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HELPING NETWORKS and HUMAN SERVICES

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Chapter 1

INTRODUCTION

Since the turn of the century, the public sector in the United States has taken on a growing list of responsibilities for addressing the social and health needs of citizens. While in earlier times problems were handled in the public sector only by exception, the last half-century has witnessed an expansion in the role of the state as a guarantor of public well-being. The state is now expected to play the leading role in the planning and provision of human services.

The assumption of greater public responsibility for human needs may have proceeded to the point where we have lost sight of the substantial role that informal caregiving and mutual aid still play in the daily lives of clients and those who manage not to become clients. We may forget that family members, friends, neighbors, clergy, storekeepers, bartenders and others who might be labelled "just plain citizens" often comprise an informal circle of helpers for a person experiencing problems and that formal help from agencies and trained professionals is sought only as a last resort (Gourash, 1978; Kulka, Veroff & Douvan, 1979).

Amid predictions of a breakdown of traditional social bonds and popular characterizations of the "me" generation of the 1970s, evidence that personal relationships in everyday life remain the primary source of caring for people can be looked on with optimism. Growing recognition of this fact has called into question the prevailing view of the residual role of the private, voluntary sector in

social policy, and has given rise to increasing debate about the appropriate boundaries of human service organizations (see National Commission on Neighborhoods, 1979; President's Commission on Mental Health, 1978; Wingspread Report, 1978). Although expressed in a variety of terms, the debate centers around the question of responsibility for care. One side emphasizes the need for family and community responsibility, while the opposition calls for state intervention and public responsibility. It seems clear, however, that no one source of care—public, private, or voluntary—can by itself adequately meet the needs of dependent populations; that scarce resources will not support an indefinite expansion of public commitments; and that neither large scale public retrenchment nor public takeover constitutes a feasible course of action. Finding ways to share the responsibility for care between the public and private sectors and between family and state has become a more desirable goal to many (Moroney, 1980; Parker, 1980).

Sharing Responsibility for Care

This book begins with the assumption that shared responsibility for care is possible and sets about the task of exploring what that can mean in program design and policy. We will explore the idea that professionals can and should develop mutually beneficial ways to combine their skills with the strengths of informal helpers in providing a system of community care for people in need.

Our discussion draws primarily from the findings of a two-year study we conducted to identify and assess program strategies which human service agencies might adopt to collaborate with informal helping networks. We looked at thirty agencies that had developed innovative programs to address the needs of such populations as the elderly, the physically and developmentally disabled, children, youth and families, and the mentally ill, as well as serving the wider community. In selecting programs for study, our concern was not to be comprehensive or even representative, but to provide insights into the range of problems encountered and the strategies being employed in order to develop a framework for further definition and refinement of practice in this area. The agencies comprised a diverse and rich mix of program examples from urban and rural settings across the United States. Some operated under public auspices and others as private nonprofit agencies. They varied widely in such

factors as funding sources, size, and length of operation (see Appendix A for a complete discussion of the sample characteristics and methodology of the study).

We visited these agencies, talked to staff members and informal helpers, and studied reports. We wrote up case studies on each agency, trying to be as faithful to the spirit of the program as we could and using their own words whenever possible. We have incorporated excerpts from these case studies throughout the book, setting them off to make them obvious and numbering them so that it would be possible for a reader to trace which excerpts came from a particular case. Appendix B provides a listing and brief description of the cases.

In addition to lessons derived from agency experience, we also draw on relevant literature in order to provide a framework of important concepts which underlie our specific findings. We have adopted a broad perspective on the issues raised by the experiences of these thirty agencies in order to fully reflect the possibilities of this emerging field of practice. In this chapter we will set out the foundations of this perspective by discussing the importance of helping networks, outlining the differences between formal and informal helping and presenting the basic elements for a new collaboration between human services and helping networks.

The Importance of Helping Networks for Individuals and Communities

We have chosen to use the shorthand term "helping networks" to describe a wide range of informal helping activities that staff in the agencies we studied have sought to identify, support, and reinforce. Our use of the term is more than a convenience, however, since we believe that emphasizing informal helping within the context of a *network* of relationships has distinct conceptual advantages to more traditional ways of viewing social relationships. The concept of a network in its most general form draws our attention to the *structure* of relationships among a set of actors as well as the specific *exchanges* which take place among them and the *roles* they play with each other. Networks describe social relationships in fairly concrete terms. Fischer (1977:33) has described networks as "a specified set of links among social actors."

A network can only be described after criteria have been determined for defining what types of relationships are of interest. These

may be the relationships that one individual has with others in a personal network, or the ties that link a number of "nodes," where the nodes may be some combination of individuals, families, groups, organizations, or other social units. This way of viewing social relationships focuses on the actual interactions of daily living, the specific relationships that constitute a primary group or support system. It does not imply awareness on anyone's part of a role or status vis-à-vis another person, nor does it imply that the actions of various persons are organized, interdependent, or directed to a common goal. They may be any of these things but they need not be in order to be described in network terms. For a practitioner in an agency contemplating an intervention at the client or community level, analyzing the situation in network terms offers the dual advantages of specificity in terms of actors and actions and an absence of confining categories which can lead to a priori decisions as to who should or should not be important.

Friendship, the exchange of advice and support, patronage, and referral are examples of the types of relationships which can define a particular network. Our study defined the relevant focus of a *helping* network as that set of social relationships which provide care, support, and other forms of assistance for people who experience social and health-related problems of the sort which might also be of concern to human service agencies. Even the most socially isolated individuals and the most anomic communities seem to have a few relationships of this sort. We all use our networks when we need information or special assistance. In turn, our networks influence us by channeling and shaping the kinds of information we take in. They also require certain forms of reciprocation as well as the ongoing effort of maintaining the linkages. Networks are a part of our sense of who we are.

In addition to shedding light on the actual resources available to an individual or community, a network perspective reveals the patterned regularity that underlies the apparent randomness of daily interaction. Interconnecting relationships among individuals are important for understanding the whole network, and have consequences for the members even when these patterns are not apparent to those within the network. As Paul Craven and Barry Wellman (1973:69) note, "Upon meeting for the first time, members who have been up to that point only indirectly linked in the network may find that they have many friends or acquaintances in common

and have been, unawares, sharing information, norms and values for a long time." Many of the "small world" experiences we all have are not so much examples of chance and coincidence as they are illustrations of the pathways within networks. This structural stability is, of course, an important source of predictability for individuals, but it also provides a firm foundation on which programs which interweave formal and informal helping can be built.

Evidence culled from a wide range of fields of study suggests the general importance of informal helping networks to individual health and well-being in a variety of situations relevant to human services professionals. The influence of a network on the individual is multifaceted and has the potential for negative as well as positive effects. Informal caregivers in an individual's personal network, made up of family, friends, and neighbors, remain the primary reference point for those seeking and obtaining help (Gourash, 1978). Studies conducted over the last several decades show this source of help to be relatively unchanged in its dimensions (Kulka, Veroff & Douvan, 1979). An individual's social network is a major factor in defining the nature of problems, providing help, influencing what sources of outside help will be obtained, and aiding in adjustment to a wide range of acute and chronic problems (Froland, 1979). Moreover, individual reports suggest that the help received from family, relatives, and neighbors is about as helpful as that received from professionals (Lieberman & Mullan, 1978) and, in some instances, more helpful (Eddy, Paap & Glad, 1970). Informal helping networks are well suited for providing concrete advice, emotional reassurance, an immediate response, long term caring, and everyday assistance (Litwak, 1978a).

Evidence that informal helping continues to be important to people is also found when one looks at the informal helping networks found among neighborhood groups and mutual aid or self-help groups. Grassroots groups have increased dramatically over the last several decades; a recent poll shows that more than 50 percent of urban dwellers had participated in local group efforts (Gallup, 1978). Self-help and mutual aid groups have proliferated to the extent that they may well number in excess of several hundred thousand (Katz & Bender, 1976).

The functions performed by informal associations are diverse, meeting both individual and collective needs for social integration. Mutual aid groups provide a forum for sharing common problems,

experiences, and interests wherein the credibility of "having been there before" serves to provide support, reassurance, and identity for members (Durman, 1976). Collectivities formed because of shared backgrounds or present circumstances offer a vehicle for "reciprocal helping" (Abrams, 1978; Bayley, 1978) in which the distinction between those being helped and those helping is ignored and an emphasis is placed on mutuality and shared effort. Participants are not viewed as "cases" with "presenting problems," but rather as experts on their own situations with much to offer one another in a common task. Further, the functions of local primary groups, or "social blocs" as they have recently been called, are prized as a mediating factor in relating individual experience and influence to larger social institutions (Berger & Neuhaus, 1977; Janowitz & Suttles, 1978). Whether this takes the form of advocacy in relation to a local issue (such as "redlining" or zoning policies), lobbying for the needs and rights of a specific subpopulation (e.g., educational policies for handicapped children, transportation for the elderly), or simply being represented in decisions about local policies and programs, rights and responsibilities. The position taken here is that

> by themselves, bureaucratic norms, universalistic standards and the ideals of democracy seem uncompelling unless they are endorsed . . . in the smaller confines in which individuals can feel the consequences of their action . . . (and) experienced as consequential for others who are sufficiently close to arouse "empathy." . . . It is in the local community that individuals have the opportunity . . . both to internalize and aggregate the diverse gains and costs of public policy [Janowitz & Suttles, 1978:88].

This broad-ranging review reveals both the diversity and flexibility of the concept of informal helping networks. The concept encompasses a wide variety of different types of relationships and kinds of exchanges from psychological to political. It suggests that a richer and more realistic view of the resources available to people is possible and can be brought to bear more systematically in reaching human service objectives when networks are taken into account.

Relating Professional Services and Informal Helping Networks

Professionals are currently developing or modifying models of practice which by various means recognize and incorporate the

implicit roles that networks may perform with respect to individual clients, organizations, communities or neighborhoods. These changes have most often been motivated by a philosophical belief in the importance of personal relationships for client well being and developed through a process of discovery and innovation in the course of providing services. Since relatively few have been guided by available research evidence regarding the functioning of helping networks, the emerging models of practice tend to be hybrids of conventional service delivery strategies which have been modified to incorporate network ideas (see reviews in Erickson, 1975; Parker, 1977; Schon, 1977; Trimble, 1980).

