Findings Synthesis: Social Support Norms among Colorado Families

Highlights from Listening Sessions in Five Colorado Communities

REPORT HIGHLIGHTS

- **Three key findings resulted from the community listening sessions:**
  - Informal support comes mostly from close relationships.
  - Social support needs exist along a continuum, requiring different sources of support.
  - Asking for and giving support happens most comfortably in mutual relationships.

- **Recommendations for the Partnership's community norms work include:**
  - Social connections should be fostered with consideration to unique cultural and community context.
  - Cultivate formal and informal supports side-by-side.
  - Focus on norms related to mutual relationships to reduce stigma and strengthen cohesion.

- **Implications for the community norms survey administration and use are also outlined.**

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Note on Gender Inclusive Language

The Colorado Evaluation and Action Lab validates, honors, and uplifts all gender identities and affirms our commitment to the use of gender inclusive language. Throughout this report, we follow the guidance of the Associated Press Stylebook and the Chicago Manual of Style and use the gender inclusive singular "they" when appropriate, as well as use gender inclusive terms when describing physiologic and social processes such as pregnancy, childbirth, and parenting, unless a direct participant quote.

Introduction

The Colorado Partnership for Thriving Families ("the Partnership" or "CPTF") aims to create conditions where children and the adults in their lives—parents, family members, caregivers, providers, and educators—can thrive. The Partnership is a cross-systems collaborative that includes partners from: the Colorado Department of Human Services (CDHS); the Colorado Department of Public Health and Environment (CDPHE); the Colorado Department of Health Care Policy and Financing (HCPF); staff of county departments and nonprofit agencies working in the fields of child maltreatment prevention, maternal and child health, and early childhood; and parents, caregivers, and families with lived expertise. The Partnership works toward the shared "North Star" goal of increasing well-being for families with young children, with a focus on prenatal to 1. The Partnership's theory of change depicts primary drivers of change in three priority areas that, together, work to achieve this shared goal:

- Priority One: Systems Alignment (enhance cross-system service coordination);

- Priority Two: Early Touch Points (expand availability of family services and supports); and

- Priority Three: Community Norms (positively shift community norms on support behaviors and increase social connections and cohesion).

As a collective impact effort, the Partnership aims to influence systems-level change and bring to scale successful strategies tested within their sandbox.

Why a Focus on Social Connections and Support?

Strategies for increasing social connections, cohesion, and support are being explored by the Partnership as part of Priority Three (community norms). Social support is critically important to caregivers' capacity to parent and, in turn, families' ability to thrive.[1] Social support comes from both formal (i.e., professional helpers, usually paid) and informal (i.e., friends, families, neighbors, community members) networks.[2] Social isolation, or the absence of social support, is a risk factor for parental stress and child maltreatment.[3, 4] Conversely, social connections are one of the five leading protective factors identified in the Strengthening Families™ Protective Factors Framework.[5] With strong social connections, parents and caregivers may experience fewer stressors, buffer the negative experiences of stress when it does occur, and promote resilience.[6, 7, 8] The Protective Factors Framework outlines four types of social support that emerge from social connections: emotional, informational, instrumental, and spiritual. These four categories align with leading health behavior research[9] on types of social support, with "spiritual support" most closely aligned with "appraisal support" or information that is used for self-evaluation.

> **Types of social support provided by social connections:**
>
> - **Emotional** – expressions of empathy, love, trust and care (e.g., showing empathy in hard situations, listening without judgment)
>
> - **Informational** – advice, suggestions, or information (e.g., giving parenting advice, recommending an after-school program or housing resource)
>
> - **Instrumental** – tangible goods, aids, or services (e.g., offering transportation, providing child care, giving someone a meal)
>
> - **Spiritual (or appraisal)** – feedback that helps one self-assess strengths and needs (e.g., reminding someone of their qualities that help them be a great parent)

The [Centers for Disease Control and Prevention's (CDC) Essentials for Childhood framework](#) has identified changing social norms to support parents as an evidence-based strategy for preventing child abuse and neglect. Research demonstrates that perceptions of norms are strong predictors of behaviors and, as such, cultivating positive community norms can help to shift both risk and protective behaviors to reduce child maltreatment.[10, 11, 12] The Partnership is looking to cultivate social connections and strengthen social cohesion by positively shifting norms around supporting-seeking and support-offering behaviors, with an **emphasis on informal support networks.** Taking guidance from the CDC's *Seven Steps to Promoting Positive Community Norms*,[13] the Partnership is collaborating with the Center for Health and Safety Culture (CHSC) at Montana State University to develop a survey that can be used to assess community norms on social connectedness and support behaviors. The end goal is to use survey results to: (1) develop a Colorado-specific behavioral model on social connections and support; and (2) use the behavioral model to inform public awareness efforts and localized norming projects in Partnership demonstration counties.

