



# Informal Support among Low-Income Mothers Post Welfare Reform: A Systematic Review

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## Abstract

The vulnerability and instability of low-income mothers situated in a context with a weak public safety net make informal social support one of few options many low-income mothers have to meet basic needs. This systematic review examines (a) social support as an empirical construct, (b) the restricted availability of one important aspect of social support—informal perceived support, hereafter informal support—among low-income mothers, (c) the role of informal support in maternal, economic, parenting, and child outcomes, (d) the aspects of informal support that influence its effects, and (e) directions for future research. Traditional systematic review methods resulted in an appraisal of 65 articles published between January 1996 and May 2017. Findings indicated that informal support is least available among mothers most in need. Informal support provides some protection from psychological distress, economic hardship, poor parenting practices, and poor child outcomes. To promote informal support and its benefits among low-income families, future research can advance knowledge by defining the quintessential characteristics of informal support, identifying instruments to capture these characteristics, and providing the circumstances in which support can be most beneficial to maternal and child well-being. Consistent measurement and increased understanding of informal support and its nuances can inform intervention design and delivery to strengthen vulnerable mothers' informal support perceptions thereby improving individual and family outcomes.

**Keywords** Informal support · Low-income mothers · Social support · Safety net · Poverty

## Introduction

More than one in ten US families lives in poverty, including 30% of single-mother families and 20% of children (Proctor et al. 2016). Living or growing up in poverty strongly predicts greater barriers and instability across several interrelated life domains, including higher incidence of school dropout, unemployment, out-of-wedlock birth, harsh parenting strategies, parenting stress, and poor physical and mental health compared to those above the poverty line. Children living in poverty experience a high incidence of educational, behavioral, and emotional problems, and, similar to their mothers, poor physical and mental health outcomes (for review see Edin and Kissane 2010).

Compared to other industrialized nations, US families benefit less from the public safety net, or the available government cash or in-kind assistance (IOM 2013). The Personal Responsibility Work Opportunity Reconciliation Act in 1996, more commonly known as welfare reform, replaced the formal cash safety net with a work-based system increasing poor families' reliance on informal supports. Welfare redistribution spending across all government programs has decreased post welfare reform among the poorest families (Moffitt 2015). Just before welfare reform in 1995, almost 80% of poor families with children received cash assistance compared to 27% of such families in 2010 (Trisi and Pavetti 2012). Families in poverty do not receive benefits for a variety of reasons including hassle, stigma, lack of information or misinformation, unlawful termination, or benefit exhaustion (i.e., exceeding the time limits of benefits; Edin and Shaefer 2015). The number of extremely vulnerable families “disconnected” from employment and cash welfare grew from 12% of low-income single mothers in 2004 to 20% in 2008 (Loprest and Nichols 2011). Recent ethnographic work indicates that disconnected families act in desperate ways (e.g., selling

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plasma, working in the underground economy, doubling up with violent partners) that may subject their children to unsafe conditions (Auyero 2015).

Much of poor families' vulnerability stems from the structure of the economy including limited (a) living-wage jobs, (b) stable jobs, (c) educational access, (d) affordable healthcare, and (e) affordable housing (Auyero 2015). Although poor mothers have long-relied on family and friends to supplement cash wages or welfare (e.g., Edin and Lein 1997), the vulnerability of low-income mothers situated with a weak public safety net make informal social support one of few options many families have to meet basic needs. The potential that a mother's network and community cannot compensate for unmet needs is a critical concern given the shift to time-limited programs and few available benefits.

Social relationships are undeniably important for human functioning and well-being. From sociologist Durkheim's (1951) examination of suicide to community psychologist Cowen's (1994) work on attachment and social competencies to criminologists Laub et al.'s (1998) examination of recidivism, extensive evidence indicates that interacting well with others matters for physical, psychological, emotional, and economic well-being. With its importance, scholars have long debated the measurement of social relationships and social support (e.g., Barrera 1986; House 1981; Sarason et al. 1990). Rather than common definition and measurement, the concept often considers individual, family, or community resources and their influence on the functioning and well-being of individuals and societies (Brownell and Shumaker 1984). Social support's ever-broadening concepts in the literature, such as social networks, social bonds, social capital, tangible support, informal support, or private safety nets, all share the idea of connection to others, yet also illustrate Barrera's (2000) call for studies to clarify measured concepts.

Informal support has been defined as the "functional content of relationships" (House and Kahn 1985, p. 85). In this way, informal support captures the practicality dimension of social support's broader concept as opposed to measuring community relationships or civic group participation that are arguably less fundamental to the survival of low-income families. Specifically, informal support measures available support (e.g., practical, childcare, financial, housing, emotional) that mothers can turn to meet their basic needs. For example, common illustrations of practical support include someone to provide a ride or someone to provide small favors. Emotional support commonly includes someone that will listen to their problems when they feel low. Put simply, informal support captures whether or not mothers have others that can help them out to meet a basic need, or needs, should the need arise.

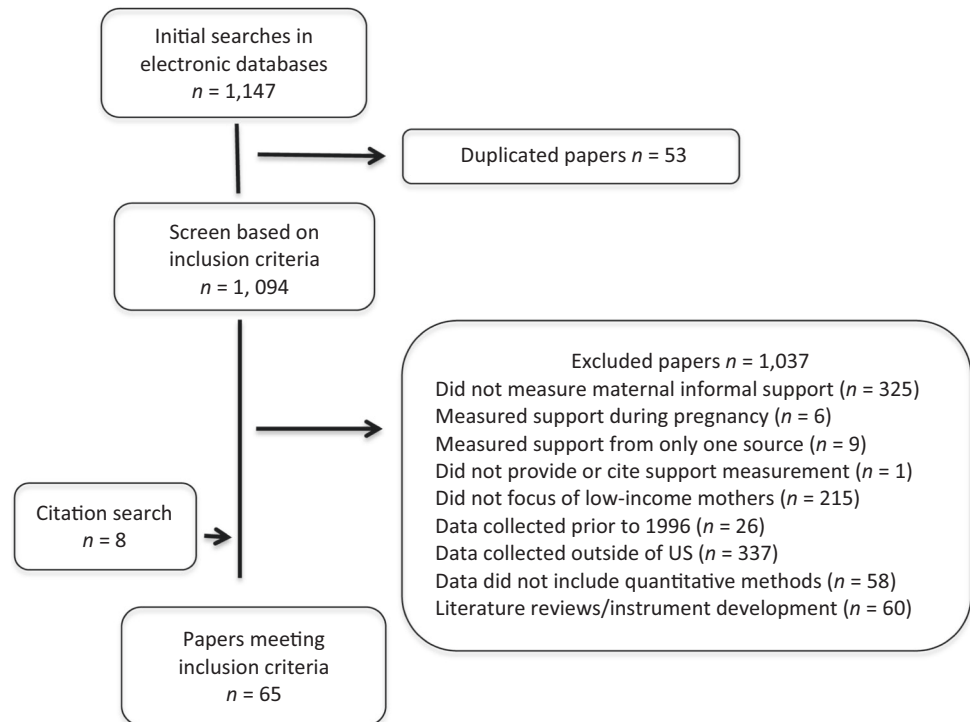
Informal support can be received or perceived. In terms of received support, individuals often do not receive support without facing hardships and a need to call upon social relationships. This increased level of need compared to those not receiving support may create a negative relationship between support receipt and well-being (Cutrona 1986). Received support can present endogeneity, or measurement error in capturing informal support among low-income families. For example, in order for a mother to receive money from a friend, the mother must be in a position to need the money in the first place. To avoid this precondition of need, perceived support measures support availability without requiring support activation. Measuring perceived support, however, introduces the potential to measure self-esteem or personality characteristics rather than actual support availability (Dunkel-Schetter and Bennett 1990; Sarason et al. 1990). A mother's perception of access to money, for example, may not equate to actual access. Yet, studies suggest that the relationship between perceived support and well-being persists net of personality characteristics (Turner and Turner 1999). Because of perceived support's stronger relationship to well-being, social support research generally examines perceptions rather than receipt (Harknett 2006; Turner and Turner 1999; Wethington and Kessler 1986).

This systematic review delineates low-income mothers' access to informal support and informal support's role in maternal and child well-being in the era of a weak public safety net. Specifically, the review examines (a) social support as an empirical construct, (b) the restricted availability of one important aspect of social support—informal perceived support—among low-income mothers post welfare reform, or after 1995, (c) the role of informal support in maternal health and well-being, economic, parenting, and child outcomes, (d) the aspects of informal support that influence its effects, and (e) directions for future research. Findings can inform targeted interventions to buoy low-income mothers' informal support networks when needed, and policies to bolster the public safety net when critical components of informal support are not available.

## Method

The SCIE Systematic Research Reviews: Guidelines (SCIE 2010) provided a general framework to search, identify, and evaluate studies for the systematic review. The framework outlines the importance of inclusion and exclusion criteria, search strategies, study selection, and study quality.

