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What is This?

Informal Social Support Interventions and Their Role in Violence Prevention

An Agenda for Future Evaluation

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There is increasing interest among policymakers and practitioners in tapping the potential of family, friends, volunteers, peer support groups, and mutual aid organizations to help prevent violence. The popularity of these informal social support (ISS) interventions stems, in part, from their flexibility, responsiveness to individual needs, and perceived low cost. However, there is still limited understanding of whether and how ISS interventions can improve social support, reduce violence, or save money. Furthermore, mobilizing and sustaining ISS interventions appears to be difficult, particularly for families living in high-risk environments. Rigorous and creative evaluations of ISS interventions are needed to inform policy decisions and refine program development and implementation. Focusing on the field of child maltreatment, we describe different kinds of ISS interventions and outline an evaluation agenda that includes core research questions and evaluation challenges and strategies.

Keywords: social support; evaluation; child maltreatment; violence prevention

Many people appreciate the considerable value of informal social support (ISS) in the lives of adults, youth, and children. Policy makers, funders, administrators, and practitioners increasingly look to interventions that attempt to mobilize ISS as a strategy to provide concrete assistance, improve parenting skills or developmental outcomes, offer emotional support and enjoyable social relationships, and monitor and promote safety. The current interest in ISS stems from the fundamental importance of social relationships in shaping values and behaviors and recognition that formal service systems often

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fail to protect potential victims or deter violent offenders. On balance, natural helpers and existing supporters "are closer to, more trusted by, and frequently available to struggling families than most traditional formal services" (Farrow, 1997, p. 22). As such, they can facilitate individualized assistance that matches the strengths, needs, and contexts of each family (Farrow, 1997). Perhaps most important, natural networks of kinship, neighborhood, and community remain available after crises subside and services stop. These networks offer mutual assistance and support and are often considered essential to maintaining gains that may result from more formal interventions (Rzepnicki, 1991).

Although the concept of informal supports is intuitively attractive, little empirical evidence exists to guide our understanding of how to make these supports both available and effective for a wide range of vulnerable families and youth. Moreover, if we are to use ISS interventions to protect potential victims and reduce violence, we need a better understanding of how informal supports influence behaviors and how to develop a service delivery system that can generate and sustain such relationships when they do not emerge on their own. Also, we need to better understand if and how these resources can be used to complement, rather than replace, formal systems of care.

Our primary aims are to define ISS interventions and outline an agenda for evaluating these programs in the context of efforts to prevent violence. Although we believe that the method has relevance for those at risk for various forms of violence, our discussion focuses on the use of this concept to specifically address child maltreatment. After first describing ISS interventions that target different sources of social support, we provide a brief overview of selected research findings, identify key research questions and evaluation challenges and strategies, and suggest next steps for implementing an agenda.

WHAT ARE INFORMAL
SOCIAL SUPPORT INTERVENTIONS?

ISS interventions are systematic activities designed to change the existing quality, level, or function of an individual's personal social network or to create new networks and relationships for families through the use of volunteers and peer group experiences. This definition of ISS interventions emphasizes the concept of mobilizing social support to achieve outcomes for a specific family rather than broader community building or family support activities.

Within this definitional framework, ISS interventions still vary in many important ways, such as size, target population, prevention context (e.g., uni-

versal, targeted, and indicated), service intensity and duration, linkages with formal service providers, and organizational affiliations and auspices. Perhaps most important, ISS interventions vary in their proximal (or near-term) objectives and the targeted source of informal support.

ISS interventions may address a wide range of proximal objectives, such as perceived or received social support, changes in social network structure (e.g., composition), social integration (e.g., reciprocal relationships, attachment to community institutions), well-being or sense of empowerment, reduced risk behaviors, family cohesion or conflict, linkage to services, and increased satisfaction with or participation in formal services. Some ISS interventions directly address parenting and increased social control or monitoring of parenting, and some do not.

