Building and Mobilising Informal Family Support Networks

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According to Hobbs et al. (1984), interdependent, supportive communities are the primary and principal contexts for enhancing and promoting human development in general, and strengthening family functioning in particular. The operationalisation of the characteristics of supportive communities that Hobbs et al. (1984) described forms the basis for the family support project described in this chapter.

In their descriptions of the meaning of community, Hobbs et al. (1984) noted that a:

> community is an immediate social group that promotes human development ... In communities, individuals experience a sense of membership, influence members of the group and are themselves in turn influenced by others, have *personal needs fulfilled,* and share a psychologically and personally satisfying connection with other people. ... Community basically involves the coming together of people around shared values and the pursuit of common cause ... that involves *reciprocal obligations.* (p. 41, emphases added)

A sense of community, in turn, promotes the exchange of resources and supports that constitute the range of aid and assistance that are necessary for enhancing and maintaining individual, family, and community well-being. Bronfenbrenner (1979), for example, noted that:

> whether parents can perform effectively in their child-rearing roles within the family depends upon the role demands, stresses, and supports emanating from (community) settings ... The availability of supportive settings is, in turn, a function of their existence and frequency in a given culture or sub-culture. (p. 7)

In their discussion of the criteria that ought to guide social policy and practice for strengthening families, Hobbs et al. (1984) specify a number of conditions that they believe must be met in order to optimise the development of individual family members and the family itself. According to these investigators, the policy and practice that strengthen family functioning should:

1. Promote supportive exchanges among people that highlight human commonalities rather than individual differences.

2. Emphasise the common needs of all people and avoid the conspicuous setting apart of people or groups.

3. Avoid unwarranted advantage in distribution of resources based upon social class or individual differences.

4. Promote diversity in the bringing together of people.

5. Create opportunities for enhancing the acquisition of competencies that are necessary to promote individual and family development.

6. Create linkages among people that can be of mutual benefit to one another.

7. Permit and encourage families to make informed decisions about themselves and their children.

8. Ensure that families have the necessary resources (time, energy, information, etc.) to perform child-rearing functions well.

9. Employ partnerships and parent-professional collaboration that explicitly enable and empower families to become more capable and competent.

10. Promote both interdependence among community members and family self-reliance with respect to identifying and meeting needs.

11. Protect individual family members and the family itself from neglect, abuse, isolation, and other developmental deterrents.

Collectively, Hobbs et al. (1984) persuasively argue that these 11 characteristics of *family support programs* are the essential ingredients for strengthening family functioning.

The project described in this chapter uses the majority of the above 11 characteristics, together with formulations from the social support and help-giving literatures as a foundation for conceptualising, operationalising, implementing, and evaluating efforts designed to build and mobilise informal family support networks. Project SHaRE (*S*ource of *H*elp *R*eceived and *E*xchanged) was conceived in response to work with poor families and families with disabled members who had needs that went continually unmet due to a host of social, economic, and personal factors that impinged upon their daily lives. Needs were met through Project SHaRE by building informal social support networks that enhanced the exchange of resources, aid, and assistance among network members. The SHaRE Network operated much like a barter program (e.g., Lloyd & Segal, 1978; Tobin & Ware, 1983, 1984) in which persons or groups provided different products and services to one another based upon the principle of reciprocal obligations (see Fisher, Nadler, & Wichter-Alagna, 1983). The goal of the project was to enable and empower families to identify their needs and strengths, to employ strengths as a basis for mobilising resources to meet needs, and to help families acquire the capabilities necessary to become more interdependent and self-sustaining (Dunst, Trivette, & Deal, 1988; Hobbs et al. 1984).

NEED FOR PROJECT SHaRE

Project SHaRE is located in Morganton, North Carolina in the foothills of the Blue Ridge Mountains. The project is operated as a model demonstration project of the Family, Infant and Preschool Program (FIPP) (Dunst & Trivette, 1988a). FIPP is a family support program that serves disabled, handicapped, and developmentally at-risk children and their parents in rural western North Carolina. The program began in 1972, and since that time more than 1,200 children and families have received home-, centre-, and community-based services.

Project SHaRE evolved from efforts to identify effective ways to support and strengthen family functioning. The project was developed in response to four major concerns and considerations. First, families who have substantial numbers of unmet needs are repeatedly encountered, despite the efforts of FIPP, other social agencies, and community help givers (clergy, volunteer organisations, etc.). Families from the poorest social economic background often lack basic resources (adequate housing, food, clothing, etc.), and families with disabled children often have additional burdens and demands (e.g., lack of appropriate child care, excessive medical expenses) that place enormous stresses and strains on the parents.

Second, attempts by help givers to assist and aid these families often result in non contingent giving (Skinner, 1978) and increased dependence (Merton, Merton, & Barber, 1983) upon the help givers. Well-intentioned professionals and other social groups (volunteer organisations, churches, etc.) have a tendency to rush in and try to "fix" these families by filling in missing resources. And although needs may be met, the methods for doing so only reinforce the families' already negative images of themselves as being incapable and unable to take care of themselves. Helpers who act in this way often view the families as "broken", and see their job in terms of "putting the broken pieces back together."

Third, efforts to be helpful with these families often have negative consequences (e.g., attenuation of self-esteem and self-efficacy). The families sometimes withdraw from not only the helpers, but friends and relatives as well. Interactions with others increasingly become negative and confrontational, or families simply refuse or avoid the efforts of others to reach out and be helpful. Help givers often interpret the families' reactions as a sign of being ungrateful for what was given or offered.

Fourth, the increase isolation on the part of the families, together with inadequate resources for meeting needs, result in even greater stress and more frequent dysfunctional family interactions, as well as other negative consequences (lack of attention to childcare and child development, abuse and neglect, etc.). Many these families become increasingly characterised as rearing children that are at-risk for out-of-home placements (foster care, institutionalisation, etc.)

An analysis of the ways in which help givers interact with the families demonstrates that most attempts to be helpful run counter to the 11 principles described previously (Hobbs et al., 1984). In Project SHaRE, considerable effort

was and is placed on reversing the ways in which help givers viewed these families, and how they went about intervening and assisting these families to meet their needs.

CONCEPTUAL BASES OF PROJECT SHaRE

A social and family systems framework was used to guide project conceptualisation and implementation (Dunst & Trivette, in press). The problems that these families faced were viewed not as inherent personal deficits, but rather as the result of broad-based social influences that prevent the families from acquiring and using the competencies necessary to mobilise resources to meet needs.

The major features of Project SHaRE are based upon conceptual and theoretical formulation-derived from human ecology (Bronfenbrenner, 1979; Cochran & Brassard, 1979; Garbarino, 1982; Hobbs et al., 1984), social support and social network theory (Cohn & Syme, 1985; Gottlieb, 1981; Hall & Wellman, 1985; Mitchell & Trickett, 1980; Sarason & Sarason, 1985), and help-seeking and help-giving theory (Brickman et al., 1983; Brickman et al., 1982; Coates, Renzaglia, & Embree, 1983; Gourash, 1978; Gross & McMullen, 1983; Rabinowitz, Karuza, & Zevon, 1984). Collectively, these three theoretical orientations provide a framework for understanding how resources and support either directly or indirectly affect family functioning, as well as suggest the conditions under which the influences of support are likely to have their greatest positive impact.