**Fig. 1** Flowchart of Article Selection Process



## Inclusion and Exclusion Criteria

To consider informal support available post welfare reform, the search included quantitative articles published in peer-reviewed journals in English that met the following four criteria: (1) examined at least one aspect of perceived informal instrumental or emotional support, (2) focused on low-income mothers (e.g., at least one-half of sample was low-income mothers with minor children), (3) used data collected in 1996 or later, and (4) occurred in the United States. Inclusion criteria did not consider predictors or outcomes of support; all studies that met the above criteria were included. Although qualitative methods could provide great insight into the functionality of informal support for low-income mothers and their families, qualitative studies identified in preliminary searches generally considered network operation (i.e., received support) and did not provide explicit criteria for measuring social support (e.g., Raudenbush 2016), an important criterion for inclusion in this study. Therefore, the review did not include qualitative studies. The review also excluded studies that measured informal support (a) as a single item on a multidimensional instrument (e.g., 21-item, Parent Risk Questionnaire), (b) as a combination of perceived and received supports, or (c) through unpublished items in which inclusion criteria could not be assessed.

## Search Strategies

To capture informal support, keywords were developed for each criterion based on librarian expertise and common keywords in pre-identified articles. Pre-identified articles' references were selected (a) based on their focus on informal support and (b) to represent a variety of data sources (pre-identified articles noted with <sup>+</sup> in the references). The following terms were used to capture informal support: informal support OR social support OR emotional support OR kin networks OR perceived support OR instrumental support OR private safety net OR informal safety net OR expressive support. The following terms were used to encompass low-income mothers: poverty OR single-mother families OR low-income families OR disadvantaged mothers OR single mothers OR fragile families. The search included an electronic search of nine databases including Social Science Citation Index (SSCI, CPCI-SSH, BKCI-SSH), PsycINFO, Sociological Collection, Sociological Abstracts, Social Service Abstracts, Applied Social Sciences Index & Abstracts, MEDLINE, Sociology Database, and Social Science Database. In addition to the electronic search, recent articles from key prestigious journals that publish in the subject area (i.e., *American Sociological Review*, *Journal of Marriage and the Family*, *Family Relations*, *Child Development*) were also searched as were the references of articles initially included in the review.

**Table 1** Summary of Included Studies of Informal Support Among Low-income Mothers Classified by Dependent Variable

Author	Data study & sample	Valid N/ analytic techniques & role of support	Operationalization of informal support	Additional key variables <sup>a</sup>	Findings related to informal support	Quality rating
<b>A. Informal support</b>						
Harknett and Hartnett (2011)	FFCWBS BA, Y1, Y3, & Y5	<i>n</i> = 4,618 mothers pooled longitudinally & 12,140 person-waves of data/ Random effects models with support as DV	Instrumental support: sum of 3 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, and (c) \$200 loan; Emotional support: someone to share confidence with	IVs: poverty level, physical and mental health problems, and childrearing burden	Poverty, poor physical health, and poor mental health related to lower levels of instrument support, and, to a lesser extent, lower levels of emotional support.	7
Harknett and Knab (2007)	FFCWBS BA, Y1, & Y3	<i>n</i> = 12,259 person-waves of data; Logistic regression with support as DV	Dichotomous indicator based on whether mothers had access in an emergency to (a) a place to stay, (b) child care, and (c) \$200 loan	IV: whether the mother or the father had a previous childbearing partner	Most mothers had access to \$200 (88%), a place to live (88%), or child care (91%). 80% perceived access to all 3 types of support. Multipartnered fertility related to weaker safety nets.	7
Meadows (2009)	FFCWBS Y1, Y3, & Y5	<i>n</i> = 2953–3972/ logistic regression with support as an IV & a DV	Dichotomous indicator based on whether mothers had access in an emergency to (a) a place to stay, (b) child care, and (c) \$200 loan	DV: depression Other variables: received support	At Y1, a partner, higher education, more income, higher future support availability, and having higher levels of received support in past year related to increased Y3 support.	7
Osborne et al. (2012)	FFCWBS Baseline, Y1, Y3, & Y5	<i>n</i> = 3399/ HLM models with support as DV	Sum of 3 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, and (c) \$200 loan	IV: family structure	Mothers in stable relationships with the focal child's father between Y1 & Y5 surveys perceived more informal support at both Y1 & Y5 surveys compared with mothers consistently single or experiencing transitions. Transitioning to single-mother family related to less support.	7
Radey (2015)	WCF Baseline	<i>n</i> = 2219; OLS regression with support as DV	Summed index of 4-item, 3-point scale of access to someone to: (a) listen to your problems when you're feeling low, (b) take care of your children, (c) help with small favors, and (d) loan you money in an emergency.	IV: Excess network burden	Mothers averaged 5.37 on the 8-point support scale. Less than one fourth of mothers had enough people to count on in all realms. 76% of mothers lacked support in all four domains. Excess network burden related to less support.	7
Radey and Brewster (2013)	FFCWBS Baseline, Y1, Y3, & Y5; unmarried mothers at BA	<i>n</i> = 3065 & 10,650 person-year observations/ HLM models with support as DV	Dichotomous indicator based on whether mothers had access in an emergency to (a) a place to stay, (b) child care, and (c) \$200 loan	IV: Passage of time from the child's birth to age 5	82% of mothers reported a complete safety net. 40% of mothers lost or gained at least one safety-net component in their child's first 5 years. Of mothers with unstable support, only 13% gained and kept a net. Support decreased as children aged and the most vulnerable mothers were left without support.	7

Table 1 (continued)

Author	Data study & sample	Valid N/ analytic techniques & role of support	Operationalization of informal support	Additional key variables <sup>a</sup>	Findings related to informal support	Quality rating
<b>A. Informal support</b>						
Su and Dumifon (2016)	FFCWBS Y1, Y3, Y5 & Y9, employed mothers	$n = 2716$ & 6839 person-waves of data/ OLS regression, propensity-weighted regression, within-person fixed effects, & residualized change models with support as DV	Sum of 3 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, and (c) \$200 loan	IV: Non-standard work schedules	Nonstandard schedules were associated with weaker support, particularly for Blacks and less-educated mothers. Changing from a standard to a nonstandard schedule was associated with small improvements in support.	7
Turney and Harknett (2010)	FFCWBS Y1, & Y3	$n = 3871$ –4211/ Poisson regression models with support as a DV	(1) Sum of 6 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, (c) \$200 loan, (d) \$1,000 loan, (e) a cosigner for \$1000 loan, (f) a cosigner for a \$5,000 loan in an emergency (2) Sum of a-c; (3) Sum of d-f	Neighborhood disadvantage; residential stability	83–88% of mothers had small amounts of monetary, housing, and child care support available. Less than 50% of mothers had someone to loan them \$1000, and only 40% had someone to cosign a \$5000 loan. On average, mothers had 4 of 6 supports. Living in a disadvantaged neighborhood and residential instability were associated with less support. Support networks existed in disadvantaged neighborhoods, but lacked the means to provide large monetary assistance.	7
Turney and Kao (2009)	ECLS-K and 2 <sup>nd</sup> follow-up (1 <sup>st</sup> grade)	$n = 12,580$ / OLS regression with support as DV	Sum of 6-item on 3-point scale: access to someone to watch child to run errand; a ride to get (child) to doctor; if (child) is sick, friends or family will check on; someone to talk things over with if (child) is having school problems; someone to loan money in an emergency; someone to talk about troubles or get advice	Race, Immigrant Status, and Ethnicity	Support was inversely related to need such that immigrants, single parents, those unemployed, those with less education, those in larger households, those with depressive symptoms, and those with more residential moves perceived less support.	7
Turney et al. (2012)	FFCWBS Baseline, Y1, Y3, & Y5	$n = 4132$ / OLS regression with lagged DV with support as DV	(1) Sum of 3 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, and (c) \$200 loan (2) Sum of 3 dichotomous indicators: access in an emergency to (a) \$1000 loan, (b) cosigner for \$1000 bank loan, and (c) cosigner for \$5000 bank loan.	IV: whether or not mother shared children with a recently incarcerated man	Mothers averaged 4 of the 6 types of support, most commonly non-financial support. Less than half reported access to large financial support. Mothers who shared children with recently, but not currently, incarcerated men reported less non-financial support and less large financial support.	7

