levels of government accept adequate responsibility for their needs.

With little hope of a way out of their isolation, the cycle of poverty and hopelessness continues - they are truly at the bottom of the well. This grim reality is reflected in the shocking statistic that First Nations communities have suicide rates ten times greater than the rest of Canada (Kral, 2012, 2013). A study by the Government of Canada of northern aboriginal communities between 2004-2008 concluded that children and

teenagers in these communities were more than 30 times as likely to die from suicide as were those in the rest of Canada. Similarly high suicide rates have been reported for the total population in Inuit (northern Aboriginal peoples) regions. Half of all deaths of young people in Inuit Nunangat were suicides, compared with approximately 10% in the rest of Canada (Oliver, Peters and Kohen, 2012).

The thread running through the story of the First Nations is one of isolation - geographic isolation on reserves, and cultural isolation through forced assimilation in a residential school system that forcibly removed children from their families and their culture. This school system, beginning in 1849 and ending only as recently as 1996, when the last residential school closed (Elias *et al.*, 2012), removed children as young as four from their families and kept them isolated from their families and communities until their teen years. The policy objective of the day, chillingly stated as to 'kill the Indian in the child' (Milloy 1999, p. 42)⁴ sought specifically to disconnect children from their families, their cultures, their languages and their homelands.

The legacy of forced assimilation and systematic marginalization that occurred on Reserves has been described as "an eradication of culture, an erosion of traditional values, and a loss of traditional family stability" (Centre for Suicide Prevention, 2013, p.4). 'First Nations, Inuit, and Métis children were often separated from their parents for long periods of time, living in an institutional rather than a family home environment. This impeded the transfer of valuable parenting skills. The isolation of children from their families and communities also thwarted the transmission of language and culture, resulting in significant cultural loss.' (Legacy of Hope Foundation, 2012, p. 12). The residential school system silenced Aboriginal children, cut them off from their spirituality and prevented them from gaining indigenous knowledge. Consequently, the children forced into this school system became estranged from their elders, language and tradition and became disconnected from their land. In a shocking revelation, the TRC documented the deaths of 6,000 children in the residential school system. To put this in perspective, a child in a residential school had a 1 in 25 chance of surviving and a Canadian soldier heading to battle in World War II had better chances of returning home alive (Samuel, McDonald-Currier Lecture, 2015).

Children going through this school system ended up with low literacy rates, completely unprepared for independent lives outside of the institution, experiencing continuing isolation throughout their adulthood, leading to multi-generational effects. In response, First Nations and indigenous leaders and organisations have recently advanced multidimensional strategies referred to as healing and reconciliation efforts. Importantly, while these efforts have a positive impact raising the quality of life and economic opportunities of individuals, success is measured by Indigenous groups themselves as far more broadly defined.

Unfortunately, the damage caused by residential schools went far beyond the children who attended them.

Its multigenerational and enduring effects resulted in Aboriginal communities experiencing cultural detachment and intergenerational trauma. These experiences not only disrupted their traditional ways of life, culture and language but also deteriorated the emotional, physical and psychological wellbeing of Aboriginal communities (TRC Interim Report, 2012, p. 25).² Aboriginal peoples have become isolated from themselves- trapped between cultures, seeing no way forward (Samuel, McDonald-Currier Lecture, 2015). Societal prejudices, discrimination and marginalization from mainstream society have created additional challenges, which in turn, has led to further isolation.

Both the statistical description of the poverty of this population within Canada, together with their own description of their experience, the challenges and the hope for the future demonstrate the pervasive impact of isolation and the importance of generating strategies grounded in this understanding. The case study of the First Nations shows a group that is both multidimensionally poorer than other population sub-groups in multiple ways, but are also, by their own observation, socially isolated, in part as an effect of deliberate government policies.³

2.3 Impact of Isolation among People with Disabilities

The final case study addresses people with disabilities. In many contexts, people with disabilities experience profound stigma and isolation. People with disabilities grapple with the everyday challenge of social, economic, civic and political marginalization. They face a multitude of risk factors as they are more likely to be unemployed, live in poverty and face greater difficulty accessing crucial goods and services. With limited access to essential services, the future prospects and wellbeing of disabled peoples is in jeopardy. Without deliberate policies of inclusion, their access to essential services may be limited because of their disability, thus jeopardising their health and wellbeing. When people with disabilities are invisible due to systemic marginalisation, even responses to pressing global issues by governments, civil society organisations, and the private sector may fail to completely address the rights and protections of people with disabilities and their families.

