



Outcome: Positive social ties and vulnerable populations

FCSS Calgary has adopted a social sustainability framework to serve as a blueprint for its social planning, investment decisions, and funding practices. Within this framework, FCSS has identified two investment priorities for the next decade: strengthening neighbourhoods and increasing social inclusion.

This research brief is one in a series of research and best / promising practice summaries commissioned by FCSS Calgary to assist the organizations it funds to provide high-quality, evidence-based, prevention programs that contribute to the achievement of specific outcomes that will align with the social sustainability framework, strengthen neighbourhoods, and increase social inclusion among vulnerable Calgarians.



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The issue

A wide range of research illustrates the ways in which the availability and use of various social ties make a difference to individual well-being. Whether it is a question of parenting, educational attainment, immigrant integration, labour market entry, or aging well in retirement, knowing people to turn to for resources, support, and further connections can help people to “get by” or “get ahead.”¹ As noted by the Government of Canada’s Policy Research Initiative, [p]eople with extensive social connections linking them to people with diverse resources tend to be more ‘hired, housed, healthy, and happy.’² On the other hand, people who are socially isolated; that is, lacking in connections that can help them in one way or another, are at high risk of health problems, poverty, and social exclusion.

At risk of oversimplification, “positive social ties” is shorthand for various forms of social capital, an idea conceptualized many years ago but pulled into the public realm and popularized (and, arguably, simplified) by Putnam in 2000.³ For purposes of this discussion, the simple version works well. In essence, there are two kinds of social capital: bonding and bridging. Bonding social capital is typified by relations within a homogeneous group; i.e., strong ties among people who share similar backgrounds, such as members of an ethnocultural group, members of an extended family or, less optimally, members of a criminal gang. Bridging social capital is about connections outside one’s own tight group, weaker connections with a broader range of people who are useful in linking people to external assets.

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*Positive social ties and Aboriginal peoples will be the subject of a forthcoming brief specifically on this issue. It must be stressed that social support is a strong dimension and determinant of Aboriginal health and well-being.



The CIC Host Program provides social support and friendship, and expands newcomers' social networks, primarily by connecting them with the hosts' social networks.

Bridging social capital has often been associated with assisting people in obtaining employment and increasing income,⁴ although it is certainly used for many different purposes. Like other forms of capital, social capital is morally neutral — it is what one does with it that matters.

Social capital has particular components and implications from a community development perspective, but in this research brief, the focus is on identifying ways of preventing the social exclusion of vulnerable population groups by increasing their positive social ties.

Vulnerable immigrants

Research indicates that the immigrants who are most vulnerable to social exclusion are those who are recent newcomers, are refugees, face language and/or cultural barriers, have low income and are unable to obtain employment commensurate with their credentials, are stay-at-home parents or seniors, and/or belong to ethnocultural communities with few members in Calgary. Most vulnerable immigrants meet several of these criteria.

It should be cautioned from the outset that the creation of positive social ties is not a panacea for the integration of immigrants. Even immigrants who have strong social networks may find themselves unable to achieve their potential due to other systemic barriers. However, it is widely agreed that both bonding and bridging social capital are essential to a successful integration process: “It is through networks that immigrants expand their social and economic opportunities in the receiving country.”⁵

Upon arrival, immigrants' needs include employment; housing; a welcoming community; an environment where children can be safe, healthy, and well-educated; social contacts; accurate information about and access to health, social and educational services; and, for many immigrants, English-language training.⁶ Research shows that refugees often experience significant problems in obtaining the basic determinants of health, including adequate income, food security, appropriate and affordable housing, and transportation.⁷ This is in part due to many refugees' inability to obtain ESL training, employment opportunities, legal services, affordable childcare, sufficient settlement services, various educational and other supports for children and youth, and other supports and services that help newcomers along the road to self-reliance and a reasonable quality of life. Friends and relatives are key sources of support to help immigrants with settlement challenges.⁸ For the most part, new immigrants seek out members of their own ethnocultural groups to help them settle in Canada. Indeed, Statistics Canada reports that the most frequent reason reported by immigrants for choosing to immigrate to Canada is joining or accompanying family or friends.⁹ In this sense, most new immigrants are not entirely socially isolated, however, there remain many newcomers, especially those who are refugees, who have very few or no local contacts upon arrival, and who settle in places where few members of



Research confirms the importance of both strong co-ethnic networks and strong connections in the broader community for a successful integration process.

their own ethnocultural community live. In conjunction with the many language and cultural barriers encountered and the hardships experienced by many refugees, lack of social ties places some newcomers at high risk of long-term social exclusion.

Studies indicate that strong networks (bonding social capital) help newcomers to find housing, access essential services, and address basic needs. In addition, co-ethnic networks help newcomers to find jobs. However, work secured through co-ethnic networks is often poorly paid, especially for members of ethno-cultural groups that suffer economic exclusion in Canada. It is a network of contacts beyond one's own ethnocultural group (bridging social capital) that seems to be most helpful in facilitating ties to better jobs in mainstream society.¹⁰ Some studies have shown that those who obtain jobs through people outside their ethnocultural group have higher income than those who used co-ethnic contacts.¹¹ For example, a recent study by Li suggests "an assimilation effect operating among immigrant men and women in that immigrants maintaining weaker ties with their ethnic communities tend to do better economically than those who maintain strong ties."¹² As summarized by Kunz, "[b]onding networks help newcomers get by as they acclimatize to the new environment. In the long run, how these individuals get ahead in Canadian society depends on the diversity of their networks."¹³

What works to facilitate positive social ties for vulnerable immigrants

It appears that no evidence-based best or promising practices have been identified by studies or evaluations. However, some initiatives boast impressive results based on soft evaluations, and merit discussion here.