**Table 1** (continued)

B. Maternal health & wellbeing

Ajrouch et al. (2010a)	Mothers of low-income children living in Detroit, MI	<i>n</i> = 969/ OLS with support as mediator	(1) Instrumental support: summed index of support whether they had someone they could count on: (a) if they needed someone to run errands, (b) lend money, (c) watch the child/children (d) lend a car or give a ride; (2) Emotional support: whether they had someone they could count on to give encouragement	DV: psychological distress; Other IVs: perceived discrimination	Instrumental support exerted a buffering effect to mitigate the negative influence of moderate levels of perceived discrimination on psychological distress. Emotional support was associated with less psychological distress.	7
Ajrouch et al. (2010b)	Mothers of low-income children living in Detroit, MI	<i>n</i> = 736/ OLS with support as mediator	(1) Instrumental support: summed index of support whether they had someone they could count on: (a) if they needed someone to run errands, (b) lend money, (c) watch the child/children (d) lend a car or give a ride; (2) Emotional support: whether they had someone they could count on to give encouragement	DV: psychological distress; Other IVs: food insufficiency, neighborhood disorganization	Instrumental support provided some protection from everyday stress, yet did little for those under acute stress (e.g., high food insecurity; high neighborhood problems).	7
Bellin et al. (2015)	Caregivers—mostly mothers—of inner-city children with asthma aged 3 to 10 years	<i>n</i> = 300/ Latent growth curve modeling with support as mediator	Summed index of emotional/informational support subscale of the Medical Outcomes Study. The eight-item 5-point Likert scale asks respondents to reflect on support availability in several situations (e.g., “to listen to you when you need to talk”; “to turn to for suggestions about how to deal with a personal problem”).	DV: Quality of life (QOL); Other IVs: life stress	Although the bivariate association was significant in the latent growth curve model, support was not directly related to caregiver QOL. Informal support did not mediate relationships between asthma burden, life stress, and QOL. However, more than one-third of respondents had the highest possible support score, and 70% of caregivers scored 75% or higher.	7
Burdette et al. (2011)	WCF Study baseline and Y3	<i>n</i> = 2045–2313/ OLS regression with support as mediator	Emotional: how many people respondents could count on to listen to their problems when they were feeling low	DV: psychological distress; Other IVs: household disrepair	Although support related to better mental health, it did not mediate or explain the association between disrepair and distress.	7
Crocker and Padilla (2016)	FFCWBS Y3	<i>n</i> = 2858/ Logistic regression with support as IV	Sum of 4 dichotomous indicators: access in an emergency to (a) \$200 loan, (b) \$1000 loan, (c) a cosigner for \$1000 bank loan, and (d) cosigner for \$5,000 bank loan	DV: life satisfaction	Support was positively related life satisfaction. Relationship was a gradient such that mothers with the most assets had the highest odds of life satisfaction.	7



Table 1 (continued)

B. Maternal health & wellbeing	
Dauner et al. (2015)	FFCWBS Y5 & Y9
<i>n</i> = 3284/ regression with support as IV	Logistic regression with support as IV
Sum of 6 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, (c) trust someone to look after child if away, (d) \$200, (e) consigner for \$1000 bank loan, and (f) someone to share confidence with.	DV: self-rated health
Net of socioeconomic, demographic, and behavioral variables, mothers with informal support had higher odds of reporting favorable health (excellent, very good, or good vs. fair or poor).	7
Israel et al. (2002)	Survey through East Side Village Health Worker Partnership in Detroit, MI. Black women aged 18 and older living in area with minor children in care
<i>n</i> = 679/ OLS regression with support as IV	Instrumental support: 6-item scale, measured access to tangible support including transportation, money, and child care
Instrumental support and emotional support both related to better health. When both were included in the model, instrumental support, and not emotional support, remained as a significant predictor of health outcomes.	DV: Self-rated health; depression Other IVs: chronic stress
7	7
Kingsston (2013)	Project on Human Development in Chicago Neighborhoods longitudinal study Wave 3
<i>n</i> = 1957/ HLM procedures with support as a mediator	Sum of the Provision of Social Relations Scale (Turner et al. 1983): 13-items using 3-point scale for items such as: "People in my family help me find solutions to my problems" and "I feel very close to some of my friends."
Support related to fewer depressive symptoms. The effects of informal support were strongest in high-SES neighborhoods and weakest in low-SES neighborhoods.	DV: depression; IV: economic adversity, neighborhood violence
7	7
Manuel et al. (2012)	FFCWBS Baseline, Y1, Y3, & Y5
<i>n</i> = 3675/ GEE with time-lagged effects with support as IV	Sum of 3 dichotomous indicators in an emergency: access to (a) a place to stay, (b) child care, and (c) \$200 loan
Support related to lower levels of depression and offset negative effects of stress, but only to a certain degree. No significant support interactions between hardship, stress, or health reached significance.	DV: maternal depression symptoms; Other IVs: stress
7	7
Meadows (2009)	FFCWBS Y1, Y3, & Y5
<i>n</i> = 2953–3972/ logistic regression with support as an IV & a DV	Dichotomous indicator based on whether mothers had access in an emergency to (a) a place to stay, (b) child care, and (c) \$200 loan
Support decreased odds of experiencing a future major depressive episode.	DV: depression Other variables: received support
7	7
Ornelas and Perreira (2011)	Latino Adolescent Migration, Health, and Adaptation Project of first-generation Latino youth and their parents, mostly mothers, in NC
<i>n</i> = 246/ Logistic regression with support as an IV	Summed scale of 4-point Likert, 12-item Interpersonal Support Evaluation List (ISEL-12) regarding availability of several supports, such as practical help, advice, and companionship
Support negatively related to depression.	DV: depression; IV: characteristics of migration
6	6
Orthner et al. (2004)	low-income subsample of parents living with their minor children from
Separate dichotomous measures as to whether parents could (a) turn to	DV: confidence in solving everyday problems, meeting needs, and
Support increased odds that parents had confidence in their ability to	6

Table 1 (continued)

B. Maternal health & wellbeing	
	<p>an annual random, telephone sample of NC households</p> <p><i>n</i> = 373/ Logistic regression with support as an IV</p> <p><i>n</i> = 532; Multinomial regression with support as IV</p>
Paxson et al. (2012)	<p>Opening Doors Study in New Orleans; low- income, community college mothers</p> <p>friends when a problem occurs that their household cannot handle or (b) talk to others for help</p> <p>Average scale of 4-point Likert, 8-item social support subscale from the Social Provisions Scale (Cutrona and Russell 1987; e.g., "I have a trustworthy person I can turn to if I have problems.")</p> <p>Sum of 5 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, and (c) \$200 loan, (d) \$1000 loan, and (e) cosigner for \$1000 loan</p> <p>Sum of 3 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, and (c) \$200 loan &amp; dichotomous indicator of access to all three supports</p> <p>6-item, 4-point Likert summed scale based on access to (a) assistance to care for them if sick, (b) help around the house, (c) watch children for a few hours, (d) move furniture, (e) give monetary assistance, and (f) provide transportation</p> <p>20-item, 5-point scale Medical Outcomes Study Social Support Survey (Sherbourne and Stewart 1991) including having someone to give advice, confide in, and listen to you;</p> <p>Having 2+ friends or family members available</p> <p>Mean scores of 9-item, 4-point Likert scale of a modified version of the Provisions of Social Relations Scale (Turner 1983) including attachment, social integration, reassurance of worth, reliable alliance, and guidance for (a) family and (b) friends.</p>
Reid and Taylor (2015)	<p>FFCWBS Baseline &amp; Y1</p> <p><i>n</i> = 4150/ SEM procedures with support as IV and mediator</p>
Sampson et al. (2015)	<p>FFCWBS Baseline &amp; Y1, mothers with romantically involved with child's father Y1</p> <p><i>n</i> = 2412/ OLS regression with support as IV</p>
Schulz et al. (2006)	<p>Random sample survey conducted in 1996 in a geographically defined area on Detroit's Eastside of Black caregivers, primarily mothers</p> <p>Length of residence positively related to informal support. Informal support partially mediated the relationship between household income and symptoms of depression.</p>
Surkan et al. (2006)	<p>Mothers selected from health center obstetrical and pediatric patient lists in NE US city</p> <p><i>n</i> = 415/ OLS regressions with support as IV</p> <p>Informal support related to fewer depression symptoms and acted like a gradient such that as support increased, depression symptoms decreased.</p>
Turner (2006)	<p>Data from telephone interviews with unmarried women age 18–39 living with dependent, minor children in rural areas of NE</p> <p>DV: depression; Other IVs: stress; marital status</p> <p>Although both friend and family support directly related to depressive symptoms, support from neither source buffered the negative effects of stress. Divorced mothers also benefited less from emotional support from family members than did never-married mothers.</p>



Table 1 (continued)

B. Maternal health & wellbeing	
Wilnot and Dauner (2016)	<p>FFCWBS Y5 &amp; Y9</p> <p><math>n = 3474</math>/ Logistic regression with support as IV</p> <p>Sum of 6 dichotomous indicators: access in an emergency to (a) place to stay, (b) child care, (c) \$200 loan, (d) \$1000 loan, (e) cosigner for \$1000 bank loan, and (f) cosigner for \$5000 bank loan</p> <p>DV: depression; Other IVs: neighborhood characteristics</p> <p>Support related to lower odds of depression net of extensive controls including prior depression and prior self-rated health.</p>
C. Economic wellbeing	
Ciabattari (2007)	<p>FFCWBS Y1; unmarried mothers who had been employed since giving birth</p> <p><math>n = 1676</math>/ OLS, Multinomial regression with support as IV</p> <p>Sum of 4 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, (c) \$200 loan, and (d) cosigner for \$1,000 loan</p> <p>DV: work-family fit, employment status; Other IVs: family structure, income</p> <p>Support was negatively related to work-family conflict, but did not significantly influence employment status.</p>
Fertig and Reingold (2008)	<p>FFCWBS Y1 &amp; Y3; mothers at or below 50% of poverty level or homeless</p> <p><math>n = 1262</math>; Multinomial logistic regression with support as IV</p> <p>3 separate dichotomous indicators: access in an emergency to (a) a place to live, (b) child care, and (c) \$200 loan</p> <p>DV: homelessness or doubling up</p> <p>Support was related to less doubling up and less homelessness.</p>
Hanson and Olson (2012)	<p>Rural Low-Income Families Project; families under 200% of poverty level with at least one child under age of 13</p> <p><math>n = 225</math>/ Multinomial regression with support as mediator</p> <p>Parenting Support Ladder. Respondents ranked themselves on six-point scale on 5 indicators: someone to talk to, to offer advice or moral support, to help in an emergency, and to relax with, and professionals to talk with, and overall satisfaction with parenting. Parents in the highest quartile of support were distinguished from those in the lower quartiles.</p> <p>DV: food security</p> <p>Other IVs: human capital, financial resources, expenses</p> <p>Mothers with no food insecurity had higher levels of support than mothers with persistent or discontinuous food insecurity.</p>
Henly et al. (2005)	<p>Women's Employment Survey Waves 1 &amp; 3; single TANF mothers at Wave 1</p> <p><math>n = 632</math>/ OLS regression, OLS regression lagged model, change analysis, SEM procedures with support as IV</p> <p>Time 1: Summed index based on 6 dichotomous indicators of access to someone: (a) to buy child's shoes, (b) lend money, (c) to watch child, (d) give a ride, (e) to check on us when my child is sick, (f) to talk to when have troubles. Time 2: Average scale score from 7-item, 5-point Likert score on subscale from Social Relationships Scale (O'Brien et al. 1993). Items include access to someone: (a) if you were upset, nervous, depressed; (b) to talk about personal problem; (c) to help take</p> <p>DV: material wellbeing; Other IVs: economic status, coping strategies, economic status variables</p> <p>Mothers with the most need reported the least access to support. Support related to less perceived and actual economic hardship and decreased odds of engaging in extra-network coping activities, such as selling blood or plasma. The advantage did not extend to earnings or job quality.</p>