The sense of shame and isolation that can be related to a wide range of disabilities is pervasive. One participant in the OPHI South Africa study explained,

² See also http://www.med.uottawa.ca/sim/data/aboriginal_e.htm, accessed 10 October 2014.

³ <http://www.socialjustice.org/index.php?page=aboriginal-issues>, accessed 10 October 2014.

‘I think people are still hiding their children...the parents are ashamed, they think they did something bad that is why God gave them the children like that...or that they deserve it...Most people in the community look at the disability and not the child’.

The stigma and shame that surrounds disability can lead to significant isolation and a lack of human contact and love. Disability can be highly stigmatizing not only for the individual, but also for their family. Many families with disabled youth feel ashamed and embarrassed and may limit their interaction with their community. Consequently, persons with disabilities, along with their families are often alienated from society, shunned and face discrimination (The Fact Sheet: Youth with Disabilities, 2010, p. 4). These processes of dehumanisation are acknowledged by both people with disabilities and those living in poverty. The dehumanising seems bound up with a process of labelling, as evident in the account of extreme poverty given by an ATD Fourth World activist:

‘that people disrespect us by calling us names like ”social case”, “bad mother”, “incapable”, “good-for-nothing” demonstrates how they are judging us and do not know about the reality we face. We experience the violence of being discriminated against, of not existing, not being part of the same world, not being treated like other human beings. This everyday violence is abuse’ (ATD Fourth World, 2012, p. 39).

Such ‘everyday’ violence and humiliation is also experienced by many children with disabilities (Goodley and Runswick-Cole, 2011), and many people with disabilities living in poverty, as a recent study of people with disabilities in Bangladesh makes clear:

‘Discrimination, intimidation, harassment and violence are everyday experiences for persons with disabilities and older people, who often find that there is no respite from such abuse even in their home life. Name-calling is common, as is scapegoating.’ (Participate, 2013, p. 8).

How this impacts on the lives of children with disabilities is illustrated in the account of a mother of a child with a disability in Bangladesh in the same study, who says

‘My daughter cannot bathe herself and neither can she comb her hair ... She cannot use her hands for anything ... That is why her younger brothers beat her, and even neighbours bully her. People ask, ‘why is your daughter like this?’ ... [They] talk in an ugly manner and make ugly remarks.’ (Ibid)

Multidimensional poverty is not exclusive to low income countries, but is most devastating in the developing world. For example, 80% of people with disabilities live in developing countries, meaning that an enormous number of people live with disabilities in contexts of poverty. The limited data that exists suggest that people with a range of disabilities are more likely to live in poverty. Indeed, they may be among ‘the poorest of the poor’ in diverse contexts globally, and exist on the margins of society, with many barriers to full participation (Groce, Kett, Lang and Trani, 2011, p. 14).

A new report by Human Rights Watch (2014) found that nearly 30% of all Russian children with disabilities live in state-run orphanages where they are likely to suffer severe abuse and neglect. These children often lack access to health care and adequate nutrition, as well as formal education. They have been further isolated in that at least 95% of children living in Russian orphanages and the foster care system still have at least one living parent. The report shows that the parents of many children with disabilities were pressured into giving them up, and were told they would be unable to care for their children adequately.

‘...many parents face pressure from health care workers to relinquish children with disabilities... Human Rights Watch documented, a number of cases in which medical staff claimed, falsely, that children with certain types of disabilities had no potential to develop intellectually or emotionally...’ (p. 5)

Even within such care homes, children with disabilities are forcibly isolated from each other. For example, when moved from one institution to another, children are typically required to spend time (from days to a month) in a separate wing with little stimulation (Human Rights Watch, 2014). Other examples include confining children to cribs or in rooms without any interaction with staff. When these children reach 18 years of age, most of them are transferred to adult institutions, without any hope of rejoining the outside world.