While we often think of the efforts of human service agencies to work with informal helping networks as a recent innovation, there are in fact a number of historical antecedents with similar aims. For example, at the turn of the century, settlement house workers discussed the feasibility of enlisting neighborhood representatives who were performing key helping roles informally (Coit, 1892); now we speak of enlisting "indigenous leaders" or "natural helpers" (Collins and Pancoast, 1976). In 1915, a "social unit plan" was proposed which would establish working relationships between representatives of groups having special skills or service knowledge with representatives of small, primary groups of local residents (Lubove, 1965); now we see proposals for "community empowerment" or "mediating structures" which embody the same principles and intentions for working with local communities (Berger & Neuhaus, 1977; Biegel & Spence, 1978). Reviews of the history of community grassroots efforts (Cox & Garvin, 1972; Perlman, 1976; Smith & Freedman, 1972), self-help and mutual aid groups (Katz & Bender, 1976) and work with paraprofessionals or nonprofessionals (Gershon & Biller, 1977; Levine, Tulkin, Intagliata, Perry & Whitsun, 1978) show that there has been a persistent fascination with the idea of relating formally organized services to informal sources of help.

Perhaps the main stumbling block faced in trying to find ways to link professionals and informal helpers is that they have potentially radically different understandings of what care means. In finding linkages, we are asked to cross invisible boundaries between the organized and the communal, "the public world of the bureaucrat and the private world of mothers" (Abrams, 1978).

The formal world of organized, professional services is largely comprised of services that are publicly mandated or sponsored

whether they are state-administered or provided through chartered intermediaries such as private nonprofit organizations. As such, formal care also includes private practice, when controlled either by regulation or reimbursement, as well as services provided by voluntary organizations which receive governmental financial support either directly or indirectly through tax transfers. Formal services operate under a system of explicit categories for assessing need or eligibility, formal rules of procedure, specialization and formal coordination among helping roles, definitions and expectations associated with client or consumer status, consistency of standards for treating problems independent of personal characteristics of the client, and objectively stated criteria for what constitutes success or progress.

These formal prescriptions governing who is helped and how help is given stand in contrast to the rules that implicitly govern the informal care provided by kin, friends and neighbors, indigenous or natural helpers, and informal self-help or mutual aid activities. Informal helping is voluntary and is relatively unorganized and spontaneous (Wolfenden Report, 1978). It is not a one-way activity but a mutual flow which involves the receipt of help as well as giving. Help is provided as part of a continuing set of mutual exchanges that comprise a larger system of rights and obligations within a primary group, neighborhood, or culture (see Lenrow, 1976; Riessman, 1976). Expressed in terms of classical sociology, the distinction draws from the contrasts posed by Weber between bureaucratic versus primary group relations (see Litwak, 1978b) and from Parsons's pattern variables characterizing action based on universalistic versus particularistic criteria (see Abrams, 1978).

An attempt to link formal and informal modes of support is likely to result in a clashing of two different cultures: one seeking the reliability of formal rules and routine procedures, the other emphasizing the privacy of unspoken rules and spontaneous activity (Abrams, 1978). Norms of exchange, conceptions of problems and solutions, and beliefs about authority and responsibility are considerably different and potentially at odds. These theoretical representations of the contrast between formal and informal support suggest that attempts to combine the efforts of each type of support will always encounter basic conflicts (Froland, 1980).

By and large the two worlds of care *are* separate and independent most of the time. People generally meet most of their daily needs

through informal relationships and expect to "play by the rules" when they choose (or are forced) to rely on formal sources of help. However, there are also many instances in which these distinctions are blurred or where the need arises to achieve a blend of the characteristics of the two types of care: when a local group of priests requests family life education sessions from a family service agency for parishioners; when an agency providing home-based services for the elderly receives a request for a homemaker but does not want to disturb the web of informal caring already in place; when a self-help group decides to seek funding from the United Way in order to hire a staff person and publicize its activities; when a settlement house decides it has lost touch with a neighborhood and wants to reestablish a presence.

Clearly, it is not impossible for formal and informal sources of support to complement each other; indeed, as Litwak (1978a) has argued, exchange between both types is necessary in dealing with the various tasks of care. Such an exchange, however, depends for success on a better understanding of what each side has to offer the other.

Evidence reviewed earlier shows that informal helping networks have been considered fundamental as a first line of defense and as a building block for social integration. However, informal helping also has a number of limitations. When compared with the standards of care that prevail within formally organized services, informal helping networks simply do not provide enough care for enough people. Not everyone has a caring social network, ties with a neighborhood, or an inclination to participate within a network of mutual aid. In addition, the particularism of informal helping networks can be exclusive as well as inclusive. Continuity and reliability of care within the informal system of family, caring neighbors, and devoted friends can also be problematic, as limited knowledge about problems and lack of resources undermine the ability to be of assistance. An ongoing need for aid may lead to feelings of being burdensome and subsequent rejection or withdrawal of support. Collective efforts often have a short life, withering when membership changes or interest wanes. Further, the informal quest for empowerment can lead to disenfranchising other groups with different interests in the competition for power and resources. Finally, the emphasis on self-reliance and independence can often obscure broader concerns for social welfare (Janowitz & Suttles, 1979).

One line of argument holds that the present constitution of governmental and professional services is a direct response to the failures of the informal sector (Wolfenden Report, 1978). The formal sector emphasizes equity in the coverage and provision of care. Programs are established to promote the transfer and diffusion of risks to relieve the burden of chronic and catastrophic situations. Organization permits the development and efficient use of specialized resources, while systems of accountability and electoral representation provide for responsiveness and accessibility to power.

Formally organized services also have limitations, however. First, formal services are costly either to society, if publicly funded, or to recipients, if offered on a fee for services basis. In contrast, the informal system typically is based on the mutual exchange typical of a barter economy. Because the formal system is large, publicly funded, and often regulated at the federal level, it is often neither required nor able to be responsive to the idiosyncratic needs of particular individuals or communities. The result is a system of care that many potential clients perceive as unresponsive to their needs and demeaning to accept, since they are defined solely as a recipient of aid rather than as part of a mutual exchange system (Wolfenden Report, 1978).

The respective strengths and weaknesses of each sector of caring are often viewed as being complementary (Litwak, 1978a). Professionals are best able to handle problems requiring technical knowledge, expertise, and objectivity, while the informal sector can respond to problems requiring long term adjustment and emotional support. The informal sector should participate in local affairs, but the public sector will need to provide vehicles for equalizing representation and balancing competing interests and claims for services. While this compatibility between formal and informal roles does occur, the relationship is not always quite so simple and harmonious a partnership. Complementary functions often give way to contradictory perspectives about who should handle what problems and in what way.

Alternatives to Collaboration

Since the implicit and explicit rules that govern formal and informal caregiving are at times conflicting as well as complementary, attempts to develop a relationship between the two are often difficult. The resulting interaction often does not fit the ideal model of collaboration, as illustrated by four alternative modes of interaction: conflict, competition, cooptation, and coexistence.

The conflict mode occurs when public and private assessments of responsibilities and the appropriateness of care are at odds. Examples of conflict over the degree of public responsibility for care are numerous, as illustrated by the civil rights and social action movements of the 1960s that attempted to foster greater public responsibility for ending segregation and discrimination, and for public assistance. Questions involving the responsibility of relatives for individuals receiving public assistance have never been completely resolved (Bell, 1967). In other cases, the conflict involves the appropriate form of public care. Parent-rights efforts concerning educational policies for the handicapped and developmentally disabled, and moves toward large-scale deinstitutionalization of the mentally and physically disabled have been based in part on a conflict over the balance between formal and informal care. Conflict can also stem from public reaction to informal practices as seen in the posture taken toward such self-help groups as Synanon, the Network Against Psychiatric Assault, and other groups considered questionable in light of current standards of care. The policing and regulatory functions performed by the formal sector have brought it into conflict with practices of many informal caregivers such as midwives (Rubin, 1975).

A competitive mode of interaction is often adopted in situations where there is a common perception of need but different assessments of the responsibility or the capacity of available alternatives to provide care. The clearest example here is in the field of day care, where there is a tacit acceptance of competition between formal, governmentally sponsored day care centers and the informal provision of family day care (Emlen, 1970). Very often, competition between the formal and informal sectors is considered a healthy way to promote innovation or to provide alternative options for care.

Cooptation as a mode of interaction is not usually intentional, but rather emerges over time out of collaborative efforts. Community groups initially trying to change local services often wind up providing service themselves or, when successful in obtaining funding or formal recognition, become compromised in their ability

to be advocates for institutional change (Dearlove, 1974; Santiago, 1972). The dilemma faced by citizen representatives and consumer boards suggests a similar trend toward cooptation (Parker, 1972). Experience with the use of "indigenous paraprofessionals" as bridges to poor communities has shown that informal helpers tend to take on professional roles and come to identify more with the interests of formally organized service agencies than with the community (Levine et al., 1978). What started out as an attempt to foster participation and responsiveness moved in the direction of greater alignment with the values and perspectives of institutional and professional services.

The mode of coexistence represents a choice not to interact, whether stemming from ignorance, benign disregard, or a judgment that there are no benefits to be gained from interaction. This is perhaps the most popular or characteristic relationship between the formal and informal sectors of care. It is illustrated by the fact that, while there is widespread recognition of the helping patterns that occur within families, neighborhoods, and mutual aid groups, there are relatively few efforts being made by formal services to make a connection with these informal activities. In some instances, the care that occurs is simply too informal and spontaneous to be taken into account by formal efforts. When formal care has been rejected, as in the case of mutual aid and self-help groups that have been formed in an antagonistic reaction to professional services, there is little motivation on either side to join forces (Katz & Bender, 1976). Finally, coexistence may simply be an acknowledgement that the aims of informal caring efforts are outside of the bounds of public policy (Durman, 1976). Mutual aid groups concerned with consciousness raising, personal growth, or self-improvement illustrate aspects of help found in the informal sector for which there is neither an acceptance of nor a great demand for public responsibility.

Toward a Partnership

Throughout this book, we emphasize the development of methods for professionals working in formal human service agencies to interact with informal helping networks in ways that are mutually supportive and synergistic rather than competitive or destructive. Variously described as a collegial partnership (Froland, Pancoast, Chapman & Kimboko, 1979), or more ambitiously as a process of interweaving (Bayley, 1973), collaboration between formal and

informal systems of care seems to be a particularly difficult venture to sustain and, over time, often tends to move in the direction of other modes of interaction. Bayley (1978: 2) has provided a concise description of the aims of collaboration:

> The caring done by families, friends, neighbors or larger, more organized groups of people is seen, recognized and acknowledged. An attempt is made to see both particular needs and the strengths and limitations of the informal resources available. The social services seek to interweave their help so as to use and strengthen the help already given, make good the limitations and meet the needs. It is not a question of . . . plugging the gaps but rather of . . . working with society to enable society to close the gaps.