**Table 1** (continued)

C. Economic wellbeing	
King (2016)	FFCWBS Y3 & Y5 & in-home assessments <i>n</i> = 2481/ Difference-in-difference approach with support as a mediator Sum of 4 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, (c) \$200 loan and (d) cosigner for \$1000 loan Sum of 4 dichotomous indicators: access in an emergency to: (a) listen to your problems when you're feeling low, (b) take care of your children, (c) help with small favors, and (d) loan you money in an emergency. Summed index of 4-item, 3-point scale of access to someone to: (a) DV: housing instability; IVs: food insecurity, material hardship, maternal depression Other IVs: IPV Support partially mediated the relationship between food insecurity and housing insecurity accounting for 5% of the mediation.
Staggs et al. (2007)	The Illinois Families Study, a 4-year statewide study of families who received welfare in the Fall, 1998 <i>n</i> = 1315; OLS regression with support as IV and mediator Summed index of 4-item, 3-point scale of access to someone to: (a) listen to your problems when you're feeling low, (b) take care of your children, (c) help with small favors, and (d) loan you money in an emergency. Sum of 6 dichotomous indicators: access in an emergency to (a) place to stay, (b) child care, (c) \$200 loan, (d) \$1000 loan, (e) cosigner for \$1000 bank loan, and (f) cosigner for \$5000 bank loan Dichotomous indicator based on whether householders expected to receive all or most of the help needed with problems (e.g., sickness, moving) from family or friends living nearby. DV: employment stability; Other IVs: IPV Support related to more stable future employment. Current employment stability did not predict future support. Support did not predict future IPV, and support did not mediate the relationship between IPV and employment stability.
Uzdansky and Wolf (2008)	FFCWBS Baseline, Y1 & Y3, mothers who used nonparental child care at Y3 <i>n</i> = 1309/ Logistic regression with support as IV Sum of 6 dichotomous indicators: access in an emergency to (a) place to stay, (b) child care, (c) \$200 loan, (d) \$1000 loan, (e) cosigner for \$1000 bank loan, and (f) cosigner for \$5000 bank loan Dichotomous indicator based on whether householders expected to receive all or most of the help needed with problems (e.g., sickness, moving) from family or friends living nearby. DV: Child care disruption; missed work due to child care Support related to less child care disruption and less days of missed work due to child care.
Wu and Eamon (2010)	Survey of Income and Program Participation (1996, 2001), householders (mostly mothers) with children living at 185% of poverty or less <i>n</i> = 3649/ Logistic regression with support as an IV Dichotomous indicator based on whether householders expected to receive all or most of the help needed with problems (e.g., sickness, moving) from family or friends living nearby. DV: need for public benefits; IVs: public benefit receipt; informal support receipt Support related to lower perceptions of income-based need for public benefits.
D. Parenting stress & outcomes	
Cardoso et al. (2010)	FFCWBS Baseline and Y1 <i>n</i> = 2998/ OLS regression with support as IV Sum of 3 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, and (c) \$200 loan Summed scale of the Social Provisions Scale (Cutrona and Russell 1987) consisting of 22, 4-point Likert response items, including tangible support, emotional support, advice or DV: Parenting stress; Other IVs: Race and Ethnicity Support was negatively associated with parenting stress.
Green et al. (2007)	National evaluation of the Early Head Start program; urban, African American, low-income parents of children 14–36 months <i>n</i> = 152/ Path models with support as IV Summed scale of the Social Provisions Scale (Cutrona and Russell 1987) consisting of 22, 4-point Likert response items, including tangible support, emotional support, advice or DV: parent-child activities; Other IVs: parent anxiety; parent avoidance, parent ambivalence Support related to less parental anxiety about relationships, and in turn, parents with less relationship anxiety and ambivalence showed greater increases over time in their

Table 1 (continued)

D. Parenting stress & outcomes	
Hill et al. (2008)	<p>WCF Study baseline and Y3</p> <p><math>n = 2344</math>/ OLS regression with support as a mediator</p> <p>appraisal support, and esteem support.</p> <p>Summed scale of 4-item, 3-point scale of access to someone to: (a) listen to your problems when you're feeling low, (b) take care of your children, (c) help with small favors, and (d) loan you money in an emergency.</p> <p>DV: Attitudes towards parenting</p> <p>IVs: religious involvement, self esteem, psychological distress</p> <p>Support did not mediate the association between religious attendance and parental satisfaction or perceived demands. To a small extent, support mediated the association between religious attendance and parental distress.</p> <p>7</p>
Jones et al. (2006)	<p>A community sample of single-mother, low-income Black families with a child 7–15 years in Southeast US.</p> <p><math>n = 248</math>; OLS regression with support as a mediator</p> <p>Summed scale of 5-item, 6-point scale of access to friends/neighbors to: (a) watch your home for a few days? (b) watch your children for a few hours while you are away suddenly? (c) help if you cannot do something yourself? (d) get together for a party? Are most of your contacts with your neighbors? (rated very positive to very negative).</p> <p>DV: Maternal monitoring; IVs: Neighborhood risk</p> <p>Support related to higher levels of maternal monitoring. Perceptions of dangerous neighborhoods heightened the positive relationship between higher levels of support and maternal monitoring.</p> <p>7</p>
Jackson et al. (1998)	<p>Black, single mothers of preschoolers and former or current welfare recipients recruited through the public employment office in New York City</p> <p><math>n = 188</math>/ OLS regressions with interactions with support as IV</p> <p>Summed scale of 4-item, 6-point scale of access to someone to (a) watch my child(ren) if I need to run an errand, (b) provide a ride to get my child to the doctor, (c) provide cash for me to buy my child shoes, (d) to cope with at the end of a long day</p> <p>DV: spanking; Other IVs: Maternal depression, stress, employment, and child behavior</p> <p>Support related to increased frequency of spanking, especially among mothers with high depression or stress.</p> <p>7</p>
Kang (2013)	<p>FFCWBS BA, Y1, Y3, &amp; Y5</p> <p><math>n = 2910</math>/ SEM and probit regressions with support as IV</p> <p>Sum of 4 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, (c) \$200 loan and (d) consigner for \$1000 loan</p> <p>DV: child neglect; Other IVs: material hardship and personal control</p> <p>Support had an indirect effect on neglectful parenting by reducing material hardship and increasing personal control.</p> <p>7</p>
Kenigsberg et al. (2016)	<p>Black sample of primarily mothers from low-income elementary school in MW US</p> <p><math>n = 46</math>/ OLS regression with support as IV</p> <p>Sum of Social Provisions Checklist (Davis et al. 1998); 6, 5-item perceived support subscales: (a) Attachment (e.g., emotional closeness); (b) Reassurance of worth (e.g., appreciation of abilities); (c) Guidance (e.g., trustworthy advice); (d) Reliable alliance (e.g., reliable help); (e) Social integration; (e.g., feeling of being included); (f) Opportunity to nurture (e.g., feeling of being needed)</p> <p>DV: children's perception of support from caregiver, conflict with caregiver; Other IVs: Stressful life events, affective symptoms</p> <p>Support was associated with children's report of greater caregiver instrumental support and emotional support to a lesser degree.</p> <p>7</p>