A report in 2003 from Special Olympics International examined attitudes towards people with intellectual disabilities around the world, and demonstrated how public attitudes impact quality of life directly (Siperstein, Norins, Corbin and Shriver, 2003). The study surveyed the general public in Brazil, China, Egypt, Germany, Japan, Nigeria, the Republic of Ireland, UK, Russia and the United States. The results showed that, although public perceptions of the people with disabilities varied in different cultures, the end conclusion was people with disabilities are marginalised worldwide. The result of these attitudes is a very low expectation of what people with intellectual disabilities are capable of achieving, thereby limiting their opportunities from the outset.

For young children with disabilities, social isolation is a multilevel challenge. Youth with disabilities face rejection, isolation and a myriad of social barriers. They are often not included in their own family, their

local school or community at large. Societal prejudices often prevent youth with disabilities from participating in recreational and leisure activities. They also face serious setbacks in obtaining an education. Not only do they have a lower probability of entering, staying and advancing in school, educational facilities are often inaccessible, lack the appropriate facilities and do not adequately accommodate students with disabilities. With few educational and social opportunities, their ability to develop and expand social capital is limited. This reality places disabled peoples and disabled youth, in particular, at significant risk of social isolation and exclusion. A study on the Young Athletes (YA) program of Special Olympics International (Favazza, Zeisel, Parker and Laboeuf, 2011), illustrated the power of a simply motor skill intervention in not only improving the motor abilities of children with disabilities but also opening doors to greater inclusion (Favazza, Mwangi, Masila, Ghio and Siperstein, 2014b). The Young Athletes program was begun in 2006 as part of a Special Olympics effort to reach young children with developmental disabilities. The success of the program has resulted in its expansion to the developing world, including India, Pakistan, Kenya, Tanzania, and Malawi. Reports of the work in Tanzania and Kenya highlight the pervasive marginalisation and isolation of children with disabilities.

‘At the close of the YA program at Pugu Secondary School in Tanzania, we [the investigators] watched as the YA leaders called all the children together for a closing song and dance. The children stood in a circle holding hands and the YA leader began to sing in Swahili. The children, smiling ear to ear, full of energy, joined in. The YA leader took the hand of one of the children, Sonia, and brought her into the center of the circle. The leader began to dance and, grinning sheepishly, Sonia imitated the dance putting her hands in front of her body and rocking back on her heels. Her eyes lit up as she danced and she gained a confidence that we had not seen before. Sonia rejoined the circle, and each child had a chance to step in the middle to dance. There was sheer joy on the faces of the children and some looked surprised as they participated in a traditional tribal group dance.’ (Favazza et al., 2014a)

This was the first time that these children had participated in the communal tribal culture (Favazza, Siperstein and Ghio, 2014b). Before this moment, they had been isolated from the communal society because of their disabilities. By being invited to join in with the song and dance these isolated people were finally allowed to belong. ‘Thus, the opportunity to participate in a traditional dance or hold hands with someone or make a friend or to wear a Young Athletes shirt all signify belonging...Being a part of YA creates a sense of belonging in a place where belonging and community is at the core their culture.’ (Favazza *et al.*, 2014a). Such experiences of belonging are not only important to the children at the time, but may impact them

into the future.

‘When a child becomes a part of Young Athletes, change seeps into every aspect of the athlete’s development, ushering him/her into adulthood, sure of his/her capacity to go to school, have a job, have a family, participate more fully in life. That change comes to rest in families who develop new perspectives about the value and potential they now see in their child. That change unsettles our collective conscious, demanding that we all rethink what it means to live included in, not excluded from, all of the opportunities the world has to offer.’ (Favazza, 2014, p.4).

The Young Athletes program is one example of an intervention to redress social isolation among individuals with disabilities. There is great potential for positive policy change from the research on this program. But to impact social isolation on a large scale takes a sustained and committed focus to replicate what was done; to document the various ways that lives change when using intentional and culturally relevant strategies to address the multi-level impact on inclusion within families, schools and communities. Effective, long term change requires the creation of “robust mechanisms that will enable people with disabilities to realize and enforce their rights through the creation of advocacy networks” (Joffe, 2010, p. 128).

Research investigating the effect of the Special Olympics programme in South America reveals that inclusion in athletics gives people with disabilities a huge opportunity to connect with a wider community (Harada, Parker and Siperstein, 2005). The study concluded that ‘Special Olympics athletes...participate because they value the social opportunities and friendships that come along with playing sports.... The benefits of participation in Special Olympics are substantial for its athletes...there is significant improvement in athletes’ sense of self, social skills, and relationships with others as a result...’ (p. 50). Furthermore participation in the Special Olympics benefits their families in addition to directly impacting the lives of people with intellectual disabilities themselves; becoming part of a broader community helps everyone concerned.