ISS interventions vary in their emphasis on mobilizing different sources of support—family, friends, volunteers, or peers in mutual aid or support groups. In the interventions of most relevance to us, the aim is to mobilize informal helpers as active participants in interventions.

Programmatic efforts to mobilize existing social networks differ fundamentally from those designed to mobilize volunteers or peer support groups (Froland, Pancoast, Chapman, & Kimboko, 1981). Mobilizing existing social networks involves effecting change in the quality, amount, or duration of support from existing relationships, whereas volunteer interventions and peer support and mutual aid groups focus on developing new relationships.

Mobilizing Existing Support

Cameron and Vanderwoerd (1997) rate the potential performance of family members high on several dimensions of support, including length of commitment, range of support (emotional and instrumental), availability in a crisis, and intensity of involvement. Family members also have great potential for monitoring and detecting risk behaviors (e.g., domestic violence) and parenting problems. But family members also carry strong potential for conflict and uneven ability to provide both concrete and emotional resources. In addition, some existing relationships may be rooted in self-destructive or criminal activities that limit or work against efforts by parents or professionals to promote positive changes.

Examples of ISS interventions that mobilize existing supporters include family meetings in which family or friends participate in planning and support (e.g., Pennell & Burford, 2003), community support agreements in which informal helpers formally agree to support families or protect children (Wakeling, 1995), and kinship foster care.

Volunteer Programs

Among the many different types of volunteer programs related to child-abuse prevention are parent aides, lay home visitors, mentors for mothers (e.g., National Exchange Club) (Marcenko, Spence, & Samost, 1996), and neighborhood groups that focus on outreach and links to services and supports (e.g., Neighborhood Partners in the Cedar Rapids Partnership for Safe Families). The unifying characteristic of volunteer roles and programs is that helping occurs with no expectation of support from recipients in return for that help. There are two advantages of volunteer social supporters in longer term relationship-oriented programs (e.g., mentors). First, these programs focus on responding to the specific needs and interests of the recipient, thereby offering a more unique and, hopefully, appropriate intervention. Second, the level of support provided by these programs is usually intensive and long term. Although volunteers vary considerably in their interest, commitment, and ability to help, outreach-oriented volunteer programs can potentially provide valuable short-term support, connecting families to community resources and services and identifying high-risk cases.

Peer support groups and mutual aid organizations involve efforts to promote reciprocal social relationships and social integration. These "created networks" may be particularly helpful in meeting the needs of parents who are lonely, socially isolated, and stigmatized (Cameron, 2002). Some support groups also focus on parenting issues or sharing resources.

Practice in the above ISS interventions includes both the role of informal helpers and the facilitative roles of professionals. ISS interventions also include professional interventions aimed at improving or expanding the participant's social network, such as social support skill training aimed at helping participants develop interpersonal communication skills to help them build and sustain rewarding reciprocal relationships (e.g., Lovell & Hawkins, 1988). Many prominent intensive service models also aim to improve ISS, including home visitation programs (McCurdy, 2001), family preservation services (Lyons, 2002), and multisystemic therapy (Henggeler, Melton, Brondino, Scherer, & Hanley, 1997).

In summary, it is useful in developing an evaluation agenda to understand the different proximal objectives of ISS interventions and to categorize these efforts in terms of the types and sources of social support they seek to mobilize. Recognizing such differences enables evaluators to examine each program's unique implementation structure and organizational context, thereby facilitating the ability to compare the relative merits of different ISS efforts. Finally, ISS practice must be seen as including the roles, interactions, and activities of both informal helpers and professionals.

SELECTED FINDINGS FROM BASIC
SOCIAL SUPPORT RESEARCH AND EVALUATION[1]

Basic social support researchers have examined the relationship between social support or social isolation and parenting and child maltreatment. Key findings include the following issues.