> *"Creating a context of positive norms matters because it establishes an expectation and acceptance of healthy attitudes, behaviors, programs, and policies. Momentum for positive change grows when more people in a community recognize that the norms of people around them support such change."*
>
> **- CDC, Essentials for Childhood**

In aid of this work, the Colorado Lab conducted a series of listening sessions with Colorado parents/caregivers to contextualize the survey and better understand diverse family and community experiences of social connections and support.

Description of the Project

Surveys can reach large audiences efficiently and are a vital tool in assessing change over time. They can be limited, however, in their ability to tell the full story of a given experience and are not always inclusive of diverse populations, different parenting structures, and unique community values. Additionally, including community interests and family leadership in the design of surveys can help to ensure results are meaningful and actionable. Qualitative methods can be used to help address limitations of surveys while also providing a richer picture of the issue. A combination of methods and the collection of qualitative narratives is especially vital for collective impact evaluation.[14, 15]

> **The purpose of this project was to elicit diverse racial, social, cultural, and geographic insights on how social connections and support show up in the lives of parents/caregivers in Colorado, including their experiences, needs, and hopes. In doing so, findings can be used to promote family-centered, equity-grounded survey use and cultural responsiveness in community norms strategies chosen.**

Co-design of the Listening Sessions

To elicit rich narratives on experiences of social connections and support, listening sessions with parents/caregivers in five Colorado communities were conducted by the Colorado Lab in November 2021. The Colorado Lab partnered with the five demonstration counties currently supported by the Partnership to co-design the sessions. With guidance from county and community representatives, we identified opportunities to recruit and engage a breadth of parents/caregivers. County representatives also helped

identify local facilitators trusted by families that could help inform listening session design and serve as co-facilitators. A facilitator guide was developed to create consistency across sites during data collection, while also allowing for unique community considerations to emerge. The guide was divided into three parts: (1) rapport building and centering the conversation; (2) questions on the *who*, *what*, and *how* of social connections and support; and (3) reflections on sample questions from the community norms survey being developed by CHSC. Listening sessions lasted 1.5 to 2 hours. Participants were provided a $25 gift card in appreciation for their time and local facilitators were provided a modest stipend. Narratives were professionally transcribed, translated (where applicable), and analyzed using a combination of emergent thematic analysis and focused deductive coding, to ensure actionability around the community norms survey and subsequent norming strategies.[16, 17]

Site Characteristics and Participant Sample

Table 1 summarizes the five demonstration counties targeted and the final participant sample for each county. Listening sessions were intended to be a first pass at gathering narrative data to inform the Partnership's community norms work. As such, convenience sampling was used to cast the net far and wide, with an eye toward purposeful recruitment and partnerships that would promote inclusion of multiple cultural and social identities, family structures, economic realities, and parenting experiences. Parents/caregivers with young children were the target population, though those with older children were not excluded from participation if they expressed an interest. Participants had a range of one to six children, with some also having several grandchildren, and child ages ranged from infancy to young adult.

Table 1. Project Reach

County	Primary Partner(s)	Language Session(s) was Conducted In	Total Number of Participants
Adams	Early Childhood Partnership of Adams County	Bilingual – English and Spanish	7
Boulder	Boulder County Public Health, Boulder County Department of Housing and Human Services	One English session One Spanish session	12
Denver	Public Health Institute at Denver Health, Roots Family Center	Spanish	4 parents/caregivers 7 home visitors[i]
Jefferson	Jefferson County Public Health, Jefferson County Department of Human Services, Circle of Parents	English	10
Prowers	Prowers County Department of Human Services, Cornerstone Family Resource Center	Bilingual[ii]	5
		TOTAL	**45**

[i] Roots requested home visitors working with families also participate to encourage rapport and expand insights.
[ii] The session was designed as a bilingual dialogue; however, no participants requested to participate in Spanish day-of. As such, the session was conducted in English.

Key Findings

Three key findings emerged from the analysis of participant narratives. These findings speak to the **who** of social connections, **what** types of social support are needed and given, and **how** support-seeking and support-offering behaviors are promoted or inhibited. Throughout the findings, we also identify leading cultural and community considerations that emerged for five **affinity groups**: parents/caregivers of children with disabilities; parents/caregivers with substance use disorders (SUD); families in rural areas; families with undocumented members; and families in lower socioeconomic (SES) status households. Other cultural and social considerations, such as language and behavioral health, are also highlighted.