Human Ecology and Human Development

Human ecology provides the type of social systems framework that both explicates the relationships between and within social units and explains how human development is influenced by broad-based community experiences. According to Bronfenbrenner (1979), ecological and social units may be conceived topologically as a nested arrangement of concentric circles, each embedded within one another. The innermost level comprises individual families and their members (mother, father, children, etc.). The family unit is embedded in broader ecological systems consisting of relatives, friends, neighbours, and other acquaintances. These formal and informal kinship units are further embedded in larger social units, including neighbourhoods, churches, social and human service organisations, the parents' place of work, school, and so forth.

One tenet of social system theory is that events in different ecological units do not occur in isolation, but interact both within and between levels so that changes in one unit or subunit reverberate and affect other units. Another tenet of social system theory is the contention that the behaviour of individuals and social groups (e.g., the family) is affected by a host of forces emanating from different ecological systems and units, indicating that a person's development is influenced both directly and indirectly by different people and events. "Network influences come directly to (a person) through the range and variety of (individuals and groups) with whom (he or she) has contact on a

recurring basis, either together with other family members or independently"
(Cochran & Brassard, 1979, p. 602). Less obvious but no less powerful are the
indirect influences that bear upon a person's development. These influences
emanate from the different social settings or networks within which the family
is embedded. Personal social networks can and often do impinge upon a
person's or family's behaviour and development, depending upon the types of
social experiences that network members provide to one another. These social
experiences are most often referred to as social support.

Personal Social Networks and Social Support

Social network and social support theorists emphasise the study of the
relationships among social units and how these different relationships
promote or impede the flow and exchange of resources and social support.
Social support refers to the resources - potentially useful information and
materials - provided to individuals or social units (e.g., a family) in response
to the need for aid and assistance (Cohen & Syme, 1985; Dunst, Trivette, &
Deal, 1988). Social support is considered a multi dimensional construct that
includes physical and instrumental assistance, attitude transmission,
resource and information sharing, and emotional and psychological
assistance. The persons and institutions with which a family and its members
come in contact - either directly or indirectly - are referred to as the family's
personal social network, and it is this network that is the primary source of
support to families and individual family members.

The importance of social support derives from its empirical relationship with
individual and family functioning, and the potential that it holds as a major
form of intervention. The stress-buffering and health-promoting influences of
social support have been so well documented (see e.g., Cohn & Syme, 1985;
Sarason & Sarason, 1985) that it is now almost axiomatic to state that social
support both enhances well-being and lessens the likelihood of emotional and
physical distress. There is a growing body of evidence that social support
directly and indirectly influences other aspects of individual and family
functioning, including family well-being (Patterson & McCubbin, 1983),
adaptations to life crises (Moos, 1986), satisfaction with parenting (Crnic,
Greenberg, Ragozin, Robinson, & Basham, 1983), attitudes toward one's child
(Colletta, 1981), parental styles of interaction (Trivette & Dunst, 1987a),
aspirations for self and child (Lazar, Darlington, Murray, Royce, & Snipper,
1982), and child behaviour and development (Affleck, Tennen, Allen, &
Gershman, 1986; Crnic, Greenberg, & Slough, 1986).

The extent to which different aspects of social support and resources influence
parent, family, and child functioning has been a major focus of the authors'
research efforts with families of handicapped, disabled, and developmentally
at-risk children (Dunst, 1985; Dunst, Cooper, & Bolick, 1987; Dunst & Leet,
1987; Dunst, Leet, & Trivette, 1988; Dunst & Trivette, 1986, 1987, 1988a, 1988b, in
press; Dunst, Vance, & Cooper, 1986; Trivette & Dunst, 1987a, 1987b, in press).
This data has shown that the adequacy of different types and forms of support,
especially aid and assistance that match family identified needs, enhances
parent and family well-being, decreases time demands placed upon a family by
a disabled or at-risk child, promotes positive caregiver interactive styles,

decreases the display of interfering caregiver interactive styles, enhances positive parental perception of child functioning, and indirectly influences a number of child behaviour characteristics, including affect, temperament, and motivation.

Help Seeking and Help Giving

The extent to which help seeking and help giving is likely to have either positive or negative consequences on individual and family functioning depends upon the intertwining of a host of intrapersonal, interpersonal, and situational factors. These include the perception of the need for help, the manner in which help is offered, the source of the help, the response costs involved in accepting help, and the sense of indebtedness that recipients feel toward help providers (DePaulo, Nadler, & Fisher, 1983; Fisher, Nadler, & DePaulo, 1983; Nadler, Fisher, & DePaulo, 1983).

In many respects, help seeking and help giving (i.e., social support) may be considered as interactive. The help-seeking process considers the help seeker's behaviour and the conditions that set the occasion for perceiving a problem and the need for assistance (see especially Gross & McMullan, 1983), whereas help giving (social support) considers the manner in which members of a personal social network are mobilised and provide help and assistance to the help seeker.

Several investigators have recently attempted to integrate help-seeking and social support concepts (Antonucci & Depner, 1982; Dunst & Trivette, 1988b; Gourash, 1978; Hobfoll, 1985; Wilcox & Birkel, 1983). Gourash (1978), who made one of the first attempts to integrate the help-seeking and social support literature, placed particular emphasis on how the provision of help from members of a person's social network influenced help-seeking from formal support sources. According to Gourash (1978):

> (personal) social networks can affect help seeking in a number of ways: (a) by buffering the experience of stress which alleviates the need for help, (b) by precluding the necessity for professional assistance through the provision of instrumental and affective support, (c) by acting as screening and referral agents to professional services and (d) by transmitting attitudes, values, and norms about help seeking. (p. 416)

This set of conditions suggest an inverse relationship between the need for help from members of formal support sources and the extent to which members of personal social networks can provide or mediate the provision of resources necessary to affect personal and family functioning. It is known, for example, that in most cases people turn to professionals for help only when necessary assistance is not available from members of their personal social networks (Gurin, Veroff, & Field, 1960). Additionally, help giving is most likely to have positive influences when it comes from people with whom the help seeker has positive emotional ties, most notably, personal social network members (Clark, 1983).

A review and integration of the help-seeking literature points clearly to the fact that there are certain characteristics of help seeker - help giver exchanges that

are necessary for help giving to have positive consequences (see Dunst & Trivette, 1987, 1988b; Dunst, Trivette, Davis, & Cornwell, 1988). Fisher, Nadler, and Whitcher-Alagna (1983), for example, have accumulated evidence that indicates that help seekers are more likely to respond favourably to help giving if:

1. positive attributions are ascribed to help givers by help seekers,

2. help-seekers are afforded the opportunity to reciprocate and repay help giver favours,

3. help-giving exchanges minimise the social differences between help seekers and help givers, and

4. help-seeking neither implies lost freedoms nor threatens self-esteem or autonomy.

