CHILD SOCIAL ISOLATION CASES IN MALAYSIA: A PLAN OF ACTION FOR STAKEHOLDERS

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ABSTRACT

Most cases of child social isolation began with the child gone missing from society. Although being a missing child is not an indicator of being socially isolated, it can lead to becoming one. Based on Royal Malaysian Police statistics, over 4, 400 children have been reported missing from 2017 to 2021, which may lead to a growing number of socially isolated children in Malaysia. Therefore, upon better comprehension of this phenomenon, rescued children can be assisted in adaption and re-integrated into society. This study is designed to explore the experiences including feelings, thoughts, needs and behaviour of Malaysian socially isolated children. In achieving this, the primary methods of collecting data are systematic observation and in-depth interviews. These activities were conducted at a local child social welfare institution. Out of 123 children observed, six (6) children aging from three (3) to eight (8) years old were identified as socially isolated and interviewed either directly or through informants. Thematic analysis revealed socially isolated children have difficulties in areas of self-concept, attachments, and social interactions. In addition, the study found that factors causing child social isolation were dysfunctional family, unsafe environment, and limited resources.

Keywords: child social isolation, social work with children, child development, child psychology, child studies

INTRODUCTION

Social scientists agree that certain behaviours are learned from the moment an individual is born making biology an important role in human development (Harris & McDade, 2018). However, children's psychological and social development both play an equal amount of importance on their overall development and the adult they become. Theorists such as Freud, Erickson and Piaget highlighted childhood as an important building block in the development of an individuals' behaviour in adulthood (Solomon, et al.,1996). Childhood is shaped by the social environment a child experience (Dewey, 2020). Socialization, the process of transferring knowledge of ones' society from one generation to the next (Deenanath, et al., 2019), is an important component in childhood. Therefore, both biological and psychosocial aspects are crucial and unique features in making a human, human.

Socially Isolated Children in Malaysian Culture

Several Malaysian literatures tells tales of children raised in the wilderness, by animals, and cut off from society. *Dayang Senandong* is the story of a princess cursed with black skin and raised on an island away from society (Sulong, 1965). The character *Si Bongkok* in *Sumpah Orang Minyak* is another example of children raised apart from society. Due to physical deformity, society shunned him, and grew up alone in the wilderness (Puteh, 1958). These characters grew up outside of society, and while they do not exhibit the conventional features of socially isolated children such as a lack of language or abnormal psychosocial development, they do share a common theme of separation from society during childhood.

In modern Malay literature, a more authentic illustration of a socially isolated child is in the novel *Tombiruo* (Awang Murshid, 1998). *Ejim*, a boy disowned by society due to his deformed face, grew up in the wilderness, was able to speak a few words, disliked the company of other humans and felt more comfortable living in the wilderness rather than in society. In this narrative, the description of the character was more accurate to that of socially isolated children. In short, socially isolated children are caused by children being isolated from society (Newton, 2002 & McNeil, et al., 1984).

Most cases of socially isolated children began with the child going missing from society. Although being a missing child is not an indicator of being a socially isolated child, it can lead to becoming one. According to the Ministry of Home Affairs, 4,471 incidents of missing children aged 18 and below were recorded from 2017 to September 1 of 2021 (Bernama, 2021). This high statistic of missing children can lead to a growing number of socially isolated children in Malaysia. Socially isolated children are also the result of maltreatment, neglected and exposed to abuse (Sheikh, 2018). The Department of Social Welfare reported an increase in cases of children in need of care and protection with a total of 6, 382 cases in 2019. Again, these two statistics might indicate of the existence of socially isolated children in Malaysian society.

LITERATURE REVIEW

Humans develop from the prenatal stage to adult in near similar ways which consist of biological, psychological, and social aspects (Mummert, et al., 2018). It was found that socially isolated children do not develop normally, therefore it would be necessary to understand normal child development beforehand. Behavioural, cognitive and language development is focused as socially isolated children face difficulties in these areas (Lasky, 2016).

Behavioural Development

Behaviourism focuses on how humans learn behaviours. Learning occurs throughout the life and not just during childhood. Human behaviours are developed through association and imitation. Classical and operant conditioning describes learning of behaviour through the association of stimulus and response. Whereas observational or cognitive social describes learning as a form of imitation of other people's behaviour (Parke & Gauvain, 2009).

Classical conditioning involves two stimuli repeatedly presented together until the individual responds to the unfamiliar stimulus in the same way they respond to the familiar

stimulus (McSweeney & Murphy, 2014). For example, a child is conditioned to fear furry animals by showing the furry animal to the child paired with a frightening loud noise scaring the child. Babies as early as 2 hours after delivery has show conditioning learning where they associated a stroke on the head with sugar solution presented in the mouth, eventually by just stroking the head, the baby responded by puckering and sucking.