Figure 1 depicts one word expressions from participants of social support and connections. These words grounded the community dialogue and embody the complexity of community norming around support.

Figure 1. Expressions of Social Support and Connections

Key Finding #1 – Informal support comes mostly from close relationships.

> **Family and close friends were the most frequently identified sources of informal support.**
>
> **Individuals affiliated with health, human service, and educational institutions were the most frequently identified sources of formal support.**
>
> **Informal supports are often conditional and lacking.**

While the listening sessions were designed to focus on social connections with informal networks, as this is the focus of the Partnership's community norms survey and Priority Three, the distinction between formal and informal support was not readily made by parents/caregivers. This, in part, reflects the

conditional nature of informal support, the (lack of) informal networks available, and the differential social support needs of parents/caregivers which cannot be reliably achieved from informal networks alone. Table 2 summarizes the most frequently cited sources of social support.

Family and close friends were the most frequently identified source of informal support. For asking for and offering support, strengthening relationships, and growing new connections, participants prioritized closer relationships (e.g., family, friends) over those of convenience (e.g., neighbor, co-worker). This pattern largely results from close relationships being viewed as more reliable, trustworthy, and consistent. Other informal supports have layers of complexity that make increasing connections and cohesion more difficult, though close relationships are also riddled with complexity, as discussed below.

Table 2. Most Cited Sources of Support

	Informal Support Networks	Formal Support Networks
High	Close friends Family outside of home (parents, mothers-in-law, adult siblings)	Individuals affiliated with institutions (e.g., therapist, nurse, home visitor, school staff)
Medium	Support groups (e.g., Circle of Parents) Self Church/Bible/Faith community Family inside of home (spouse, multigenerational homes)	Human service and public health county and state systems (e.g., WIC) Community Programs (e.g., formal parenting programs)
Low	Neighbors Parents at schools Work/Boss	Family friendly work policies

Cultural and Community Considerations for Fostering Social Connections

- Parents/caregivers who move to a **new area as adults or who have children with disabilities** have fewer informal social connections.

- Parents/caregivers may deliberately distance themselves from **unsafe family members**, which can lead to low to no family support and cohesion.

- **Families with undocumented members**, as well as families living in **rural areas**, are less likely to trust neighbors, coworkers, or other community members.

- **Parents/caregivers impacted by SUD** often lose their informal networks once in recovery; while those networks may have enabled their addiction, the loss is still experienced as a support loss.

- **Families in lower SES status households** have less access to community activities (e.g., gyms) where new connections could be made.

Conditional nature of informal support. When reflecting on the "who" of their social connections, participants were quick to note the conditional natural of informal support. For example, a participant going through a divorce lost the strong support they previously had through their church, or a parent asking their family for clothing for their child was judged for the child's clothing size. Cultural and community conditions also influenced who participants forged social connections with. For example, participants living in rural communities expressed a high value on privacy and viewed their neighbors as unreliable at best to untrustworthy at worst. This was especially true when seeking support around child care, as "who you trust your kids with, even for a quick errand, really matters." Similarly, families with undocumented members were more hesitant to forge relationships outside of close friends and family, for fear of punitive immigration action or discrimination. Cultural and linguistic considerations were also highly cited: social connections can be difficult to forge when neighbors and community members around you only speak English and you speak Spanish. Cultural differences around parenting practices and food, for example, can also make social connections outside of close relationships not worthwhile.

"Like I always say to my husband, we are alone here. We don't have nobody, you know, nobody. There's no way to go to my neighbor and say, 'Can you watch my kids for 10 minutes?' Because you never know what these people are going to be like, you know? In Mexico, we just go and tell a neighbor. 'Can you watch them?' And I'm like, no, we can't do that here."

Lack of informal supports available. Participants were quick to point out that not everyone has friends or family to even build social connections and cohesion with. Some have purposefully distanced themselves from family members who are physically or emotionally abusive, or who encourage parenting practices different than their own (e.g., corporal punishment vs. relationship-based parenting). When participants move to a new area as an adult, they most often move away from family/friends and new relationships can be difficult to forge. Additionally, parents/caregivers of children with disabilities commonly struggled to find reliable support from family with friends, as the children's care requires specific knowledge that few informal connections are equipped to understand or cared to handle. Combined with the conditional nature of informal support, participants expressed that even if they wanted more social connections and stronger cohesion with friends and family, this simply was not an available option within their current reality.