Poverty is associated with neglect and abuse (Pelton, 1994). Social support, especially emotional support, is related in general to parenting that is positive and nurturing, even among poor mothers (e.g., Ceballo & McLloyd, 2002).

Depressed mood is correlated with both poverty and harsh parenting (e.g., Jackson, Gyamfi, Brooks-Gunn, & Blake, 1998). Increased social support, however, does not appear to moderate the harmful effects of depression on parenting (Lyons, 2002).

Social isolation is closely associated with child neglect, and neglectful parents are often lonely and often single parents (Coohey, 1996; Polansky, Ammons, & Gaudin, 1985; Seagull, 1987). Furthermore, many neglectful parents exhibit harsh, nonreciprocal interaction patterns that inhibit them from building supportive relationships (Crittendon, 1985).

Subsequent maltreatment is an issue among mothers involved in open child protective services cases. Social support deficits dramatically increased the risk of subsequent maltreatment (DePanfilis & Zuravin, 2002), suggesting the importance of ISS for families involved in the child welfare system.

Although useful, basic research findings do not address at least three questions critical to improving practice. First, little is known about how social support deficits contribute to patterns of maltreatment (Seagull, 1987). Second, although it is widely accepted that families with a rich and supportive network of family and friends have greater resources on which to draw when faced with personal or situational stress, how to create such systems for families without this level of support remains illusive. Finally, we remain uncertain as to how changing the amount or quality of social support will actually affect parenting and child maltreatment outcomes (see Gottlieb, 1992).

Outcomes of ISS Interventions

Relatively few longitudinal outcome evaluations have been conducted on ISS interventions in maltreatment prevention efforts (DePanfilis, 1996), and the results are mixed. Daro and Cohn (1988) concluded that lay services—lay counseling and Parents Anonymous—contributed to more positive treatment outcomes in federal demonstration projects. However, experimental

studies of family preservation services and home visitation programs show no intervention effects on ISS (Daro & Harding, 1999; McCurdy, 2001; Westat et al., 2001), raising questions about the extent to which service providers actually focus on mobilizing ISS or, if they do, their ability to generate this type of change.

In contrast to these findings, at least one program for neglectful mothers has documented an ability to achieve significant and sustained changes in levels of social support. Unlike many prevention models, this effort embraced multiple ISS strategies and linkages with formal service systems. Specific features included interpersonal conflict resolution in existing relationships, mutual aid and parent support groups, volunteer home visitors helping with parenting skills and home management, and social skills training. This multifaceted program produced significant changes in the size of social networks and improved parenting knowledge and attitudes (Gaudin, Wodarski, Arkinson, & Avery, 1990). Despite the increase in social support levels, 80% of the intervention group was involved in an incident of maltreatment during intervention, and 60% remained at risk following service termination.

Mutual assistance efforts sponsored by child welfare agencies—offering a range of social support opportunities meeting often over extended periods of time—have decreased loneliness and depression, increased self-esteem and confidence, and produced modest gains in parenting attitudes. Lower levels of formal service use were reported for participants relative to randomly selected mothers involved with child welfare, presumably due to decreased need (Cameron, 2002).

Most studies of Family Group Decision Making (FGDM) find that parents, informal supports, and workers tend to have highly favorable views of family meetings (e.g., Santa Clara County Social Services Agency, 2001). FGDM may help some families resolve family violence issues (Pennell & Buford, 2003). One major study of long-term outcomes found that FGDM cases reported higher rates of subsequent maltreatment than families not receiving FGDM—possibly due to increased detection—and produced no substantial reductions in cost (Santa Clara County, 2001).

Long-term volunteer interventions with mothers may increase social support during intervention but not after the intervention is terminated. In Marcenko et al.'s (1996) multifaceted intervention, children in the experimental group had longer lengths of stay for child placement. This pattern would suggest that ISS interventions, although producing positive outcomes for families, might actually increase, not decrease, child welfare expenditures.