Host programs

Host programs match newcomers (or newcomer families) with a volunteer who is either Canadian-born or a permanent resident. In Canada (excluding Quebec), immigrant-serving organizations are contracted by Citizenship and Immigration Canada (CIC) to recruit, select, and train volunteer hosts, match hosts with newcomers based on shared interests, and monitor progress.

As described by CIC, the role of volunteers is to ease the cultural shock newcomers experience following relocation. Volunteers may assist newcomers in day-to-day activities, such as banking, shopping, budgeting, using the transit system, accessing other public services, registering for school, learning about income tax, getting a driver's licence, and so on. More important, volunteers may introduce newcomers to their network of friends and family through social activities.

It does not appear that the CIC Host Program has been subject to rigorous evaluation. However, a 2004 evaluation based on surveys of and interviews with participants and stakeholders revealed positive impacts of the Host Program, most notably with respect to providing social support and friendship and expanding newcomers' social networks,

Program to watch: Domestic violence and immigrant women

Empowerment Program for
Refugee and Immigrant Women,
Kansas, U.S.A.

The Empowerment Program was developed as collaboration among three partners: a university counseling psychology department and its clinic; a not-for-profit organization whose mission is to provide outreach, education and shelter to refugee and immigrant women concerning domestic violence and reproductive health; and a local domestic violence shelter. The program services are broad, including psycho-educational workshops, counseling, psycho-educational home visits, advocacy and case management, informal meetings that provide one-on-one attention, and interpretation. The program offers workshops approximately once a month in a two-hour time span to provide culturally sensitive psycho-education in a group setting, focusing on topics such as mental health, acculturation/adjustment, physical health, family and gender roles, parenting, health, loss and grief, legal issues, unemployment and career barriers, and stress self-care. Advocacy and case management address a variety of needs including housing, social services, employment, language skills, health care, immigration law, and family transitions (e.g., divorce). Women are given better access to community services via the use of interpretation and in the availability of personal informal contacts with advocates on an as-needed basis. Bilingual and bicultural paraprofessionals serve multiple roles, including interpreter, translator, liaison, caseworker, resource specialist, and community advocate. These bicultural-bilingual advocates are refugee or immigrant women themselves and are active in their own communities. Other staff members include graduate students and faculty in a counseling psychology department, members of the not-for-profit organization, and staff at a local domestic violence shelter. Graduate students offer psycho-educational home visits, individual counseling, and serve as facilitators or child care providers at monthly workshops. Faculty and board members offer leadership and clinical supervision.

As described in Khamphakdy-Brown, S.; et al. 2006. "The Empowerment Program: An application of an outreach program for refugee and immigrant Women." *Journal of Mental Health Counseling*, 28(1), 38-47.

primarily by connecting them with the hosts' social networks. A number of focus group participants noted that the Host Program helped to reduce their feelings of stress and isolation by providing emotional support and friendship.¹⁴ This suggests that the Host Program does help to facilitate the social and economic integration of newcomers through the formation of a social network between newcomers and their receiving communities.

Formal and informal education

For many adult newcomers, NGOs and settlement agencies are their first point of contact in building relationships and developing social networks. Programs such as the CIC-funded *Immigrant Settlement and Adaptation Program (ISAP)* and *Language Instruction for Newcomers to Canada (LINC)* help to forge the beginnings of other relationships¹⁵ although, as noted by Kunz, they are unlikely to result in sustained positive social ties.¹⁶ These programs can, however, help immigrant parents to begin to develop networks with other parents and professionals via their children's schools, as discussed below. Adult immigrants who come to Canada as post-secondary students "are perceived as having an easier time developing social networks because university students tend to be more open to learning about new cultures."¹⁷

English as a Second Language (ESL) training

Clearly, fluency in the English language is crucial to social and economic integration in Canada.¹⁸ Learning a new language, especially during adulthood, can be a long-term process. Families in which no adults speak English well may experience barriers in communicating with health and other service organizations and agencies that are not prepared to function in a variety of languages. Linguistic isolation among immigrants and their families is not a new phenomenon, but it continues to isolate many newcomers.¹⁹

Time and finances are barriers to ESL education for both male and female immigrants, but immigrant women face additional challenges. Men who enter Canada are more likely to have done so as "principal applicants" on the point system, which credits their level of proficiency in an official language. Therefore, they are much more likely to be proficient in English than women who enter as spouses or dependents of principal applicants.