The best examples of collaboration often arise on an ad hoc basis, as when a professional is able to form a consultative relationship with a neighborhood helper who provides friendly reassurance to elderly neighbors (Smith, 1975); an outreach team is able to develop an informal support system of hotel managers, board and care operators, bartenders and grocery clerks in promoting the community adjustment of the chronically mentally ill (Pancoast, Froland & Collins, 1980); or when informal working relationships are established between mutual aid or self-help groups and professionals (Cutler, 1979).

Collaboration offers the best possibility for an ongoing and productive relationship between formal and informal systems of care although competition and coexistence may at times also be legitimate responses to some problems. Any relationship must be built on an understanding of the strengths and weaknesses of each system. Our description of what we propose as a partnership is based on a synthesis of the experiences of staff in the thirty agencies we have studied, as well as a wider range of work going on in the field. Our interest has been to pose possibilities, raise issues, and offer conceptual clarity to policy makers and practitioners. We do not consider the results from our study as statements of conclusive proof but rather as providing a basis for refining the exploratory efforts of those already working in the field and to suggest program options for those who recognize the need to expand the public's role in the provision of human services.

Each of the chapters in this book explores different considerations regarding what is involved in developing a beneficial relationship

between formal and informal sources of care. We present the findings of our study by first looking at types of informal helpers and what each can do, and at some of the motivations underlying their activities. We then present the major features of the partnership we envision by describing the variety of ways informal sources of help were involved in agency services, the program strategies developed to promote this involvement, and the relationships formed between agency staff and informal helpers in the community. Case examples are frequently provided to illustrate how programs may work in practice.

Having described the basic elements of the relationships we observed in our sample of thirty agencies, we examine the costs and consequences of different program strategies and how these varied according to the problem or task being addressed. We then discuss how program strategies can be integrated in practice and describe the benefits of doing so. Next, we put the idea of a partnership in context by discussing how relationships between professionals and informal helpers are influenced by aspects of a particular agency and by characteristics of a neighborhood with which an agency may be working. Further, we look at the way other agencies influence an agency's work with informal helpers.

The last two chapters of the book discuss the findings of the study in a broader context of program policy and practice. Here, we look at implications for the role of professionals and possible modifications in traditional practice roles. Finally, we discuss policy considerations for agency decision makers in designing or implementing ways to involve informal helpers in a system of community care.

Chapter 2

INFORMAL HELPING NETWORKS

The biblical story of the Good Samaritan is probably the best known model of helpfulness: a person sees someone else in need and provides help voluntarily with no apparent anticipation of personal reward or gain. The general assumption is that such altruism is exhibited only by exceptional persons who are disposed to come to the aid of others because of unique personality factors. There are a variety of other situations, however, in which people interact on an informal basis that have positive consequences for others; the motivations for this helping are varied. Some helping occurs on a spontaneous basis between people who are strangers; other types of informal helping occur within long standing relationships between family members or among friends. Help is also provided by those who become familiar strangers—people seen regularly in the course of daily activities but with whom a formal relationship has not developed, e.g., bus drivers, store clerks, waitresses. Except for those extraordinary good deeds that occasionally come to the public's eye as human interest stories in the press, most informal helping is given and received with little or no comment.

Whatever the strengths of informal helping, there are also problems that affect people for which professional expertise, officially sanctioned procedures and formally established service organizations may be required. Physical handicaps, severe illness, psychological and emotional difficulties, and economic hardships are some of the

needs that can tax the abilities of family, friends, and others who usually provide assistance and create a demand for the formal provision of services. However the necessity for formal services should not blind us to the importance of informal helping.

From the perspective of program and policy in human services, the important question is: What can be expected of informal sources of help for problems which may also require formal services? The strengths and limitations of informal helping can be understood by getting a better view of the kinds of activities that make up informal helping and the variety of influences that shape the way help is provided. It is important to keep in mind that the informal helping discussed in this chapter is seen through the eyes of agency staff and, as such, is not necessarily representative of the total range of informal caring that exists (see Curry & Young, 1978). This perspective, however, is very likely to represent the types of informal caregiving that are most relevant and accessible to formal, professional caregivers.

Informal Helpers: What do they do?

Several researchers have looked at the question of how people help each other on an informal basis and the nature of the support and assistance that is provided (Cantor, 1975; Gottlieb, 1978; Hirsch, 1980). Drawing from this work and from an analysis of the specific examples of helping activities found among the agencies in our study, we identified four types of helping. The first type is caretaking, which includes providing material assistance (from money or tools to the proverbial cup of sugar) and services such as help with housework or transportation. Caretaking can also involve a very informal process of "keeping an eye out for" an elderly person, local children, or the house of an absent neighbor. The second category is friendship, and ranges from simply chatting to providing emotional support for someone with a problem. The third category, problem-solving, includes giving advice directly and linking an individual to others who can help solve the problem. Finally, some helpers are involved in joint action. This may be cooperative communal activity, such as building a community meeting house or fundraising, or an active process of advocacy, organizing, or planning that will have long-range benefit for others.

In each of the agencies we studied, there were examples which illustrated the breadth of activities, tasks, and other forms of

assistance which informal helpers could provide. The following examples come from a program working within an urban community in which much of the helping is done in a neighborhood setting:

Mrs. B. is a middle-aged, married black woman whose own children are grown. She and her husband have a good, very traditional marriage, and she respects his wishes and his schedule in her helping efforts. Yet, out of a sense of Christian duty (and a kind heart), she reaches out to her neighbors in a variety of ways. She keeps an eye out for the blind couple who live next door, helps them with a variety of home maintenance activities, and checks out strangers knocking at their door. Another neighbor she helps is a young, single mother who often needs advice and emotional support concerning her children and other personal problems. Every person on her block regards Mrs. B. as someone whom others can turn to for help. She sees herself as doing very little and is somewhat amazed at the attention being given to her.

Mrs. P. is another helper who is more indirect in the services she renders. She is a person who collects information about programs of every type that might benefit people in her circle of friends and neighbors. She keeps files on these programs, and often calls agencies for more detailed information. Mrs. P. is also active in efforts to organize a summer work project for young people in the neighborhood.

Ms. S. is a young, single black mother who keeps an eye out for the kids on her block, and tries to do things with them regularly. Many of the older children turn to her as a sympathetic listener and advisor. Every weekend she rides a church bus to a nearby town with neighborhood children. She provides supervision for these children, many of whose parents would not let them go so far away without a responsible adult friend. She occasionally meets with some other women in the neighborhood to talk about personal problems and personal goals. She is working with Mrs. P. to develop a summer youth work program.

One single young Mexican man, Mr. R., provides tutoring to high school students. He is also actively seeking to develop and improve the Mexican community. Another Mexican man provides people with transportation, helps them find jobs and refers people to the appropriate resources.. Mr. S., an older black man, visits the elderly in the community, goes with people on agency visits, and talks to parents about children. He has recently helped to bring together a small group of elderly neighbors who would like to socialize and take recreational trips together.

[*Case No. 25*]

Sometimes the help provided by informal helpers is not so explicitly recognized as was the case in the examples above. Even so, the help provided can make a great difference even in cases where problems may be severe. The following example illustrates informal helping activities that played an important role in sustaining a mentally ill individual in a small rural town:

> *When she was observing* the village square, Janice had noticed a middle-aged woman, obviously seriously mentally disturbed, bizarre in appearance, and talking and gesturing to herself. It seemed only a question of time before she would come to official notice and be sent to a mental hospital or, if her habits exhausted the patience of her small personal commercial unpaid network, to the sheriff's office. In a larger place she might well drop out of sight and be "lost in the gutter." She made the same round of calls every morning—a stop at the barber shop, at the tavern and then on to the post office. Janice learned that she had the barber cut a small square of hair just above her hairline daily because it kept down "the voices"; that the soda water the tavern keeper gave her also had this effect to the extent that she could then go and mingle with the other women at the post office. Somehow, she learned of the expanded activities of a public health nurse whom she had not previously contacted. Now, when she ran out of money toward the end of the month and faced eviction from her hotel room she would go to the nurse who would enlist the help of several ministers to tide her over.
>
> [*Case No. 20*]

There are also informal helpers who play key roles in the lives of quite a number of individuals with difficult problems. The scope of their helping activities spans a wide range of functions that are often provided by formal services. An example from a midwestern urban community highlights the role of an owner of a single room occupancy hotel. The hotel houses approximately seventy male and female residents who range in age from early twenties to late seventies:

> *The owner set about* restoring the hotel to its original grandeur—by stripping paint to reveal an old oak staircase, for example, and affixing a brass name-plate on the front door. He also decided to continue to offer low-cost rentals to marginal individuals in the area, and was concerned, as well, with assuring that the seventy residents of the hotel received any and all of the services due them. To this end he invited the participation of a team of staff from Public Health, Mental Health and Social Services. This team meets weekly with the owner to discuss the needs of the various residents, provides a screening function (weeding out anyone who is known to be violent); and assures his residents direct access to the full range of services and social supports available in the local area. He personally looks out for the residents, all of whom are financially marginal and many of whom are aftercare, public welfare, or SSI recipients; he provides refreshments for an informal social hour once a week, inviting all the residents to come and mingle, to chat with him or with each other. At the end of the month when pocketbooks are thin he informs his residents of free meals available in the area; on some holidays he provides a turkey dinner for the residents, which they can eat together or take back to their own rooms.
>
> [*Case No. 23*]

These examples illustrate that informal helping can be viewed broadly as a complex matter influenced by the setting, the attributes of the helper involved, and the nature of the relationships among those providing and receiving help. Many times the specific acts of help are not even perceived as such but rather seen as part of everyday living. The case illustrations also show the varying degrees of responsibility that different helpers assume in dealing with a given problem or individual. Some helpers, such as the people who helped the mentally ill woman, play limited roles, while others, such as the owner of the single room occupancy hotel, take on a great deal of responsibility.

Informal Helping: What Influences Its Form?