**Table 1** (continued)

D. Parenting stress & outcomes						
Kimbro and Schachter (2011)	FFCWBS BA, Y1, Y3, & Y5	$n = 3448$ / Fixed effects logistic regression with support as IV	Dichotomous indicator based on whether mothers had access in an emergency to (a) a place to stay, (b) child care, and (c) \$200 loan	DV: maternal fear of child playing outside; Other IVs: neighborhood, mental health	Support related to less maternal fear of letting child go outside to play due to violence.	6-5
Kotchick et al. (2005)	Low-income, urban Black single mothers recruited from Family Health project in New Orleans	$n = 123$ / SEM procedures with support as a mediator	Sum of 6-item, 4-point Likert scale of support from friends; Sum of 5-item, 4-point Likert scale of support from family (e.g., ease of getting help from a neighbor with something that you can't do yourself; are your contacts with neighbors scale: positive to negative)	DV: engagement in positive parenting; IVs: neighborhood stress, maternal stress	Support moderated the relationships among high neighborhood stress, high psychological distress, and less engagement in positive parenting practices raising the vulnerability of mothers with little support.	6-5
Lee (2009)	FFCWBS Y1 & Y3 & in-home assessments; mothers 19 years or younger and adult mothers 26 years or older at Baseline	$n = 1387$ –1813/ Negative binomial regression with support as IV	Sum of 4 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, (c) \$200 loan, and (d) consigner for \$1000 loan	DV: harsh parenting; Other IVs: human capital, cultural capital	Support related to increased physical aggression in parenting and spanking.	7
Prelow et al. (2010)	WCF Baseline and Y3; Latina caregivers of young adolescents	$n = 535$ / SEM procedures with support as a mediator	Summed index of 4-item, 3-point scale of access to someone to: (a) listen to your problems when you're feeling low, (b) take care of your children, (c) help with small favors, and (d) loan you money in an emergency.	DV: parenting behaviors; IVs: financial strain, neighborhood & housing problems, psychological distress	Support mediated the impact of ecological risk on the quality of mothers' parenting behaviors by decreasing mothers' psychological distress.	7
Raikes and Thompson (2005)	Mothers of toddlers enrolled in Early Head Start in a mid-sized city in the Midwest.	$n = 65$ / OLS regression with support as a mediator	Summed 5-item subscale of the Dunst Family Resource Scale (Dunst and Leet 1987; e.g., having someone to talk to, having babysitting and childcare for children); average of T1 and T2 scores	DV: Parenting stress; IVs: Self-efficacy	Support was not related to lower parenting stress levels. Support did not moderate the effect of income on parenting stress.	6-5
Shanahan et al. (2017)	subset from the Longitudinal Studies of Child Abuse and Neglect database; mothers of children at risk for maltreatment and controls	$n = 505$ / Logistic regression with support as a mediator	Functional Social Support Questionnaire: 5-item, 10-point Likert summed scale containing confident support, affective support, and instrumental support (e.g., people care what happens to me)	DV: physical neglect IVs: depression, history of maltreatment, neighborhood quality	Support did not moderate the relationships between the predictors (depression, neighborhood quality, caregiver history of maltreatment) and physical neglect.	6
Taraban et al. (2017)	Early Steps Study, randomized intervention trial of families with 2-year olds recruited from WIC centers in 3 US cities & 1 year follow up	$n = 731$ / OLS regression with support as a mediator	Mean score of 8-item, 4-point Likert subscale from the General Life Satisfaction Questionnaire including availability and satisfaction with social support in 3 areas: intimate	DV: Parenting; IVs: Depression, marital quality	Support moderated the negative relationship between depression symptoms and positive parenting behavior only among mothers not married or cohabiting.	5-5

Table 1 (continued)

D. Parenting stress & outcomes	
Woody and Woody (2007)	Black mothers between 19 & 26 years who were parenting at a child 4 years of age or older recruited from the public welfare office or Head Start center
	relationships, friendships, and neighborhood Mean score of 45-item, Likert-scale Social Support Behaviors Scale (Vaux et al. 1987) that measures available advice/guidance, emotional support, financial assistance, practical assistance, and socializing from family and friends.
	DV: Parenting effectiveness
	Support related to increased parenting effectiveness.
	6-5
E. Child outcomes	
Choi and Pyun (2014)	FFCWBS BA, Y1, Y3, in-home Y3 & Y5; low-income unmarried mothers
	Sum of 4 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, (c) \$200 loan, and (d) consigner for \$1000 loan
	DV: child behavior, child cognitive development; Other IVs: maternal hardship, parenting
	Support was directly and indirectly associated with cognitive development and behavior problems of children transmitted through maternal economic hardship, parenting, and parenting stress.
	7
Ghazarian and Roche (2010)	WCF study Baseline & Y3; Latina and African American mothers of youth ages 10–11 at Baseline
	Summed index of 4-item, 3-point scale of access to someone to listen to your problems when you're feeling low, (b) take care of your children, (c) help with small favors, and (d) loan you money in an emergency.
	DV: adolescent delinquency; Other IVs: Maternal depression, engagement
	Support related to increased engaged parenting and, consequently, lower levels of delinquent behavior.
	7
Jackson (1998)	Black, single-mothers of preschoolers and former or current welfare recipients recruited through the public employment office in New York City
	Summed scale of 4-item, 6-point scale of access to someone to watch my child(ren) if I need to run an errand, (b) provide a ride to get my child to the doctor, (c) provide cash for me to buy my child shoes, (d) to cope with at the end of a long day
	DVs: Maternal depression, parent stress, and child behavior; Other IVs: child contact with father, maternal satisfaction with child's father
	Support related to fewer depression symptoms. Symptoms of depression, in turn, predicted greater parental stress, which predicted reports of more child behavior problems.
	7
Jackson et al. (2000)	Employed, Black, single mothers of preschoolers and former or current welfare recipients recruited through the public employment office in New York City
	Summed scale of 4-item, 6-point scale of access to someone to watch my child(ren) if I need to run an errand, (b) provide a ride to get my child to the doctor, (c) provide cash for me to buy my child shoes, (d) to cope with at the end of a long day
	DVs: Maternal depression, parenting behavior, and child behavior; Other IVs: perceptions of financial strain
	Support related to less financial strain. Financial strain, in turn, related to higher depressive symptoms, which were directly and negatively implicated in parenting quality. Parenting quality related to children's behavior problems and preschool ability.
	7

**Table 1** (continued)

E. Child outcomes	
Jackson et al. (2013)	Black, single mothers of preschoolers and former or current welfare recipients recruited through the Pittsburgh welfare office
Jung et al. (2012)	ECLS-B Baseline and 3-year follow-up
Lee et al. (2011)	Caregivers of child at risk of behavior problems in school districts in rural MN
Leininger et al. (2009)	National evaluation data of single-mother welfare recipients with young children in 3 US cities Baseline, Y1, & Y5
Mistry et al. (2008)	Mixed-methods approach from the New Hope project: low-income mothers had dependent between 1–10 years at Baseline
Padilla et al. (2009)	FFCWBS Baseline & Y5
Reynolds and Crea (2014)	Parents of 11–14 year-old, urban youth attending summer camp in Boston.

Summed scale of 4-item, 6-point scale of access to someone to (a) watch my child(ren) if I need to run an errand, (b) provide a ride to get my child to the doctor, (c) provide cash for me to buy my child shoes, (d) to cope with at the end of a long day	DV: child behavior problems	Support was associated with more adequate parenting at T1 (age 3) and through parenting to child behavior problems at T2 (age 5).
<i>n</i> = 99/ SEM procedures with support as IV	Dichotomous indicator: whether mother has kin member or friend available to lend support in the event of a family emergency	Support not significantly related to maternal social-emotional functioning or maternal reading practices.
<i>n</i> = 4,400 mother-father pairs/ OLS & logistic regressions with support as a mediator	Sum of 40-item 4-point, Likert scale, Interpersonal Support Evaluation List including appraisal, tangible, self-esteem, and belonging domains	Support mediated the relationship between lower family income and both less positive parenting and children's externalizing behaviors.
<i>n</i> = 290/ HLM procedures with support as a mediator	Quartile score based on 10-point, 5-item scale: (a) if mothers could ask someone for cash for to buy child's shoes, (b) to watch child if need to run errands, (c) to give a ride to get child to doctor, (d) to check on us when my child is sick, (e) to talk to when have troubles	Mothers with the least amount of informal support had increased odds of their child experiencing an injury compared to other mothers.
<i>n</i> = 1280/ logistic regression with time-lagged effects with support as IV	Sum of 4-point Likert, 4-item scale if she could rely on (a) family, (b) friends, or (c) neighbors to help out if they were in a jam and (d) if any adults could help them out financially in a pinch	Support negatively related to economic pressures, indirectly relating to positive children's behavior through maternal psychological wellbeing and parenting practices.
<i>n</i> = 516/ SEM procedures with support as IV	Access to \$1,000 loan	Support not related to prevalence of child chronic health conditions or asthma.
<i>n</i> = 2819/ Logistic regression with support as IV	Summed 4-item 5-point Likert scale items based on if parents perceived a strong support network, support from family and relatives, support from church or place of worship and support, and support from neighbors	Support related to prosocial activities in adolescents and less poor mental health outcomes for parents. Support related to reduced parent depression and anxiety, which in turn decreased youth vulnerability. Support was not directly related to youth vulnerability.