In 2004, for example, 51% of spouses and dependents, most of whom are women, spoke neither English nor French.²⁰ Along with the benefits of speaking English for the women themselves, the ability of immigrant mothers to communicate in English is important to the development of social ties for immigrant families: "[T]o the extent their language proficiency is limited, so too will their abilities be in contributing to meeting their families' needs in the fundamental areas of health, education, and financial security."²¹

There is soft evidence that women's groups ostensibly formed for one purpose, such as cooking or neo-natal support or any other purpose, can also serve as an excellent vehicle for ESL instruction. Alternatively, informal ESL instruction groups, such as English



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conversation clubs, can also serve other purposes, such as providing parenting instruction or support, health care and, of course, inter-personal support and the facilitation of broader connections, especially when such groups include members of different ethnocultural groups.²² Research also shows that gendered networks of immigrant women often extend beyond the role of social support; in addition, they facilitate both immigrant women’s employment and social and employment connections for other family members.²³

Employment

For both men and women, employment can be both the incubator and the result of positive social ties, although Li’s observations about the risks of working exclusively with members of one’s own ethnocultural group must be taken into account. A qualitative study of immigrant women in Montreal found that working “also enabled the women to develop a convivial rapport with other immigrants or people from the ‘host society’ even though strong ties were rarely established.”²⁴

Connecting with Children’s Schools

Research shows that a successful approach to addressing the needs of vulnerable families, including those headed by Canadian-born parents, is to involve parents in their children’s academic life. Interaction in the school has been found to improve bonding and bridging social capital, thereby reducing risk factors for children.²⁵ Connections with their children’s school appears to have additional benefits for vulnerable immigrant families, particularly mothers, as a means of increasing positive social ties beyond their own ethnocultural communities. As explained by Van Ngo, “[t]hrough school involvement, parents benefit from parent support networks and develop self confidence and decision-making abilities. They are more likely to have positive attitudes toward schools and personnel, demonstrate greater willingness and ability to gather support in the community for school programs, and get more involved in community affairs. They are also more likely to enroll in other educational programs. For parents from ethnocultural communities, participation in the public school system also means empowerment, access to school decision-making structures, active citizenship, and overall integration into Canadian society.”²⁶

Vulnerable families

Families that are most vulnerable to social exclusion include those that experience chronic low income, are led by teen parents or low-income lone parents, have few social supports, experience high household mobility and/or homelessness, experience family dysfunction and/or parents use poor parenting practices, or experience or have experienced domestic abuse. Most vulnerable families meet several of these criteria.

Low-income families tend to be socially isolated, and reduced social support restricts the ability of family and community to buffer the direct effects of poverty.²⁷ Studies have shown that between 40% and 50% of the support received from personal

Program to watch: Immigrant employment assistance

Welcome Back Initiative

The Welcome Back Initiative, offered in three large cities in California, has successfully helped thousands of health professionals trained outside of the United States to enter the health workforce. The program teaches participants about the U.S. health care system, provides case management and vocational language training, helps in obtaining required licenses and credentials, and helps participants to find jobs through the program's pre-established relationships with employers. Between 2002 and 2005, the program served more than 5,900 participants, at least 2,800 of whom secured health care jobs.

As described in Grantmakers Concerned with Immigrants and Refugees. nd. Investing in our Communities: Strategies for Immigrant Integration. Toolkit. Section 12: Promising Practices in Promoting Economic Mobility. Available at <http://atwork.settlement.org>

networks is strongly affected by degree of education, extent and nature of employment, and neighbourhood of residence.²⁸ Low-income families “living in the context of unemployment, poor housing, unsafe neighbourhoods, and so forth lack the informal social supports of family and friends to help them manage the acute stressors they face daily.”²⁹

Extensive research reveals that social support networks can act as a significant buffer to the debilitating effects of poverty.³⁰ Families experiencing stress can avoid some family crises if they have (i) formal and informal social networks and (ii) the ability to positively reframe perceptions of stresses so that they feel that they are not the only ones struggling with these stresses and have increased hope and feelings of power to improve life circumstances.³¹

Scores of studies have investigated the ways in which socially-isolated families can benefit from positive social ties and strengthened social support systems,³² and a great deal of research documents the benefits of both informal and community supports.³³ Much of this research has focused on low-income immigrant, single, young, and/or new mothers, as these mothers tend to be at highest risk of isolation. All parents (and all individuals) benefit from positive social support systems but, for low-income, isolated families, high-quality support systems can dramatically improve positive parenting skills, family functioning, and child outcomes.³⁴

Research on social support and its benefits often also looks at parent-child attachment and parents' approach to attachment with others. Many studies have shown that strong parenting skills and positive relationships between parents and children require both secure attachment and sufficient positive social support.³⁵ Older research suggested that general attachment style influenced social support;³⁶ i.e., not surprisingly, people who avoid close relationships in general tend to have smaller networks and receive less social support. More recent research encourages social support and role-modeling approaches in parenting programs because studies indicate that social support may also influence attachment style, where parents who feel more supported tend to feel less anxious or ambivalent about their relationships with their children and become more attached to and engage in better parenting with their children.³⁷ This is consistent with earlier research showing that the links between social support and better parenting include increased parental self-confidence, which may come from the support and affirmation of others and having people in the lives of families who are committed to the well-being of both the parents and the children.³⁸

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Promising practices in increasing the positive social ties of isolated, vulnerable families

Provide the “right kind” of support

Research indicates that, in order for the support to be helpful, it must have specific characteristics: It must match the needs and expectations of the recipient,³⁹ the cost of returning the favour must not be excessive⁴⁰ and, ideally, the support must come from the preferred individual with whom one has a trusting and intimate relationship.⁴¹