Our study did not specifically address the issue of the motives underlying helpful acts; whether all helpful action can be explained in terms of receiving or expecting something in return for the action or whether purely altruistic acts occur. Notwithstanding this basic controversy, it is clear that helping is influenced and directed by a variety of social factors. Studies of volunteerism, charitable behavior, aid given in emergency situations or between strangers as well as other forms of "prosocial behavior" (Wispe, 1972), suggest that there are essentially four major ways of cataloging the influences on informal helping. Generally speaking, helping may stem from, and take particular forms based on, cultural traditions, developmental experiences and learned behavior, the influence of general

social norms, or, finally the rules that govern interpersonal exchange. These factors are all mentioned by informal helpers when asked, "Why do you help?" In addition, they exert an influence on whether or not helping occurs in a specific situation, who helps and is helped, and what kind of help is offered. Each of these four sources of influence can be illustrated with examples of informal helping found within our sample of thirty agencies.

THE INFLUENCE OF TRADITION

Looked at in very broad terms, the dynamics of informal helping are influenced by long-standing cultural patterns of rights and responsibilities that characterize groups that differ in ethnicity, religion, social class, or local tradition. Several examples of the influence of traditional values are found among the programs in our study. In one program serving the elderly, the ethnic traditions limited who was considered "appropriate" to help:

> *There is a* clear split between the Mexican-American and Anglo populations within the barrio that has led to problems in the exchange of help. Until recently all of the helpers were Mexican-American, and they did not define the Anglos, who lived in larger and nicer houses, as being in need of aid. They are also reluctant to aid those who have children in the city; the family norms are very strong and it is argued that it is the children's responsibility to help their elderly parents.
> [*Case No. 9*]

Another program concerned with promoting informal helping in a rural community in Pennsylvania encountered local traditions that limited the range of help that was considered appropriate:

> *While one might* expect the more rural county to be more cohesive, a local minister characterized the people as not getting together often, even though they all know each other. While they will pitch in to help during a crisis, open communication and expression of feelings are not the norm. The usual response to someone coming for help, he says, is to give them practical, concrete advice, and terse advice at that: "If you need money, you either work hard or you go to a bank and borrow it"; "If your husband is running around, you better make things better at home for him."
> [*Case No. 22*]

The influence of tradition is sometimes a strength rather than a hindrance to certain types of helping. Several agencies found that strong ties among residents, church groups, and cultural traditions were forces promoting helping and relied on these traditions to reinforce existing patterns and to make new programs acceptable. For example, one program promoting self-help within an ethnic community found that basing aid on religious traditions could surmount the initial distrust of program efforts:

> *There has been* some distrust of a program which offers aid without seeming to expect anything tangible in return. Some wondered, "What's the catch?" The most successful approach to communicating and instilling the concept of mutual aid has been to tie the concept to Christian principles: "What you do for the least of my brothers, you do for me."
> [*Case No. 9*]

People often give religious principles as a personal reason for helping whether or not they are part of an organized religious group: "It's the Christian thing to do," or "My religion says I should help." One program director noted, "The church is the dominant organization in the rural area. . . . People who are prominent in that kind of organization are very often the same people who people go to in general" (Salber, 1975).

THE INFLUENCE OF LEARNING

An individual's family background and prior experience are also important in shaping helpful behavior (Cochran & Brassard, 1979; Kanfer, 1979). Acts of helping can be learned, reinforced, or changed in the course of individual development. Prior research in this area has looked at the influence of individual factors such as age, sex, education, and family background as well as situational factors such as the presence of role models in shaping the willingness and ability of a person to provide certain types of help and assistance (Bryan, 1972; Rosenhan, 1972). The general weight of evidence suggests, very simply, that when a person has had opportunities to help and the experience has been positive, they are likely to continue to help. The presence of other people who may serve as role models for helping behavior may sensitize a person to a particular problem,

indicate behaviors that may be helpful, and offer a chance for an individual to weigh the costs and benefits associated with helping. Role models may be other family members, peers who share common concerns, and others with whom a person has a significant relationship.

Family background is frequently cited by people who are asked why they help others. Speaking of natural helpers, one project director said "Sometimes [they help] because their mothers were that kind of person and they grew up in a household where people asked their advice." Another helper said, "Mom and Dad always helped people."

The influence of learning also exerts itself in instances where people are motivated to share similar solutions with those who have similar problems. When people are at the same stage in dealing with a problem, the learning is based on mutual exploration of the problem where frustrations, insights, and solutions are shared in a give and take process. The following example of discussion groups for parents of infants illustrates this model:

> *The groups that* the program works with bring together mothers of newborns that live within a loosely defined common neighborhood. Occasionally these young mothers have had prior contacts in prenatal classes, school, or churches. In most instances they have not. Some of the women also invite other friends with young children so that personal ties are not excluded. However, through the group meetings, a locality-based support network develops. Although staff members are instrumental in bringing the groups of new mothers together, and initially act as facilitators or catalysts for group activities, most groups soon take control of their own structure and activities. Even those who are at first skeptical or reluctant often come to find the meeting beneficial. Sharing the joys and difficulties of raising small children leads to new friendships and supports and the group becomes a way of helping each other learn to be better parents.
>
> [*Case No. 10*]

Some people would like to help others with similar problems in order to share what they have learned "the hard way," in the process of solving their own problems. One program working to promote the adjustment of parents of developmentally disabled children illustrates this motivation:

> *Parents who have* just found out that their child is retarded and are wondering what it will be like to raise a handicapped child are introduced to parents who have been through the same experience. The parents come from all parts of the county and all socioeconomic levels. Without a common meeting ground they would not be likely to become acquainted. Once they are, they may establish some other ties and some have even become good friends but, in general, the relationship is confined to the mutual concern of parenting a retarded child.
>
> Once a parent becomes known as a helper, that person may begin to get requests for help from their own network of friends, relatives and acquaintances. For example, one parent is a nurse and gets a number of direct referrals from her professional connections. The exchange that occurs between the experienced parents and parents who request help is described by one parent as going through three phases: "Uppermost is talking about the child. They want to know all about my child and then they talk about theirs. The second thing is the emotional. What they went through when they were told. Then they finally get to services, the future. I do a lot of listening and offer suggestions and support."
>
> [*Case No. 17*]

This particular example also highlights how helping based on learning shifts and changes for individuals over the course of their development. As concerns and experiences change, so does the process of providing or receiving help:

> *There seems to be* a period of readiness to help. It comes after the parent has fully accepted the fact that the child is retarded and has learned about services. The parent is then eager to meet new parents and help them. After a while, however, usually by the time the child is school age, the parent no longer feels close to the experience of a new parent and is interested in other issues of more immediate concern, such as advocating for more services from the school system and planning for the child's future as an adult.
>
> There may also be a point of readiness for a new parent. The social worker recalled one family that a worker at one of the large rehabilitation agencies had told her about. The worker said she told the mother about the parent's group and suggested she contact them several times but the mother never seemed to pay much attention. Then one day the mother said, "Why didn't you ever tell me about the program? My friend told me about it and I really would have liked to know about it sooner." Another mother who is now a parent helper recalled that her doctor suggested several times while she was still in the hospital that she call another patient who also had a child with Downs Syndrome. She resisted the suggestion until she was home and the realities of caring for the child were really becoming apparent. She

then called the mother. Now she says, "I wish I had called her sooner, it would have saved me days of grief."

[*Case No. 17*]

THE INFLUENCE OF NORMS

Another way of looking at informal helping emphasizes the influence of generally shared social norms which establish certain expectations of people to provide help or to take responsibility for others and which are reinforced by social approval (Staub, 1972). Research in this area has looked at how people individualize social norms through experience and at how differences in the specific situation influence the likelihood of helping. A major element of this orientation is concerned with situations in which no help is given because responsibility is so diffuse that no one person feels the pressure of social expectations to provide help. Having others aware that one is being helpful tends to motivate conformance to norms of social responsibility.

There are several examples of helping activities among the programs in our study where the influence of social norms appears to operate. The clearest examples of helping activities influenced by social norms come from programs involving caregivers of dependent family members where the norm of "taking care of one's own" is evoked. This type of motivation seemed particularly obvious in a New York program in midtown Manhattan that is working with the caregivers of the elderly. The agency had conducted a survey of caregivers:

> *Among their clients,* 54 percent of the primary caregivers were children of the aging person, 25 percent were spouses, and 10 percent siblings. Of the elderly, 72 percent were female, with the most common caregiver being the daughter. The evidence also indicates that if the son is the primary caregiver, his wife is usually also very involved in caregiving. On the other hand, the daughter often tries to look after the older parent without involving her husband or children at all, even trying to hide her responsibilities from the family. Siblings, on the other hand, are expected to share equally in caregiving but rarely do. The caregivers themselves range widely in their involvement in the role, based largely on the needs of the older person. Some may only visit a few times a week or do grocery shopping, while others may be involved in 24-hour care of a senile or severely physically disabled person. The caregiver tends to live near the aging relative, with about half sharing a residence (more than half of these are spouses). An additional 14 percent live in the same building, and only 7 percent live more than an hour away.
>
> The study also provides insight into the motivation for becoming a caregiver. For those children with a long-term close relationship with the parent, love may be a major reason for helping. Many of the parent-child relationships had been characterized by conflict for years; however, in these cases motivation included a feeling of family responsibility, reciprocation for help received in the past, a sense of personal satisfaction, filling a void in their own lives, and avoiding nursing home placement at all costs. The ability to cope with the caregiver role was harder for those with a history of conflict, and also for those with nuclear families of their own.
>
> [*Case No. 4*]

The data from this agency show how the influence of the social responsibility norm can be mediated by such factors as the degree of dependency of the elderly family member, prior experiences, and physical proximity between the caregiver and the elderly family member, all of which affected the likelihood that a potential caregiver would take responsibility. These factors have also emerged from other research as important in determining the degree of influence of normative expectations (Berkowitz, 1972).

Agency staff can increase helping efforts by providing social approval, as illustrated by a program promoting neighborhood helping in the course of providing community development services:

> *Some individuals occupied* a more "middle of the road" position when they were first encountered. They helped some and had lived in a neighborhood for a long time, but had not yet come to perform a major helping role. For this type, the recognition the program provided motivated them to assume a greater responsibility for helping in their neighborhood. For example, an elderly woman who had rented a house in the area for some fifteen years seemed to take the attitude that being "chosen" for the program gave her a legitimacy in helping others. Whereas before she might have been reluctant to get actively involved, the program motivated her to become more assertive in helping a wider range of people in her neighborhood. Now, she monitors neighborhood activity, makes frequent visits to several older residents in the neighborhood to check on how they are doing, and helps others who need formal assistance to obtain services.
>
> [*Case No. 26*]

THE INFLUENCE OF EXCHANGE

Theories of social exchange which incorporate such concepts as reciprocity, indebtedness, equity, and justice probably explain the most prevalent forms of informal helping activities observed in our study (Adams, 1965; Gouldner, 1960; Greenberg, 1976; Homans, 1961; Thibaut & Kelley, 1959). Exchange theory provides a more utilitarian view of helping activities by examining the balance of personal or social costs and benefits involved in the interaction between those providing and those receiving help. In this view, a person helps because of an expectation of future rewards or in order to repay a debt resulting from having been helped before. Notions such as indebtedness, justice, and compensation are used to refer to the obligation an individual feels to provide help. This obligation is contingent on a number of factors:

> The intensity of the recipient's need at the time the benefit was bestowed ("a friend in need . . ."), the resources of the donor ("he gave although he could ill afford it"), the motives imputed to the donor ("without thought of gain"), and the nature of the constraints which are perceived to exist or to be absent ("he gave of his own free will . . .") [Gouldner, 1960:171].