Table 1 (continued)

E. Child outcomes	
Ryan et al. (2009)	FFCWBS Y1, Y3, & Y5, unmarried mothers; National evaluation data of single-mother welfare recipients with young children
	$n = 1162$ and $1,308/$ OLS regression and residualized change models with support as IV
	Summed index categorized as low, medium, high based on whether mothers had: access to a place to stay, child care, \$200, \$1000, cosigner for \$1,000 loan, and cosigner for \$5000 loan in an emergency; Summed 10-point, 5-item scale: (a) if mothers could ask someone for cash for to buy child's shoes, (b) to watch child if need to run errands, (c) to give a ride to get child to doctor, (d) to check on us when my child is sick, (e) to talk to when have troubles
Turney (2012)	FFCWBS Baseline, Y1, Y3, Y3 in-home, Y5, & Y9
	$n = 2655/$ OLS regression and propensity score matching with support as IV
	Instrumental support: Sum of 3 dichotomous indicators: access in an emergency to (a) a place to stay, (b) child care, and (c) \$200 loan; Emotional support: presence of a confidante; # of close friends
	DV: Child behaviors; Other IVs: depression
	Support related to less depression, but did little to attenuate the relationship between depression and poor child behaviors.
Turney (2013)	FFCWBS Baseline, Y1, Y3, Y5, & Y9
	$n = 4342/$ Pooled ordered logistic and fixed effect regressions with support as IV
	Instrumental support: Sum of 6 dichotomous indicators categorized into low, medium, and high support: access in an emergency (a) to a place to stay, (b) child care, (c) \$200 loan, (d) \$1000 loan, (e) cosigner for \$1000 bank loan, and (f) cosigner for \$5000 bank loan in an emergency; Emotional support: presence of a confidante; # of close friends
	DV: child's general health; overweight/obese; asthma. # of ER visits
	Support positively related to overall child health with extensive controls, a lagged indicator of children's health, and in fixed-effect models. The relationships between support and asthma, overweight/obese, and number of emergency room visits were not significant after controls.

BA Baseline, DV Dependent variable, ER Emergency Room, ECLS-B Early Childhood Longitudinal Study Birth Cohort, ECLS-K Early Childhood Longitudinal Study Kindergarten Cohort, FFCWBS Fragile Families and Child Well Being Study, GEE Generalized Estimating Equations, HLM Hierarchical Linear Modeling, IV Independent variable, OLS Ordinary Least Squares, SEM Structural Equation Modeling, WCF Welfare, Children, Families: A Three City Study, Y1 Y3 Y5 Y9 Year

<sup>b</sup>Most models included an extensive number of control variables. Rather than an exhaustive list, stated variables are central to the article's focus

## Article Selection

The search included peer-reviewed articles published between January, 1996 and May, 2017. Figure 1 outlines the article selection process. The electronic search resulted in 1147 records. Searches were imported into a web-based bibliography and database manager system to de-duplicate the articles and sort them for inclusion, exclusion, and reason for exclusion, when applicable. After the removal of duplicate articles, the process yielded 1094 records. Based on a review of the abstract, or articles when necessary, articles were excluded that did not fit study criteria. The selection resulted in 57 articles examining informal support. Through a reference search of identified articles, additional articles ( $n = 8$ ) were identified meeting study criteria yielding a total of 65 articles. Articles most often examined informal support primarily as independent variables ( $n = 37$ ) with fewer examining support primarily as moderating/mediating ( $n = 18$ ) or dependent ( $n = 9$ ) variables.

## Quality Rating

To rate the quality of the research in each article, the study utilized the SCIE Systematic Research Review Guidelines. From São José et al. (2016) seven-item appraisal tool, each study was evaluated using a three-point scale (i.e., 0, 0.5, 1) to rate the explicitness, or clarity, in six areas: research aims, sampling strategy, sample composition, data collection tools, data analysis tools, and discussion of the quality of analysis/findings. The seventh item, also rated on the three-point scale, considered the relevance of the article to the review's questions. Possible scores ranged from 0 to 7 in which studies scoring a 7 were of the highest quality. One study scored in the medium range and the remainder scored in the high-quality range (6–7) indicating explicit explanations in all areas and relevance to study questions (see Table 1). The high quality of the included articles reflected the quality of the searched databases and the inclusion criterion of the measurement of informal support. For example, one study of lower quality was excluded because it did not state or reference the utilized measure of informal support. In addition, the vast majority of included studies ( $n = 60$ ) used data collected with federal funding for which topical and methodological experts provided a rigorous review of study protocol. Of the 65 articles in the synthesis, 27 used the Fragile Families and Child Well-Being Study (FFCWBS), a federally-funded longitudinal research study of a birth cohort of children born to predominantly unmarried mothers. A large minority of studies utilized multiple waves of data ( $n = 27$ ), and most of these studies ( $n = 20$ ) employed data analytic techniques (e.g., fixed, random, or mixed effect modeling or controlling for social support at earlier waves) to address potential causation issues (e.g.,

does low informal support cause depression or does depression cause low informal support?) to maximize the probability that relationships were in the hypothesized directions.

## Results

Table 1 provides an overview of each analyzed study including the sample, analytic techniques, operationalization of informal support, additional key study variables, and study findings related to informal support. The table is organized by studies' dependent variables. To conserve space, when study authors included multiple mediating or dependent variables, the study is classified according to the most distal outcome. For example, Choi and Pyun's (2014) study examined support's role in maternal hardship, parenting, parenting stress, child cognitive development, and child behavior. The article was classified under Child Outcomes. One study (i.e., Meadows 2009) analyzed social support as both a dependent variable and an independent variable; it was the only article classified twice.

## Various Measurements of Informal Support

Included studies used a variety of instruments, indexes, and items to measure instrumental and emotional informal support (See Table 1, Column Operationalization of Informal Support). Although studies generally conceptualized support similarly (e.g., mothers' ability to turn to others for support), nomenclature included social support, social capital, perceived support, instrumental support, private safety nets, and maternal resources. Operationalization differed both within and across datasets depending on study focus and available items in each study wave. For example, of studies using the FFCWBS ( $n = 27$ ), study authors created a dichotomous item indicating whether or not mothers had access to child care, housing, and a place to live ( $n = 4$ ), examined multiple, dichotomous indicators separately ( $n = 1$ ), created single indexes with 3–6 support indicators ( $n = 18$ ), used multiple indices often differentiating between small and large financial support ( $n = 3$ ), or used a single indicator of financial access ( $n = 1$ ). The majority of included studies measured instrumental support only ( $n = 28$ ) or a combination of instrumental and emotional support ( $n = 24$ ); the remainder did not specify support type (e.g., general availability of support from intimate relationships, friends, and neighborhood;  $n = 2$ ) or examined emotional support only ( $n = 1$ ).

The range of informal support measures suggests the ambiguous nature of support. The development and evolution of the FFCWBS highlights the ambiguity of the construct. At Baseline, study investigators created three

dichotomous support indicators (i.e., someone in your family to provide you with the following in an emergency: \$200, child care, and a place to live). The wording changed at Wave 2 to ask if mothers had someone, not necessarily in the family. Later-wave surveys included additional items regarding access to \$1000, bank cosigners for \$1000 and \$5000 loans, and emotional support (i.e., special person that you feel very close with). The Welfare, Children, Families Study, another common data source among the included studies, used a measure constructed just prior to baseline data collection that distinguished if mothers had enough people, too few people, or no one in four areas including money, child care, small favors, and a listening ear (Orthner and Neenan 1996). These examples highlight the included studies' commonalities and differences: although the 65 studies operationalized support in 39 ways, measures contained overlapping items and concepts.

### Restricted Availability of Informal Support

The consideration of which factors promote informal support availability is a relatively new phenomenon. Ten studies, all published from 2007 through 2016, examined support as an outcome (See Table 1, A. Informal Support). Although exact proportions of availability and amounts of informal support depended upon the measure and the sample, low-income mothers could not universally turn to others for support. In the FFCWBS, approximately 75–90% of primarily unmarried mothers reported access to at least one separate indicator of \$200, childcare, and a place to live, and approximately 80% reported access to all three supports (Harknett and Hartnett 2011; Harknett and Knab 2007; Radey and Brewster 2013; Turney and Harknett 2010). However, in the Welfare, Children, Families Study, when asked to specify whether they had enough, too little, or no support in each of four realms (i.e., practical, child care, financial, and emotional), less than one fourth of inner-city, low-income mothers perceived enough support in all areas. Mothers' lack of access to greater amounts of financial support (e.g., \$1000, people to cosign loans of \$1000 and \$5000) or their ability to turn to relatively few people may contribute to these differences (Turney and Harknett 2010; Turney et al. 2012).

Studies also provide strong evidence that mothers most in need of support perceived the least amount of access. Single motherhood, immigrant status, poverty, less education, poor physical health, poor mental health, and residential instability related to lower levels of informal support (Harknett and Hartnett 2011; Henly et al. 2005; Meadows 2009; Turney and Kao 2009). Vulnerability also predicted unstable support such that the most disadvantaged mothers (e.g., those on public assistance, those in unstable partnerships) experienced a steeper decline in support availability

as their children aged than their more advantaged peers (Osborne et al. 2012; Radey and Brewster 2013).

More limited evidence indicates that conditions typically associated with disadvantage relate to less support. For example, living in a disadvantaged neighborhood (Turney and Harknett 2010), perceiving social network demands (Radey 2015), or relying on one's network recently (Meadows 2009) related to lower levels of support. In terms of network characteristics, mothers who shared children with recently incarcerated men (Turney et al. 2012) and those with multi-partnered fertility perceived less available support (Harknett and Knab 2007).

