The Effect of Social Isolation on the Under-fives
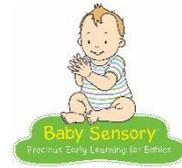
By Dr Lin Day (www.toddlersense.com)

Social isolation describes the absence of social contact with other people or children outside the family household. Currently, enforced social isolation is due to restrictions imposed by the COVID-19 pandemic.

During the COVID-19 pandemic, children have stayed at home for three to four months without physical contact with relatives and friends. Parents and siblings have provided the main outlet that the under-fives need for social interaction.

Parents of a single child under five years of age may feel concerned about the effect of social isolation on their child's social and emotional wellbeing. However, research shows that the parent-child relationship is the most important factor during the pre-school years. Most experts agree that the social development of young children takes place within the family.

Why is social interaction important?

Social relationships are central to the wellbeing of the child. The pure joy of being with family, relatives, and friends is vital to development.

Social interaction with other children and adults reinforces positive behaviours or actions, provides sensory stimulation, encourages children to share their thoughts and ideas, develops good turn-taking, listening and language skills, and emotional stability.

From the age of 4 years, children understand the concept of sharing through play, become increasing more competent in negotiating complex social situations with other children, engage in more sophisticated play, use more effective problem-solving strategies, and develop the skills for building future relationships.

How will social isolation affect my child?

For the under-fives, a few months of social isolation is unlikely to have a long-term impact on their social-emotional development. Most children will accept the current situation as 'normal', get used to changes in routine, and enjoy being at home. However, if social interaction is lacking at home, the child may experience anxiety and loneliness. Loneliness is linked to high levels of stress.

Children in late childhood or adolescence, whose peer group is the main focus of social development, are more likely to suffer from enforced social isolation. Older children need to share interests with their peers, and develop the skills for building trust, loyalty, and complex relationships.

Although screen time can help teenagers to socialise virtually, they still need real-life social interactions outside the home with their peer group to help them handle group dynamics and resolve conflicts. The peer group for identity and support is particularly important during the developmental stage of puberty.

What if social isolation goes on for many months or even years?

For the under-fives, long-term social isolation may affect the child's mental health if there is limited social interaction with the parent. If the child is forced to play alone for excessive periods of time or is separated from the parent, stress levels may be elevated which can affect their social-emotional development.

Long-term social isolation is more likely to have a negative impact on the social development of older children and adolescents than the under-fives. Without the external motivation provided by friendships, they may experience anxiety, loneliness, and depression, which can affect their wellbeing and physiological health in the long term. It is essential to talk to your child, to value his or her thoughts, ideas, and opinions, to listen to questions, and to be available when needed.

Research suggests that the duration of loneliness as opposed to the intensity, has the biggest impact on depression rates. Older children and adolescents who are lonely, are three times more likely to develop depression. The impact of loneliness on mental health could last for as long as 9 years. Returning to some degree of normality as soon as possible is therefore important.

Why have some studies shown that social isolation can cause adverse effects in children?

Numerous studies have demonstrated how social deprivation at the critical period of development can cause adverse effects. For example, a young child abandoned to nature or raised in an orphanage in the early years without social interaction may be physically healthy, but will find social contact and communication with other people very difficult. Animal studies have also shown that social isolation can have adverse effects on development. Harry Harlow in the 1960s raised monkeys from birth in complete isolation for many months. When they were put back with their mothers and other monkeys at the end of the isolation period, they did not play or interact socially with them.

There is no doubt that as in monkeys and other animals, humans also have a critical period for social development, and that being with a loving, caring parent or caregiver in the early years is essential for the healthy social-emotional development of the child.

How can parents provide social play opportunities for children at home?

Parents can help their child by providing interactive opportunities for play at home until social isolation restrictions gradually begin to lift.

1. Create a plan or routine, which includes social interactions with your child every few hours at home.

2. Play football or other outdoor games to provide an outlet for excess energy and to teach important life skills such as winning and losing.

3. Encourage your child to join in with mindful activities such as yoga or walking to help regulate emotions and improve wellbeing.

4. Play board games to teach your child turn-taking, negotiation, problem-solving skills, and patience!

5. Interactive activities such as puzzles, craft, and role play can help your child to feel connected and supported.

6. Give praise and encouragement at every possible opportunity when your child joins in with games and family activities.