Implementation Findings

Evaluations that have examined implementation issues suggest that it is difficult to develop and sustain ISS interventions. This difficulty may arise from the ongoing challenges of engaging and supporting informal helpers (L. Bigley, personal communication, November 2002), from trying to change entrenched organizational cultures that do not value ISS (Cameron, 2002), and from competing bureaucratic imperatives that limit worker investment in reforms (Budde, Daro, Baker, Harden, & Puckett, 2000). Expanding the scope of ISS interventions is daunting, even for the most widely discussed and used ISS interventions (for FGDM, see Marsh & Crow, 1998; for youth mentoring, see Sipe, 1996). Implementation studies also highlight the key role of professionals in training and supporting informal helpers (L. Bigley, personal communication, November 2002; Cohn & Daro, 1987), addressing barriers, building and sustaining referral procedures, and providing leadership and support (Cameron, 2002).

The support of family members for interventions is a predictor of productive, collaborative relationships with professionals (Littell & Tajima, 2000). However, informal helpers are often reluctant to discuss topics that are personally threatening or culturally taboo with parents, creating domains of silence about important topics such as physical discipline in parenting (Garbarino & Kostelny, 1994). Also, many interventions with high-risk parents report significant problems in promoting social support for parents who exhibit harsh and angry interpersonal behaviors (Cameron, 2002).

INFORMAL SOCIAL SUPPORT INTERVENTIONS: AN EVALUATION AGENDA

Informal social support interventions clearly offer potential that should be tapped. However, it is still unclear whether we can consistently approximate the benefits of naturally occurring social support and control through ISS interventions, especially for families and individuals at highest risk for violence. We are in the early stages of learning how ISS interventions can contribute to preventing child maltreatment, domestic abuse, and youth violence. We know little about the relative advantages of different ISS interventions, although intensive multifaceted responses that include informal support and formal services appear to offer the most promise for these populations. Furthermore, most ISS interventions are not widely used, and there are critical gaps in our understanding of how to design, implement, sustain, and expand effective ISS interventions.

Given the early stage of knowledge development, evaluations should be formative and exploratory in spirit. We believe that evaluation and inquiry should occur within and across three levels: outcomes, program implementation, and practice (including the roles of both informal helpers and professionals). Fundamental research questions about outcomes should ground evaluators and practitioners in the purposes and objectives of ISS interventions.

- Do ISS interventions lead to positive changes in social support and other proximal outcomes directly associated with intervention activities and objectives?
- Do changes in proximal outcomes contribute to improvements in fundamental prevention outcomes—parenting, child safety, and child well-being?
- Do changes in proximal outcomes contribute to reducing the costs of formal services?
- Are improvements in social support and other outcomes durable?
- What child, parent, worker, intervention, and organizational (e.g., culture, job satisfaction, turnover) factors predict positive and negative outcomes?
- How do ISS interventions contribute to different mechanisms by which violence is prevented (e.g., reduced stress, improved parenting, increased social control)?

Disagreement exists about whether proximal outcomes other than parenting or social control of violence have inherent worth or whether they are worthwhile only if we can measure their contributions to meeting larger goals such as reducing maltreatment or other forms of violence or aggression. Given the difficulties of accurately measuring violence and attributing causality to specific intervention components and the importance of setting reasonable expectations, it is vital for evaluators to work on articulating and valuing outcomes that are directly related to intervention activities (Illback, 2002) while still keeping these fundamental goals and outcomes in mind.

To better understand how ISS interventions work, and to provide information about how to improve them, we should address key questions about implementation and practice processes.

- How are ISS interventions conceptualized? What are the basic assumptions about how and why intervention works? What constitutes "good practice"? Are implementation plans clear and reasonable? What roles should professionals play? How should ISS interventions interface with protective and service systems? How are proximal outcomes defined and valued?
- How do community context, interorganizational relationships, and political and economic factors influence the development and implementation of ISS interventions? How and why do ISS interventions differ across communities?