### Role of Informal Support in Maternal, Parenting, and Child Outcomes

Fifty-five of the 65 included articles examined the influence of informal support on various maternal health and well-being, economic, parenting, and child outcomes.

#### Maternal health and well-being outcomes

Articles most frequently examined maternal psychological well-being characteristics, including depression, stress, anxiety, or psychological distress. Consistently, informal support was positively associated with maternal psychosocial well-being. For example, net of sociodemographic and stress characteristics, for each increase in instrumental support on a 4-point scale, mothers experienced 7% lower odds of depression (Manuel et al. 2012). Support was also positively related to maternal personal control (Kang 2013), confidence (Orthner et al. 2004) and perceived physical health (Dauner et al. 2015; Israel et al. 2002).

In instances when informal support was not significantly related to maternal well-being ( $n = 4$ ), studies measured more global outcomes (e.g., quality of life, maternal functioning) or the support measure captured little variation. For example, in a study of support and quality of life, Bellin et al. (2015) found that although the bivariate relationship between support and quality of life was significant, the relationship in the latent growth curve model was not. In terms of measurement, one-third of caregivers in Bellin et al.'s sample scored the highest possible score on informal support indicating potential ceiling effects such that the measure may not have detected important support differences among high-scoring mothers (e.g., Zimet et al. 1988).

#### Economic well-being

Nine articles primarily examined informal support's role in family economic well-being. Without exception, informal support was negatively associated with economic hardship, material hardship (Henly et al. 2005; Jackson et al. 2000;

Kang 2013), and need for public assistance (Wu and Eamon 2010). For example, among a sample of mothers currently and formerly receiving welfare, Henly et al. (2005) found that net of human capital and mental health characteristics, mothers with higher levels of support experienced less economic (e.g., money) and material (e.g., housing, utility) hardship and were less likely to report desperate coping activities (e.g., selling plasma) than mothers with less support. Evidence suggests that informal support's protective capacity on economic and material hardship does not extend to employment status, job quality, or earnings (Ciabattari 2007; Henly et al. 2005).

### Parenting stress and practices

A significant minority of studies considered the role of informal support in parenting stress or practices ( $n = 20$ ). With few exceptions of no significant effects (Jung et al. 2012 with reading practices; Raikes and Thompson 2005 with parenting stress), informal support positively related to positive parenting, including decreased parental stress and increased parental engagement. For example, Woody and Woody (2007) found that informal support promoted parenting effectiveness according to the Parent Success Indicator for Parents, a self-report instrument including six domains, such as communication, use of time, satisfaction, and frustration.

Commonly, studies ( $n = 14$ ) examined informal support as a mediator or moderator between maternal or environmental characteristics and parenting outcomes. For example, Green et al. (2007) found that mothers with more support perceived less anxiety about their relationships, and, thereby, expressed higher levels of parental engagement. In a sample of low-income, Latina mothers of young adolescents, informal support mediated relationships among ecological risk, psychological distress, and parenting practices such that ecological risk was positively related to maternal psychological distress and informal support was negatively related to maternal psychological distress thereby contributing to higher levels of engaged parenting (Prelow et al. 2010).

The exception of informal support's positive influence on parenting related to aggressive parenting and spanking (Jackson et al. 1998; Lee 2009). Informal support was related to harsh parenting and spanking among young mothers of toddlers (i.e., mothers less than 22 years old; Lee 2009). In a sample of urban, low-income Black mothers, Jackson et al. (1998) found that the availability of instrumental support increased spanking frequency, particularly for mothers with high levels of depression and stress. The authors suggested that available instrumental support in low-income networks may come at a psychological cost and

the psychological cost may lead mothers to spank their children. Alternatively, the authors suggested that increased spanking may result from low-income mothers' desire to follow network members' endorsement of physical discipline (Jackson et al. 1998).

### Child outcomes

Almost 20% of included studies examined the role of informal support in children's well-being, including cognitive, behavioral, and health outcomes ( $n = 11$ ).

**Child cognitive and behavioral outcomes** Evidence suggests that informal support promotes cognitive and behavioral outcomes directly (Choi and Pyun 2014; Ryan et al. 2009) and indirectly through maternal well-being, economic well-being, and parenting behaviors (Choi and Pyun 2014; Jackson et al. 2013; Mistry et al. 2008). Examining direct effects only, Ryan et al. (2009) found that informal support was positively associated with prosocial child behavior and negatively associated with child behavior problems. Using structural equation modeling, Choi and Pyun (2014) found that support directly and indirectly related to increased cognitive development and decreased behavior problems of children through lower levels of maternal hardship, lower levels of parenting stress, and healthier parenting interactions. Similarly, Mistry et al.'s (2008) examination of low-income mothers enrolled in New Hope, a welfare-to-work evaluation program, suggested informal support's promotion of children's positive behavior indirectly through maternal psychological well-being and parenting practices.

**Child health** From the three studies that examined various components of child health, findings were inconclusive (Leininger et al. 2009; Padilla et al. 2009; Turney 2013). In the most comprehensive examination of child health outcomes, Turney (2013) found that while informal support was positively associated with children's overall health net of maternal and child characteristics, individual-level characteristics (e.g., economic status) explained the relationship between informal support and specific indicators of health including child asthma, obesity, and number of emergency room visits. Similarly, Padilla et al. (2009) found that informal support did not relate to the prevalence of child chronic health conditions or asthma. However, using longitudinal data from a sample of mothers receiving welfare, Leininger et al. (2009) found that mothers with little to no informal support had increased odds of their child experiencing an accident, injury, or poisoning that required an emergency room visit.

## Aspects of Informal Support that Influence its Effects

### Size of informal support's contribution

Although the majority of included studies indicate that informal support positively relates to maternal, economic, parenting, and child outcomes, the size of its role in well-being is relatively small and may do little to compensate for the vulnerable environmental conditions of low-income families. Several studies ( $n = 6$ ) explicitly stated that although informal support contributed to positive outcomes, its contribution was small or did not attenuate the relationships between other modeled variables and maternal, economic, or child outcomes (King 2016; Manuel et al. 2012; Reid and Taylor 2015; Shanahan et al. 2017; Turner 2006; Turney 2012). For example, although informal support was consistently related to lower levels of maternal depression, it did little to offset the negative effects of stress (Manuel et al. 2012; Reid and Taylor 2015; Turner 2006). Similarly, although informal support mediated the relationship between food insecurity and housing insecurity, it only accounted for 5% of the mediation (King 2016).

### Type of informal support

Per inclusion criteria, studies examined instrumental or emotional support. Only seven studies included separate measures of emotional and instrumental support. Results suggest that neither support type is uniformly superior. Three studies found the role of instrumental support was more strongly related to outcomes than emotional support (Ajrouch et al. 2010b; Israel et al. 2002; Turney 2012). For example, after the inclusion of extensive controls, instrumental support—not emotional support—related to depression (Israel et al. 2002; Turney 2012) and self-reported health (Israel et al. 2002). Others found that emotional and instrumental support related similarly to depression (Jackson 1998) and children's health (Turney 2013). Alternatively, Ajrouch et al. (2010a) found that emotional support—not instrumental support—related to lower levels of psychological distress.

### Amount of informal support

Amount of informal support may also influence its relationship to outcomes. Most included studies did not consider if mothers benefited from having a threshold of support (e.g., a safety net) or if informal support acted as a gradient such that mothers benefited incrementally with each increase of support. Of the studies that considered the nature of informal support's relationship to outcomes ( $n = 5$ ), two found gradient relationships, one found a threshold

relationship, and two found that the type of relationship depended on the outcome. For example, Crocker and Padilla (2016) examined mothers' access to monetary assets and found a gradient relationship such that mothers with 1–2 assets and those with 3–4 assets had 1.6 and 2.8 higher odds, respectively, of life satisfaction compared to mothers without any assets. However, when considering mothers' quintiles on a 50-point social support scale and examining child's risk of experiencing an injury or poisoning requiring an emergency room visit, Leininger et al. (2009) found that at a certain threshold of maternal informal support children were protected from injury: only mothers in the lowest quintile experienced increased odds of an emergency room visit. The importance of informal support's presence (e.g., a safety net) or volume may depend on the outcome. Israel et al. (2002) found that informal support acted as a gradient for maternal depression and a threshold for maternal general health.

### Influence of Family Need on Support

Informal support's positive relationships to maternal and child well-being raises the question as to whether it operates similarly across low-income mothers regardless of depth of need or if level of disadvantage interacts with informal support. Although reviewed studies all focused on low-income mothers, several studies ( $n = 15$ ) considered the possibility that informal support interacted with disadvantage (e.g., education, poverty, income, family status) to influence maternal, parenting, and child outcomes. Regardless of examined outcome, studies found mixed results with support more beneficial for those with greater disadvantage ( $n = 5$ ), less beneficial for those with greater disadvantage ( $n = 3$ ), or no moderating effects ( $n = 7$ ).