It should be noted from the outset that all kinds of social support are not beneficial. For example, as noted above, we know that mothers with strong networks of positive social support from friends and extended family are more effective parents.⁴²

However, if these friends or family members engage in negative interactions with the mother, generate conflict, or demand significant time or energy from the mother, they can actually contribute to maternal stress and depression—both linked with poor parenting—rather than supporting the mother’s well-being or her parenting practices. This is why the research emphasizes the need for “positive” social ties, not simply social ties in general. Qualitative, rather than quantitative, indicators of social networks are more predictive of maternal health and well-being.⁴³

Also, parenting styles tend to be transmitted along generational lines (See Research Brief #2, *Positive parenting and family functioning*). This means that support from a grandmother who did not have good parenting skills may not be especially helpful to a mother who is experiencing her own parenting challenges. Likewise, social support from other parents with poor parenting skills does not generally result in improvements in parenting practices. Rather, modeling of good parenting practices by a positive role model, with support and encouragement for the mother from the role model to repeatedly practice new parenting techniques, is more likely to result in changes in parenting practices.⁴⁴

Community and school engagement

As with immigrant families, engaging vulnerable families in their communities and in their children’s school helps to build positive social ties.⁴⁵ In addition to the well-documented benefits of parental involvement in school to children’s learning, research shows that family and community involvement in schools increases the support and services received by families⁴⁶ and, when the school serves as a place where people can come together and be involved in decision making that affects their community, civic capacity and community development can be increased within the neighbourhood.⁴⁷ Supporting families via the provision of on-site and linked support services, such as pre-school, parenting classes, English-language classes for parents, and family liaison services helps to engage parents in the school and enhances the role of the school in the community as a facilitator of community development. It also helps to earn the trust of parents and let them know that the school cares about where and how families live.⁴⁸

Promising practice in increasing vulnerable families’ positive social ties through community and school engagement

Families & Schools Together (FAST)

FAST has been repeatedly evaluated and identified as a best practice for improving family functioning, parenting skills, and children’s outcomes. Recent research indicates that it also increases parents’ social capital.

FAST uses a collaborative, whole family approach to achieve its goals. An 8-week curriculum for the Elementary School program (8-week for Baby FAST, 10-week for Early Childhood, 14-week for Middle School Program) of multiple-family group activities, followed by ongoing monthly meetings, incorporates the following activities: a meal hosted by a family, a family sing-along, structured family communication exercises, family feelings identification exercises, parent support meetings while children play, one-to-one quality time, winning-as-a-family-unit exercises, a closing ritual, a substance abuse education component, graduation, and development of a school-based parent advisory council of FAST program graduates.

Terrion, J.L. 2006. “Building social capital in vulnerable families: Success markers of a school-based intervention program.” *Youth & Society*, 38(2), 155 – 176;
Kratochwill, T.R.; et al. 2004. “Families and Schools Together: An experimental analysis of a parent-mediated multi-family group program for American Indian children.” *Journal of School Psychology*, 42(5), 359-383.

Social and peer support groups for women

Victims of intimate partner violence, immigrant and refugee women, single mothers, and women with health and addiction issues are among the most socially isolated members of society. Indeed, social isolation plays multiple roles in the lives of abused women. Isolation is a risk factor for abuse,⁴⁹ as women with weak networks and few supportive people in their lives are more likely to be victimized.⁵⁰ It is also a form of emotional abuse, usually within an ongoing process of intimidation and control.⁵¹ Finally, it is a consequence of abuse, both within the abusive relationship, as support people and loved ones are systematically excluded from the victim's life, and after the relationship ends, when the victim may be trying to strike out on her own, often with few financial and other resources.⁵²

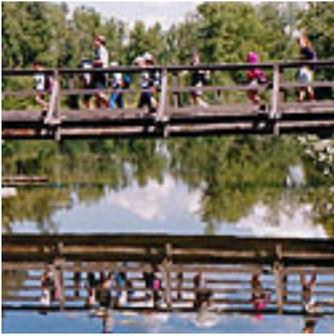
The most common objectives of peer support groups are to reduce isolation, increase self-esteem and, for abused women, ensure safety.⁵³ The limited and mostly qualitative research on support groups is primarily descriptive or reflects feedback from participants. This soft research indicates that social or peer support groups for women can facilitate the development of positive social ties (bonding social capital). Most of the research focuses on support groups as a means of improving mental or emotional well-being. Social support in general has repeatedly been identified as a moderator of depression and coping among abused women,⁵⁴ including older abused women,⁵⁵ and some soft evidence suggests that social or peer support groups can help to provide this support.

The same is true for immigrant and refugee women, single mothers,⁵⁶ and women with physical health problems (e.g., cancer survivors) or mental health and/or addictions issues. Older, qualitative research suggests that peer support groups help women to cope with the overwhelming demands of their day-to-day lives in the atmosphere of mutual understanding and support provided by a group of peers.⁵⁷ There is soft evidence that peer support delivered in an individual or group format, and delivered at a location such as a women's resource centre for women in general and for others who are experiencing isolation and other life challenges, is associated with expanded social networks which are, in turn, associated with positive physical and mental health.⁵⁸

There appears to be no research on the effects of support groups in helping isolated women (other than immigrant women, as discussed above) to strengthen their broader social ties in ways that might improve their overall lot in life, socially or economically (i.e., bridging social capital). There appears to be no useful research, evidence-based or not, on social support groups for men.