- What is done to support, sustain, and expand the scope of informal helping? What implementation infrastructure is put in place (e.g., assessment and referral procedures, initial and ongoing training, staff and financial commitments)? How do professionals promote implementation and recruit and engage informal helpers? Are these efforts commensurate with the desired scope and quality of implementation?
- How do formal service organizations respond to ISS interventions? What organizational factors inhibit and support ISS implementation? Conversely, how are organizations affected by ISS interventions (M. Small, personal communication, June 2003)?
- What is the scope of implementation? What is the actual amount, duration, and kind of ISS referral, engagement, and intervention activities provided at the case level? What kind of informal helpers participate in which kinds of cases? How are men and women engaged differentially as informal helpers? Who receives support? How do activity levels and quality compare with benchmarks and ideals?
- What actually occurs in different types of informal helping relationships? What types of support are provided? How do relationships change or develop? How are supports individualized? When relevant, how are tensions between social support and child protection managed? How do informal helpers promote or inhibit change?

ISS evaluations can potentially contribute to knowledge by examining any of the questions about outcome, implementation, and practice, and evaluators identify the location of key research questions within this broader set of possibilities. A combination of quantitative and qualitative methods are necessary to fully assess, understand, and interpret findings on outcomes and processes, though not necessarily within each study. Given the emphasis on relationships, there is a critical need to include the perspectives of multiple participants—parents, informal helpers, children, workers, administrators, and program developers—whenever possible.

Evaluation Challenges and Strategies

The core features of many ISS interventions—informal relationships, the individualized character of support activities and objectives, and other features—complicate the already challenging tasks of evaluation. Yet evaluators must endeavor to better understand the complex realities of ISS interventions. We describe key evaluation challenges below and offer strategies for addressing, coping with, or circumventing them.

Small samples. Many ISS interventions serve relatively small numbers of families, and mobilizing ISS is seldom a primary objective in large-scale

interventions. Small sample sizes inhibit the utility of statistical analysis. But detailed case and small group studies about either implementation or practice can help clarify how interventions work. This is especially true if they examine intervention assumptions and goals, document positive and negative results, include the perspectives of different participants, and carefully interpret the meaning and relevance of findings (e.g., Heineman Pieper & Pieper, 1995).

Experimental designs, comparison groups, and selection bias. The emphasis on voluntary participation and family empowerment limits the ethical and practical viability of random assignment procedures. Researchers often wind up using comparison groups that cannot control for critical selection effects such as motivation to change (e.g., Cameron, 2002). Selected responses to these concerns include (a) making full use of existing experimental data, (b) examining selection processes (targeting, assessment, referral, initial engagement, program attrition) and results (successes and failures) for parents and informal helpers, (c) using higher functioning nonrandom comparison groups to provide a stronger counterfactual, and (d) using theory of change and logic models to define relationships between interventions and outcomes (Weiss, 1995) to better understand change processes and interpret results.

Variability in complex systems and interventions. Mulvey and Gardner (2002) noted that analysis of variance methods—examining the factors that account for variability in outcomes—are commonly used in evaluation, especially in the absence of experimental designs. But they stress that the multiple sources and levels of variability, along with small sample sizes, deplete the power of studies to detect even moderate effects on outcomes with confidence. In response to this challenge, evaluators should use existing theory and assumptions about specific populations and outcomes to develop manageable analytic questions. Second, Mulvey and Gardner suggested defining subgroups with common developmental and service histories/trajectories that allow for simpler analysis of outcomes for subgroups. Third, with large nested data sets (e.g., families served by workers), hierarchical linear modeling techniques offer useful strategies for parsing out variability explained by each level and examining level-specific predictors such as family characteristics and worker attitudes (Bryk & Raudenbush, 2001).