Operant conditioning refers to the development of behaviour through reinforcements and punishments. Positive reinforcements such as praising or treating the child increase the behaviour to be repeated. However, punishment such as scolding or taking away privileges can decrease the chances that the behaviour to be repeated (McSweeney & Murphy, 2014). For example, taking away toys after misbehaving.

Observational, or cognitive social behaviour are due to observation, cognition, and imitation. Children learn behaviour from observing and imitating. The cognitive process also involves attending, retaining, reproducing and motivation. Children must first attend to the observed behaviour, retain it in memory, reproduce it and be motivated to perform the behaviour (Bandura, 1977). For example, children exposed to aggressive behaviour behaved aggressively.

Cognitive Development

Cognitive is the mental process used by humans to understand the world. This process involves learning, perception, memory, thinking and emotions which is influenced by biological factors and the social environment. Many theorists have explained cognitive development but for this purpose, Piaget's and Vygotsky's theory of cognitive development will be used.

Piaget's Theory

There are four stages in Piaget's cognitive development theory: sensorimotor, preoperational, concrete operations, and formal operations (Berger, 2009). During the sensorimotor stage, children are born with basic innate reflexive behaviour, such as grasping and sucking. By active interaction with the environment, they develop symbolic thought, goal-directed behaviours, and engage in mental problem-solving. Through this interaction, children build their understanding of the environment and form a mental representation of objects and events they encounter (Piaget, 1964).

In the preoperational stage, children develop the ability to use symbols such as words, images, and gestures to represent objects and events mentally, semi-logical reasoning and egocentricity. Children develop the use of language and imaginative play. They develop animistic thinking, the thought of inanimate objects having a life of their own. Egocentrism is also developed; views and understands the world from their perspectives, unable to understand things from different peoples' perspectives (Piaget & Inhelder, 1967).

During the concrete operational stage, children are capable to use logical reasoning but are limited to physically presenting objects. Children understand the concept of conservation of mass, length, weight, and volume. They also understand reversibility, and able to take the role of others. Children obtain the ability to classify and arrange objects into ordered series (Piaget, 1929).

In the formal operational stage, children are capable of abstract thinking, complex reasoning, and hypothesis testing. They begin to think and understand abstract matters and issues even when there is no basis in reality. Children can consider possible alternatives in complex reasoning and problem solving (Piaget, 1964).

Vygotsky's Theory

Vygotsky's theory focusses on the influence of the social world on child development. Children's thought processes are generally internalized through interaction with the social environment (Wertsch & Tulviste, 1992). Children are born with mental functions, such as attention, perception, and involuntary memory. Through interaction with others in their culture and mediators, such as language and symbols, these mental functions transform into higher mental functions, such as voluntary attention, complex memory processes, and problem-solving which involves the coordination of several cognitive processes (Owens, 2002).

In elementary mental functions, such as involuntary memory, children construct images and impressions of events which is unintentional and directly influenced by the environment (Wertsch & Tulviste, 1992). In higher mental functioning of memory, children use mediators to mediate memory functions. For example, writing something down to remember it. Therefore, literacy is used to extend basic memory processes. Mediators such as language and literacy are products of culture. Children learn how to use these mediators through the assistance of other more experienced members of their culture (Owens, 2002).

There is a difference between children's actual intellectual developmental stage as determined by independent problem solving and children's potential for the intellectual growth of problem-solving with guidance from a more capable member of society. Vygotsky terms this as the zone of proximal development (Wertsch & Tulviste, 1992). Working with children's zone of proximal development by providing them with adults or more experienced peer assistance allows them to achieve more complex and competent tasks than they would by themselves.

Scaffolding refers to assistance that can be carried out in working with children in their zone of proximal development. With scaffolding, adults adjust the support provided to children in learning a new task. Scaffolding is an instructional process that involves social interaction (Owens, 2002). Verbal scaffolding are verbal suggestions given to children in completing a task whereas physical scaffolding are physical demonstrations conducted to help the child (Wertsch & Tulviste, 1992).

As described above, both biological and the social environment plays an important role in behavioural and cognitive development of children. Without social stimulants children are unable to further develop or learn new behaviours.

Language Development

Language is said to be one of the most important tools used in social interaction with other people. The full use of language composes three aspects which are language acquisition, comprehension, and production. Children acquire language at a very young age with haste. As early as 2 years old, children are capable to use language to convey messages and by 5 years

old, children can apply simple grammatical rules of their native language in their daily conversations. By this age, children usually have not received formal language education but acquire language from their environment (Eysenck, 2000). Three views that describe language development are learning, nativist and interactionist views (Parke & Gauvain, 2009).