Mothers with strong networks of positive social support from friends and extended family are more effective parents.



Providing genuine opportunities for the involvement of parents in all aspects of school activities and decision making fosters parents' skill development and acculturation and nurtures the development of community leaders, fosters culturally-sensitive teaching practices and pedagogy, and cultivates positive, culturally-welcoming school cultures and environments.⁵⁹

Parenting groups

Parenting groups are included here because of their potential to increase positive social ties. Extensive research documents the importance of social support and parenting education for low-income parents, many of whom are single mothers. Most community-based programs seek to change parenting practices by increasing parents' competence and confidence via (i) parenting instruction and positive role modeling and (ii) increased social support from service staff and other parents.⁶⁰ As discussed in more detail in Research Brief #2, *Positive parenting and family functioning*, the research findings about the effectiveness of parenting programs in improving parenting practices and, by extension, child well-being, are mixed.

There exist many programs with demonstrated, excellent outcomes, but some community-based programs do not appear to result in significant or lasting benefits for parents or children. Few evaluations of family support programs have really explored whether parents received increased social support or increased their social networks as a result of participation. One recent, experimental evaluation of social support and education groups for low-income single mothers found that participation improved self-esteem and reduced depression during the intervention phase but had no significant differential effect on levels of social support or parenting. Improvements in self-esteem and depression were not sustained over the longer term. The researchers did not dismiss the potential of parenting groups but concluded that programs providing more intensive social support and parenting education than the one evaluated here might be needed to improve the quality of life of low-income single mothers and their children over the long term.⁶¹ In addition, a comprehensive and much-cited meta-analysis of parent support programs concluded that they have very little impact on parents' economic well-being, measured in terms of educational progress and achievement, job training, employment, and income.⁶²

Vulnerable children and youth

Vulnerable children and youth are defined here as individuals aged 0 to 18 who live alone or are homeless; live in families experiencing chronic low-income; live in dysfunctional families; experience or have experienced or witness or have witnessed abuse and/or trauma; lack interpersonal or social skills; have cognitive deficits and/or emotional or mental health issues; are not engaged in or succeeding at school; and/or experience low sense of belonging in school or the community.

Extensive research documents the importance of positive social ties to the developmental outcomes of children and youth. In short, positive ties are protective factors and negative ties are risk factors for healthy development. The most important ties are with parents, peers, and other adults in the young person's life.



Few evaluations of family support programs have really explored whether parents received increased social support or increased their social networks as a result of participation.

As discussed in detail in Research Brief 2, *Positive parenting and family functioning*, relationships with parents are probably the most important predictor of positive developmental outcomes for children and youth. Much of the literature focuses on positive parenting practices with young children, but parental support and supervision continue to be just as vital during adolescence as they are in childhood, even if they are sometimes more difficult to provide. Youth who enjoy positive relationships with their parents, even if they are sometimes strained, report higher levels of life satisfaction, self-esteem, and perceived physical health.⁶³

It is generally recognized that conflict with parents is a normal part of youth development. Adolescents' need for increased autonomy and independence can strain relationships with parents and other authority figures, and contribute to family instability.⁶⁴ However, research shows that high school students who have positive relationships with their parents are less likely to smoke, drink alcohol, or use marijuana; less likely to have friends who were involved in risky behaviours; and somewhat less likely to engage in sexual intercourse.⁶⁵ A large body of American research supports the finding that parent-youth closeness is associated with less sexual risk taking, including remaining abstinent and postponing sex.⁶⁶

The establishment of friendships is fundamental to adolescent development. Having close friends is connected to positive emotional health and social adjustment. "Playing together," "hanging out," and "doing things together" are among the most important features of youth friendship.⁶⁷ "Friendships become increasingly important as young people get older, and it has been suggested that adolescent friendships provide a space in which to develop social and emotional skills."⁶⁸ According to the Health Behaviours in School-aged Children (HBSC) study, most adolescent girls and boys in Canada report having at least three close same-sex friendships.⁶⁹ Likewise, analysis of National Longitudinal Survey of Children and Youth (NLSCY) data shows that among Canadian youth aged 12 to 17 years, 80% report a high level of connectedness with their peers.⁷⁰

Youth with close friends demonstrate better academic performance, lower rates of criminal involvement, and lower school drop-out rates compared with those who do not have friends as sources of intimacy and social support. Young people who are not socially well-integrated or who have negative peer influences report that they are less satisfied with their lives, less happy with their home lives, less likely to enjoy school and to feel that they belong at school, and more likely to feel lonely and left out.⁷¹

Positive relationships with peers, along with parents and teachers, are associated with youths' enjoyment of and feelings of belonging at school. These are, in turn, related to young people's self-esteem, life satisfaction, and overall health. Consistent with a wealth of previous research,⁷² the HBSC study confirmed that being socially accepted or rejected by peers can deeply affect an adolescent's self-confidence and sense of self.⁷³



“Youth who continue to enjoy positive relationships with their parents, even if they are sometimes strained, report higher levels of life satisfaction, self-esteem, and perceived physical health.”