The concept of *reciprocity* can be used to denote an exchange relationship in which the expectation is that a favor must be repaid in equal value to the donor by the recipient. Such exchange need not balance out over the short term; some relationships such as that between parent and child may involve very long-term exchanges. When a group of individuals interact or when relationships are more intimate or long-standing, an expectation of *mutuality* may prevail in which a favor given may be repaid by helping someone else with the idea that, over time, things will balance out.

Reciprocity and mutuality serve as motivating factors in many of the programs observed in our study. Reciprocity was particularly common in neighborhood situations as was seen in a program serving the elderly in a neighborhood with long-term residents:

> *People in the area* seemed willing to both give and receive help from their neighbors. They generally preferred to reciprocate in some way if they could and the staff sometimes found ways to help them do so. For example, a man who needed help with mowing his lawn arranged to have the young man next door mow his lawn in exchange for being allowed to borrow the older man's mower.
>
> [*Case No. 2*]

Mutuality can also occur within a neighborhood setting but more often appears when people have come together out of common concern. For example, one program had organized a group of recently widowed persons within a neighborhood area:

> *Within the younger widows* group, other more instrumental exchanges also took place as well—some of the women helped widowers with meal planning and cooking skills, while the men did home repairs or took the kids fishing. Such exchanges were at an informal level that involved local norms of mutuality: "I'll help you if you need it, because somebody helped me when I was in need."
>
> [*Case No. 28*]

Sometimes the expectation of reciprocity can create strains in a helping relationship, particularly when one party is unable to reciprocate because of a lack of resources or physical limitations. This was observed in programs serving the frail elderly, as the following example illustrates:

> *Often, an elderly client* will want to "repay the favor" but may only be able to do so by offering money which is usually refused by the helpers. In some ways both the helper and the client are in a "double bind" if the relationship is to continue to be based on mutual concern. The helper can't accept payment for helping but the elderly client often is unable to offer other things in return. Many times this results in the elderly individual seeking formal services because of their feeling of violating the norm of reciprocity in a peer relationship. Sometimes the situation can be improved by involving a youth to do yard work or household chores for payment, where the idea of reciprocity is viewed differently.
>
> [*Case No. 7*]

Finally, another example illustrates how one program fostered the expectation of mutuality in order to promote informal helping activities:

> *One very active helper* now is always available for friendly visits and makes a point of visiting others when in the hospital. The staff first

knew him as an extremely shy man who frequented the nutrition center. When he had a heart attack, they visited him at the hospital, and this convinced him that they really did care about him. He shows his gratitude by passing on this caring to others.

[*Case No. 9*]

The four major influences on the form helping may take—norms, tradition, personal development, and exchange—are not mutually exclusive in their action. Rather, a person feels and responds to a multitude of influences, although one type of influence may be particularly compelling depending on the nature of what that person perceives as needed by another and what is judged to be appropriate. Each suggests ways in which formal services can act to increase the likelihood that informal help will be provided.

Types of Informal Helpers

The kinds of help that people provide and the various influences that shape or direct different helping activities indicate the pluralistic nature of informal helping networks. This diversity can also be seen by examining the variety of roles played by different individuals who compose a given helping network. For example, helpers in ongoing networks of relationships include family members, trusted friends, and new acquaintances willing to help out. People may offer to help strangers as volunteers or members of a mutual aid group because they have a special concern for particular problems they have experienced in their own lives, want to try out a role analogous to a professional helping role, or have time and skills that are underutilized. Neighborhood or community helpers may have some special talent, be particularly resourceful in getting things done, or simply take an interest in local concerns and get involved with a wide range of others. These different types of people perform a variety of essential roles as part of a helping network for others. Some are specialists in the sense that they have a particular knowledge or skill that is well suited to specific tasks. Others are generalists and help out in multiple ways. For many, what they do is an integral part of their lives and may be a consequence of family background, a particular job or position, or other personal experience.

Among the agencies in our study, we were able to classify the variety of helping roles into six basic types of helpers. These are

family and friends, neighbors, natural helpers, role-related helpers, people with similar problems, and volunteers. We discuss each of these types of helpers separately below, but it should be emphasized that these six types are best seen as activities or roles rather than types of people. For example, the same woman may be actively involved in supporting an elderly parent *(family and friends),* part of a cooperative day care exchange *(similar problems),* and a volunteer in a socialization program for ex-patients *(volunteer).* Since helping may result from interest in a particular problem and may take different forms over time, the types are not static, either. Parents of a retarded child may belong to a support group when their child is an infant, then volunteer in a special preschool program, and later become active in an association advocating the establishment of more group homes for retarded adults as their child's needs change.

In order to provide an overview of the six types of informal helpers, Tables 2.1 and 2.2 provide a profile of a variety of attributes associated with each type. In Table 2.1, the personal attributes of the helper refer to the attributes that the agency focuses on in identifying or selecting informal helpers. The target populations are those which were the primary focus of the efforts of the agency. Table 2.2 presents a number of characteristics of the kind of help being provided and relates them to the type of helper. The helping activities were identified from content analysis; the four sets of activities shown represent the four factors that emerged from factor analysis of a more inclusive set of helping activities. Scores are used to reflect whether a given attribute rates high (++), medium (+) or low (0) in characterizing a particular helper type, with significant differences among helper types shown by asterisks after the relevant attribute. Each helper type will be discussed drawing from the profiles of attributes, relevant literature and examples from case studies of the agencies.

Family and Friends. Despite the fact that family and friends are the most intimate and ubiquitous sources of help for all but the most isolated individuals (Sussman, 1965; Wellman, 1979), few service agencies have developed conscious, well thought out ways of interacting with this form of helping. Among the family and friends, helping was generally based on commitment and motivation to help rather than on special skills or knowledge. Yet, they were offering substantial assistance, ranging from socializing and checking in to see that everything was all right to home maintenance or intensive

TABLE 2.1 Helper and Recipient Characteristics

		Helper Type					
		Family and Friends	*Neighbors*	*Natural Helpers*	*Role-Related Helpers*	*People with Similar Problems*	*Volunteers*
	n^a	7	13	4	7	21	8
Sex of Helper (% Female)*		41-60	41-60	41-60	21-40	41-60	61-80
Personal Attributes							
Leadership in networks*		0	+	++	++	0	0
Helping skills		+	+	++	+	0	+
Motivation*		++	+	++	++	+	++
Shared experience*		0	0	+	0	++	0
Special knowledge		0	0	0	+	0	+
Target Population							
Elderly		4	5	1	3	6	1
Mental health		2	3	1	1	6	2
Disabled		0	0	0	0	4	3
Families		1	0	0	0	5	2
General community		0	5	2	3	0	0
Status Relationship—Helper and Recipient							
Helpers higher in SES*		+	+	+	+	0	++
Helpers have same life situation, problems*		0	+	+	0	++	0
Helpers cope better with problems		++	+	++	+	+	++

Note: The notations "0", "+" and "++" indicate the range into which the mean score falls. Specifically, ++ = M > 3.0; + = M between 2.0 and 2.9; 0 = M < 2.0 on a scale ranging from 4 = "very typical" to 1 = "not at all typical".

a. Numbers indicate the number of approaches, out of the total of 60 program approaches which were predominantly working with the particular type of helper.

* indicates one-way ANOVA, $p < .01$.

TABLE 2.2 Helping Activities

		Helper Type					
		Family and Friends	*Neighbors*	*Natural Helpers*	*Role-Related Helpers*	*People with Similar Problems*	*Volunteers*
	n^a	7	13	4	7	21	8
Kind of Network Worked With							
Individual client (not part of their personal network)*		0	0	0	+	0	++
Personal networks of neighbors, friends, family*		++	+	++	0	0	0
Peer group, mutual aid or common interest*		0	0	+	0	++	0
Locality-based*		0	++	++	+	+	0
*Length of Relationship**		long-term	moderately long	long-term*	moderately long	moderately long	moderately long
Helping Activities							
Caretaking (material assistance, services, money)		+	+	+	+	0	0
Joint action (cooperative communal activity, organizing, advocacy, planning)*		0	0	+	+	+	0
Friendship (association, emotional support)*		++	+	++	0	++	+
Problem-solving (cognitive guidance, linking)		+	+	++	+	+	++
Reciprocity (returns to helper)							
Tangible over short-term		0	0	0	0	+	0
Tangible over long-term		+	+	+	0	0	0
Pass along to others		+	+	+	+	+	0
Expected part of helping roles*		0	+	+	++	0	0
No expectations of reward		+	+	++	+	+	++
Rewards external to relationship needed*		0	+	+	+	0	+
*Number of People Helped per Helper**		one	many	many	many	no designated helpers and helpees	several

Note: The notations "0", "+" and "++" indicate the range into which the mean score falls. Specifically ++ = M > 3.0; + = M between 2.0 and 2.9; 0 = M < 2.0 on a scale ranging from 4 = "very typical" to 1 = "not at all typical".

a. Numbers indicate the number of approaches, out of the total of 60 program approaches which were predominantly working with the particular type of helper.

* indicates one-way ANOVA, $p < .01$.

home nursing care. They were also important sources of advice and information about services.

Neighbors. The concept of neighbors or neighborhood, as we discuss in Chapter 7, is often ambiguous because it can refer to several different levels of social organization (Keller, 1968). For many people, the neighborhood is seen as primarily their own block; on this block are the neighbors they know personally with whom they are most likely to exchange help. While some neighbors may come to be defined as friends, in general the relationship combines a high level of knowledge about many aspects of one another's lives with a fairly low level of involvement (Keller, 1968). Compared to family and friends, there are generally more defined limits on the forms of helping that are appropriate to ask for and offer (Litwak, 1978). The ability of the neighbor to be helpful is based on accessibility and willingness rather than on having special skills or similar experiences. Using the small-scale definition of the neighborhood, neighbors can be particularly important in helping the elderly.