Learning Views

Language develops through the reinforcement process where parents, adults or caregivers reinforce children's babbling or the sounds they make which are like speech. By encouraging children, they reproduce the sounds even more often. Eventually, through this process of production-encouragement-reproduction, children's language develops in adult speech. Besides reinforcement, observation and imitation are also involved in the development process (Owens, 2002). Children observe and imitate words, phrases, and sentences from their surroundings. Again, the reinforcement process builds and develop the appropriate use of the words, phrases and sentences learned (McLaughlin, 2010).

Nativist Views

Language development is guided by an innate mental structure known as the language acquisition device. This structure guides children's efforts in grasping grammatical usage of language (O'Grady, 2003). Children learn language far more easily during a certain critical period of biological development. This critical period, stretching from infancy to puberty, refers to a specific period in children's development when they are sensitive to a particular environmental stimulus that does not have the same effect on them when encountered before or after this period. Language fluency in any language can be obtained if language development occurs during this period of human development but if this window of opportunity is missed, it becomes extremely difficult to obtain language proficiency (Litchfield & Lambert, 2011).

Interactionist Views

Children are biologically prepared to learn a language but children's active interactions with parents also play an important role in language development. Language is not separate from other aspects of development but rather connected to environmental interactions. Although innate biological structures, initiate language development, interactions with parents are also necessary for the child to further develop and master language proficiency (Owens, 2002). Therefore, language is said to be developed through parent-child interactions. Furthermore, when parents communicate with children in a matter understandable to them, it increases the level of proficiency (Rudd & Lambert, 2011). The social aspect has an important impact on the overall lives of children.

METHODOLOGY

The aim of this study is to investigate and explain the psychosocial needs of socially isolated children in a children's home, therefore, it was guided by a qualitative design. Qualitative research provide access to personal stories and record how individuals talk about and express their life experiences (Cypress, 2018).

This research was conducted at a child welfare institution under the Department of Social Welfare. Child welfare institution is designed to provide care for children rescued from abuse and neglect as stated in the Child (Amendment) Act 2016. This location is a suitable for data collection since socially isolated children are children that suffer from neglect and social isolation. There was a total of 123 children involved in the systematic observation and from that, a total of six (6) children was selected to be involved in the interview, either directly or through informants.

Systematic observation and interviews were used to explore the feelings, thoughts, behaviour, needs and overall experience of Malaysian socially isolated children. Before the data collection, a representative from the institution responsible for the children were given an informed consent form which include the purpose and objective of the research. Permission to use a voice recorder and note-taking from both the institution representative and children was obtained. Theories from Watsons, Skinner, Bandura, Piaget, and Vygotsky in addition to nativist and interactionist views have guided the development of the interview questions, systematic observation table and overall design of the study.

The interview involved a semi-structured guide consisting of both closed and open-ended questions where the key informants and respondents can elaborate more on their feelings, thoughts, behaviours, meanings, and the children's situations. Conducting interviews with children may have additional challenges than interviews with adults (Ponizovsky-Bergelson, et al., 2019). However, research has found that children are capable and valuable respondents, have views and opinions, and can express perspectives regarding their contexts and worldviews (Clark & Statham, 2005; Dayan & Ziv, 2012).

Systematic observation involves observing and documenting the children's behaviour, facial expression, body language, and overall interactions throughout daily activities over six months. Inability to engage with others, inability to eat meals properly, and inability to walk properly were among the signs of inappropriate or awkward social behaviour observed. A table with a set of developmentally appropriate behaviours and a set of socially inappropriate behaviours as presented by previous cases of socially isolated children was used (Davis, 1947; Bettelheim, 1959; McNeil, et al., 1984; Lasky, 2016 & Cherry, 2017).

Finally, thematic analysis was used for data analysis. The data was transcribed and categorised into meaningful themes (Aronson, 1994). The themes that were recognized reflected the respondent's experiences and the coding categories.

RESULTS

Six children who had experienced social isolation were the respondents. Boys made up four of the six responses, while girls made up two. Both girls are refugees and during the interview, one of them did not talk much and communicated mostly through gestures. Furthermore, because two of the four male respondents were unable to react to the interview questions, the interview was conducted by key informant. Three of the six respondents lacked legal documentation and were enrolled in *Sekolah Tahfiz*, a school run by the organisation that offers both academic and Islamic religious education.

Understanding The Psychosocial Needs of Socially Isolated Children

The overarching goal of interview was to understand more about the psychosocial needs of socially isolated children in child welfare institutions. It is concluded that self-concept development, attachment difficulties, and social interactions difficulties are the main themes found.

