INTRODUCTION

In recent years, participation and social inclusion have dominated the policy discourse in the field of Intellectual Disability within western society. To enhance participation and social inclusion, and thereby the quality of life of individuals with intellectual disability (Schalock, 2004), a supportive social network is essential (Simplican, Leader, Kosciulek, & Leahy, 2015). As a result, an emphasis has been placed on forging stronger links with their local community to increase and strengthen informal networks of support (e.g., Hewitt, Nord, Bogenschutz, & Reinke, 2013). In line with these changing societal views, researchers have paid increasing attention to the social networks of individuals with intellectual disability. Several studies have examined the characteristics of their social networks, showing...
that the networks of the majority of individuals are relatively small (Lippold & Burns, 2009), that friendships are often formed with other people with disabilities and that interactions between individuals with intellectual disability and those in the wider community may be mainly restricted to family members (Forrester-Jones et al., 2006; Robertson et al., 2001; Van Asselt-Goverts, Embregts, & Hendriks, 2013, 2015; Verdonschot, De Witte, Reichrath, Buntinx, & Curfs, 2009).

Even though informal networks of individuals with intellectual disability are found to mainly consist of family members, research on family support provided to them has been scarce. For several decades, research has mainly focused on the impact of having a child with intellectual disability on parental wellbeing and family quality of life (Hastings, 2016). It has been extensively shown that parental and family outcomes are influenced by many factors such as child characteristics, parents’ cognitive styles, and family and environmental features. More specifically, social support, especially support from family members, is an important contributing factor to positive outcomes for parents of a child with intellectual disability (Canary, 2008; Cohen, Holloway, Domínguez-Pareto, & Kuppermann, 2014; Hassall, Rose, & McDonald, 2005; Hastings, Allen, McDermott, & Still, 2002; Shin, 2002; White & Hastings, 2004). However, studies on the provision of family support including directly the perceptions of individuals with intellectual disability have been rare. Research has shown that the actual amount of support may be of less importance for positive outcomes than the supported person’s perception of the helpfulness of the support (Shin, 2002; White & Hastings, 2004), which also highlights the necessity of directly exploring the support experiences of individuals with intellectual disability themselves (Embregts, 2011; McDonald, Kidney, & Patka, 2013). Within the literature, support is often differentiated into emotional and instrumental support. Perceived emotional support is regarded as the most significant type of support and found to be a stronger predictor for positive physical and mental health-related outcomes than instrumental support (Berkman, 1995;Thoits, 1995; Viswesvaran, Sanchez, & Fisher, 1999). Also, people have been found to attribute an emotional meaning to supportive behaviours that are instrumental in nature. In other words, by providing instrumental support, someone may show that they are being caring and have an understanding of another person’s needs (Semmer et al., 2008).

Various instruments have been used to examine social network characteristics of individuals with intellectual disability, such as the Social Network Map (Robertson et al., 2001; Tracy & Abell, 1994), the Social Network Guide (SNG; Forrester-Jones et al., 2006), the Social Support Self Report (SSSR; Lippold & Burns, 2009; Lunskey & Benson, 1997), the Social Network Questionnaire (Dagnan & Ruddick, 1997; Krauss & Erickson, 1988), the Support Interview Guide (SIG; Llewellyn & McConnell, 2002), the Functional Support Inventory (FSI; Felton & Berry, 1992; Lippold & Burns, 2009) and the Hierarchical Mapping Technique (Circles Task) (Antonucci, 1986; Lippold & Burns, 2009). Using these existing instruments, researchers have been able to provide detailed information on social network characteristics, including the views of individuals with intellectual disability themselves. The instruments were used to examine the supportive relationships that existed between the person with intellectual disability and his/her network members. Most of these instruments focused on support received by the person with intellectual disability (Antonucci, 1986; Dagnan & Ruddick, 1997; Felton & Berry, 1992; Llewellyn & McConnell, 2002). Some instruments (i.e., Social Network Map, SSSR, and the SNG) also examined the support that was given by the person with intellectual disability to his/her network members, assessing the reciprocal character of the person’s supportive relationships (Forrester-Jones et al., 2006; Lippold & Burns, 2009; Robertson et al., 2001).

However, none of the existing social network instruments have examined the supportive relationships existing among all network members of the person with intellectual disability. Relationships between a person and his/her network members cannot be seen as isolated from the broader social context. Until now, research has often disregarded the social context of interdependencies among network members of individuals with intellectual disability in which, for example, intimate relationships or parent–child relationships are embedded. In addition, none of the methods listed above have a specific focus on assessing the family networks of people with intellectual disability—although all would potentially capture elements of support from family members.