The stigmatisation of poverty and disability is rife throughout the developing and the developed world. Disability hate crimes are a global problem (Sherry, 2010). Examining discrimination in the lives of children with disabilities in the UK, research has found a tragic ‘propensity for violence against disabled children ingrained in the relationships, institutions and cultural acts of our time’ (Goodley and Runswick-Cole, 2011, p. 614). The researchers go on to express deep concern that the financial crisis and increasingly austere economic reforms in the UK may increase ‘feelings of stress, disempowerment and poverty’ and thus

may well increase the everyday violence experienced by many children with disabilities (Ibid). In all of these accounts participants speak of the pain – how much it hurts – not to be listened to, for their opinion not to count, not to be seen as fully human, and to have people distance themselves. This social pain was expressed both by people living in poverty - those seen as the ‘poorest of the poor’ - and by people with disabilities.

The positive effects of reducing isolation and increasing social connectedness is not limited to people with intellectual disabilities. Work with the elderly with disabilities has demonstrated that something as simple as a telephone outreach program can lessen feelings of loneliness and isolation (Evans, Smith, Wekhoven, Fox and Pritzl, 1986). Creating environments in which people with physical disabilities can participate in and contribute to their communities is critical for reducing their social isolation, and the ways in which loneliness contributes to poverty.

3. Respect, Recognition and Reciprocity: Framing Policy Recommendations

Social isolation and multidimensional poverty are pressing issues with vast socioeconomic and political implications. However, it is essential to remember that these issues are also preventable. As long as social isolation and poverty remain at the forefront of policy agendas, social connectedness is an achievable and attainable goal.

This section proposes broad entry points for confronting isolation based on the findings of our study. These policy recommendations are intended to inform and guide policy makers of the best practices and programs to address multidimensional poverty and social isolation. One of the best ways to address isolation and poverty is by promoting knowledge transfer regarding successful, sustainable and effective practices and initiatives. This represents a crucial step towards launching a global movement aimed at alleviating social isolation and fostering social connectedness. Some entry points include the stigmatisation of the poor and isolated, the research agenda on isolation, education and employment as key instrumental freedoms, the psychosocial and physiological aspects, and the necessity for a cultural shift towards recognising the need to build and re-build social connections.

There is a need to establish dialogue and implement policy that, at its core, focuses on communicating respect, recognition and reciprocity, as they function as the foundational skills essential in building pathways to social connectedness. The first key element, respect, involves a basic level of acceptance and support for oneself and others. Respect begins with accepting yourself and viewing your community as worthy. This is followed by respect for others and the ability to truly honor our differences. Recognition, involves seeing individuals for who they are and being able to support them for their distinct culture, heritage and needs. Lastly, reciprocity means that we can only belong if we belong together (Samuel, McDonald-Currier Lecture,

2015). This demands that we must have the wisdom, compassion and courage to understand that the other is us (Samuel, 2015).

Broad Policy Recommendations

In order for solutions to be effective and enduring, governments ought to address social isolation and social connectedness as an outcome measure of social, economic, political and environmental policies. Addressing social isolation can potentially mitigate poverty, address growing public health concerns, improve civic participation, strengthen bonds and most importantly, alleviate the suffering and deprivation of connectedness felt by many isolated and vulnerable communities around the world.

Despite growing research in the field of social isolation, there remains lack of consensus on the core components of this social issue and how to measure it. To move forward with effective policy, there must be a revision of the methodologies used to assess social isolation and social connectedness, to include common definitions of isolation, standardised techniques to assess isolation, and then the utilisation of these data to find solutions that mitigate isolation as well as support the building of connections. Furthermore, there is a need to synthesize current research and fill in any necessary gaps of knowledge in order to gain a deeper understanding of social isolation and how it manifests in the individual, community and society as a whole (Overcoming Isolation and Deepening Social Connectedness: Global Innovation and Local Practice Symposium, 2014, p. 5). This research would be helpful in guiding frontline workers, organizations and governments to design and evaluate policies, programs and activities.