When asked regarding their self-concept, all respondents reported distorted self-concept. From observation and informant, respondent one was like an empty vessel not showing many emotions or interest in his surroundings. Respondent two stated, "Ummm sometimes I'm happy, sometimes I'm not." Respondent three stated, "…do you like yourself?", and replied by shaking the head left and right. Respond for respondent four was obtained from the informant stating that she was socially and emotionally absent. Informants for respondents five and six stated, "Ok, generally from observation, they are twins, but have a different personality. One is three years and self-excited has already existed. So, for the other, he wants to be accepted by his guardian. He wants to be with his friends. The desire to play together is there. But for the other one, he is more reserved, but he is not insecure. Meaning not that he cannot adapt to his routine too much. He's just ... he did not show he need to be accepted in his social group. He's just reserved, more observant and he isolated himself from social play more."

In response to questions on their feels about the institution that therein currently, all respondents reported no sense of belonging. For the theme of negative feelings towards the institution, the informant stated that respondent two along with a few other boys attempted to run away from the institution but wasn't successful when asked why going back to his family wasn't one of the reasons. Respondent three stated, "Not happy? Is it sad staying here?" and replied by nodding her head. Respondent four keep silent when asked regarding her feelings towards the institution, "Ok…do you like stay here? Do you like staying here?", and replied by being silent, "Do you like it here?", and replied by being silent. Informants for respondents five and six stated, "Well we saw that he is more reserved. There is a sense of sadness in him. We think he has some emotional disturbance to be here." Furthermore, the informant stated that all respondents didn't like to be in the institution. Even though some of the children didn't verbally mention that they did not like being in the institution, the feelings were present in their behaviour and facial expressions.

For the theme of social interaction difficulties, respondent one stated, "Is it difficult for you to talk with other people?" and replied with a silent head nod. Respondent two stated, "Usually people will come…sometimes I will go (talk)." Respondent three stated, "Do you always go to others? Go talk?" and replied by shaking her head left and right. Respondent four stated, "…do you start approaching friends first or do they?" and replied "They." Informants for respondents five and six stated, "…he had to take a long time. Eye contact…he will avoid making eye contact, he easily loses interest when interacting with others."

Understanding The Cause of Socially Isolated Children

Investigating the elements that cause social isolation in children in child welfare institutions, the key themes discovered were dysfunctional family, dangerous environment, and limited resources, according to the findings.

Families have a significant impact on children's life. Family is the most significant aspect in influencing the lives of children. Many of the issues in this study were related to dysfunctional households, including parental neglect, substance misuse, no family interaction, parental abuse, jobless parents, and absent fathers. As a result, it is possible to conclude that a dysfunctional family is a significant source of social isolation among children in the institution. Four of the six respondents, all of whom reported having a dysfunctional family, had this trait.

On the other hand, two respondents indicated the exact opposite. Although these two respondents stated that they had a close family bond, the dysfunctional family element was inconsistent. For these individuals, social isolation was caused by environmental factors. Both respondents are Myanmar refugees, as opposed to the other four Malaysians. Rather than being in dysfunctional families, they were isolated because of their precarious living conditions.

This brings us to the next factor, environmental factors, which contribute to child social isolation in child welfare institutions. Living in a safe and happy home and community benefits children's development. The characteristics of a dangerous environment and poor living conditions were indicated by respondents as contributing causes to social isolation. As previously indicated, two respondents lived in a community marked by chronic stress, worry, and danger, forcing parents to select isolation as a protective measure for their children. In addition, poor living conditions were highlighted by three other respondents as a source of social isolation. The remaining four respondents, on the other hand, did not live in a dangerous neighbourhood, but rather in an unsafe home.

Finally, the third element that contributes to child social isolation in child welfare institutions is a lack of resources. Low family socioeconomic status, a lack of basic needs, not being enrolled in an educational institution, and insufficient services and help were all highlighted by all respondents. The family's financial status, necessities, access to education, resources, and aid are all significantly linked to dysfunctional family and environmental difficulties. The children's resources are determined by the family's ability to provide food, shelter, safety, and education. Aside from that, outside resources and assistance help the family's overall development. Four respondents had a dysfunctional household, which put the family and children at risk of running out of resources. For two of the respondents, resource problems were caused not by a dysfunctional family, but by the unsafe area they were living in, which made it impossible for the family to acquire resources.

The Table 1 below summarizes the findings of the study concerning the research objectives answered.