“There is increasing evidence to suggest that when youth interact with peers who model positive behaviours, these relationships contribute to good outcomes.⁷⁴ For example, having friends with good grades and who engage in few risky behaviours is associated with less likelihood of teen pregnancy⁷⁵ and abstinence from using tobacco, drugs or alcohol.⁷⁶

Beyond family and peer relationships, stable and long-term relationships with neighbours, teachers, friends, and friends’ parents matter to children. For example, strong relationships with teachers often leads to better educational performance,⁷⁷ and behaviour monitoring of children by neighbours helps children and youth to stay out of trouble.⁷⁸ Numerous resiliency studies have demonstrated that one key factor in a youth’s life is a supportive, mentoring relationship with a person who is not a parent such as a volunteer leader from a volunteer development program.⁷⁹

The presence of caring, supportive individuals such as teachers, extended family members, or persons outside the immediate family; along with supportive environments which enable and encourage autonomy, responsibility and control, are vital to children’s sociability, self-esteem, and skill-based competence and, hence, their ability to cope with adversity.⁸⁰ As summarized in *Grading Grown-ups*, “[t]o grow up healthy, young people need to be surrounded, supported, and guided within a sustained network of adults in addition to their parents who choose to know, name, support, affirm, acknowledge, guide, and include children and adolescents in their lives.”⁸¹

Best and promising practices to increase children and youth’s positive social ties

Youth development programs

Youth development programs, which include after-school programs and programs that take place during evenings, weekends, and the summer months, help isolated children and youth to improve their social skills, make friends, and make connections with caring adult positive role models and mentors. “Soft” evaluations have shown that leadership programs, whether or not they actually increase the leadership skills¹ of isolated children and youth, have been demonstrated to increase self-esteem, communication skills, and inter-personal skills, all of which are very helpful to isolated children and youth to make connections with peers and adults.⁸²

For more information on youth development programs, please refer to Research Brief 4, *Positive child and youth development*.

¹ Within a youth development framework, leadership is seen to be a composite of many other personal skills and attributes. For young people, the following competencies have been delineated as essential to leadership: group processing and facilitation, oral and written communication, conflict management, shared decision making, team management, understanding of different cultures, values identification and promotion, utilization of motivational techniques, and vision articulation. See, for example, Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. 1996. *Reconnecting youth and community: A youth development approach*. Available at <http://www.ncfy.com/reconnec.htm>; William, G. 1996. *Values, vision, voice, virtue: The 4 “V” model for ethical leadership development*. (ERIC Document Service # ED394542); Brungardt, C. 1996. “The making of leaders: a review of the research in leadership development and education.” *Journal of Leadership Studies*, 3(3), 81-95; Zimmerman-Oster, K.; Burkhardt, J. 1999. *Leadership in the making: Impact and insights from leadership development programs in U.S. colleges and universities*. (Battle Creek, MI: W.K. Kellogg).



Youth with close friends demonstrate better academic performance, lower rates of criminal involvement, and lower school drop-out rates, compared with those who do not have friends as sources of intimacy and social support.

Mentorship programs

Mentoring programs provide a formal mechanism for establishing a relationship between a child or youth and at least one caring adult. Overall, the research shows that many mentoring programs are associated with a wide range of positive developmental outcomes in several areas of, including (but not limited to) social skills, pro-social behaviour (helping others), and emotional well-being.⁸³ In other words, in addition to addressing all children and youth's need for a supportive relationship with at least one supportive adult who is not a parent, mentorship programs can help young people to establish positive peer friendships.

Early research findings show that immigrant student mentorship programs, where an older immigrant youth (e.g., a high school or university student) is paired with an immigrant child (e.g., an elementary school student) helps to build social skills and positive social ties for both the mentor and the mentee.⁸⁴

For more information on mentoring, please refer to Research Brief 4, *Positive child and youth development*.

Inter-generational programs

"Inter-generational programs" refer to a wide range of programs that pair children and youth with adults or seniors, or adults under the age of 65 with seniors. There have been almost no thorough evaluations of any kind of such programs, with one exception. As discussed in a following subsection, Experience Corps has demonstrated positive results for both children and seniors. Experience Corps is a U.S. service program that places people age 55 and older in elementary classrooms. The seniors are given at least 30 hours of training before they start and must commit to being in a school 15 hours a week for an entire school year. They are paid a \$2,800 honorarium, mostly to offset the cost of gas and school lunches. Along with the social and health benefits for seniors, evaluation of the program has found that the seniors developed positive relationships with their student partners, and the children's academic scores improved, along with their behaviour at school.⁸⁵

Vulnerable seniors

The risk of social isolation increases with age; social isolation is most common among seniors aged 75 years or more, although younger seniors can also experience isolation.⁸⁶ A comprehensive review of the research by Keating and colleagues shows that [o]lder senior men have smaller and more kin-focused social networks than women.⁸⁷

In addition to age, the most common risk factors for social isolation among seniors include living alone, having low income, being single, experiencing loss, experiencing language and cultural barriers, and having transportation difficulties.



Social isolation among seniors is associated with poor general health.