7. Read, sing, and talk to your child to encourage verbal interactions.

8. Read stories about friendships, taking turns, cooperation, helping, and being kind to others to help your child develop empathy. Give your child time to fully engage with the story, and to express their thoughts and feelings.

9. Encourage your child to be kind by setting an example yourself.

10. Talk to your child about his or her emotions, fears, and anxieties (bedtime presents an ideal opportunity for sharing feelings and experiences).

11. Involve your child in activities such as helping with everyday chores such as sorting out the laundry, cooking, and setting the table at mealtimes.

12. A family meal can help to reinforce family relationships and provide a good opportunity for fun conversations to develop.

13. Share photographs of family members and talk about how they love and care for your child to help them stay connected.

14. Aim to have regular 5 to 10 minute online video or telephone calls with a close relative or friend who plays an important role in your child's life.

15. Join in with interactive digital classes such as *Baby Sensory* or *Toddler Sense*. Your child will love the social interactions and seeing other children online.

To promote the mental health of older children and adolescents during enforced social isolation, maintain the structure, quality, and quantity of virtual social networks to help them feel part of a group, and stay connected.

Reconnecting with friends

As restrictions are gradually lifted, most children will bounce back within a few days or weeks However, children who display mild anxiety symptoms such as clinginess or COVID-19-related fears and worries, may need additional help and support when activities resume outside the home.

Parents can help young children to reconnect with their friends by planning play days as the easing of lockdown restrictions allow. For children returning to pre-schools and nurseries, the emphasis will be on play to help them make connections with their peers, and to practice social skills in a safe and supportive environment.

Young children joining a toddler activity such as *Toddler Sense,* will benefit from opportunities to be with their peers; with an adult there for support when needed.

Returning to some degree of normality is also important for the social and emotional wellbeing of older children and adolescents, who are more likely to experience high rates of depression and anxiety during and after enforced isolation. Where possible, schools and clinical services should be prepared to offer help and support.

Summary

Young children are incredibly resilient, but parental interaction and support goes a long way in supporting their social-emotional health as they transition into the COVID-19 'new normal'.

With parental support, all children can develop the skills they need to develop positive peer relationships, and enjoy social success outside the home.

Bibliography

Deighton, J., Lereya, S.T., Casey, P., Patalay, P., Humphrey, N. & Wolpert, M. (2019). Prevalence of mental health problems in schools: poverty and other risk factors among 28 000 adolescents in England. *The British Journal of Psychiatry: The Journal of Mental Science* 1-3.

Doane, L. D & Adam, E. K. (2010). Loneliness and cortisol: momentary, day-to-day, and trait associations. *Psychoneuroendocrinology* 35: 430-441.

Day, L. (2012). Rise of the social toddler. *Early Years Educator* 13 (9): 32-34.

Hossain, A. & Purohit. N. (2020). Mental health outcomes of quarantine and isolation for infection prevention: A systematic umbrella review of the global evidence. psyarxiv.com/dz5v2/. Accessed August 7 2020.

Johnson, J. L. & Mahoney, M. (2001). Interparental Conflict and Family Cohesion: Predictors of Loneliness, Social Anxiety, and Social Avoidance in Late Adolescence. DOI: https://doi.org/10.1177/0743558401163004

Lacey, R. E., Kumari, M. & Bartley, M. (2014). Social isolation in childhood and adult inflammation: Evidence from the National Child Development Study. *Psychoneuroendocrinology* 50: 85-94.

Loades, M.E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., Linney, C., McManus, M. N., Borwick, C. & Crawley, E. (2020). Rapid Systematic Review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19**.** *Journal of the American Academy of Child and Adolescent Psychiatry.* DOI: 10.1016/j.jaac.2020.05.009

Manuel, M. E. & Cukor, J. (2011). Mother Nature versus human nature: public compliance with evacuation and quarantine. *Disasters* 35: 417-442.

Myklestad, I., Røysamb, E., & Tambs, K. (2012). Risk and protective factors for psychological distress among adolescents: a family study in the Nord-Trøndelag Health Study. *Social psychiatry and psychiatric epidemiology* 47(5): 771-782.

Qualter, P., Brown, S. L., Munn, P., & Rotenberg, K. J. (2010). Childhood loneliness as a predictor of adolescent depressive symptoms: an 8-year longitudinal study. *European Child & Adolescent Psychiatry* 19(6): 493-501.