Table 1
Summary of Findings

Item	Themes that emerged
Understanding the psychosocial needs of socially isolated children in the child welfare institution	
	Main Themes:
	1- Self-concept development
	2- Attachment difficulties
	3- Social interaction difficulties
Bolehkah anda ceritakan berkaitan diri sendiri?	***Sub Theme:***
	1- Distorted self-concept

Bolehkah anda ceritakan berkaitan keluarga anda?	**Sub Theme:** 1- No family relationship 2- Low family socioeconomic status 3- Neglected by parents 4- Substance abuse by parents 5- No parental nurturing 6- Abused by parent 7- Jobless parents 8- Absent father 9- Longing for family 10- Emotional nurturing
Bolehkah anda ceritakan berkaitan institusi ini?	**Sub Theme:** 1- No sense of belonging
Bolehkah anda ceritakan tentang perkara-perkara yang anda minat/ tidak minat?	**Sub Theme:** 1- Like to do activities 2- Dislike disturbance from others
Berapa kerapkah anda berinteraksi dengan individu lain?	**Sub Theme:** 1- Rarely converse with others
Berapa lamakah anda berinteraksi dengan individu lain?	**Sub Theme:** 1- Short conversation with others
Apakah perasaan anda semasa berinteraksi dengan individu lain?	**Sub Theme:** 1- Avoid engaging in conversation with others
Adakah anda mempunyai kesukaran dalam pemilihan/ penyusunan kata-kata semasa berinteraksi dengan individu lain?	**Sub Theme:** 1- Language difficulties
Adakah anda mudah untuk memulakan interaksi dengan individu lain?	**Sub Theme:** 1- Unwillingness to approach others
Adakah anda lebih suka bersendirian atau dengan individu lain?	**Sub Theme:** 1- Being with others but left alone
Bolehkah anda ceritakan tentang kawan-kawan yang rapat dengan anda?	**Sub Theme:** 1- Limited to no friends
Dengan siapakah anda rasa selesa?	**Sub Theme:** 1- Not comfortable with others because of traumatic past experiences 2- Comfortable with limited individuals because of familiarity

Understanding the factors causing social isolation among children in the child welfare institution

	Main Themes: 1-Dysfunctional family 2- Unsafe environment 3- Limited resources
Kenapa keluarga anda mengasingkan anda daripada dunia luar?	**Sub Theme:** 1- Unsafe environment 2- Low family socioeconomic status 3- Neglected by parents 4- Substance abuse by parents

Bagaimanakah hubungan anda dengan keluarga anda?	***Sub Theme:*** 1- No family relationship 2- Close family relationship
Adakah ibubapa anda telah memberikan sebarang bentuk penjagaan?	***Sub Theme:*** 1- No parental nurturing 2- Abused by parent 3- Emotional nurturing
Apakah jenis pekerjaan ibubapa anda?	***Sub Theme:*** 1- Jobless parents
Siapakah yang tinggal bersama anda semasa tinggal dengan ibubapa?	***Sub Theme:*** 1- Family members 2- Absent father
Bagaimanakah keadaan rumah anda semasa tinggal di sana?	***Sub Theme:*** 1- Bad living conditions
Apakah kemudahan/ keperluan asas yang ada semasa tinggal bersama ibubapa?	***Sub Theme:*** 1- Lack of basic needs
Adakah anda terlibat dalam institusi pendidikan semasa tinggal bersama ibubapa?	***Sub Theme:*** 1- Not involved in an education institution
Apakah perkhidmatan/ kemudahan yang telah anda terima semasa tinggal bersama ibubapa?	***Sub Theme:*** 1- Insufficient services and assistance received

DISCUSSION AND IMPLICATIONS

In handling socially isolated children's cases, there are several roles that stakeholders can assist with. For this study, stakeholders discussed here consist of the Department of Social Welfare Malaysia, the education institutions and non-government organizations dealing with children's services. As discussed above, it was found that a few factors cause social isolation among children. Hence, this paper discusses assistance for socially isolated children's cases. Secondly, the discussion will focus on avoiding the future development of these cases.

Assisting The Socially Isolated Child

As discussed above, it was found that socially isolated children have difficulties in areas of self-concept, attachments, and social interactions. Socio-emotional development is critical to children's development and will help shape their life in the future. Good socio-emotional development aids their development and promotes good behaviour (Zakaria, et al., 2020). A framework of activities and psychoeducational training can be suggested that incorporates the element of self-concept development, parent-child relationship establishment and improvement of social interaction for assisting the socially isolated child. Bear in mind that these series of activities and psychoeducational training should be conducted repeatedly and not a one-off initiative.