Helping Relationships and Empowerment

Specification of the characteristics of effective helping has constituted a major focus of the authors' own work with poor families and families with disabled members (Dunst, 1987, 1988; Dunst & Trivette, 1987, 1988b; Dunst, Trivette, Davis, & Cornwell, 1988). This work has culminated in the development of an enabling and empowering model of helping relationships that defines the parameters of empowerment and the conditions that set the occasion for help seeker - help giver exchanges to have positive consequences. The model is based upon Rappaport's (1981) contention that:

> empowerment implies that many competencies are already present or at least possible ... Empowerment implies that what you see as poor functioning is a result of social structure and lack of resources which make it impossible for the existing competencies to operate. It implies that in those cases where new competencies need to be learned, they are best learned in a context of living life rather than in artificial programs where everyone, including the person learning, knows that it is really the expert who is in charge. (p. 16)

Rappaport's contention includes three conditions that reflect the ways in which helping relationships and empowerment were operationalised as part of Project SHaRE. **First**, it states that people are already competent or that they have the capacity to become competent. This is referred to as a positive, *proactive stance* toward help-seekers. **Second**, it states that the failure to display competence is not due to intrinsic deficits within the help-seeker, but rather the failure of social systems to create opportunities for competencies to be displayed. Opportunities for competence to be displayed are referred to as *enabling experiences*. **Third**, it implicitly states that the person who is the learner or client must be able to deploy competencies to obtain resources to meet needs, and attribute behaviour change to his or her own actions, in order to acquire a sense of control over life events. This is what is meant by *empowerment*. This stance toward help seekers suggests a new and expanded definition of effective helping as the:

act of enabling individuals or groups (e.g., family) to become better able to solve problems, meet needs, or achieve aspirations by promoting acquisition of competencies that support and strengthen functioning in a way that permits a greater sense of individual or group control over its developmental course. (Dunst, 1987 p. 1)

Empowerment and Effective Helping

The above perspectives of empowerment and effective helping have guided the authors' attempts to better understand how helping acts and helping relationships influence help-seeking behaviour. Table 1 shows the particular help-giver attitudes, beliefs, behaviours, and responses that are most consistent with positive, competency-producing influences. The three clusters of behaviours shown in Table 1 are organised according to: 1) prehelping attitudes and beliefs, 2) help giving behaviours, and 3) posthelping responses and consequences. According to this model, prehelping attitudes and beliefs influence help-giver behaviour, and help-giver attitudes, beliefs, and behaviours influence posthelping responses and consequences. Together, these three clusters of variables are seen as determinants of a help-seeker's sense of control and efficacy resulting from help-seeker - help-giver exchanges that, in turn, are seen as exerting an influence on the well-being of the person receiving help.

Both direct and corroborative theoretical and empirical evidence shows that individual help-giving characteristics within and across clusters tend to occur simultaneously and exclude the use of characteristics incongruent with competency producing attitudes, beliefs, and behaviours (e.g., Brickman et al., 1982, 1983; DePaulo et al., 1983; Fisher, Nadler, & DePaulo, 1983; Fisher, Nadler, & Wichter-Alagna, 1983; Hobbs et al., 1984; Nadler et al., 1983; Rappaport, 1981, 1987). This model of effective helping provided the background for the ways in which Project SHaRE staff went about enabling and empowering families with the knowledge and skills necessary to identify their needs and mobilise resources to meet their needs.

Table 1 Help-giver attitudes, beliefs, and behaviours associated with empowerment and competence

Prehelping attitudes and beliefs	Help-giving behaviours	Posthelping responses and consequences
1. Positive attributions toward help seekers and helping relationships.	1. Employs active and reflective listening skills.	1. Accepts and supports help-seeker decisions.
2. Emphasis on help-seeker responsibility for meeting needs and solving problems.	2. Helps client clarify concerns and needs.	2. Minimises the help seeker's sense of indebtedness.
3. High expectations regarding the capacity of help seekers to become competent.	3. Proffers help in response to help-seeker needs.	3. Permits reciprocity as part of help giver - help seeker exchanges.
4. Emphasis upon building on help-seeker strengths.	4. Offers help that is normative.	4. Minimises the psychological response costs of accepting help.
5. Proactive stance toward helping relationships.	5. Offers help that is congruent and matches the help-seeker's appraisal of needs.	5. Enhances a sense of self-efficacy regarding active involvement in meeting needs.
6. Promotion emphasis as the focus of help giving.	6. Promotes acquisition of competencies to meet needs, solve problems, and achieve aspirations.	6. Maintains confidentiality at all times; shares information only with help-seeker permission.
	7. Employs partnerships and parent-professional collaboration as the mechanism for meeting needs.	
	8. Allows locus of decision making to rest with the help seeker.	

MAJOR CHARACTERISTICS OF THE PROJECT DESIGN

Project Philosophy

The material described in the preceding section was used as the foundation for specifying the philosophy of Project SHaRE and its underlying principles. The philosophy and principles were derived from a family and social systems model of functioning (Dunst & Trivette, 1988a; Dunst, Trivette, & Deal, 1988) that guided the development and implementation of the project. Project SHaRE was based upon the belief that all families have the capacity to meet their needs if adequately supported and strengthened in ways that make them intrapersonally self-reliant and self-sufficient, and interpersonally interdependent. The underpinnings of the philosophy include the following nine principles:

1. Empowerment of Families

The major emphasis of all project activities and efforts was the empowerment of families. Empowerment is operationally defined as the ability to identify needs, deploy competencies to mobilise resources to meet needs, and gain a greater sense of intrapersonal and interpersonal control over life events involving interactions with personal social network members (Bandura, 1978, 1982; Dunst, 1987, 1988; Rappaport, 1981, 1987).

2. Family Strengths and Capabilities

The project was based upon the premise that all families have strengths and capabilities that constitute resources that could be used to meet the needs of others, and that building upon strengths, rather than correcting deficits is the best way to strengthen and empower families. Additionally, it was a basic assumption of the project that all families have existing capacities and competencies as well as the ability to become more capable of managing life events if adequately supported and strengthened (Hobbs et al., 1984; Rappaport, 1981, 1987; Stoneman, 1985).

3. Enhancement and Promotion of Family Functioning

Primary emphasis was placed upon the enhancement and promotion of all aspects of positive family functioning as opposed to the prevention of negative outcomes or the treatment of a problem or disorder (Cowen, 1985; Hoke, 1968; Zautra & Sandler, 1983). A promotion or competency-enhancement approach to empowering families was chosen because it is more likely to lead to "greater individualisation and self-reliance, and less, not more, dependence" (Zautra & Sandler, 1983, p. 39) upon professionals for meeting needs.

4. *Informal Support Networks*

Informal support networks were viewed as primary sources of resources for meeting needs (Gottlieb, 1985), and building and mobilising informal support systems were seen as the ways of bringing people together for the purpose of exchanging resources (Hobbs et al., 1984). Formal sources of support were used only to the extent that informal sources did not have the necessary resources to meet family identified needs (e.g., medical treatment).

5. *Diversity Among Project Members*

From the very beginning, the project emphasised heterogeneity among the SHaRE members with respect to socioeconomic status, income, family structure, and so forth, despite the fact that the project was conceived primarily in response to two distinct social groups (families with disabled members and poor families rearing preschool and school-age children). This heterogeneity was emphasised for several reasons. First, broad-based representation highlighted the commonalities among project participants (i.e., all people have needs and strengths). Second, heterogeneous representation increased the likelihood that the network members would have the assets and resources that other members required to meet their needs. If, for example, only families from poor backgrounds were included as members, the needs of these families would be similar, and the resources required to meet those needs might not be available as part of SHaRE exchanges.