Notably, participants explained that meaningful informal social connections often came from specific individuals who entered their lives through formal support structures. For example, parents/caregivers impacted by SUD were often introduced to Circle of Parents through someone involved in their child welfare case. Both Circle of Parents itself and the individual relationships developed from it were significant sources of new support. This was noteworthy given that parents impacted by SUD often lose their informal networks once they embark on their recovery journey. While previous informal networks may have enabled the addiction (i.e., friends who also use substances), the loss is still experienced as a support loss. In such cases, a formal structure to help create healthier new informal social networks was particularly meaningful. Other participants shared that they become very close with another family they met through their child's afterschool program. This was not about *weak* connections with *many* families, but a *strong* connection with just *one* family. Community organizations, such as a family resource center, also commonly served as formal connection points that created more stable and sustained informal support, even after the program or class ended. Other pay-for-fee community spots, such as gyms, hold promise for creating new connections, but are out of reach for families in lower SES status households.

Differential support needs. Different types of social support needs mean different sources of support. As discussed more in Key Finding #2, instrumental, informational, and emotional support were the most commonly cited needs. Informal networks were most looked to for informational and emotional support, but instrumental support most often came from formal networks. As discussed more in Key Finding #3, stigma, economic realities, and norms around self-sufficiency made asking informal connections for instrumental support very challenging. Yet, instrumental support was deeply needed. In alignment with Maslow's Hierarchy of Needs, participants needed their basic physiologic (e.g., food) and safety (e.g., safe shelter) support needs met before other support, such as emotional, could be prioritized. To this end, participants identified formal social networks, such as county-run economic security programs or afterschool programs, as a primary way instrumental needs were met. Formal networks, especially direct connections with an individual such as a nurse or home visitor, also were sought for emotional and informational support, due to the unreliable, unavailable, or untrusted nature of informal networks. However, previous negative experiences and inequitable systems discouraged or prevented some participants from accessing these formal supports. In such cases, both informal and formal social connections were lacking and cohesion weak, leaving families without vital support.

Key Finding #2 – Social support needs exist along a continuum, requiring different sources of support.

> **Instrumental support, particularly child care, transportation, and financial resources, were frequently shared as unmet survival needs.**
>
> **Informational support was cited as necessary to both better support their own family and their networks.**
>
> **Emotional support is needed to move from surviving to thriving, but difficult to obtain or prioritize.**

When exploring experiences of the "what" of support—that is, the types of social support parents/caregivers need to survive and want to thrive—it became clear there was a hierarchy to support most needed *and* to the sources most likely to provide that support. Social support needs also changed depending on cultural, social, and community context.

Cultural and Community Considerations for Types of Social Support

- **Families in lower SES status households** commonly have informal social connections that equally struggle with economic security. Most instrumental support needs cannot be readily met.

- Parents/caregivers who spoke **languages other than English** experience more barriers in receiving every type of social support, from both formal and informal networks.

- **Parents/caregivers of children with disabilities** and **single parents** are frequently isolated due to greater caregiving responsibilities combined with lack of shared experiences with others.

- **Families in rural communities** may be less likely to seek out emotional support due to internalized norms around strength expectations and a value of privacy.

- **Parents/caregivers impacted by SUD,** especially when child welfare-involved, have increased emotional and informational support needs that require specialized understanding.

Instrumental support. The most frequently identified need was instrumental support. Many participants discussed lack of child care as a barrier to accessing or requesting further supports and completing self-care or daily tasks such as sleep, medical appointments, or holding down regular work schedules. For many, the cost of formal child care was prohibitive. At the same time, participants shared that they also did not want to take advantage of family members and other informal

> *"We all need different people in our lives who are good at certain things or that appreciate us for different qualities that we have. And it [support needs] sort of depends on the situation."*

supports because they view their children as a personal responsibility and informal networks can be unreliable, untrustworthy, or conditional (as discussed in Key Finding #1). Relying on informal networks for child care was especially difficult for parents of children with disabilities, who described concerns for their children's safety and for an informal caregiver's ability to provide care. At the same time, formal supports specific to children with special needs are less common and unaffordable, and they require substantial effort to obtain. For single parents, child care was similarly a challenge to access and an even higher need, as there is no other co-parent or spouse in the household with whom to share responsibility.

When child care is unavailable, participants would either struggle in bringing children with them to spaces that were not child-friendly (e.g., doctor's offices) or put off tasks that would otherwise help them meet other vital needs (e.g., sleep, work, medical appointments). Additionally, transportation, housing, and financial resources were frequently stated as unmet instrumental support needs that informal connections were least likely to help with, either by choice or ability. This was particularly true of families in lower SES status households, who commonly live in disadvantaged areas and have informal networks where economic realities prevented asks or offers for tangible goods.