Developing The Child's Self-Concept

All responded reported cognitive malfunctioning where they had issues with their self-concept and self-esteem. Therefore, it is suggested to assist in developing or repairing these children's self-esteem and self-concept. Principles of the social learning theory and Vygotsky's theory is used. Briefly defined, self-concept refers to an individual's perceptions, thoughts, beliefs, and emotions of themselves (Shavelson & Bolus, 1982). These aspects are developed through experiences and interactions with other individuals and the environment which are influenced by reinforcements and guidance. The process of developing the child's self-concept is divided into objectives which are to develop a sense of one's existence and the existence of other members of the environment, and the development of their self-concept. Furthermore, each objective is divided into sub-objectives. For objective one, the development of a sense of own and other existence consists of two aspects which are to develop the existential self and the categorical self. The second objective, the development of the self-concept, consists of two aspects which are to develop self-image and self-esteem. Each objective can be achieved by conducting activities that involve interactions with the child and their environment.

Objective one is to develop the child's existential self, the awareness of existing, separate, and distinct from others, and the categorical self, the awareness of the self as an object that can gain experiences. In developing the existential self, activities of self-awareness can be conducted with the children such as introducing the child to themselves. For example, with a mirror that can reflect the child's whole body, introduce to them who they see in the reflection, *"(child's name), this is you."* Acknowledge each aspect of the child's body such as their face, hand, legs and so on. While acknowledging these aspects, praise and give compliments to increase their self-identity. Upon doing so engage in physical contact with the child, have the child touch each part of their body as it is being acknowledged, *"(child's name), this is your face, look at your eyes…your little cute nose…your beautiful smile…you have two strong legs and two strong arms…"* This activity may help the child build their existential self and identity.

Once the child has developed a positive self-image, activities can be conducted to develop the categorical self. As children begin to develop their existential self, they being to realize the existence of others and notice the differences. Children start to categorize others into groups like boys, girls, tall and short. In developing the categorical self, firstly, introduce children to other members of the environment. For example, in each institution, bring the child around and introduce them to other members of the institution, have them greet others verbally and physically through a simple handshake or a hug, *"Hello (child's name), I'm (name)."* This activity may help develop a sense of trust and support from the environment. This may also encourage the child to be more active in social interactions. Furthermore, introduce the child to other members of the bigger society and the roles they play. During this stage, the method of introduction can be secondary utilizing pictures or videos, *"(child's name), this is a doctor. Doctors help people who are not feeling well get better."*

Afterwards, activities to develop the child's self-image can be conducted. Self-image refers to how an individual sees themselves. This is separate from the existential self as it focuses on building the awareness of physical existence in the world. Self-image involves not just the physical aspect of the individual but how the individual sees their selves subjectively. Developing the child's self-image involves a closer and personal session with the child. This involves exploring the thoughts and feelings of the child. Ask the child to draw a self-portrait, from the self-portrait, the child is then asked to list down all the answers to the question, *who am I?* From the list of answers, ask the child to describe each one and why they think and feel

that way. The child is praised on all the positive attributes that have been listed down and to address all the negative attributes mentioned. Acknowledge the experiences that they have been through and how they can improve and gain strength from them. Explain how everyone has different experiences and these experiences shape and make them who they are.

The second aspect is the development of self-esteem, the sense of liking, accepting, and valuing oneself. Positive or high self-esteem relates to confidence in one's abilities, self-acceptance, and optimism. Whereas negative or low self-esteem relates to lack of confidence and pessimism. Self-esteem can be developed through the successful accomplishments of tasks. This improves the confidence level of children and when accompanied by positive reinforcements, children have a good sense of self-acceptance. In developing the child's self-esteem, provide the child with a series of tasks to be accomplished. A range of simple and easy tasks such as putting shapes and colours together to complex and difficult tasks such as cooking and preparing a meal. Here, verbal, and physical scaffolding can be applied. Verbal scaffolding in terms of verbally assisting the child in accomplishing the ask for simple and easy takes and physical scaffolding for a complex and difficult task. Acknowledge and praise each accomplishment. There may be tasks that might not get accomplished, acknowledge, and praise the effort that was put in. The more accomplished task the better they will feel about themselves. Inform the child that failure is a part of being successful and that everyone has failed at one point or the other in their lives, what matters is to not give up and to keep on trying. Highlight the child's strengths and assist them to improve on their weakness.

Building Parent-Child Attachment

As reported from the findings of the study, socially isolated children at the institution have difficulties in building, engaging, and maintaining attachments with family and peers. From past studies, it was found that early experience of social deprivation and stress lead to abnormalities in the brain causing difficulties in behavioural, emotional, and cognitive functioning which include social bonds, sense of belonging and group integration (Makinodan, et al., 2012, Gould, 2014, & van Harmelen, et al., 2014).