Given the multifaceted nature of the issue at hand, effective action to combat social isolation is best delivered in joint partnership with vulnerable populations. Better understanding of the manifestation of social isolation at the individual, community and global level requires the introduction of comprehensive, holistic policy solutions that are developed through a collaborative process. At each stage, this work must be rooted in the profound image of the human face of isolation, with the goal of finding ways to address social isolation as a missing dimension of multidimensional poverty. Social isolation prevents social connectedness, and acknowledgement of its contribution to the lived experience of poverty is necessary for eradicating global poverty. Bringing about comprehensive policy solutions based on a collaborative process - beginning with inclusion of the isolated person, the one who sits alone at the bottom of the well - is required to make inroads against multidimensional poverty. This requires a conscious effort to ensure that policy, and the interventions that stem from it, do not reproduce or intensify the stigmatisation of the poor, Indigenous communities and people with disabilities. This process begins by actively and deeply listening to individuals suffering from poverty, exclusion and isolation. Creating safe and open environments can foster connectedness and initiate an open dialogue on a difficult and complex issue. In order to be able to

effectively bridge pathways and breakdown barriers, people need freedom from discrimination. Without discrimination, people can more openly trust and forge connections across various ethnic, religious, socioeconomic and cultural boundaries. Moreover, dignity and acceptance are essential features necessary in fostering a strong sense of belonging. Sharing stories has also proved to be an effective way of raising awareness, encouraging engagement and helping individuals and their communities mend their wounds. This form of engagement develops a greater sense of involvement, trust and reciprocity within communities, builds mutual respect and can empower the individual. Moreover, it can facilitate healing and growth by helping people to understand that they are not alone in their feelings of isolation and hopelessness.

While social isolation can take a devastating toll on the emotional, mental and psychological wellbeing of individuals, it also manifests itself in a physical and physiological manner. Isolation can lead to physiological disruptions similar to those seen with high blood pressure, obesity, inactivity or smoking (House, Landis and Umberson, 1988, Cacioppo and Patrick, 2008). The experience of social isolation can alter genetic activity of the immune system in a manner linked to increased stress responses and adverse health outcomes in individuals identified experiencing high levels of loneliness (Cole *et al.*, 2007). Social isolation poses a serious health risk, as studies are increasingly indicating a connection between isolation and mortality, coronary disease and cognitive impairments. Furthermore, functional brain imaging has revealed that the ‘pain’ of social isolation activates portions of the brain that are activated with the experience of physical pain (Eisenberger, Liberman and Williams, 2003). As social isolation can be both the cause and consequence of ill health, it must be properly understood by governments and policy makers as a public health concern correlated with socio-economic deprivation (Combatting Loneliness, 2012, p. 15) This body of health research points to another entry point for policy and programmes to deal with physiological disruptions.

Although social isolation is often linked with rural areas; isolation, loneliness and despair are growing issues in urban centers. The structure of urban cities have increased the potential for social isolation by constraining social activity, perpetuating seclusion, deteriorating our sense of community and limiting the natural interaction that occurs in smaller communities (Overcoming Isolation and Deepening Social Connectedness: Global Innovation and Local Practice Symposium, 2014, p. 10). Communities need to be restructured to create a sense of openness, foster deeper connections and encourage interactions (National Seniors Council Report, 2013, p. 53). By developing more accessible, open communities governments would strengthen the social fabric of society and foster social cohesion.

Specific Policy Recommendations

Vulnerable Populations

The effect of stigmatisation is to undermine agency, and create fear, shame and anxiety among those who are poor, who receive welfare for example due to disabilities, making such people more vulnerable to abuse, and diminishing social solidarity (Sepúlveda Carmona, 2013). It can also lead to such stigma being internalised, with people coming to understand themselves as inferior. For ATD Fourth World (2012),

‘The indifference and contempt to which people in extreme poverty are subjected is so violent that they end up submitting themselves to such judgments, doubting themselves and seeing themselves only through the eyes of others: useless, incapable and reduced to “waste.”’ (p. 36)

This illustrates Martha Nussbaum’s point that ‘poverty is not just a deprivation, but also a degradation’ (2004, p. 285). What seems especially problematic is that international poverty reduction interventions and state welfare services often repeat this process of othering, labelling and stigmatising by ‘targeting’ the poor in a way that evokes public hostility towards people living in poverty. (Fraser, 1998). This is problematic for a multitude of reasons, and not least because social assistance programmes for those in poverty that are stigmatising have limited take up, and are avoided by many (Chase and Walker, 2012).