Informational support. Participants also described the high need for informational support, which could help them better access instrumental supports. Most often, participants identified a need for information about formal support resources like food security or housing, as well as community opportunities like respite care or an early childhood parenting group. Paired with this need for informational support was a sense of obligation to their informal networks, to share information gained and ensure that others would benefit from their increased knowledge. For non-English-speaking participants, however, lack of outreach materials available in multiple languages, or the service itself not being available in languages besides English, inhibited this potential for informational support offered to be meaningful.

Emotional support. Emotional support was also a highly cited need. To move from surviving to thriving, participants shared the importance of emotional support, where they could connect with other parents/caregivers or adults in a non-judgmental way and with the shared experience of the joys and challenges of parenting. Emotional support was often hard to ask for, however, due to internalized feelings of having to "be the strong one" and seeing the need for emotional support as a sign of weakness. This was particularly cited by families in rural communities, where expectations of strength and a value for privacy run high. For parents of children with disabilities and single parents, finding emotional support was particularly challenging, as they often lacked informal social connections that understood their unique experiences of parenting, or when emotional support was sought, it was fraught with judgment or unhelpful advice. Similarly, for parents/caregivers impacted by SUD, especially when child welfare was involved, informal support networks often did not understand the complexity of their situation.

Notably, spiritual or appraisal support was referenced least often by participants as a social support need or want. When it was mentioned, it was typically paired with emotional support. This may reflect the intertwined nature of emotional and appraisal support, and/or reflect lack of exposure to appraisal support among parents/caregivers who participated.

Key Finding #3 – Asking for and giving support happens most comfortably in mutual relationships.

> **Primary barriers to asking for and giving support included expectations around self-sufficiency, stigma, and judgment.**
>
> **In a reciprocal relationship, participants felt less likely to be judged when asking for support. They are also more willing to provide support when they know they will be supported in return. In turn, trust and rapport were effectively built.**
>
> **Shared identities within reciprocal relationships were especially appreciated.**

Participants reported several reasons why asking for or offering support was challenging. Many of these, such as economic realities, immigration concerns, and lack of trust, have been illustrated in Key Findings #1 and #2. Here, we summarize major barriers to asking for and receiving support, as well as highlight the driving facilitators of successful support-seeking and support-offering behaviors.

Primary barriers to asking for and offering support.
Internalized expectations around self-sufficiency was a leading barrier to both asking for and offering support. This was especially true for instrumental and informational support from informal networks, where internalized expectations around self-sufficiency meant asking for resources or goods to meet basic needs of their family was experienced as shameful or uncomfortable. Similarly, emotional support from informal networks was often difficult to obtain due to fear of being judged as weak or "not good enough," especially when the needs were related to parenting or spousal relationships. Barriers of stigma and judgment were nearly universally shared. For sources of formal support, lack of awareness of resources, hard-to-navigate human service and public health systems, burdensome eligibility requirements, and discriminatory treatment were cited as major barriers.

"I wish that I was able to say, 'You know what? I'm working late. I didn't have time to cook. Can someone help me out?' But we really don't do that as a society much anymore, you know, and especially as women, it seems like a pride thing. I don't know if I feel comfortable saying that [I need support], even if I really needed it."

Generally, participants were more willing to offer help than to ask for it. Still, several barriers to offering support persisted. Reasons parents/caregivers might not offer support include perceiving the recipient as someone who is always asking for help but never offering in return, if the requester is perceived as "rude" when asking, fear around offering a little and then being taken advantage of (i.e., "give an inch, they take a mile"), lack of awareness of resources available in the community, and simply not having enough time, resources, or bandwidth internal to their family to share with others.

Other primary barriers cited were connected to the unique cultural, social, and community conditions of the family, as summarized below.

> **Cultural and Community Considerations for Primary Barriers to Asking for and Receiving Support**
>
> - **Rural communities** have a shared value of privacy that can prevent dialogue and action.
>
> - **Parents/caregivers impacted by SUD** experience intensified stigma, discriminatory treatment, and internalized experiences of not being worthy of support.
>
> - The **mental and physical health of parents/caregivers** can reduce behavioral capacity, especially for depression and anxiety disorders, those immunocompromised, or with mobility issues.
>
> - **Families with undocumented members** report fear of deportation and other immigration-status challenges, such as eligibility for a resource connection offered.
>
> - **Parents/caregivers of children with disabilities** experience higher rates of judgment and lack of shared understanding from informal supports in their life.
>
> - **Families in lower economic households** are commonly unable to provide instrumental support.