In addressing the child's attachment issues with their family, psychoeducational training can be conducted by trained experts in the field of family therapy. Psychoeducation is a process of learning about oneself, the condition from which one is suffering, and the best ways to cope with the repercussions of that condition. It encourages the individual to participate in what is scientifically known about their condition. It attempts to apply what they've learned to better their lives, their personal development, and their family unit (Rebolledo & Lobato, 1998). Ofoha and Ogidan (2020) found that parent training was useful in reducing child abuse and child neglect in violent homes. Evidence provided by Factor, et al., (2019) shows significant improvement in family functioning, child misbehaviour and couple functioning after participating in parenting psychoeducation. Psychoeducational training was also proven to be effective in enhancing the parent-child relationship, reducing harsh parenting practices and parental stress (Wolford, et al., 2019). These studies support the benefits of psychoeducational training to strengthen the parent-child relationship.

In addressing family attachment issues, the McMaster Model can be applied. According to Miller et al. (2000), this approach to families is a comprehensive model of family assessment and treatment. The model was developed to delineate the basic concepts of family functioning and family treatment. It integrates a multi-dimensional theory of family functioning,

assessment instruments to assess these constructs and a well-defined method of family treatment. The model does not cover all aspects of family functioning but identifies several dimensions which are important in dealing with family functioning. These dimensions include problem-solving, communication, roles, affective responsiveness, affective involvement, and behaviour control (Miller et al., 2000). Furthermore, it highlights dysfunctional transactional patterns which refer to characteristics or common interactions between family members that are associated with impaired functioning.

Studies found the usefulness of the approach in identifying dysfunctional families in which children might lead to possible risk of maltreatment (Daches, et al., 2018; Tolou-Shams, et al., 2018 & Wang, et al., 2020). This suggests that the approach is suitable for building parent-child attachment for socially isolated children. The model would have to be adapted for proper use in the Malaysian context. Since the assessment instruments and other tools have been developed in English, it must be translated to Malay language.

Improving Social Interactions

Socially isolated children were found to have difficulties with social interaction. They had difficulties in making friends, conversing, and being in groups. Therefore, to assist these children to improve social interactions, psychoeducation can be conducted in social skills training. Studies have been conducted on the effects of a social skill training program with socially isolated children (Gottman, et al., 1976, Whitehill, et al., 1980 & Taisin, 2018). To assist socially isolated children improve their social interactions, principles of the social learning theory are considered. The process of improving social interactions is divided into three stages. The first stage teaches the child how to engage and maintain interactions. The second stage simulates the process of engaging in interactions and the third stage, the child is asked to conduct the process with peers.

In the first stage, the child is thought the process of initiating interactions with videos of children engaging in conversations. Many different short videos can be shown to the child on different occasions and groups of children engaging in conversations. As the child watches these videos, they are narrated on how the process occurs from wanting to start a conversation, maintaining the conversation, and ending a conversation. Issues of negative consequences, appropriate greetings, mannerisms, and gestures are also shown and discussed with the child.

The child engages in role-playing with the instructor on the process of engaging in exchanges during the second stage. First, the instructor takes on the role of the conversation starter, with the child as the recipient. Following that, the child assumes the role of initiator, while the instructor assumes the role of recipient. The simulation includes all the numerous types of interactions the child has observed, including how to start a conversation, how to keep a conversation going, and how to finish a conversation. For effective interactions to encourage the behaviour, the child should be complimented.

The child attempts the process with friends and groups in the third stage. Initially, the process can be carried out with the instructor present to support the child. Eventually, the child is encouraged to perform the activity individually, without assistance.

Preventing Child Social Isolation

The present study concluded that factors causing child social isolation were family, environment, and resources, previous studies supported this finding (Gracia & Musitu, 2003, Elliott, et al., 2005 & Guterman, et al., 2009 & Slack, et al., 2011). Therefore, in preventing child social isolation cases, a framework with components of locating high-risk areas of child social isolation, assisting dysfunctional families, building community networking, and providing sufficient services and resources to the family is suggested.

Locating High-Risk Areas of Child Social Isolation

In preventing child social isolation, locate high-risk areas of possible child social isolation cases. Unsafe environments and insufficient services and resources played a role in child social isolation. Therefore, the Child Social Exclusion index can be used to assist in the process. The index measure child social exclusion by identifying and combining different aspects of child disadvantages at a small-area level into it (Tanton et al., 2010). It summarises the general risk of social exclusion faced by children aged 0-5 years living within an area. The index defines child social exclusion based on parental, family, household and dwelling characteristics along the four widely identified dimensions of social exclusion. These four dimensions are consumption or lack of capacity to purchase goods and services; production or inability to find employment; political participation and social interaction and family support (Mohanty et al., 2016).