Documenting ISS activities. It is often difficult to document ISS activities because of the complex relationship between formal and informal services and the lack of clear articulation about what is supposed to happen, and

because activities are often informal and focused on relationships rather than tasks. Quantitative approaches to documentation are often burdensome to informal helpers and ill suited to the activities. Researchers should aim to minimize the data collection burden and monitor its potential to harm informal helpers and services. Informal helpers are often more receptive to interviews and focus groups and to data collection that they help design. Evaluators can also focus attention on the vital activities and roles of professionals in mobilizing ISS.

Outcome measurement and interpretation. The use of many different social support measures complicates comparisons among studies (Thompson, 1995). In addition, even the best standardized measures and other aggregate measures are "molar" measures that may not be sensitive to individual changes (Berlin & Marsh, 1993) or relevant to individualized objectives in some cases. Sensitivity to change may be further compromised in longitudinal analysis by using baseline data collected after the start of intervention (e.g., a family meeting) when parents may be receiving high levels of support.

Two other important outcome measurement issues reflect tension between individual and aggregate outcomes. First, some often-desired outcomes are limited or even ambiguous at the case level. For example, placing a child or increasing the size of a social network may be positive or negative in different cases. Second, involving informal helpers in both supporting families and preventing violence can result in competing outcomes. For example, in some cases, increased family support or monitoring of safety may increase detection of maltreatment or the likelihood that a child will be placed with relatives. In response to these considerable challenges, researchers should carefully pick outcome measures based on relevance and sensitivity, cautiously interpret baseline data, develop client-specific outcomes based on case goals and intervention activities, and examine the relationship between key outcomes.

These evaluation challenges will never be fully met, but evaluators have a responsibility to find meaningful and creative ways of addressing them and of understanding the complex realities of ISS interventions. In discussing the mismatch between the characteristics of traditional evaluations and the characteristics of effective interventions (including complex and individualized helping relationships, flexibility, and discretion in practice), Schorr (2001) encouraged evaluators to ask a rich set of research questions and to "accept multiple ways of knowing and various levels of certainty about program impact" (p. 5).

SUMMARY AND CONCLUSIONS

The growing interest in ISS interventions reflects a profound belief in the inherent strength of individuals, families, and communities. The potential advantages of ISS interventions (e.g., durable support and protection) mirror the limitations and weaknesses of the current formal protective and service systems. Evidence suggests that ISS interventions can improve proximal outcomes such as increased social support, social integration, and empowerment for some vulnerable families. For high-risk families, some promise may come from intensive ISS interventions that combine multiple sources of informal support with formal services over an extended time period and that include efforts to directly address violence issues. However, it is still unclear whether ISS interventions can productively serve sizable proportions of high-risk families and how they do and can contribute to violence prevention outcomes.

ISS interventions warrant evaluation because of the importance of social support in all of our lives, increased interest among key stakeholders in mobilizing informal social support, and the need to better understand the potential and limitations of these interventions. It is particularly important not to repeat the pattern of some practice reform efforts of setting up ISS interventions for failure by adopting unrealistic expectations, especially with regard to cost savings. ISS interventions can contribute to violence prevention, and evaluation should focus on helping us understanding how and under what conditions they can (and cannot) contribute and how informal support and formal services can best complement and support each other.

The individualized, informal character of many ISS interventions exacerbates common challenges to evaluations. To address these challenges, to better understand the complex realities of ISS interventions, and to provide information that will be useful in refining ISS interventions, evaluators should work closely with practitioners and policymakers to (a) conceptualize and specify interventions and their relationship to outcomes; (b) develop reasonable expectations about the proximal outcomes of ISS interventions and how they might contribute to parenting, violence prevention, and cost savings; and (c) fully assess both the benefits and limitations of ISS interventions.

NOTES

1. See Thompson (1995), Limber and Hashima (2002), Seagull (1987), Wasserman (2003), Coohey (1996), Cameron and Vanderwoerd (1997), and DePanfilis (1996) for more complete literature reviews.

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