There must be a recognition that deprivations occur in many other dimensions of life than in income alone; there needs to be a widening of the lens used to try to understand poverty (Sen, 1999). The types of economic deprivations faced by people with disabilities are different across different contexts (Mitra, Posarac and Vick, 2013), and the ones faced by children may be different from those lived by adults (Biggeri, Trani and Mauro, 2010). This means that ‘policies to improve the socioeconomic status of persons [with disabilities – or, we would add, with social isolation] cannot be one-size-fits-all and need to address different types of deprivations in different countries’ (Mitra et al., p. 11).

Indigenous Communities

An examination of this community reflects the pervasive impact of isolation and poverty and its enduring detrimental effects on communities. Approaches grounded in a partnership with Aboriginal peoples would improve the lives of Indigenous communities. As such, governments, policy makers and organizations need to draft and implement policies with the full participation and informed consent of Indigenous communities (Calls to Action, 2015, p. 2).

There is an ongoing need to promote and proliferate programs that improve the wellbeing of Aboriginal communities, their access, attainment and quality of education, health services and labour market

opportunities. Importance has been placed on adopting a culturally sensitive approach to address the specific needs of Indigenous peoples by acquiring traditional knowledge and blending Indigenous and contemporary technologies (IFAD, 2003, p. 4). This can be achieved, in part, by providing Canadians with a culturally sensitive education as to the nature of Aboriginal societies, and the history of the relationship between Aboriginal and non-Aboriginal peoples (Truth and Reconciliation Commission: Interim Report, 2012, p. 25). Moreover, it is crucial to develop, expand and fund programs and initiatives that aim to develop ongoing cultural revival and promote the traditional spiritual, cultural and linguistic heritages of the Aboriginal peoples of Canada.

‘Holistic approaches to health, which emphasise healthy lifestyles, relationships, and communities, together with personal growth programs and traditional spirituality and healing practices are all needed and are contributing to the efforts to heal the intergenerational impacts of residential schools.’ (Legacy of Hope Foundation, 2010, p. 6). For Aboriginal peoples, acknowledging and sharing stories about the atrocities and struggles their families and communities have faced is an imperative step in the healing process. Creating open, safe places that allow those who feel vulnerable or excluded to share freely and practice their traditional customs, ceremonies and culture will strengthen community bonds, re-establish their identity and foster social connectedness. A noteworthy initiative is Health Canada's Aboriginal Head Start Urban and Northern Program (Social Challenges: The Well-being of Aboriginal People, CCSD). This program mobilizes Aboriginal non-profit organizations in both urban areas and Indigenous communities to provide support for Aboriginal children. It also connects Aboriginal families with the necessary programs and services in their communities (Public Health Agency of Canada). Other non-governmental organizations, including the First Nations Child and Family Caring Society of Canada are dedicated to improving research and policy on the social conditions of Aboriginals children.

People with Disabilities

A critical step towards achieving social connectedness and inclusion is ensuring that *all* people are given equal opportunities to be productive, contribute to their community and enjoy the rights and privileges of citizenship. Some research has found that lower educational attainment and lower employment rates are aspects that are particularly associated with isolation and disability. This suggests that policies that remedy these aspects and promote access to education and employment may contribute strongly to the wellbeing of the impoverished. A necessary part of this process involves creating environments in which people with disabilities can connect with others, participate and positively contribute to their individual wellbeing and to their community. Furthermore, inclusive education is key in helping youth with disabilities feel empowered and have the opportunity to realize their full potential (The Fact Sheet: Youth with Disabilities, 2010, p. 4)

The psycho-emotional effects of the shame and isolation related to poverty and disability must also be addressed. How does the stigma of being seen as poor and the stigma of being disabled get ‘under the skin’ – causing those who are stigmatised immense pain and distress? This stigma can lead to people devaluing themselves because other people assume they live a life not worth living, perpetuating a cycle of hopelessness and isolation. Well-conceived psycho-social policy interventions may help to mitigate stigma and convey confidence and inner pride, as well as confronting approaches that reproduce stigmatizing attitudes and behaviours. In particular, raising awareness and conducting campaigns to educate the public about the realities of people with disabilities is key to reduce the stigma and prejudice, arising from misunderstandings, stereotypes and myths.