Assisting Dysfunctional Families

Dysfunctional families are a major factor of child social isolation. Psychoeducational interventions can be conducted on the family such as parenting skills. Parenting skills provide parents with skills and establish connections with other parents. The training emphasizes basic childcare information, problem-solving, home management, social interaction skill, child behaviour management skills, non-punitive discipline techniques, contingent positive reinforcement, the need for parental consistency and positive parent-child interactions.

A suggested program that could be applied is the Nurturing Parenting Programs. The program is designed to build nurturing parenting skills that break the inter-generational cycle of child maltreatment, dysfunctional parenting, provide support and resources for parents (Bavolek, 2000). It targets families that are at risk of child abuse and neglect which acts as an intervention tool used to increase healthy parenting knowledge and skills. It aims to prevent recidivism in families receiving social services, connect families to community resources, reduce the rate of social problems and stop the inter-generational cycle of child maltreatment by teaching positive parenting behaviours.

The duration of the program varies but is generally group-based sessions running from two to three hours once a week. It cover topics such as parenting skills and self-nurturing activities. Group-based and home-based workshops can last up to five years. (Bavolek, 2000). The program can be used as an intervention tool when working with dysfunctional families to prevent child social isolation. A study conducted by (Burton, et al., 2018) demonstrated the program provided caregivers with tools that positively affected the quality of the parent–child relationships and promoted empowerment.

Building Community Networking

The environment played an important role in the occurrence of child social isolation. Every child has the right to grow up in a safe and supportive environment that supports their overall development (Yoke-Yean, et al., 2021). Community-based interventions can decrease child social isolation cases. McLeigh et al., (2018) found associations between neighbourhood social processes and maltreatment. Neighbourhoods higher in collective efficacy and social networks had lower proportions of neglect, physical abuse, and sexual abuse substantiated cases. These studies found that strategies that mobilise neighborhood-level protective factors may be more effective than individual and family-focused initiatives in reducing child social isolation.

Higher levels of community involvement are associated with lower levels of psychological aggression. Efforts to increase community social cohesion may assist families in breaking the cycle of maltreatment across generations (Schofield, et al., 2018). Communities can improve the environment in which children and families develop, and decrease the likelihood that child social isolation to occur.

A strong social environment is a necessary condition for the prevention of child social isolation. Community-based interventions can strengthen the socialising quality of the social environment. Despite the availability of effective family interventions, preventive interventions should target the wider social context of the family, in particular, neighbourhood factors (Arango, et al., 2018). These studies suggested that aside from targeting families for interventions, communities should also be subject for intervention.

Providing Sufficient Services and Resources

Child social isolation was due to insufficient services and resources of the families. Therefore, families need to be connected to sufficient services and resources from external agencies such as access to government services and assistance. Poor parents highlighted contexts of poverty that led to child welfare involvement (Fong, 2017). This suggested that by connecting families with sufficient services, cases of child social isolation can be prevented.

Low-income working families are at an increased risk of child maltreatment (St-Laurent, et al., 2019). Not having emergency contacts for child care likely increases neglectful behaviour. This study suggests that by providing sufficient services and resources the likelihood of child social isolation can be decreased.

The size, intensity, composition and supportiveness of a family's informal social network also needs to be taken into account. The assessment also includes the family's linkage with formal and informal systems in the community. It aims to identify the strength and weaknesses of social networks to strategically target areas of need (DePanfilis, 1996).

A suggested model that can be used when working with families is the Eco Map (Calix, 2004). The map draws connections between the family and the environment on a circular chart (DePanfilis, 1996). It includes information regarding relationships with agencies, employers, educational institutions, other organizations, relatives, friends, and neighbours (Holman, 1983).

Calix (2004) found that the ecomap has reliability as a tool for measuring social support. The ecomap was also effective in providing information on the supporting network (Kuhn, et al., 2018). These studies support the use of ecomap when assisting families with insufficient services and resources as means to prevent child social isolation.

CONCLUSION

Child social isolation was found to be multi-dimensional; many aspects play a role in this phenomenon such as dysfunctional families, neighbourhood conditions and services and resources. The development of an instrument to evaluate high-risk areas of possible child social isolation incidence is an implication of the study. The Child Social Exclusion Index is an example of a tool that could be developed for this purpose. The instrument should take into consideration local variables to be more suitable for the Malaysian context. With the development of a measurement instrument, cases of child maltreatment could be identified and evaded.

Furthermore, implications could be made to develop parenting skills training for dysfunctional families. Dysfunctional families were a causal factor that leads to child social isolation. Therefore, it could be suggested that families undergo compulsory parenting skills training to modify dysfunctional parenting habits. Social support and community participation were found to be key components in child social isolation. These implications could be channelled to strengthen community-based interventions to prevent child social isolation in Malaysia.

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