Driving facilitators to asking for and offering support.
Trust and rapport were crucial for individuals to ask for support. Without those qualities to a relationship, participants worried about the stigma of asking for help, seeming weak, or being judged. This was especially true for parenting-related requests. For

> *"It really takes a while to build up those relationships and to feel like you're part of something."*

example, a participant who struggled with breastfeeding contacted their sister when they were in crisis. When their sister showed up without judgment, it showed the participant that it was okay to ask this person for smaller, day-to-day emotional and informational support before reaching a crisis point. In that moment, both trust and reliability were fostered, which in turn led to greater cohesion in the relationship and a willingness to seek out support more consistently.

A related driving facilitator was found in the reciprocity of the relationship. When participants knew they would be able to offer support in return, they viewed the relationship as mutual and felt more comfortable asking for help. Reciprocal relationships—where both parties needed and received support—helped to reduce some of the stigma that parents/caregivers can feel when asking for support. For example, with emotional support needs, reciprocal relationships helped to overcome fear of judgement due to a "we're in this together" mentality. When struggles were shared and transparent, emotional support was more likely to be sought and offered consistently. For all social support types, when identities or experiences were shared, support was both easier to ask for and to give, as these are the people who "get it" and the story does not have to be told again and again, only to be misunderstood or judged.

Recommendations for Community Norms Work

As discussed in the Introduction, positively shifting community norms around social connections and support is an evidenced strategy for reducing child maltreatment and improving family well-being. Based on findings, we make three intersecting recommendations for the Partnership's work around community norms. Figure 2 illustrates key activation pathways for increasing social connections, cohesion, and support among informal networks, as informed by study findings.

Figure 2. Activation Pathways for Increasing Social Connections, Cohesion, and Support
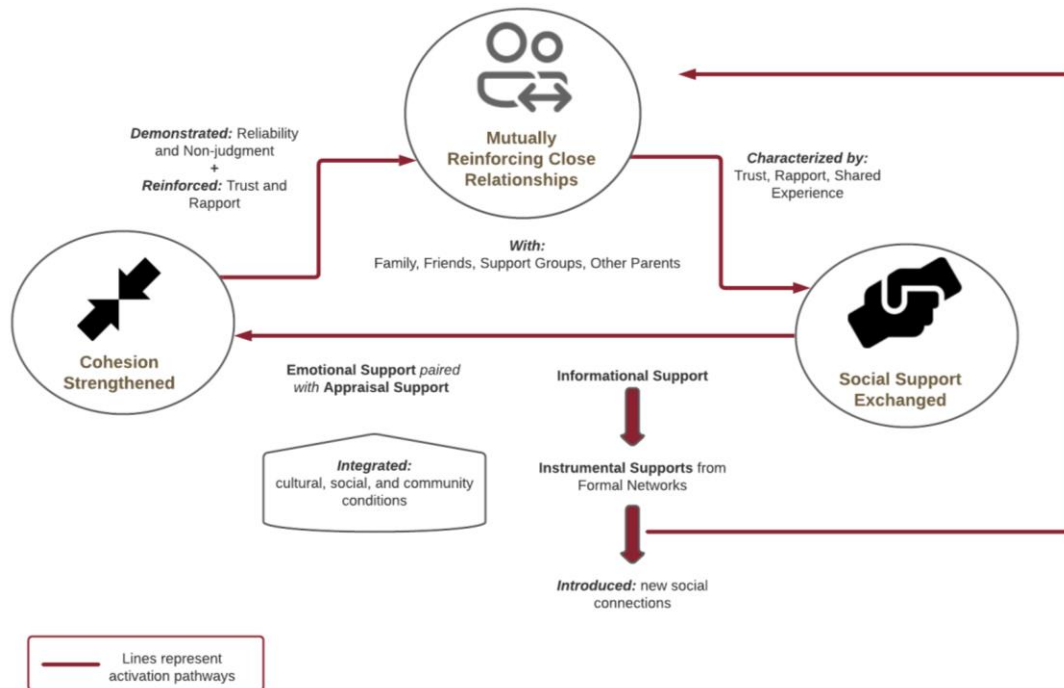
Recommendation #1 – Social connections should be fostered with consideration to unique cultural and community context.

> A "one-size-fits" all strategy for fostering social connections will not work. Choosing the right strategy to increase social connections and strengthen cohesion will depend on the cultural and community context. Without responsiveness to these unique considerations, the norming strategy is unlikely to succeed.