Where the agency was working with a larger-scale neighborhood, the role of the neighbor changed from one-to-one exchanges to advocacy or participation in group efforts intended to benefit the neighborhood as a whole rather than specific neighbors. However, a side effect of such group action is often the fostering of new individual relationships among neighbors.

Natural Helpers. While we are almost all involved in helping and receiving help from others, there are some people for whom this is a more central role in their lives, or who are simply better at it than most of us. They are individuals turned to by many others for aid and advice, either for general problems or for specific areas in which they are felt to have expertise. These are the people we have termed natural helpers or central figures (Collins & Pancoast, 1976). For the natural helpers in our sample, helping was less based on the mutuality of neighboring or the obligations of kinship or long-standing friendship and more on personal motivation to help others and on natural helping skills which earned them the respect and confidence of those with whom they interacted.

Some natural helpers held positions of community leadership. For example, one natural helper in a small New England town was elected president of the Senior Council. In addition to her official duties, this position enabled her to extend her helping activities to more of the town's elderly and to adult children who were primary

caregivers for their elderly parents. Other natural helpers prefer to confine their helping activities to a circle of relatives, friends, and neighbors. One such natural helper provided free car repair services while at the same time teaching teenagers how to fix cars. Another was described by a worker in one of the programs as "the Play Lady," a natural helper who liked children and did things for them—trips, parties, projects—with the agency helping to cover her costs. Often such a helper has children of her own and includes neighborhood children in her outings with her own children.

Members of the natural helper's network are usually aware that the helpers are exceptional people. One helper said, "My husband calls me the community mother" but she, like many helpers, denied that she was doing anything extraordinary (see also Snyder, 1976). These helpers tend to have long-term relationships with those they help and with the agency. They usually are of the same socioeconomic status as those they help and have similar problems, but they exhibit superior coping abilities.

Role-Related Helpers. While these people may also have the interpersonal skills that are typical of the natural helper, they come to the attention of the agency because of influential roles they fill in the community, sometimes as a gatekeeper, sometimes as an opinion leader. Some fill roles, such as a minister or public health nurse, that are considered helping roles. Others have positions that locate them at crossroads where they are likely to be turned to for help because of their visibility. These include storekeepers, postmasters, teachers, and managers of residential hotels.

Within our sample, role-related helpers often helped others indirectly by being active on agency-sponsored task forces or in the general community. Some provided help to people directly: a postmistress in a small town who allowed the post office to become the main social center; a pharmacist who helped older people pay their bills and always had a pot of coffee on; and a fundamentalist minister on an Indian reservation who developed a youth center within the church and was one of the primary sources of transportation for an isolated community.

This is the only category of helper in which men were in the majority, perhaps because most of the occupations involved are largely filled by men. Within their occupationally defined helping role, they were less likely to provide friendship and emotional support than advice, referral, and some services.

People with Similar Problems. The most prevalent type of helping we found in our sample was that from people with similar problems, although research indicates that it is not the most common form of helping in the general population (Lieberman & Mullan, 1978). A survey in California (Field Research Corporation, 1979) found that while 39 percent of those interviewed confided in a friend in times of emotional stress, only 9 percent sought out others with similar problems. Since our study was based on informal helpers who were known to and involved with formal services agencies, the relatively large number of mutual aid activities we observed probably reflects the greater attention which professionals have paid to this form of helping than to the other types.

In some ways, this is the most "artificial" form of helping described here in that it is the only form which seldom occurred in the homes of those involved and in which short-term returns were expected by the participants. Helpers with similar problems sometimes helped each other within the context of self-help groups, including groups for abused women, widows, caregivers to the elderly, and parents of young children. Casual drop-in contact fostered by a senior center or a program providing temporary child care was another basis for mutual aid. The one-to-one relationship was a third type, as when parents of mentally retarded children were matched with parents who had just found out their child was retarded and provided support and information on a family-to-family basis. In another instance, a physically disabled person who was good at repairing wheelchairs taught the skill to other disabled persons.

Much of the interaction within such groups in our sample involved friendship and the pleasures of associating with similar people as much as the resolution of problems. The participants needed no prior experience in helping others and their ongoing relationships with others were not important to the helping process. While shared experience was the main qualification for helpfulness, often this arose from shared status rather than common problems. For example, being old or having young children gave people something in common but was not perceived as a "problem."

Volunteers. Volunteers are probably the most familiar type of informal helper to most professionals. This form of help is usually stranger-to-stranger and channeled through a formal organization. Of all the forms of helping described here, it is most likely to involve inequality of status between the helper and recipient—both in terms

of socioeconomic status and general coping ability. There is also an unequal exchange relationship, with the volunteer clearly defined as the helper. While a mutual relationship may develop, and indeed was often encouraged by these agencies, it is not usually part of the standard volunteer role. Because there is already a rich body of literature on volunteerism, we chose only examples in which the volunteers were encouraged by the agency to be as "natural" as possible—to use their personal skills and networks on behalf of a client or group of clients and to develop a relationship based, as far as possible, on the model of naturally occurring friendship.

This was the only type of help in which women predominated, probably reflecting the greater numbers of women who have time for extensive volunteer activities. Motivation in terms of willingness to help and concern for problems was a more important personal characteristic than helping skills or ongoing relationships. Problem-solving was the most common helping activity. Volunteers were involved with a wide range of problems and target populations.

Embedded and Created Helping Relationships

Perhaps one of the fundamental differences in the character of informal helping hinges on whether help is exchanged between those who have an existing relationship or involves people whose relationships were initiated by an agency. Family and friends, neighbors, natural helpers, and role-related helpers involve helping relationships that are *embedded* in ongoing networks of relationships among people who share other bases for relating: kinship, residential proximity, membership in clubs or churches, or patronage of the same stores and institutions. People with similar problems and volunteers have helping relationships that are *created,* usually by a formal agency to meet a specific need. Often they represent attempts by the agencies to develop an informal helping system for people or problems for whom existing systems either do not exist or are not effective. This distinction has major implications for the kind of help exchanged, the reasons underlying the provision of help, and the types of helpers that may be involved.

There are a number of contrasts between the two categories of helping relationships that are important for professionals to understand if they are to work productively with both types. In many ways,

the strengths of one category of helping are the weaknesses of the other.

Embedded helping relationships are likely to be meeting basic needs—material assistance, health care, protective services—and to be long-term relationships with a heavy investment of time, responsibility, and concern. They require few agency resources to initiate or maintain. They are highly individualized and sensitive to the preferences of the participants. They are extremely flexible, reflecting what Diana Trilling has called "the endless improvisation of mutuality" (Harlow, 1979:48).

On the other hand, embedded relationships help fewer people per helper. They are dependent on existing relationships and therefore on opportunities for such relationships to develop. Although we found such helpers in every kind of setting from the most rural to the most urban, some would argue that the opportunities for developing and sustaining such relationships are lessening due to geographic mobility, changes in family size and structure, and new work roles for women. In addition, the embedded helping relationship is affected by the other relationships in the network and by the values, mores, and knowledge of the participants. Help may be given only to certain favored persons (e.g., of the same race or religion) or heavy conditions may be attached. Because the relationships are idiosyncratic, agencies which want to relate to them must be willing to be very flexible and to spend some time at the outset identifying the helpers and understanding the culture of the particular network or neighborhood.

Created relationships present the opportunity for people to develop new helping roles, skills, and values. This makes them especially useful for people who are isolated and lack flourishing networks. Their initiation can be directed by the agency and hence can be better targeted on the needs and clients the agency is most concerned to serve. They are also more specialized and therefore more compatible with specialized formal services. They are more open and egalitarian than embedded relationships in the sense that a willingness to help or participate is the only requirement for helper status. This type of helping is relatively easy for agencies to work with since helpers can be recruited by advertisement, referral, or from the client group.

Created helping relationships also have drawbacks, however. They require a fairly heavy investment of agency resources in order to initiate and sustain them. The helping relationships tend to be shorter in duration than embedded ones and involve fewer basic services and more short-term problem solving. The agency is probably more able to impose a created helping relationship on a recipient. This may have negative consequences for the person being helped who may find the relationship less satisfactory than one they have initiated and feel they have either "earned" by past services or can repay at a future time. As R. A. Parker (1980:21) has said, "If one turns to the recipients of tending services it is instructive to consider what kinds of terms they are prepared to accept for *being* helped. In some ways acts of giving are less problematic than acts of receiving."

Conclusion

We began by asking the question: "What can be expected of informal sources of help for problems requiring formal services?" Very simply, the answer is quite a bit. At different times, for different reasons, and in different situations, informal helpers provide a wide range of assistance from tangible things such as food, housing, and money to intangibles such as emotional support, practical advice, and personal influence. Informal helpers deal with problems at all levels of severity. We have found that there are a variety of factors which influence helping and which shape the kind of contribution that will be made and the degree of responsibility that will be assumed. Further, we have also seen that different types of helpers have different characteristics and varying needs for support from professionals.

The major lesson to be gleaned from our discussion is that the value of informal sources of helping in dealing with a given problem depends as much on the appropriateness of the opportunities presented for providing help as it does on the characteristics of the helpers. Helpers are made as well as born. The task for agencies lies in finding ways to shape, enhance, and maintain incentives for informal helping behaviors by understanding what may be necessary given the requirements of different problems, situational constraints, and types of helpers. Attempting to invoke the influence of local traditions where there are none or emphasizing the norm of social responsibility among strangers or in situations that may create undue burden for an individual are instances in which the incentives provided do not match the task required. Promoting mutuality among

people who have the same problems or experiences and reciprocity among neighbors exemplify approaches that are more appropriate. This is not to suggest that there are hard and fast guidelines for eliciting and sustaining informal helping, but rather to emphasize that opportunities for helping have to be individualized, open, and flexible.

Chapter 3

PROFESSIONAL PARTNERSHIPS WITH INFORMAL HELPERS

Social welfare services have come a long way from their beginnings in the Charity Organization Societies and the Settlement House movement, when the vast bulk of service work was done by "volunteers." Despite some recognized shortcomings and inadequacies in formal services, bureaucratically organized, professional services have come to be an accepted part of modern society. In the context of today's large, complex social welfare system, agency administrators and direct service workers have to make a conscious and deliberate effort to see beyond the services which are in place, rearticulate a philosophy of how services are to be given, and reach out to the community in new, tentative, and exploratory ways.