Social isolation among seniors is associated with poor general health,⁸⁸ including increased risk of chronic disease;⁸⁹ disability or chronic disease;⁹⁰ reduced self-care;⁹¹ decreased immunity⁹² and slow wound healing;⁹³ premature death;⁹⁴ poorer sleep efficiency and fatigue;⁹⁵ abuse;⁹⁶ stress,⁹⁷ loneliness,⁹⁸ depression and other mental illnesses,⁹⁹ and suicide;¹⁰⁰ poor nutrition;¹⁰¹ psychosomatic illness;¹⁰² and reduced well-being¹⁰³ and quality of life.¹⁰⁴

Protective factors against social isolation include higher education, higher income, social ties with younger friends and neighbours, living in a socially-cohesive community, having higher proportions of women and family within networks, and larger network size. Most notably, residing in a cohesive community may provide individuals with access to social resources, even when personal networks are lacking.¹⁰⁵

Comprehensive reviews of the research conclude that there is little evidence that the numerous individual interventions that target social isolation among seniors are effective.¹⁰⁶ Much of the literature is purely descriptive. It is cautioned that many interventions have not been thoroughly evaluated, and further research is required. Findlay states that “an enormous amount of public money, time and manpower may be wasted on interventions for which little evidence of their effectiveness is available.”¹⁰⁷ Therefore, Findlay and others recommend that a strong evaluation component be built into each program.¹⁰⁸

Literature reviews reveal that inconsistent definitions of social isolation, which sometimes fail to distinguish between social isolation and loneliness, have had an impact on research findings.¹⁰⁹ Loneliness may stem from loss of or lack of long-time intimate contacts; some people with an extensive social base and community connections are still lonely, and this can be very difficult to address through programming or other forms of interventions.¹¹⁰ Social isolation, on the other hand, can be prevented via good health, communication skills, social skills, accessible services, feeling connected to and valued by others, having meaningful roles in society, and having access to transportation.¹¹¹

Promising practices to increase seniors' positive social ties

Group interventions

Research indicates that some group interventions can be effective, namely those involving some form of educational or training input, and social activities that target specific groups of people.¹¹² Older research indicates that structured skills classes may be effective for lonely women seniors.¹¹³ Depending on client attitude and delivery method, exercise classes and programs can be effective, provided they are ongoing and are flexible to client needs.¹¹⁴ The research suggests that the most effective way (although costly and time consuming) of reaching inactive older people is a combination of mass-media advertising, direct mail, and personal contacts.¹¹⁵ Self-help groups (e.g., for bereaved spouses) appear to be effective, whether led by



The biggest barrier to immigrant seniors' use of social services is the belief that their children will fully support them, followed by distrust of government or the view that reliance on government for elder care is shameful.

professionals or trained peer facilitators. They seem to work best when the support begins within two years of the loss and lasts for at least 20 weeks, and when participants have social contact with group members outside and after the group.¹¹⁶

Support groups (e.g., educational, friendship, discussion) can be effective provided they are at least five months in duration. However, most of the research on support groups has been on groups for women; support groups may only be effective for people who already have the necessary social skills to join them, and may not work for the severely socially isolated.¹¹⁷

"Gatekeeper" programs

Research indicates that "gatekeeper" programs are an increasingly used and successful way to identify socially-isolated seniors. Common in the U.S., gatekeeper programs train public and private sector employees who come into contact with seniors on a regular basis (e.g., bank personnel, apartment and mobile home managers, postal carriers, police, fire fighters, paramedics, etc.) to identify and refer isolated, at-risk older adults residing in their own homes. Workers are trained to watch for signals that a senior is at risk, e.g., deterioration in personal appearance, clothing not appropriate to the weather/season, dilapidated exterior/interior home environment, many old newspapers stacked/lying around, strong foul odors, confusion or disorientation, limited mobility/inability to get food, numerous medication bottles.¹¹⁸ Findlay reports that the gatekeeper model has successfully identified socially-isolated older people, connected them with support services, and reduced social isolation among those referred to services.¹¹⁹

Moving to a seniors' residence

One study indicates that moving to a seniors' residence can reduce social isolation,¹²⁰ although other research shows that residential care facilities often result in further social isolation.¹²¹

Home visits

Although it is the most common strategy for reducing social isolation in seniors, there is limited evidence that one-on-one support (e.g., home visitation, befriending) is effective. We do know that one-time home visits are not always effective,¹²² and evaluations of ongoing visitation initiatives indicate that they, too, are not effective. However, these evaluations may have been compromised due to high levels of attrition, small samples, and other problems.¹²³ It has been suggested that, to be effective, home visits need to reflect some degree of reciprocity between the support giver and the support receiver, and the two individuals should belong to the same generation, have common interests, and share a common cultural and social background. This has not been evaluated, however.¹²⁴

Promising practice in intergenerational programs

The Experience Corps

The Experience Corps is an award-winning intergenerational program based in the United States. Program members are older adults who volunteer as literacy tutors and mentors to children in public schools. Experience Corps volunteers commit up to 15 hours per week during a nine month school year. The program has an 80% volunteer retention rate, and often appeals to older adults who might not otherwise participate in health interventions. Through the program, volunteers have important roles within the community and can see the impact of their work. Some evaluations have shown that the program significantly boosts the reading skills of its young students, and increases the social functioning and overall health of volunteers.