6. *Variety of Resources*

In contrast to many bartering and exchange programs that basically focus on the give-and-take of one service or product (e.g., respite care or companionship), few restrictions were placed on the types of resources that could be requested or exchanged; evidence suggest that the variety of resources available for exchange among personal social network members increases the likelihood of the flow of resources among people and groups (Hall & Wellman, 1985).

7. *Simplicity of the SHaRE Exchange Program*

Many bartering and exchange programs assign points and values to the types of aid and assistance that program participants exchange among one another. This was avoided as part of Project SHaRE in order to keep the exchange system as simple and normative as possible. Members involved in particular exchanges were allowed to decide among themselves what constituted a fair and equitable exchange. However, normative exchanges that promoted a sense of community were emphasised, rather than a business atmosphere surrounding the exchange of resources.

8. *Enabling Experiences*

The exchange of resources among Project SHaRE participants was promoted using a number of different types of enabling experiences. Enabling experiences were opportunities afforded participants as part of their participation in the project that emphasised the meeting of people with mutually identified needs, and the acquisition of knowledge and skills that promote social exchanges, the flow of resources, and the likelihood of future interactions.

9. *Contingent Helping and Reciprocity*

The exchange of resources among SHaRE participants was guided by two helping principles: contingent helping and reciprocity (see Dunst, 1987, 1988; Dunst & Trivette, 1987, 1988b). The provision of resources and support to one SHaRE member by another person or group was always made contingent upon the active involvement on the part of the project participant in terms of identifying needs and procuring resources, and the provision of a resource in exchange for what was received (i.e., reciprocity). Noncontingent helping was neither sanctioned nor approval. Skinner (1978) called non contingent helping unethical because it "postpones the acquisition of effective behaviour and perpetuates the need for help" (p. 251). Meeting needs is likely to have long-term positive effects only when individuals "take pride in their accomplishments [and] ascribe successes to their own abilities and efforts" (Bandura, 1978, p. 349). Therefore, major emphasis was placed upon *reciprocal obligations* as part of SHaRE exchanges. Reciprocity involved giving in order to receive, and occurs because in this culture debts are expected to be paid by persons who enter into exchange arrangements. By not allowing reciprocity, indebtedness accrues, and help becomes potentially harmful (Greenberg & Westcott, 1983).

Project Goal and Objectives

As previously noted, the major goal of the project was to enhance family well-being and other aspects of family functioning by enabling and empowering the family unit and individual members to meet needs in ways that were competency producing, which in turn made the families more self-reliant and less dependent upon formal sources of support. Project SHaRE activities were designed to accomplish the following major objectives:

1. Identify family needs as a basis for determining the resources necessary for supporting and strengthening family functioning.

2. Identify family strengths that constitute resources that could be exchanged for aid and assistance to meet family needs.

3. Develop a SHaRE Exchange Program as a basis for creating reciprocal interactions and obligations among project participants.

4. Promote linkages among SHaRE Exchange Program members by enhancing acquisition of competencies (e.g., resource procurement skills) that permit project participants to become better able to obtain aid and assistance necessary to meet needs.

5. Employ help-giving behaviours that enhance self-sufficiency and decrease the need to depend upon professional help givers for aid and assistance for meeting family needs.

6. Develop and refine an assessment and intervention model for promoting the families' ability to identify their needs and strengths, use existing and newly acquired competencies to mobilise resources, and engage in reciprocal exchanges that further strengthen family functioning.

7. Disseminate information about Project SHaRE and promote utilisation of the project materials as a way of replicating the SHaRE Exchange Program with other populations of families in other parts of the country.

Attainment of these objectives was expected to strengthen family functioning and result in enhanced self-esteem and self-efficacy with respect to procurement of resources to meet needs.

Description of the Project Participants

The project participants were divided into three separate groups. The first included families with a child who had a disability, or an individual adult with a disability. This group is hereafter referred to as the DD (developmentally disabled) target group. The second group included families from poor socio-economic backgrounds rearing a preschool or school-age child, families caring for a dependent adult, or an individual adult with extremely limited physical, financial, and other basic resources. This group is hereafter referred to as the AT-RISK target group. The third group included families or individuals from middle to upper socio-economic backgrounds. This group is hereafter referred to as the CONTRAST group.

Selected characteristics of the three groups are shown in Table 2. Examination of the data shows that the two target groups were remarkably similar on nearly all of the demographic measures. The subjects in the two target groups, on the average, completed less than a twelfth grade education, were from the lowest socio-economic background, and had gross monthly incomes that placed them below the poverty level. An analysis of maternal work status showed that only about 25% of the mothers in the two target groups worked outside the home compared to 83% for the CONTRAST group. Particularly noteworthy is the fact that less than half of the mothers in the target groups were married, and that about two-thirds of the mothers in the CONTRAST group were married. Overall, the DD and AT-RISK groups were best characterised as having limited personal resources and limited informal supports with respect to the existence of social ties and relationships.

In addition to the primary project participants, other individuals and groups participated in the project whenever needed resources could not be provided by

SHaRE members. These included physicians, dentists, pharmacists, store merchants, churches, and community groups who were willing to provide services (e.g., surgery, dental care) or products (e.g., prescription drugs, furniture) in exchange for a SHaRE member providing a service (e.g., house painting) or product (e.g., baked goods) to these help givers. In all but a few cases, a person or group could be located who had a resource that a SHaRE member needed and who was willing to enter into a reciprocal arrangement.

Table 2 Selected characteristics of project participants

		Group								
		DD			At-risk			Contrast		
Characteristics	N	Mean	SD	N	Mean	SD	N	Mean	SD	P-leve
Mother's age	43	39.02	15.07	34	30.79	12.43	30	36.23	11.17	.03
Mother's education	43	11.33	1.20	34	10.94	2.76	30	15.33	2.92	.0001
Mother's occupation level	43	0.95	1.62	34	0.78	1.19	30	5.60	2.42	.0001
Father's age	19	35.96	9.13	19	34.13	10.60	9	41.73	13.72	.09
Father's education	19	10.36	2.41	19	10.13	2.16	9	14.68	2.51	.0001
Father's occupation level	19	2.77	2.32	19	2.56	1.63	9	5.46	2.57	.0001
Socio-economic status	43	21.27	9.57	34	19.97	8.71	30	48.67	9.65	.0001
Gross monthly income	43	773.84	471.85	34	607.82	317.39	30	1964.14	685.91	.0001
		%			%			%		
Mother's work status (working)	43	73.00	-	19	81.00	-	9	91.00	-	.228
Mother's marital status (married)	43	28.00	-	34	24.00	-	30	83.00	-	.0001
Father's work status (working)	19	48.00	-	34	40.00	-	30	65.00	-	.128

Organisational Structure

Program Management Activities within the program management component of Project SHaRE included the specification of the project goal and objectives, development and refinement of the conceptual framework and service-delivery system, staff training and performance measurement, physical and human resource allocation, and the monitoring of activities within each of the other project components. The major function of activities in this component was to ensure that plans, methods, and strategies used to

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achieve project goals were carried out in ways that were consistent with the conceptual and philosophic assumptions upon which the project was based.