There is a need to explore how social isolation is embedded within the ‘injurious social arrangements and artificial fictions of incompetence’ that Martha Nussbaum identifies as long impeding people with disabilities (2004, p. 309). For Nussbaum, the ‘myth of the citizen as a competent independent adult’ has meant that people with intellectual disabilities are not seen as productive citizens, meaning that the ‘basic structure of society is mapped out without including them, and their needs are left as an afterthought’ (2004, p. 312). And because people with disabilities do not meet societal norms of independence, they come to be understood as ‘unfortunate, useless, different, oppressed and sick’ (Hunt, 1966, p. 146).

Who does meet these norms? As Martin Levine, a Canadian disabled self-advocate points out,

‘I may need help in some things, but I’m not retarded. I can take care of myself ... Everyone needs help. Some people need more. Even the ones in the outside—the normal people, have marriage counsellors and other people to help them’ (Goodley, 2001, p. 215).

Complete independence and perfection are myths that hide the fact we all have varying impairments and asymmetrical needs of dependency, that we can be ‘capable and needy’ (Nussbaum, 2004, p. 313), and that life is lived through mutual interdependence. In devising policy we should not let perfectionism serve as a justification for ‘denying the right to be in the world to large numbers of people whose heightened vulnerability is the result of social arrangements organised around the needs of a dominant group’ (Nussbaum, 2004, p. 318).

Therefore, there is a need for a cultural shift towards recognising the need to build and re-build social connections. The capabilities approach developed by Sen and Nussbaum provides a particularly useful and sensitive tool in conceiving of politics as tasked with providing support for human needs, for what people value, and for what enables them to live a life they value. Instead of stigmatising and isolating certain groups,

policy should create enabling and facilitating environments for people with disabilities living in poverty that recognise and support interdependence and change how we understand what it means to be human for all people. As we come to admit and embrace the incompleteness and uncertainty of all human lives, a good place to begin to work together is as people who are consciously all differently able, to build a different and more facilitating society (Nussbaum, 2004). This might lead us to ‘connect, respect and show solidarity with disabled children as we all fight for a non-violent life’ (Goodley and Runswick-Cole, 2011, p. 615), and a life free from shame, humiliation and social isolation. And it is precisely this new approach that could lead to the needed cultural shift, enabling the rebuilding of relationships and connectedness.

Conclusion

Multidimensional poverty analysis attempts to take in to account distinct deprivations that are all part of the fabric of poverty, that people living in poverty articulate, and that go far beyond a simple lack of economic resources. One key component is the degree of social connectedness of the poor. The ties poor people have to their friends, families and community play an enormous role in their lived experience of poverty, as well as in their practical ability to escape poverty. Social connectedness is a critical area to consider in effectively addressing multidimensional poverty going forward.

Social connections have been recognized to be critical due to their instrumental power: social connections have a positive impact on health, wellbeing, job opportunities, financial security and physical safety (Cattell, 2001; Kahneman and Krueger, 2006; Putnam, 2000). Yet the recognition did not fuel a widespread change in measurement and analysis. Also, besides the instrumentality of social connections, most people value social connections intrinsically. They value belonging to a community, having emotional attachments, and participating in society. Indeed, people place such high value on social connectivity that they ‘report that good relationships with family members, friends or romantic partners — far more than money or fame — are prerequisites for their own happiness’ (Helliwell and Putnam, 2004). This is evident in a quote from *Voices of the Poor*, where an impoverished Bulgarian woman states, ‘I like money and nice things, but it's not money that makes me happy. It's people that make me happy’ (Narayan and Petesch, 2002, p. 258). As Fukuyama (1996) argued: ‘while people work in organisations to satisfy their individual needs, the workplace also draws people out of their private lives and connects them to a wider social world. That connectedness is not just a means to the end of earning a pay check but an important end of human life itself... a side of the human personality craves being part of larger communities’ (p. 6). Using case studies from developing countries, marginalized groups, and those with disabilities, this paper has re-articulated a challenge to researchers and policy makers to measure and analyse social isolation, and the myriad of ways it can impact the

lived experience of individuals and communities, in proposing policies to address the global issue of multidimensional poverty.

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