As described at www.experiencecorps.org

Telephone and on-line connections

Numerous technological interventions, such as telephone support services and internet supports, have been attempted. However, little evidence is offered that supports their use. Telephone support services do not appear to be effective in reducing social isolation, with the exception of a program that targeted seniors at risk of suicide. There have been no thorough evaluations of peer social support in the home, focus group discussions on the telephone, the provision of a hearing aid, or the provision and use of the internet to alleviate loneliness.¹²⁵ There is some indication that teleconferencing can reduce isolation, especially in geographically-isolated areas.¹²⁶ One researcher, drawing inferences from several evaluations, concludes that the Internet and email “may be the most beneficial types of program for reducing feelings of social isolation.”¹²⁷

Inter-generational programs

Nearly all of the research on seniors and social isolation indicates that providing opportunities for seniors’ involvement is a necessary component of a successful social inclusion program.¹²⁸ Providing opportunities for senior volunteerism is a way to satisfy this.¹²⁹ Intergenerational programs are especially relevant to this end.

What doesn’t work

Information and referral

Although information is an important component of interventions to increase social ties, simply providing advice and information is not effective.¹³⁰

Additional considerations for immigrant seniors

Many immigrant seniors are completely dependent on their families for all forms of social and economic support. In addition to placing them at risk of social isolation, a high degree of dependency on family can place immigrant seniors at risk of abuse within the family. Reaching out to others for support may not be possible for seniors who have no contacts outside the family. In addition, some immigrant seniors may be reluctant to discuss personal issues due to pride or cultural beliefs¹³¹ or, depending on their immigration status, for fear of problems with immigration authorities.¹³² They may also be unable to communicate problems due to language barriers.¹³³ The experience of receiving formal support from government or community organizations may be unfamiliar to older immigrants and refugees, and they may be reluctant to use them. Research shows that the biggest barrier to immigrant seniors’ use of social services is the belief that their children will fully support them, followed by distrust of government or the view that reliance on government for elder care is shameful.

Members of some ethnocultural groups may be particularly uncomfortable seeking or receiving help from outsiders because, within their ethnocultural community, it is critical that the family be viewed as capable of taking care of its own problems and needs.¹³⁴



However, there is soft evidence in support of some forms of programming, particularly when such programming is offered in partnership with or directly by organizations in which the seniors are engaged, such as faith groups or ethnocultural associations.

Encouraging practices in community-based programming to increase social ties among immigrant and refugee seniors

- Language classes have been identified as an excellent means of engaging older refugees in social activities and exercise, reducing isolation, and providing an opportunity to assess their health on a regular basis. Community outdoor gardening can also be an effective engagement tool, especially for former agrarians who feel estranged in an urban environment.¹³⁵
- Congregate meal programs, that pay attention to the menu and cultural appropriateness, have shown promise in increasing immigrant and refugee seniors social contacts.¹³⁶
- Inter-generational activities show promise in fostering contact and understanding between seniors and children and youth. Seniors can also serve as tutors or teacher's assistants in child care facilities and elementary schools, and as cultural interpreters in places where adolescents spend their time.¹³⁷

Promising practices in general service delivery to "mainstream" seniors at risk of social isolation

- Identify people at risk
- Acknowledge differences between older adults
- Do not assume that people will consume services just because they are available
- Do not force older adults to participate
- Target interventions to specific groups/people with similar risks (widows groups, Alzheimer's caregivers)
- Identify and address barriers to participation: economic, language, literacy, disability
- Involve older adults in all aspects of planning, implementation, and evaluation
- Give participants control over their participation and activities
- Be flexible in program delivery
- Begin intervention as soon as possible after risk factor arises (within two years)
- Ensure interventions are at least 20 weeks long
- Ensure well-trained facilitators: in mentorship, friendship development, multiculturalism etc.
- Have clearly defined roles for volunteers and staff members
- Link people to a single point of access to services
- Create programs that focus on skill development (socialization skills, English as a Second Language)
- Create inter-organizational planning groups made up of seniors
- Partner with other organizations to limit duplication of services
- Ensure accessibility of programs; provide transportation to participants
- Use a variety of information and communication channels
- Use resources already present in the community
- Have evaluation built into programs from the beginning and ensure that evaluations are adequately funded
- Encourage networking among agencies, universities and governments
- Build public awareness of social isolation and seniors' issues



In this document:

- “Evidence-based” means that a program or practice has been tested in a well-designed and methodologically sound (ideally but not necessarily, experimental (RCT) or quasi-experimental) study (ideally, but not necessarily, more than one study and replicated in more than one site), and has been shown to produce significant reductions in poor outcomes or associated risk factors or significant increases in positive outcomes or associated protective factors.
- “Best practices” refer to programs or components of programs or delivery methods that have been identified as effective (i.e., produce significant reductions in poor outcomes or associated risk factors or significant increases in positive outcomes or associated protective factors) by repeated methodologically sound studies using an experimental (RCT) or quasi-experimental design.
- “Promising practices” refer to programs or components of programs or delivery methods that have been identified as effective (“effective” as defined above) in at least one well-designed and methodologically sound study using at least a pre-post design with a large sample of participants that has been subject to peer review.
- “Prevention” means creating conditions or personal attributes that strengthen the healthy development, well-being, and safety of individuals across the lifespan and/or communities, and prevent the onset or further development of problems in each of these domains. In the research-based risk and protection prevention paradigm, prevention occurs by reducing risk factors and increasing protective factors.

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Endnotes

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