Public Awareness The major function of the activities in the public awareness component was to foster enrolment in the project by the target and contract groups. Local newspaper articles, distribution of the project brochure, a project poster, presentations to church and civic groups, recruitment letters, and individual contacts with potential project participants were the primary strategies used to promote project involvement.

Demonstration The major emphasis of the demonstration component of the project was to demonstrate how a SHaRE Exchange Program could be used to identify and meet needs in ways that supported and strengthened individual and family functioning. The demonstration activities of the project included methods and procedures for enrolment of project participants; for assessment of needs, strengths, and social support; for enabling opportunities that had competency enhancing influences; for network building and promotion of reciprocal exchanges; and for evaluation of the project by SHaRE participants.

Utilisation The major emphasis of the project utilisation activities was promoting and enhancing the adoption of strategies and techniques for building and mobilising informal support networks. The activities within this component included: the distribution and dissemination of information about the project to professional audiences; presentations at local, state, regional, and national conferences; work-shops describing the philosophy, methods, and expected outcomes for the project; publications on various aspects of the project; development of an instruction manual for persons and groups desiring to establish a SHaRE Exchange Program; and on-site training in methods for replication of the project.

Program Evaluation The major emphasis of the program evaluation activities for the project was to determine the extent to which goals and objectives were met, how well planned activities were carried out, and whether project activities had the anticipated effects on the project participants. The evaluation model defined four types of evaluation: context, input, process, and products (Stufflebeam, 1971). Context evaluation is concerned with the identification of unmet project participant needs, and the delineation of the goals and objectives to meet these needs. Input evaluation involves the identification of strategies and approaches for meeting needs, and the implementation of appropriate plans to meet family identified needs. Process evaluation involves monitoring the implementation of the plan, and the collection of data to determine when, how often, and the degree to which proposed activities were implemented as planned. Product evaluation is designed to assess the effectiveness of planned activities, determine whether or not anticipated goals and objectives were achieved, and last and most difficult, determine what factors or variables were responsible for observing changes (Campbell & Stanley, 1966; Cook & Campbell, 1979).

Operational Structure of the Project

The operational structure of the project was kept as simple as possible to increase the likelihood that the advantages and benefits of participation would be immediately realised. Enrolment of project participants was followed by an assessment of a number of aspects of individual and family functioning. Once needs and strengths were determined, strategies were used to both enhance the acquisition of competencies and promote resource mobilisation as a way of meeting needs. SHaRE exchanges were evaluated in terms of participant satisfaction and the accumulated influences that participation in the project had on individual and family functioning.

Enrolment The ways in which participants were enrolled in the project proved to be extremely important with respect to promoting active involvement. Enrolment always began with a full description and explanation of the project, with particular emphasis on the personal benefits that could be realised by a reciprocal exchange of resources as opposed to payment for services or resources. Additionally, the roles and expectations of both the SHaRE members and project staff were also described and discussed to ensure that participants fully understood the concepts of reciprocal obligations and contingent giving.

Assessment Procedures The procedures used to assess needs, strengths, social support, and family functioning were divided into two phases. In Phase I the project participants completed a number of self-report scales that measured the need for certain resources (services, products, information, etc.), adequacy of existing family resources (housing, job, medical care, etc.), and intra family resources (strengths) that could be exchanged for needed aid and assistance. Phase II involved the completion of a number of additional self-report measures that assessed social support, well-being, and other aspects of family functionings.

Needs and adequacy of resources were assessed by the Resource Exchange Scale (RES) (Dunst, Pletcher & Gordon, 1986), Family Resource Scale (FRS) (Dunst & Leet, 1987), and Support Function Scale (SFS) (Dunst & Trivette, 1988c). The RES measures the need for certain services (childcare, home maintenance, transportation, etc.) and products (food, clothing, tools, etc.). The FRS measures the degree to which existing resources (food, shelter, financial resources, childcare, etc.) are adequate in the household of the respondent. The SFS assesses the extent to which a respondent has a need for 12 different types of aid and assistance. All three scales were used as a basis for enabling project participants to identify concerns, translate concerns into need statements, and specify the resources necessary to meet needs. This was implemented as part of the interactions between project staff and project participants, during which staff employed interview techniques that created opportunities for families to engage in the process of needs identification (see Dunst, Trivette, & Deal, 1988).

The particular resources that project participants were able to provide in exchange for resources (services, products, etc.) furnished by other SHaRE members were identified using the Provision of Resources Scale (PRS) (Pletcher, Dunst, & Gordon, 1986). The PRS includes 35 categories and

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subcategories of services and products that project participants used to identify the contributions that they were willing to make as part of reciprocal obligations. The scale was also used for the development of a SHaRE Directory (see below) that was employed as part of competency enhancement activities.

The Inventory of Social Support (ISS) (Trivette & Dunst, 1988) was used to identify both the members of the project participants' social networks and the types of aid and assistance that were generally provided by network members. The ISS also provided a basis for determining the amount of support that was available to the respondent, and from whom different types of support are requested or offered. The scale was used not only for assessment purposes but also for network mapping and resources network mobilisation (see below) as part of exploring support source options for meeting needs.

The SHaRE members also completed a number of other scales primarily for program evaluation purposes. These included the Personal Well-Being Index (Trivette & Dunst, 1985), Personal Time Commitment Scale (Dunst & Trivette, 1985), Parent Rating Scale (Dunst & Bolick, 1985), and Family Inventory of Resources and Management (McCubbin, Comeau, & Harkins, 1981). All the scales and measurement tools were completed at entry into the project and at 6-month intervals thereafter.

Competency Enhancement The enhancement of competencies that were necessary for participants to engage in the reciprocal exchange of resources was accomplished using a number of different types of enabling experiences. The first involved nothing more than providing opportunities to discuss with project staff what project participants needed and what they could provide in exchange for the receipt of a product or service (see the previous *Assessment* sub-section).

The second strategy that was used to promote exchange of resources is best described as strengthening resource procurement skills. Enhancement of these skills always began with a discussion of the meaning of reciprocal obligations, what constitutes a fair and equitable exchange, what a SHaRE exchange involves, and what expectations are placed upon SHaRE Exchange Program members. This provided the necessary backdrop for all members to follow as part of participation in the project.

Modelling ways to arrange and engage in SHaRE exchanges was the primary strategy used for competency enhancement. Several types of modelling techniques were used. The first involved a project staff member and SHaRE participant approaching another person or group to arrange and engage in a reciprocal exchange. The second technique concerned the steps that were followed in using the SHaRE Directory to identify a person who had a resource that could be procured in exchange for another service or product. The third technique involved modelling how to call or approach another SHaRE member to arrange a SHaRE exchange.