Reviewing the work of the agencies in our sample, there is a sense that human services have come full circle, reaching back to the beginnings of organized human services to find the basis for a renewed partnership with people who are helping one another in their everyday lives. This rekindling of tradition is illustrated by the surprising degree of similarity in the philosophical rationales developed by agency staff to conceptualize their work with informal helping networks. This shared philosophy emphasizes the principles of self-determination, self-reliance, and mutual aid, which serve as a frame of reference for staff in providing help. In working with clients, this may involve looking at an individual's abilities and strengths,

tional considerations regarding the desired outcomes for clients. There is no simple pattern of association that can be described between agency context and program functioning.

Our analysis of the interaction between an agency and the system of other agencies serving the community indicates a number of areas where an attempt to link professional and informal helpers will be both influenced and influential. Informal helpers can make a substantial impact on the system by performing such roles as advocates, casefinders, resource brokers, and monitors. In other instances, the community service system may exert its own influence on the efforts of staff and informal helpers. In some cases this may be a facilitating influence as referral avenues are kept open and efficient. The system can also be a hindrance, as when competition for resources is detrimental to staff working with informal helpers or when the general reputation of the service system is so negative that informal helpers do not want to be involved with the agency.

Chapter 7

THE NEIGHBORHOOD AS A CONTEXT AND RESOURCE FOR HELPING

The social networks which form the basis for informal helping vary in structure and content from community to community as well as from individual to individual. At the neighborhood level, there are variations in the strength of the ties between members of one community compared to another, in the density of the interconnections, and in the types of organizations within which ties are formed and maintained. Each of these variations has an impact on the approaches that formal agencies can use to work with the informal helping system within a specific community or neighborhood.

The intent of this chapter is to draw from the experience of the agencies in our study to provide suggestions and observations about program strategies which are successful in neighborhoods or communities with different characteristics. Not all of the agencies we observed were focusing on neighborhoods. Some programs were not locality-based because the immediate locality was not relevant for their target populations. Most often these agencies addressed populations that represented a small and widely-scattered minority in the area; for example, none of the programs for the developmentally or physically disabled focused on a neighborhood. The local area may also be inappropriate as a source of informal help when the focal problem is stigmatizing and the clients wish to remain anonymous, e.g., child abuse, battering of women, or mental problems. A

neighborhood-based approach is most appropriate when the target problem concerns a large subgroup of the population such as the elderly; when clients may be spatially clustered, such as former mental patients; or when the focus is on prevention of problems. Focusing on prevention allows the agency to work with the larger group of the population at risk, for example, new parents or people with life crisis, rather than with the smaller groups of child abusers or mental patients.

The discussion in this chapter concentrates on those agencies for which the neighborhood was important to the delivery of services; that is, those where staff activities were differentiated by neighborhood, or where the staff were aware of the influence of neighborhood characteristics on the delivery of services. A total of nineteen programs were defined as locality-based. Five of the agencies were implementing programs in more than one neighborhood, allowing comparisons of how neighborhoods influenced the implementation and success of the program.

The Relevance of Neighborhood

At the outset it will be useful to briefly clarify what we mean in referring to the "neighborhood" both as a concept and a setting for informal helping. The concept of "neighborhood" is defined in a variety of ways depending on which of the functions of the neighborhood is emphasized. For example, the neighborhood as defined by the area in which neighbors know each other and exchange minor favors is generally quite small—a block or so. In some areas no such exchanges take place. On the other hand, the neighborhood with which one identifies in response to the question "where do you live" or which has a generally agreed upon name or forms the basis for political action is usually a larger area, perhaps a square mile in size. Depending on density, the population of such an area can vary widely.

It is with neighborhoods defined in this larger sense that locality-based programs chose to work. The size of the neighborhoods in our study ranged from under 100 residents (a community on a Sioux reservation) to over 100,000 residents (several sections of New York City). While the latter are obviously larger than the area typically labeled a neighborhood, they allow comparison of the effectiveness

of an approach in areas which differ widely in their demographic characteristics. Overall, about one-third of the locality-based programs worked in neighborhoods with populations between five and ten thousand, and an additional one-third in neighborhoods with populations between ten and fifty thousand. Six of the programs were in rural areas or small towns.

Much of the sociological analysis of urban life since Durkheim (1933) and Wirth (1938) has argued that the neighborhood is an unlikely base for informal social exchange in an urban and urbanized society such as ours. Wirth, for example, argued that social relationships in urban areas are transitory, nonintimate, and governed by the limited role relationships in which they occur, such as customer-clerk or fellow worker. However, other social scientists studying neighborhoods within urban settings have rediscovered communities based on close, primary ties (Gans, 1962; Stack, 1974; Young & Willmott, 1957). Such areas often function as "urban villages" held together by proximity and ethnicity or social class. These two visions of the urban neighborhood serve as extreme opposite ends of a continuum of neighborhood types and personal lifestyles. Most individuals are enmeshed in a network of social relationships which includes personal and intimate relations as well as the secondary and segmental relations identified by Wirth and others. Thus, while the individual's strongest and most intimate ties are often no longer bound by locality (Webber, 1963; Wellman, 1979), the neighbor role remains. Many people rely on their neighbors for aid in emergencies and everyday exchanges (Litwak & Szelenyi, 1969), even if they do not count their neighbors among their intimates. Keller (1968) observed that there is a neighboring role which is not identical to the role of the friend, and which typically includes informal helping as one of the expectations of being a "good neighbor."

Reliance on the neighborhood as a source of help is most likely to occur in situations requiring short-term or emergency aid, such as looking after a child for an hour or taking someone to the hospital, rather than in situations requiring long-term help such as caring for someone recuperating from an operation (Litwak & Szelenyi, 1969). Certain sectors of the population are probably more likely than others to rely on the neighborhood as a source of social contact and exchange, particularly those who are limited in their mobility out of the neighborhood—children and their nonworking mothers, the

elderly, and the unemployed. Thus, while neighborhoods are not the focus of the most intimate social relations for most people, they may act as such for some subgroups of the population. In addition, they have the potential to serve as the locality for informal helping on the small scale and political action on the larger scale.

The Impact of Neighborhood or Community Characteristics

We anticipated that characteristics of the neighborhood or community would have a strong influence on the best approach to working with that community. Such characteristics as the economic, demographic, and subcultural characteristics of the population were expected to have an effect on the structure of the informal helping network and the norms that governed its functioning. The structure and functions of the informal network in turn have implications for the agency's choice of strategies for working with that network. We found the four most influential characteristics to be the homogeneity of the neighborhood, cultural traditions, the stability of the neighborhood, and the institutions or behavior settings that knit the community together.

HETEROGENEITY

Perceived differences among the residents of a community can be based on a variety of factors such as race or ethnicity, social status, life cycle stage, or kinship. To the extent there is a diverse or heterogeneous population, there may be barriers to the development of informal helping across those lines. Thus, heterogeneity can be a hindering factor in developing a successful program. This is not to say that programs directed to a homogeneous community will not face difficulties. While homogeneous communities may have more active informal systems, they are also at times harder for outsiders such as agency staff to enter.

Differences in race or ethnicity can act as a barrier particularly when there are recent and rapid changes in the ethnic make-up of an area, or when ethnic differences are also associated with status differences. Two communities in Philadelphia and Chicago had experienced a very rapid change from white to black residents, accompanied by "block-busting" tactics from some of the local realtors. In both instances differences in life cycle stage between old

and new residents also resulted as older whites remained behind and young black families moved in. Agency staff found it difficult to generate any informal helping exchange due to the age differences and to feelings of fear and threat engendered by racial differences and the block-busting tactics. Yet, in an adjacent neighborhood in Philadelphia that had become racially integrated more gradually and had a more balanced age mix, the agency was able to generate such exchanges. Paying black youth to visit and help elderly white neighbors was one approach that succeeded in overcoming interracial fear on an individual basis.

Ethnic differences are often compounded by status differences among residents. A program in Texas which organized task forces of the elderly to help other elderly neighbors within an Hispanic neighborhood found that informal helpers were often reluctant to extend their help to the Anglo sector of the neighborhood. This reluctance stemmed not only from ethnic differences but also from status differences—the Hispanics failed to see how the presumably more affluent Anglos could need their help. On the other hand, a program in rural Arizona found that the Anglos and Hispanics with similar social status generally worked well together, but that little help was offered to the Papago Indians in the same community despite their obvious need. These examples support Gans's (1961) argument that social status homogeneity is more important than racial homogeneity in working with neighborhood residents, at least when racial differences are not associated with rapid changes in a neighborhood.

Age and social status differences can be divisive factors in neighborhoods independent of racial characteristics. In one program, elderly homeowners were reluctant to welcome residents of SRO hotels into activities in the senior center. Similarly, another agency which was forming a club for seniors in a neighborhood found that over time one group, the middle-class homeowners, became predominant while the others, residents of high-rise apartments and board-and-care homes, dropped out or were excluded.

Finally, differences between agency staff and neighborhood residents on these characteristics are as crucial to the ability of the agency to support informal helping as are differences within the community. For example, agencies working with black or Hispanic populations found it helpful, and in some cases essential, to employ staff with the same ethnic identity in order to gain entry into the

community, communicate with the residents, and establish mutual trust. Social class differences also can be barriers. An agency with a program for mothers of newborn infants aimed at preventing child abuse found that the model they had developed based on their middle-class experience worked well in a middle-class neighborhood but was much less successful in a working-class neighborhood where certain values regarding childrearing were not prevalent (e.g., the importance of reading books, talking to experts, and sharing problems). The working-class mothers were also not comfortable meeting in their homes or assuming group leadership.

CULTURAL TRADITIONS

The shared cultural traditions within a neighborhood or community can either facilitate or hinder the informal helping process. For example, staff in many of the locality-based agencies found that norms of self-reliance barred developing mutual aid. Self-reliance often translated into a suspicion of formal agencies and a view of formal services as unwanted "charity," rather than an emphasis on individualism. This underlying concern might best be defined as one of self-determinance, of maintaining control over what happens, and of having choices. Program staff who enter a community with few set notions about specific solutions to problems or community needs are likely to encounter less resistance than those who enter with a specific model and are unable to change it to fit the community's perception of needs and appropriate solutions. While the latter were most likely to report that the community was very self-reliant, this may have been simply the way the community expressed resistance or indifference to the agency's program.