All key findings revealed unique cultural and community factors that impacted social connectedness and the navigation of support-seeking and support-offering behaviors. When developing community norms strategies, the Partnership should take care to understand the cultural and community conditions of the target population and/or geographic area. This is especially true for any larger scale public awareness efforts, where messages are harder to nuance and a "common denominator" approach is often taken. While effective at reaching the masses, positive impacts resulting from such campaigns are likely to be differentially experienced depending on population and community. As such, locally-based strategies may prove more successful in advancing equity during community norming work. Collaborating with family leaders and cultural brokers in developing both large public awareness and locally-based norms strategies will be essential to ensuring cultural and community context are robustly represented.

Recommendation #2 – Cultivate Formal and informal supports side-by-side.

> Create a bridge between informal supports and formal supports to more holistically meet the continuum of needs families have.
>
> Formal networks should expand reach, access, and cultural/linguistic responsiveness. Informal networks should be promoted to help families meet emotional support needs and through informational support, also connect them to instrumental supports from formal networks.

Moving from surviving to thriving requires both formal policy and practice solutions as well as community-grounded informal connections. Relying solely on one or the other leaves gaps – systemic supports are not equally accessible, but community support is also socially conditional. Different support needs also require different sources of support. Instrumental support is much more likely to come from formal networks, while informational and emotional support are most ripe for informal networks. Additionally, too much of an emphasis on one source of support can reinforce harmful narratives or miss the mark on sustained solutions. For example, an over-emphasis on informal social support in community norms work can have the unintended consequence of reinforcing a "you're on your own" mentality, where families may feel formal support networks are no longer acceptable or available. For those where informal social connections are fraught with concerns about availability, reliability, or trust, this emphasis on informal supports can be a pointless or even harmful message. A balanced approach can be found in bridging the gap between formal and informal supports. The Partnership is well situated to create this bridge when Priority Three (community norms) is viewed in relationship to Priority Two (early touch points) and both are connected via Priority One (systems alignment). Ensuring any norms work is done with specific attention to other efforts in priorities one and two will be crucial to cultivating informal and formal supports side-by-side and to creating actionable learning that spans all three priority areas.

Recommendation #3 – Focus on norms related to mutual relationships to reduce stigma and strengthen cohesion.

> To take a strengths-based approach to promoting positive community norms around social support, the driving facilitator of reciprocity in relationships should be centered. This is a meaningful way to reduce barriers of stigma and judgment, while cultivating facilitators of trust, rapport, reliability, and non-judgment.

To meaningfully increase social support and strengthen social cohesion, community norms strategies should emphasize the quality of the relationship over how far-reaching a social network is. "Quality" in this case can be understood in terms of the magnitude of trust, rapport, reliability, and non-judgment both parties in the relationship experience. These attributes are best fostered when the relationship is reciprocal and, as a value-add, when the mutual relationship is underscored by a shared experience or identity. In turn, support-seeking and support-offering behaviors are more likely to improve as stigma and harmful self-sufficiency norms are reduced. Because reciprocity is harder to maintain with more people, community norms about support should focus less on the number of connections and more on the cohesion felt within chosen close relationships. Additionally, community norms messaging should make clear that it is not the size of the gesture that matters, but the offering of support itself that is valuable.

Implications for the Community Norms Survey

Below we outline overarching implications for the community norms survey, both in administration and in subsequent use of findings to inform norms strategies. Granular guidance to the CHSC team will also be provided by the Colorado Lab as part of ongoing collaborative discussions (anticipated for January 2022). As Partnership demonstration sites build capacity to administer the survey and use results to inform locally-based strategies, the Colorado Lab can provide guidance on county-specific results that emerged.

Make the purpose, confidentiality, and actionability of the survey clear.

> **To encourage participation, the norms survey should be clear in the intended purpose, highlight how the information will be used to make change, and identify how responses will be kept confidential.**

To make the purpose and actionability of the survey clearer, consider renaming it. Since a survey can be perceived as purely informational and one-sided, adding context to the name can better demonstrate its goal. For example, a name such as "Family Insight and Action Survey" communicates both purpose—understanding families' experiences, as well as impact—centering insights to make change. Families also have "survey fatigue" and finding a way to create more family friendly language will be important for successful outreach. Additionally, while privacy is an overall concern for data collection, rural participants and participants with undocumented family members stressed the importance of confidentiality. The survey itself does explain that "responses are confidential, anonymous, and cannot be associated with your identity," but this message should also be made clear during survey recruitment efforts, before a potential participant ever even sees the survey. Without an understanding that responses will be kept confidential, the survey may be dismissed outright and valuable perspectives that cross a variety of social, cultural, and community conditions missed.