A number of concrete materials were also used to increase the likelihood of arranging and engaging SHaRE exchanges. A simply written document, "Steps to SHaRE Exchanges", was provided to all members as a way of reminding them of their responsibilities in arranging and engaging in

exchanges. A SHaRE Directory was the primary tool used to promote the exchange of resources. The directory was organised much like the yellow pages of a phone book, with 35 categories of services and products, and the persons willing to provide those resources in exchange for other types of aid and assistance listed under each heading and subcategory; this directory was revised and updated every 2 - 3 months. In addition, on a monthly basis all SHaRE members received a newsletter that listed all new members and the resources that they could provide and offered useful information about arranging SHaRE exchanges. A bulletin board in the SHaRE office and an "Exchange File" also listed the directory information. Staff members were always available to show project participants how to use those resource guides for arranging an exchange.

Network Mobilisation The building and mobilisation of informal support networks in Project SHaRE was characterised by several features. The first involved network mapping and network building. This called for project participants to identify existing personal social network members as well as potential but untapped resources. The latter included SHaRE members, but also other persons and groups who might be willing to provide a needed resource in exchange for a service or product by the project participant. Network mapping was accomplished through the completion of both the Inventory of Social Support (see previous discussion) and project staff and project participant discussions designed to identify personal social network members whom they thought would be willing to engage in a reciprocal exchange.

The mediation of exchanges was accomplished by using the competency enhancement strategies described above. Promoting the project participant's understanding of the types of exchanges that were possible proved helpful in terms of the range of resources that were requested and offered. Most exchanges involved two parties, although occasionally three-party exchanges were used to meet the SHaRE member needs. Two-party exchanges involved a person seeking resources to meet his or her needs directly interacting with another person or group as part of arranging a SHaRE exchange (Tobin & Ware, 1983). A three-party exchange involved the person seeking resources providing a resource to a second party who in turn provided a resource to a third party, who then in turn provided a resource to the person initiating the exchange. Three-party exchanges were necessary whenever a mutual agreement could not be reached between a SHaRE member and another party; although project staff were generally involved in arranging three-party exchanges, many SHaRE members learned to arrange these more complicated exchanges themselves.

Three types of exchanges were mediated by SHaRE members once they acquired the necessary competencies to arrange exchanges and had broadened their perceptions of their informal support network. The first involved two SHaRE members arranging an exchange between each other. This type of exchange was promoted through use of the SHaRE Directory and other project resource guides. The second involved a SHaRE member arranging and engaging in an exchange with a non SHaRE member whom the project participant already knew, and with whom the project participant already knew, and with whom that person generally had a close personal relationship

(e.g., friend or relative). Once the benefits of SHaRE exchanges were realised by project participants, they often used the methods and strategies for arranging reciprocal exchanges to obtain and provide resources with their informal network members. The third type of exchange involved a SHaRE member exchanging resources with a non SHaRE member whom the person did not know, but who was willing to be involved in a reciprocal exchange. This usually involved a physician or service merchant who was the only individual able to provide a resource (e.g., prescription medicine) needed by a project participant. A project staff member was usually involved in assisting the SHaRE member to arrange this type of exchange. The extent to which SHaRE members' needs were met on a continuous basis was, in part, determined by their abilities to mediate and engage in these various types of exchanges.

Network building and mobilisation were found to occur most often in situations where the SHaRE members and project staff were able to work together in a partnership capacity. Partnership not only provided the mechanism for competency enhancement, but also provided the necessary environment for support and strengthening family functioning. Staff-to-SHaRE member collaboration was often the basis for project participants eventually becoming able to engage in independent exchanges.

Exchange Evaluation Ongoing evaluation of SHaRE exchanges was conducted in a number of ways. First, each exchange was evaluated in terms of whether it was completed as planned and whether it was done in a timely manner. Second, each exchange was evaluated with respect to whether it was independent (without any staff involvement), assisted (staff helped only to identify a support source), or arranged (staff initiated and arranged the exchange). Third, each exchange was evaluated in terms of whether the persons giving and receiving resources were satisfied with the outcome of the exchange. Fourth, the personal benefits accrued from each exchange were determined by maintaining case records of the descriptions provided by SHaRE members in terms of self-esteem, well-being, self-efficacy, and any other interpersonal benefits resulting from participation in the project.

Staff Roles and Responsibilities

As one might suspect, the roles and responsibilities that staff assumed as part of assessment, competency enhancement, and network mobilisation activities were quite different compared to those typically employed in human service programs. Six major roles evolved from efforts designed to attain Project SHaRE goals and objectives. Each and every contact with a family usually involved a staff member employing several of the different roles simultaneously.

Empathetic Listener The role of the empathetic listener involved the use of active and reflective listening skills in order for the staff member to both learn about the families' needs and strengths, and develop trust and rapport. Staff members used empathetic listening skills with SHaRE members during home visits, office visits, phone contacts, and any other time the staff member interacted with project participants. The staff *listened* to the persons' concerns and needs, past histories with respect to their successes and failures in getting

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needed help, problems encountered in arranging exchanges, and so forth. In some instances, this was the only role that was used when a family wanted only to share their concerns rather than to take action at a particular time. In most instances, the empathetic listener role was used as a basis for determining what other roles needed to be used with the family.

Resource One of the most important roles that SHaRE staff members assumed was that of a resource to the family. In this capacity, the staff member functioned as a source of information about available supports and resources that the family could use as possible ways of meeting needs. This is especially true with regard to the types of services and products that were available as part of SHaRE exchanges. Families often were not aware of the types of aid and assistance that could be obtained in exchange for needed resources. In a resource capacity, the staff member functioned as a natural clearinghouse of information about Project SHaRE, different types of products and services available from SHaRE members, and so forth.

Consultant In the consultant role, the SHaRE staff member provided information and opinions in response to requests made by the family or individual family members. Information was provided to families in order to help them make informed decisions about how best to go about meeting their needs. As a consultant, the SHaRE staff member answered questions about the project, explained the benefits of using informal support networks and reciprocal obligations, participated in discussions with the family that promoted a sharing of information to learn about needs and strength identification and the meaning of social support networks, and mobilised resources to meet needs.

Mobiliser In the mobiliser role, the SHaRE staff member not only made the family aware of potential but untapped resources and helped them acquire the ability to mobilise support and access resources, but additionally linked the family to others (individuals or groups) that could provide new or alternative perspectives about ways to meet needs. As part of the process of helping families identify persons in their personal social networks and the SHaRE Exchange Network, staff members and the family explored ways in which individuals and groups could be used as a source of aid and assistance. As a mobiliser of personal social support networks, the staff member worked to bring together the individuals needed in order for the family to gain access to resources and support.

Enabler Beyond a familiarity with various services and programs, SHaRE members needed to be able to acquire those resources. As an enabler, the staff member created opportunities for families to gain experience in obtaining resources and support. In this capacity, the staff moved beyond simply making SHaRE members aware of services and products to helping them become effective and successful in acquiring resources and support. The critical element in performing this role was that the project participants become able to take action rather than needing the staff member to act for the family.

Mediator In instances where families had experienced many negative encounters with their personal social network members, it was necessary for the SHaRE members and project staff to work directly with individuals or

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groups in a manner that promoted co-operation between the respective parties. One of the purposes of these encounters was to encourage more positive, task-oriented, and mutually reinforcing exchanges between the family and other network members. Mediating interactions and exchanges between the family and others was a function that was performed only long enough for the family to develop its own capacity for mobilising support and acquiring resources more effectively.