Studies finding support particularly helpful to disadvantaged mothers examined depression (Ajrouch et al. 2010a; Turner 2006) and parenting practices (Kotchick et al. 2005; Jones et al. 2006; Taraban et al. 2017). Among a community sample of low-income, African American single mothers, low levels of informal support accentuated the relationships among neighborhood stress, maternal psychological distress, and engagement in positive parenting practices such that informal support was particularly important among mothers facing environmental stressors (Kotchick et al. 2005). Likewise, among a WIC-eligible sample of mothers of young children, the role of informal support depended upon marital status. Informal support moderated the negative relationship between depression and positive parenting among single mothers only, not those cohabiting or married (Taraban et al. 2017).

However, others (Ajrouch et al. 2010b; Jackson et al. 1998; Kingston 2013) found that informal support was least helpful under conditions of high stress and depression



(Jackson et al. 1998), food insecurity (Ajrouch et al. 2010b) and neighborhood problems (Ajrouch et al. 2010b; Kingston 2013). Ajrouch et al. (2010b) found that although informal support provided protection from everyday stress, it did little for mothers under acute stress including those with high food insecurity or high neighborhood problems. Similarly, Kingston (2013) found that informal support had stronger effects in high socioeconomic status neighborhoods than in low socioeconomic neighborhoods. Examining parenting behavior, Jackson et al. (1998) found that high levels of stress and depression exacerbated informal support's positive relationship to spanking.

Studies that found level of disadvantage did not change informal support's influence also examined a range of outcomes. Studies examined depression (Manuel et al. 2012; Reid and Taylor 2015), stress (Raikes and Thompson 2005; Sampson et al. 2015), life satisfaction (Bellin et al. 2015), residential stability (Turney and Harknett 2010), and parenting (Kimbrow and Schachter 2011). Inconsistent findings about level of disadvantage as a moderator of informal support's influence on outcomes indicate the potential importance of considering aspects of support and need.

## Discussion

The systematic review examined the role of informal support in the lives of low-income mothers in the post-welfare reform era. Included studies were almost universally of high quality (SCIE 2010) and, typically, employed nationally-funded secondary datasets. To consider potential causation issues, 27 of the 55 studies examining informal support as a predictor utilized multiple waves of data and a majority of these studies ( $n = 20$ ) employed specific data analytic techniques (e.g., fixed, random, or mixed effect modeling; controls for social support at earlier waves) to consider potential endogeneity. The review strongly suggests that informal support is the least available among low-income mothers who are in the most need, including those who are single, immigrants, in deep poverty, or in poor physical or mental health. The positive relationship between vulnerability and social support is particularly troubling in the context of a weak, post-welfare reform public safety net.

Informal support provides some protection from poor maternal health and well-being, economic hardship, poor parenting practices, and poor child outcomes. Aspects of informal support's contribution matter as the importance of support varies by measurement, amount, type, and level of family need. The review uncovered several consistent findings. First, informal support consistently related to better maternal psychological health and well-being.

Second, informal support was consistently related to improved economic well-being. Third, informal support consistently related to positive parenting, lower levels of parental stress, increased levels of parental engagement, and increased use of physical discipline. Fourth, informal support directly and indirectly related to higher levels of child cognitive achievement and lower levels of child behavioral problems. Fifth, informal support, whether instrumental or emotional, had a consistently small role in family well-being regardless of the indicator.

The areas with inconsistent findings examined informal support's role in global measures of maternal well-being and in children's health or considered how support type influenced its effects. The disparate findings for maternal well-being and children's health may result from the small number of studies examining these outcomes ( $n = 4$ ,  $n = 3$ , respectively) coupled with the varying outcome measures for each area (e.g., quality of life, global functioning for maternal well-being; parent self-report child health, asthma, number of emergency room visits for child health). Similarly, relatively few studies examined the influence of support type and the samples of low-income mothers in these studies were relatively diverse in terms of sample size and in terms of race, neighborhood, and depth of poverty. Additional studies measuring indicators of maternal global health and child health as well as studies with multiple support indicators can provide additional insight into informal support's role in the lives of low-income families.

## Strengths and Limitations

Findings should be considered in the context of their strengths and limitations. First, the systematic search included studies of US mothers post welfare reform only. Results, however, may apply to other countries (e.g., Great Britain, Germany) with work-first approaches, reduced entitlement programs, and minimal public safety nets (Klett-Davies 2016; Tesliuc 2006). Second, although qualitative studies contribute to understanding informal support, the focus on quantitative measurements of instrumental or emotional support provided necessary parameters to informal support's definition. Third, within the quantitative literature, a broad definition of informal support provided a more comprehensive review of the literature than allowable with a narrower definition. Consequently, 39 distinct operationalizations of informal support in the 65 reviewed studies precluded a meta-analysis. The inclusion of study methodology, measurement of support, and outcomes provided structure to understand the nuanced nature of support in the lives of low-income mothers and consider interventions to bolster mothers' informal safety nets.



## Directions for Future Research

Systematic review findings regarding informal support's measurement, availability, relationship to outcomes and aspects of informal support's contribution provide important future directions for research and intervention. First, the concept of informal support remains nebulous, and the broader concept of social support further decreases precision. Varying study definitions precluded the ability to consider how various support components operate in low-income mothers' lives. Harknett's (2006) introduction of the "private safety net," for example, examines the influence of perceiving access to three supports: \$200, child care, and a place to live in an emergency. A private safety net may differ in its influence when compared to a scaled measurement of a 50-item instrument, particularly if the scale includes additional dimensions, such as emotional support. However, little, if any, available literature examines the role of support operationalization in outcomes or for particular populations such as low-income mothers. As others have advocated (Barrera 2000; Vaux et al. 1987), future studies can benefit from examining how the measurement of informal support influences its availability or effects. Similarly, future studies can offer criteria for measuring core components of informal support in uniform ways.

Second, this review provides evidence of the importance of informal support for low-income mothers and their children. The trend towards minimal public safety nets is troubling given mothers most in need are the least likely to have access to informal support. Research can benefit from a better understanding about what contributes to support perceptions. Recent research indicates perceptions change over time (e.g., Radey and Brewster 2013). Examining the conditions to improve perceptions can inform future interventions (Heller et al. 1990). For example, peer group community interventions that focus on promoting maternal well-being through strengthening support perceptions and internal strengths (e.g., self-efficacy) may provide one mechanism to increase informal support among vulnerable mothers and their children (Taylor and Conger 2017).

Early evaluations of various group programs to improve low-income mothers' social networks show promise (Freeman and Dodson 2014; Lipman et al. 2007; Muzik et al. 2015; Pidano and Allen 2015). An evaluation of a 10-week group focused on offering low-income mothers of young children social support and education indicated that participation significantly improved mood and self-esteem at least short-term (i.e., 3 months later) compared to mothers in a control group receiving traditional community services (Lipman et al. 2007). Similarly, a 13-week self-care and parenting group for low-income mothers reduced depression, posttraumatic stress, and feelings of helplessness (Muzik et al. 2015). Although these evaluations typically

use social relationships and informal support as an intervention coupled with other services (e.g., parenting programs, self-care techniques), initial evaluations, as well as results from this review, suggest that the social dimension of interventions to increase emotional connection and instrumental support is important for maternal and child well-being (Freeman and Dodson 2014).

Third, the review suggests informal support relates to a range of maternal, economic, parenting, and child outcomes both directly and indirectly. With few exceptions, informal support promoted maternal well-being, particularly psychological and economic well-being. In addition, informal support promoted positive parenting practices and child outcomes, most often through improved maternal well-being. Limited studies, however, suggest that support also promoted harsh parenting and spanking (Jackson et al. 1998; Lee 2009). Perhaps, informal support is not universally positive among mothers in stressful neighborhood environments (Jackson et al. 1998). Future research, including qualitative studies in disadvantaged neighborhoods, can provide insight into how neighborhood interactions and expectations shape the role of informal support for low-income families.

Fourth, and related, the relationship between support and harsh parenting highlights the importance of understanding how informal support operates for various populations of mothers and under various conditions. Although the size of informal support's contribution to outcomes was consistently small, the review indicates that available studies provide few conclusions about how the type, amount, and conditions of informal support matter. Despite the number of studies that considered informal support's influence on maternal, economic, parenting, and child outcomes ( $n = 46$ ), unique measurements of informal support and the range of modeled variables result in a limited understanding of how informal support promotes (or suppresses) maternal and family well-being. The important, yet intricate, role of informal support among low-income mothers calls for additional research to understand informal support and its consequences. To catalyze this line of research, Taylor and Conger (2017) provided a conceptual model of how maternal social support, maternal internal strengths, and maternal well-being contribute to child outcomes. Several studies included in this review consider aspects of this model. Specifically employing this model in future work can provide an excellent framework to test relationships among social support, maternal characteristics, parenting, and child outcomes. Moreover, common measurements and models of informal support specifically can build a comparable literature to consider distinctions of how informal support operates in low-income mothers' lives.

The systematic review indicates that informal support can benefit low-income families. Future research can

advance knowledge by defining the quintessential characteristics of informal support, identifying instruments to capture these characteristics, and providing the circumstances in which support can be most beneficial to maternal and child well-being. Consistent measurement and increased understanding of informal support and its nuances can inform intervention design and delivery to strengthen vulnerable mothers' informal support thereby improving maternal and child outcomes.

## Compliance with Ethical Standards

**Conflict of Interest** The author declares that they have no conflict of interest.

**Ethical Approval** This article does not contain any studies with human participants or animals performed by the author.

**Informed Consent** For this type of study formal consent is not required.

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