

## Enhancing Social Support for Children and Youth with Chronic Physical Health Conditions

### Introduction

**Social support** is considered to be one of the most important factors affecting how people adjust to adversity (King, Willoughby, Specht, & Brown, 2006). Studies indicate children and youth with chronic physical health conditions have smaller social networks and are more socially isolated than other children (e.g., Ellerton, Stewart, & Ritchie, 2000).

Moreover, research has shown that low social support is associated with poorer adjustment for children and youth with chronic conditions (e.g., McDougall, 2005; Varni, Katz, Colegrove, & Dolgin, 1994; von Weiss et al., 2002; Wallander & Varni, 1989). However, studies suggest that if social support is perceived as positive, it can be associated with perceptions of happiness and success in life for these children and youth (King, Cathers, Miller Polgar, MacKinnon, & Havens, 2000).

### Purpose of this Summary

Social support is a multi-dimensional concept consisting of structural and functional properties. **Structural properties** include social network size and source of support (e.g., parental support, classmate support) whereas **functional properties** refer to types of support provided. Five basic types of functional support have been identified in most models of support that are generally further categorized as **informal** (emotional support, sense of belonging, esteem support) and **formal** (tangible aid and informational support) (Cutrona & Russell, 1990).

The purpose of this *Facts to Go* is to summarize research that has examined the impact of various sources of **informal social support** on the adjustment of children and youth with chronic conditions, and to present **ways** that have been identified as useful for enhancing this type of support for these children and youth.

### Sources of Support

Past research indicates that heightened psychological and behavioural adjustment problems for children and youth with chronic conditions are related to **low social support from both close friends and classmates**, with **low classmate support** having a particularly strong impact (e.g., McDougall, 2005; Varni et al., 1994; Varni et al., 1989; von Weiss et al., 2002; Wallander & Varni, 1989). Research indicates that students with chronic conditions are half as likely than students without chronic conditions to experience a sense of belonging, feel safe or accepted at school, or view other students as kind (Hogan, McLellan, & Bauman, 2000).

**Low parental support** has also been indicated to hinder the adjustment of children and youth with chronic conditions (e.g., Varni et al., 1989; von Weiss et al., 2002; Wallander and Varni, 1989). Although research shows parental involvement to be high in families where children and youth have chronic conditions, a tendency toward overprotectiveness may be perceived by children and youth as non-supportive (Blum,

Resnick, Nelson, & St. Germaine, 1991).

Research also suggests that **low social support and lack of understanding from teachers** is related to adjustment problems for children and youth with chronic conditions (e.g., Varni et al., 1994; Varni et al., 1989; von Weiss et al., 2002). When teachers lack knowledge and understanding about students with chronic conditions, difficulties can arise for these students (Lightfoot, Wright, & Sloper, 1999).

**Unavailability of social support from health professionals** in the school environment, such as school nurses, has also been identified as a concern for children and youth with chronic conditions (Nabors, Iobst, Weisman, Precht, Chiu, & Brunner, 2007). Children report needing emotional support from nurses, especially when dealing with pain (Nabors et al., 2007).

### Enhancing Social Support

Researchers suggest that initiatives to promote social support for children and youth should **target change on multiple levels** (personal, interpersonal, and environmental) and in **multiple environments** (home, school, and community) (Barrera & Prelow, 2000). Social support not only involves the needs, abilities, and perceptions of the recipient but the abilities and attitudes of the providers of support (Colarossi & Eccles, 2003).

### Practical Implications

#### *Personal Level*

#### *Identify and Support Children and Youth at Risk*

**Early assessments** of children with chronic conditions that evaluate their social skills, friendship patterns, activity limitations, recreational participation, and concerns about the effects of their condition on peer relations could be carried out by educational and/or health professionals (La Greca, 1990). The potential benefits of **social skills development** in helping children with chronic conditions to access and maintain social support have been

consistently stressed in the literature (Varni et al., 1994). It would be helpful for these types of identification and intervention efforts to start in the pre-school years and reoccur around important transitions, such as entering high school (La Greca, 1990). It is important to **listen to the personal concerns** of youth.

#### *Interpersonal Level*

#### *Encourage Positive Peer Relationships at School*

School initiatives might be developed to increase interpersonal contact and encourage supportive relationships among students with and without chronic conditions, both within and outside the classroom. Such initiatives might include: partnering children with **mentors**; setting up **buddy relationships** or **support groups**; providing opportunities for **social interactions** at lunch, and before and after school; **providing assignments** that involve small groups of students outside class; creating **learning centres** that encourage interaction; and involving all students, even those with significant needs, in **providing support to others** in order to develop a sense of competence (King, Specht, & Willoughby, 2004; Searcy 1996).

#### *Environmental Level*

#### *Promoting Socially Welcoming and Supportive Schools*

Initiatives and policies could be put in place to promote socially welcoming and supportive schools such as: having monthly **school themes** (e.g., respect, cooperation); **“deategorizing” groups** (i.e., deemphasizing differences between students); **encouraging learning and understanding** for all students; **providing inservices** for teachers to increase their knowledge and understanding of various chronic conditions; and **ensuring availability of health support personnel** (Maras & Brown, 2000; Nabors et al., 2007).

### *Facilitate Opportunities to Participate Beyond School*

Both families and professionals could **facilitate opportunities** for children and youth with chronic conditions to interact with peers at home and in the community, as well as at school. It is important for parents to support and **encourage autonomy** so that these children and youth can benefit from both peer and family support (Blum et al., 1991).

### *Advocate for Effective Programs and Policies*

Family, professional, and student **advocacy** can help to ensure school and community initiatives and programs are in place for supporting for children and youth with chronic conditions, and that they are truly helpful.

### Summary

Social support can be associated with positive life outcomes for children and youth with chronic conditions. Ways to enhance their social support include:

- **Identify and support** children and youth at risk;
- **Encourage** positive peer relationships at school;
- **Promote** socially welcoming and supportive schools;
- **Facilitate** opportunities to participate beyond school;
- **Advocate** for effective programs and policies.

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