Promoting the ability of staff to engage in these different roles as well as to shift from one role to another occurred primarily through on-the-job training and experience combined with numerous and repeated case reviews that explored why certain efforts to enhance exchanges succeeded or failed. The opportunity to explore staff roles and discuss their applications and implications proved extremely helpful as part of improving the day-to-day implementation of project activities. Staff with differing years of education from differing disciplines and backgrounds have all been able to learn these roles, but only if they fundamentally believed that the goal of intervention with families should be competency enhancement, and not simply non-contingent provision of missing resources (Maple, 1977; Skinner, 1978).

Problems and Challenges

Five major problems continually surfaced with respect to implementation of the project. The first problem related to certain beliefs held by members of the two target groups, particularly those who had a long history of involvement with social agencies and human services programs that engaged in non contingent helping. More specifically, a number of people who enrolled in the project expected to be provided with whatever resources they needed, and failed to recognise the importance of reciprocal obligations. These individuals would arrange exchanges and obtain resources without fulfilling their reciprocal obligations. It became clear from interactions with these persons that the passive acceptance of services had become a learned expectancy, and appeared to be the direct consequence of the types of professional service-delivery systems that they had become dependent upon for provisions of needed resources. Continual dialogue with these SHaRE members proved necessary to instil the value and importance of reciprocal obligations as a part of each and every SHaRE exchange.

The second problem also involved a sizeable number of project participants in the two target groups. During the assessment process that was used to identify individual and family strengths, there were many persons who literally stated that they did not have any resources from which they believed others might benefit. Comments like, "There isn't anything I can do for someone else," and, "Nobody would want anything from me," were quite common from the family members when assessing personal and family assets and strengths. Apparently, based upon conversations with these people, these negative images about themselves had been learned as well. These individuals generally described their interactions with others (particularly professionals) in terms of being told what they could not do, rather than what they were capable of doing. It was not uncommon for these individuals to tell project staff that they were the first professionals who had ever said anything good about

their families or conveyed the belief that they had competencies and strengths that would benefit others. The solution to this problem required continual dialogue and interaction between project staff and SHaRE members as a way of making them aware of their capabilities and competencies and supporting them to use strengths and mobilise resources.

The third problem that was encountered was somewhat unexpected and proved to be particularly difficult to resolve. It involved a number of members of the contrast group and members of community and civic groups that participated in the project. These individuals were primarily from upper-middle and upper class backgrounds who had adequate personal resources, and who indicated that they participated in the project to fulfil a civic duty. Whenever these individuals became involved in an exchange with a target group member, particularly a very poor family with extremely limited resources, the more affluent family not only refused to accept a resource in exchange for their assistance (reciprocal obligations) but also wanted to assist by providing other missing resources (non-contingent giving). This opposed every principle upon which the project was based, and upset the target group members because they were not permitted to reciprocate. Although most individuals were able to understand how they would be defeating the purposes of the project if they provided resources non-contingently, a few eventually needed to be removed from the SHaRE membership rolls because they were so insistent upon non-contingent giving.

The fourth problem related to maintaining interest and involvement in the project. Project staff quickly became aware of the fact that active participation waned if certain activities were not implemented to promote exchanges once initially identified needs were met. A number of strategies were used to overcome this problem, including monthly phone calls to the project participants, the distribution of a monthly newsletter, occasional letters providing information about new exchange opportunities, and the frequent updating and distribution of the SHaRE Directory. The secret to maintaining ongoing involvement of project participants seemed to be at least twice monthly contact using different means.

The fifth problem related to a program evaluation issue. One outcome measure used to judge the effectiveness of the project was the number of independent exchanges completed among SHaRE members. This information was obtained through direct, phone, and written (post cards) contacts with the project participants. As part of the efforts to obtain this information, an interesting problem surfaced that posed a dilemma between ensuring project success and the ability to document project efficacy. A large number of project participants who learned the benefits of using informal exchanges for meeting needs began using the principles of reciprocal obligations and contingent helping in other aspects of their lives with neighbours, friends, and relatives. These exchanges became such a natural part of their day-to-day activities that they often failed to report when an exchange transpired. While this did not attest to the success of the project, it also posed a problem in terms of documenting project efficacy.

SUMMARY OF PRELIMINARY FINDINGS

A multi method, multi trait approach is being used to evaluate the efficacy of the project. This approach allows for independent demonstrations of the extent to which the project activities have anticipated impacts (Campbell & Stanley, 1966). The methods that are being used to evaluate the project include comparative group analyses, multi variate regression procedures, single-subject research designs, and case study methodologies. Data is being analysed in terms of the extent to which the DD and AT-RISK groups are similar or different from the CONTRAST group on the needs and resources measures; whether there are changes in the needs of project participants over time; whether the project participants become more capable of mobilising resources to meet needs; whether there are discernible changes in the structure of the project participants' social networks, adequacy of resources, and a social support; and whether enhancement of the participants' competencies influences personal well-being, family well-being, and other aspects of individual and family functioning.

Table 3. Needs, adequacy of resources, and strengths scores for the three groups of project participants

	Group									
	DD			At-risk			Contrast			
Measure	N	Mean	SD	N	Mean	SD	N	Mean	SD	P-level
Resource Exchange Scale[a]	44	8.29	4.34	35	8.77	4.59	30	6.03	4.06	.03
Family Resource Scale[a]	44	92.45	20.18	34	89.67	24.19	30	108.40	17.67	.0001
Support Functions Scale[a]	35	21.43	9.06	29	21.07	10.56	24	14.37	8.51	.01
Provision of Resources Scale[b]	45	15.13	10.56	34	18.88	10.02	32	13.28	8.16	.06

a   Higher scores reflect a greater number of needs

b   Higher scores reflect a willingness to exchange a greater number of products and services for needed resources.

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Comparative Analysis

The extent to which the three groups of project participants (DD, AT-RISK, CONTRAST) were similar or different on a number of different demographic variables was shown previously in Table 2. Table 3 shows the results of the comparative analyses for the DD, AT-RISK, and CONTRAST groups on the Resource Exchange Scale (Dunst, Pletcher, et al., 1986), the Family Resource Scale (Dunst & Leet, 1987), the Support Function Scale (Dunst & Trivette, 1988c), and the Provision of Resources Scale (Pletcher et al., 1986). As Table 3 shows, the DD and AT-RISK groups had very similar scores, and when compared to the contrast group had more needs and less adequate resources. These results simply reflect the fact that the two target groups faced more challenges at the time of entry into the project, which was not surprising given the characteristics of the families in these groups.

Number of Needs Met

An anticipated finding was that the needs of the project participants would decrease as a result of the time they spent in the project. This anticipated decrease was expected to reflect that participation in the project promoted an exchange of resources that resulted in the provision of aid and assistance necessary to meet needs.

Available data was analysed using a 3 Between Group X 3 Time Period repeated measures analysis of variance design. The between factor included the subjects in the DD ($n = 21$), AT-RISK ($n = 14$), and CONTRAST ($n = 13$) groups. The time period factor included the data collected at entry into the project and at 6 and 12 months following entry. The dependent measure was the Resource Exchange Scale (RES) (Dunst, Pletcher, & Gordon, 1986). The RES specifically measures the need for 18 types of services (e.g., child care, house cleaning, transportation) and 14 types of products (e.g., food, clothing, furniture). The sum of the service and product needs yields a total needs score.