Cultural traditions in a community often involve unwritten rules about who should exchange help and what kind of help is appropriate within the informal network as well as from professionals. Staff who are part of a program to develop specific helping skills based on counseling techniques in rural communities in Pennsylvania found that the local norms against sharing feelings and toward self-reliance in general made it difficult to develop community support for the goals and methods of the program.

In other cases, cultural traditions that stress the importance of the family may prevent the development of a sense of community and

hinder neighborhood helping activities. In one Hispanic community, for example, many families were insulted by offers of help from outsiders. In this case it proved possible to draw on shared religious traditions to extend helping from the family to the community. Another program on an Indian reservation was less successful in developing a sense of community and mutual aid that crossed family lines. The system of interfamily conflict proved so strong that it could not be overcome at the community level by appealing to the restoration of traditional values.

POPULATION STABILITY

Neighborhood stability was considered a factor that aided program success by the staff of a number of neighborhood agencies. Stability appears to be most relevant to programs which are attempting to foster ongoing informal helping arrangements that occur spontaneously, outside the confines of organized contact such as a mutual aid group. While stability need not imply that there is an active network of social interaction, it does usually imply a base of acquaintance upon which a more active network can be built.

Unstable communities will have different potential for developing informal helping depending on the specific reasons which account for the instability. For example, communities that are in the process of changing from one population to another are quite different from those that have a transient population, such as students or young singles. As discussed earlier, it proved very difficult to encourage informal helping across group lines when a rapid change in population had occurred. On the other hand, informal helping was successfully initiated within the group moving into the area.

Rural communities undergoing "suburbanization" present another set of problems in which two factions—inmigrants and natives—may have conflicting sets of values. A rural community in Massachusetts that had a new housing development serving universities in nearby towns experienced increasing conflict between the old residents with historical roots in the town whose lives centered around farming, the extended family, and traditional values, and the new residents with more professional, mobile, and modern values. While informal helping was active among the older residents, their distrust of outsiders and formal services, exacerbated by their feeling that the

newcomers posed a threat, made it difficult for the representatives of the formal agency to develop a legitimate supporting role in the community.

Instability may be hardest to overcome when a neighborhood is composed of short-term transitory groups who have relatively little identification with the neighborhood. Despite this caveat, several programs were able to involve a transient population of students in more structured informal helping roles such as volunteers or as participants in groups that maintained an identity although individual members came and went. Another kind of transitory group is the population which has developed a cyclical pattern of movements, for example, between the Indian reservation and the city, or between the United States and Puerto Rico. Agencies found it difficult to rely on natural helpers in these communities since they were apt to be part of this recurring cycle of migration.

INTEGRATING INSTITUTIONS

Active informal helping networks within a neighborhood may also be partially due to the presence of places or institutions which allow and encourage people from the locality to get together in the course of their daily lives. The concept of the "behavior setting" can be used to refer to places where particular types of activities tend to occur (Barker, 1978). Behavior settings that might encourage neighboring acquaintance and exchange could include a grocery store that serves a small clientele and provides chairs or a snack bar where people might linger, a community baseball game, or a meeting of a senior's group in one of the churches. The activities may be very much influenced by the social norms and physical environment of that setting: whether there are high fences, people walk regularly, or there are neighborhood stores and churches. Settings of relevance to informal helping can range from formal, organized settings and institutions to less organized and more spontaneous social encounters.

Institutions such as schools, religious institutions, neighborhood organizations, and businesses which serve a limited local area can be very influential in uniting people within a neighborhood. Such institutions and behavior settings also were found to serve a variety of functions for clients of the agencies we studied. They were often the locus of natural helpers or of role-related helpers identified by the

agency as helpers to their clients (see Chapter 2). These helpers were likely to contact many clients or potential clients because of their role in the setting: religious figure, storekeeper, postmistress, librarian.

In other cases, the institutions or behavior settings served as gathering places in which links could form among neighborhood residents. In many communities there were bars or cafes frequented by local residents. In one neighborhood in New York City some of these had developed into social clubs for the Puerto Rican residents. Each club served as a gathering place for people from a specific town or locality in Puerto Rico and sponsored social events. While these social events served to build social bonds among those who lived in the New York neighborhood, they also kept alive locality-based ties among people who were more than 1000 miles from the locale in which the ties had originated.

The opportunities for social contact are often more organized. In addition to religious institutions, organizations such as the volunteer fire department and its associated ladies auxiliary may serve as the center of social life in a rural area. They tend to gain in importance as other integrating institutions, such as school districts, become regionalized and lose their integrative function. In small towns, voluntary associations such as the Grange, Moose lodges, Masons, and labor unions often are important. These organizations are likely to be sources of ties to key people inside and outside the neighborhood who have the information and knowledge needed to solve personal and neighborhood problems (Warren & Warren, 1977).

Two examples from our study suggest how behavior settings can also play an important role in the work of programs for the former mental patient. A program in New York State for deinstitutionalized adults, both mental patients and the developmentally disabled, had established a comprehensive housing and training program to ease the transition of clients back into the community. Agency staff developed an array of means to integrate clients into the community, ranging from encouraging them to take part in free or inexpensive events in the community—the library, films on the college campus—to developing opportunities for more active involvement and even creating settings that involved their clients with others in the neighborhood, e.g., baseball games, dances.

This program also illustrates how a local cafe can serve as an integrating force for clients. A diverse group of individuals from the

community surrounding a university organized the cafe on a completely voluntary, nonprofit basis to provide a place where neighborhood residents could meet to talk and have low cost nutritious meals. Agency staff who frequented the cafe discovered that mental patients who went there were treated very sensitively. In conjunction with community members, staff decided to enhance the function the cafe was already serving informally. A staff member from the agency volunteered to cook dinner one night a week with a group of the agency's present and former clients. Although more clients probably come to the cafe that night than usual, at least half of the patrons are regulars of the cafe. The cafe is a very valuable resource to the program and the neighborhood; the people who volunteer there tend to be excellent sources of information about services and ways to get things done.

The role of agency staff can vary from attempting to create behavior settings that bring the neighbors together, such as a neighborhood organization or a drop-in day care center, to integrating new people into existing settings, to creating new roles that encourage neighbor interaction. For example, block workers who are asked to deliver calendars to their neighbors listing monthly events at the senior center also have an excuse to stop and chat with their neighbors once a month. Without such agency-initiated opportunities to interact, neighbors may live side-by-side for years without developing relationships that allow them to exchange help when the need arises, or even to discover that there is a need.

Strategies for Different Types of Neighborhoods

The presence of neighborhood stability, certain cultural traditions, heterogeneity of population groups, and key integrating institutions or settings can influence the nature of the informal system of helping and the kind of role the agency can play in a community. These factors are important because they shape the amount and kind of social interaction among residents, influence residents' perception of a shared neighborhood identity, and influence the social, political, or economic linkages residents have to the broader community within which the neighborhood is situated. Warren and Warren (1977) have classified neighborhoods according to these three dimensions—social interaction, neighborhood identity, and external linkages with the community—and pointed out the

extent to which the resulting types require different strategies for working with residents. We used their typology to classify the neighborhoods in our study. Several neighborhood types with which agency staff were working illustrate how strategies may be modified. It should be noted, however, that most of the neighborhood-oriented agencies we studied were working with neighborhoods wherein there was a high degree of social interaction among residents.

In one type of neighborhood, called parochial in the Warrens' typology, most residents know each other, interact often, and share a sense of neighborhood identity, but have few ties with the broader community and generally screen out what does not conform to their own norms. Staff working with parochial neighborhoods emphasized the very informal and personal elements of the network—neighbors and natural helpers. Since parochial neighborhoods tend to be well integrated internally and relatively isolated from the rest of the community, it was easier to work with the neighborhood as a system and less necessary to rely on the personal network of a particular client. Indeed, several agencies commented that parochial neighborhoods had traditionally relied heavily on informal and local sources of support, with a religious institution often playing an important role. Reliance on the informal system appeared to derive in part from constrained choices in lower income and minority areas and in part from normative preferences for nonpublic care (Abrams, 1978).

The experiences of several agencies suggest that natural helpers are not present in all communities, or that if they are present, staff find it difficult or impossible to identify them. In the case of one transitory community characterized by low social interaction and little neighborhood identity, program staff could not find people even in such central positions as ministers and school principals who could identify natural helpers. The more organized and less spontaneous helper roles—role-related helpers and people with similar problems—could be found and relied upon across neighborhoods that differed in their level of interaction, identity and ties with the broader community.

One agency working with three rural communities classified as transitory, parochial, and integral illustrates the necessity for different approaches with different types of neighborhoods. In the parochial community, the agency found that a strategy in which staff kept a low profile and relied heavily on the informal system of natural helpers was most effective. In an integral community characterized

by high levels of neighborhood identity, interaction, and ties to the large society, it proved possible to work both with the informal system of helpers and with the formal system of governmental and other community leaders. The transitory community, however, was in a state of change that involved a clear conflict of values between the "oldtimers" and the "newcomers." The community of older residents was very suspicious of outsiders and the program staff had to move slowly, work with very concrete problems, and concentrate on working with the formal leadership of the town.

Another program working in a rural area found a similar problem of resistance to the program in one very rural, parochial area compared to greater success in an integral small town. This program involved a relatively formal training process for informal helpers and made extensive use of leaders of the formal system—government, religious institutions, local agencies—as entry points into the community. This strategy proved better suited to the functioning of the integral community with its vertical linkages than to the parochial community. A more informal approach through the community natural helpers might have been more successful in the parochial community.

Summary

This chapter has discussed the experiences of agencies which chose to focus on limited localities in working with informal helping networks. For those populations and problems for which it is suitable, a locality-based approach has a number of advantages. First, it allows the agency to deal with the area as an ecological system and to understand the functioning of an entire informal social network within a locality, rather than focusing on individuals simply as clients. It becomes practical at the neighborhood level to work with a whole community of different kinds of informal helpers and helping in order to meet the needs of clients.

A locality-based approach also allows an agency to work concurrently with more than one target population and at times to effectively combine programs. Such programs are more able to work with multiproblem families, for they have the potential to address a wide variety of problems and to take advantage of the numerous ties the family may or could have with the community. There is less need to coordinate through multiple programs on a citywide scale in order

to handle such complex sets of problems. Programs which include more than one target population may also be able to make better use of natural helpers, since such helpers are often central to people whom agencies would classify as belonging to different target populations.

Finally, locality-based approaches can take advantage of some of the unique assets of neighbors as helpers: their ability to recognize a crisis and respond quickly, and the ease with which mutual aid can be integrated into everyday activities.