Using trusted local agencies and community organizations to distribute the survey will help to ensure messaging around purpose, confidentiality, and actionability is successfully received by parents and caregivers. The relationships community-facing groups have with families can be leveraged in helping communicate the value of the community norms work, overcoming experiences of distrust for surveys, and ensuring all parents/caregivers have a supportive partner available when completing the survey. Additionally, these community-facing groups will be central players in interpretation of findings and norms strategies chosen, as discussed below. The Colorado Lab has a list on file of the trusted local agencies and community organizations named by county, community, and family partners during this project.

Consider minor refinements to survey content.

> **There are five areas where survey content may need to be refined:**
>
> - **Expand lists of informal support networks**
> - **Revise examples of support**
> - **Update belief statements on support asking and offering**
> - **Create convincing rationale for demographic questions**
> - **Ensure both linguistic and cultural considerations during translation**

The survey **list of informal support networks** mostly aligns with responses from listening session participants. To make the survey more inclusive, three additional answer options should be considered:

support groups, spouses, and family members living in the household. The latter is particularly important to ensure cultural responsiveness, given multi-generational co-located families are most common in immigrant, refugee, and Latinx families. In addition, the survey should make clear that it is focused on social support from informal networks. Otherwise, respondents may feel key support from formal networks (e.g., social workers, WIC, etc.) is missing from the options presented. Consider adding a call-out box that provides examples of the kinds of social connections the survey is intending to capture, divided by informal (survey focus) and formal (outside of survey scope) networks.

The **examples of support** do not directly align with the four types of social support outlined by the Protective Factors Framework and leading health behavior literature on social support. Informational and appraisal or spiritual support appear to be conflated into one answer option, while instrumental support is provided as an answer option twice. Consider better aligning support examples to ensure the continuum of support needs families have expressed are covered.

There are several **statements about beliefs related to support asking or offering**. Having the CHSC team cross-walk these statements with the [primary barriers and driving facilitators](#) to support-seeking and support-offering behavior uncovered in this listening session project will help to better ensure these statements are inclusive of existing beliefs across cultural and community conditions.

While participants were not opposed to answering **demographic questions** on the survey, they were less likely to do so without a convincing explanation for *why* demographic questions are needed and what value they add to making positive change in the future. Adding a clear explanation with examples for how demographic questions will be used, while still keeping them optional, will increase response rates for these questions and the honesty with which families answer. All demographic questions should also be put in the same survey section, either at the beginning or the end (currently, they are located in two different spots of the survey).

As the survey is **translated into multiple languages**, it will be essential that both linguistic accuracy and cultural understanding are accounted for during translation efforts. Not all terms and language around social support are meaningful when directly translated. Using translators that are both linguistically and culturally responsive to the language and communities speaking the language is necessary to ensure that survey items are understood as intended.

Leverage key findings and stakeholder voice during interpretation of survey results and norms strategy development.

> **Survey findings will not speak for themselves. They must be given interpretation that is culturally responsive, family-centered, and locally understood.**
>
> **Community norms strategies should be informed by an iterative combination of survey findings, recommendations from this project, and multi-stakeholder advisory groups.**

Multi-stakeholder advisory groups should be convened by each demonstration site to help county, community, and family leaders maximize inclusive reach during survey administration and meaningfully interpret results. The advisory groups should consist of family representatives, cultural brokers, county decision-makers, community leaders, family support providers, program implementers, and others that

know family social support needs and cultural conditions of the community well. Insights from this group can be combined with listening session key findings to guide deeper, more contextualized interpretation of results. Once survey results are meaningfully interpreted, the community norms strategies explored and prioritized should be informed by an iterative combination of survey findings, recommendations documented in this project, and insights from the advisory group.

Next Steps

This project provided a first pass at gathering narrative data to inform the Partnership's community norms work. The listening session approach proved successful for gathering rich, narrative data on family experiences of social connections, cohesion and support that can inform cultural and community considerations in norms strategies. Looking forward, such community dialogues should continue to both expand insights received and as a pathway for continuous learning and action. Future rounds should target additional affinity groups, be conducted in more languages, and be offered through a combination of in-person and virtual dialogues at varying days and times. As the Partnership continues this work, the Colorado Lab can provide strategic research guidance based on lessons learned and the wealth of family insights generated through this project.

Endnotes

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