The analysis for the total needs score yielded a significant main effect for the time period, $F(2,90) = 8.07$, $p<.001$. As expected, there was a decrease in the mean number of needs from entry ($M = 7.53$) to the 6-month ($M = 6.36$) to the 12-month ($M = 4.09$) data collection points. The analysis of the service needs data also produced a significant main effect for time period, $F(2,90) = 5.55$, $p,.01$, again showing a decrease in needs over time. The analysis of the product needs data yielded a main effect for groups, $F(2,39) = 4.31$, $p<.02$, and a main effect for time period, $F(2,90) = 5.08$, $p<.01$. The CONTRAST group had half as many product needs ($M = 1.82$) compared to either the DD ($M = 3.76$) or AT-RISK ($M = 3.79$) groups. There also was a progressive decrease in the number of product needs over time.

Taken together, these results indicated that despite the fact that the target groups had more needs and less adequate resources at the time of entry into the project, the DD and AT-RISK groups nonetheless benefited in the same way as the CONTRAST group did as a result of engaging in reciprocal exchanges of resources.

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Percentage of Needs Met

As the project participants became more capable of engaging in reciprocal exchanges, project staff expected that the percentage of needs that were met would increase over time. This increase was hypothesised to reflect a greater capacity to locate needed resources and arrange an exchange that would result in the exchange of resources necessary to meet needs.

The data was analysed using a 3 Between Group X 3 Time Period repeated measures analysis of variance design with the percentage of needs met as the dependent variable. The percentage of needs that were met were computed for the total scale scores, and services and products subscale scores, on the Resource Exchange Scale (RES) (Dunst, Pletcher, et al., 1986). The analysis of the percentage data for the total RES scores yielded a main effect for the time period, $F(2,90) = 6.10$, $p<.01$, as did the analysis for the percentage of product needs met, $F(2,90) = 2.82$, $p<.06$. In every case, the percentage of needs met increased during each time interval, confirming expectations that the project participants would become more able to meet the needs as a result of engaging in reciprocal exchanges. The results for the percentage of total needs met, for example, increased from 53% to 57%, to 63%, over the course of the first 12 months of participation in the project.

Percentage of Independent Exchanges

One of the major measures of the success of the project was predicted to be the increase in the ability to independently arrange and engage in reciprocal exchanges. This was determined as part of program evaluation efforts by assessing the percentage of all exchanges that were independently arranged by project participants. A 3 Between Group X 6 Time Period repeated measures analysis of variance was used to test for changes in the types of exchanges that transpired over time. Data was available for six 2-month time intervals, beginning from program entry to 12 months. Two different dependent measures were computed: 1) the percentage of independent exchanges for each 2-month time interval, based upon the total exchanges for that interval (Total Number of Independent Exchanges for the 2-Month Time Period/Total Number of Exchanges for the 2-Month Interval), and 2) the percentage of independent exchanges for each 2-month time interval based upon the total number of exchange for the entire 12-month period (Total Number of Independent Exchanges for the 2-Month Interval/Divided by the Total Number of Exchanges for the 12-Month Period).

The analyses of the data yielded significant main effects for both the 2-month, $F(5,315) = 8.07$, $p<.001$, and the 12-month, $F(5,315) = 4.67$, $p<.001$, percentage of independent exchanges measures. Overall, there was a 20% increase in independent exchanges from the first 2-month to the last 2-month interval for the percentage data based upon each 2-month interval. Similarly, there was a 12% increase during the same time period for the percentage data based upon the number of exchanges for the entire 12-month interval. Both analyses demonstrated that, regardless of group membership, *all* project participants became better able to independently arrange exchanges to meet their needs.

SUMMARY AND IMPLICATIONS

The description of a model demonstration project for building and mobilising informal family support networks constitutes the focus of this chapter. Project SHaRE was developed and operated as a resource exchange program based upon the principles of reciprocal obligations and contingent giving. Reciprocal obligations involved giving services and products in exchange for receiving needed resources, and was the basis for developing a sense of "community" among the project participants. The exchange of resources was done in a contingent manner so that project participants were actively involved in identifying and mobilising support and resources. The goal of the project was to enable and empower families to identify their needs and strengths, employ strengths as a basis for mobilising resources to meet needs, and help families acquire the capabilities necessary to become more interdependent and self-sustaining. Project SHaRE differed from other family support programs in several important respects, the methods and outcomes of which suggest alternative ways to go about enhancing community support and promoting family development among populations typically provided resources non contingently. The project proved effective in terms of influencing a number of aspects of family structure and functioning.

The material described in this chapter has implications in at least three areas: policy, practice, and research. The lessons learned from Project SHaRE point to the necessity for using a backward mapping approach for developing programs designed to build supportive communities (Dokecki & Heflinger, 1987; Elmore, 1979-80). In this approach, policy development begins at the consumer level with knowledge of what consumers need and what organisational structures are required to be in place in order for consumer specified outcomes to be realised. This is what Project SHaRE did in order to be responsive to the desires, needs, and hopes of the project participants. This approach was based upon "an empowerment model of human services as a substitute of the paternalistic model that has dominated human service delivery during this century" (Swift, 1984, p. xi). Building family and community support programs from this alternative perspective reverses the trend and pervasive belief that experts should decide not only what people need but what they can have by enabling and empowering families to take control over important events in their lives (Dunst et al., 1988c; Rappaport, 1981). A shift in policy toward an empowerment model should prove to be successful in developing and building family support programs.

The lessons learned from Project SHaRE have a number of implications for practice. First, to be successful, resource mobilisation should be needs-based, family identified, and consumer driven. Second, major emphasis should be placed upon building on family capabilities as a way of strengthening family functioning and promoting supportive resource exchanges. Third, to the extent possible, exchange of resources that enhances a sense of community should occur among individuals and social groups that involve the coming together of people around shared interests and common causes. Fourth, professionals who interact with families concerning each of the above should not mobilise resources on behalf of the families but rather should create opportunities for them to become better able to do so for themselves.

Collectively, these principles of practice constitute a unique way of supporting and strengthening family functioning (Dunst et al., 1988c).

The experiences from Project SHaRE have at least one major implication for researchers involved in documenting the effects of building and mobilising family support systems. Applied research like that conducted as part of Project SHaRE must be multi method and multi trait in order to fully describe and depict the influences of project activities. On the one hand this means the use of a variety of research methodologies for studying project impact, and on the other hand means the use of a range of behaviour indicators that reflect predicted outcomes. Efforts to document the efficacy of Project SHaRE, as well as other family support demonstration projects, demonstrates that only a broad based and wide scoped research approach can provide the necessary lens from which to see all that occurs in this type of support building initiative.

The message that the authors wish to convey was perhaps best stated by Wilkinson (1980) in a presentation made at a meeting of the Family Services Association of America. He noted that:

> In a (supportive) community, people are interdependent; everyone has a function and everyone has a role to play, and that's what keeps the people together and forms a community. When outsiders run things, suddenly no one in the ... community has any function or role because everyone is controlled by outsiders. As a result people tend to be worth little or nothing to each other.

Supportive community building is what Project SHaRE has been all about.

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