An instrument that has been developed to explore how individuals define their family contexts, and more specifically how they perceive existing supportive relationships in these contexts, is the Family Network Method (FN; Widmer, Aeby, & Sapin, 2013). In line with a trend in sociological research, the FNM has conceptualized family relationships within the theory of social capital (Furstenberg & Kaplan, 2004; Widmer, 2006, 2007, 2016). Social capital is defined as recourses that flow to individuals from their membership of a durable social network (Bourdieu, 1986). From this perspective, family relationships (i.e., family-based social capital) are expected to have a variety of positive outcomes for the individual, such as promoting physical and mental health (Kawachi & Berkman, 2001; Kawachi, Kennedy, & Glass, 1999; McPherson et al., 2014; Riumallo-Herl, Kawachi, & Avendano, 2014). The main types of social capital, bonding and bridging social capital (Burt, 1995; Coleman, 1988) are relevant with respect to family networks. Bonding social capital refers to network closure (i.e., a group with a high density of connections and redundant ties) (Coleman, 1988). As dense networks enhance expectations, obligations and trust among its members, support within such a network becomes collective. Traditionally, family relationships have been regarded as bonding social capital, based on the assumption that the significant family is constituted by the nuclear family (i.e., married couples and their children). However, this focus on the nuclear family ignores the fact that, due to the pluralization of life courses in late-modernity, family contexts have become more heterogeneous and open (Allan, 2008; Widmer, 2016). More recently, it has been shown that family contexts based on blood ties mostly provide a bonding type of social capital, whereas family
contexts based on friendships usually provide bridging social capital (Widmer, 2006, 2007). Bridging social capital refers to weaker connections between subgroups of a network that give some individuals (i.e., brokers) the potential to mediate the flow of resources between group members (Burt, 1995). To examine the social capital that is provided by the family, FNM respondents are not only asked about their own relationships with family members, but also about their views of relationships among the different family members who make up their network. Thereby, the FNM provides a better understanding of the family context of structural interdependencies in which individuals and their close family relationships are embedded. As the FNM captures respondents’ perceptions of how their family networks are organized in terms of, for example, support provision, the FNM might be a useful instrument to question individuals with intellectual disability about their family support experiences, thereby examining the social capital their families provide.

However, the FNM was developed for use in the general population. Although there is evidence that individuals with a mild intellectual disability can be reliable informants of their support experiences (Lunsky & Benson, 1997), the instrument cannot be automatically applied to them. As a result of cognitive and language impairments, they might experience difficulties in understanding questions and communicating valid and reliable answers when using instruments developed for people without disabilities (Coons & Watson, 2013; Finlay & Lyons, 2001). Yet it has been generally recognized that individuals with intellectual disability have a valid perspective on their lives and several suggestions for questioning them in a reliable and valid way have been made in the literature (Perry, 2004). The FNM has previously indeed been used with individuals with mild intellectual disability (Widmer, Kempf, Sapin, & Galli-Carminati, 2013; Widmer, Kempf-Constantin, Robert-Tissot, Lanzi, & Galli Carminati, 2008). However, the exact procedure that has been used to question them has not been reported. To enhance the method’s transparency and transferability for use in the population of individuals with intellectual disability, it is important to systematically report the procedures used and to document the adaptations that have been made to facilitate their understanding. Therefore, the first aim of this study was to describe how systematic adaptions have been made to the FNM, by carefully piloting ways of questioning individuals with mild intellectual disability about their family networks, making the FNM a useful and reliable tool for other researchers and professionals. The second aim of this study was to give a detailed description of the data that could be obtained by the FNM.

2 | THE ORIGINAL FAMILY NETWORK METHOD

The original FNM consists of three parts, and a detailed description is shown in Table 1. In the first part, participants are asked to list their significant family members. The term “family member” is deliberately left undefined, to allow participants to decide whom they consider as family and may wish to include as significant family members. Participants are told that the term “significant” refers to those family members who have played a role in their life, either positive or negative, during the past year (Widmer, 2006). In the second part of the FNM, participants are asked about their perceptions of the relationships between the family members they have identified. Four aspects of the relationships between family members are examined: emotional support, instrumental support, influence and conflicts. In the third part, socio-demographic information is collected about each listed family member, as well as information on the nature of the family tie, the duration of the relationship and the frequency of contact.

2.1 | Family Network Method—intellectual disability: revised content and procedures

To adapt the FNM for use with individuals with intellectual disability, two pilot studies were carried out, involving a total of 19 participants with a mild (n = 16) or moderate (n = 3) intellectual disability. Participants had a mean age of 32.7 years (SD = 13.14, range 19–65 years) and 13 were male. The vast majority (n = 13) of participants lived in community-based settings, whereas six lived in residential, more segregated, facilities. This early testing suggested that asking people with intellectual disability about multiple dimensions of support would be overly complex and may not lead to different information for each dimension. For example, difficulties arose in differentiating instrumental from emotional support. The nature of the wording might not have been understood by people with intellectual disability when trying to explain instrumental support. Also, piloting showed that focusing only on emotional support already placed a high time demand on participants. As perceived emotional support is also regarded as the most significant type of support (Berkman, 1995; Thoits, 1995; Viswesvaran et al., 1999), the initial question about family relationships focussed on emotional support only. Therefore, during the pilot interviews, participants were asked to examine the relationships among their family members in relation to emotional support provision: “Who would give emotional support to X (i.e., each individual included in the participant’s family configuration, considered one by one) during routine or minor troubles?” (Widmer, Aeby et al. 2013).

Before the pilots were carried out by the first two authors of this study, the original FNM was translated into Dutch using a systematic forward-backward translation procedure (Cull et al., 2002). In addition, instructions for the interviewer were added to standardise the interview procedure. During the pilot interviews, one researcher was the interviewer, the second researcher observed and made notes about the procedure and difficulties that occurred during the interview. After the interview, these notes were documented in a log. The duration of the interviews varied between 15 minutes and two hours, depending on how many family members were listed, and the participant’s understanding of the questions, which varied according to their level of intellectual disability and ability to concentrate.
Based on the experiences of these pilot interviews, as well as the suggestions of Finlay and Lyons (2001) about overcoming difficulties when interviewing people with intellectual disability, adaptations were made to the original instrument.

2.2 | Interview procedure

The FNM-ID is carried out individually with the participant at a place of their choosing, to ensure the participant’s privacy and to facilitate a congenial atmosphere which might contribute to a feeling of safety. At the start of the interview, the interviewer initiates “small talk” with the participant, in which specific questions about the family network are asked. For instance, questions with respect to significant others in the participant’s living situation, leisure time and work. This small talk helps to make the participant feel comfortable and allows the interviewer to develop a picture of the participants’ life and gain an initial insight into significant others in his/her network. The interviewer is able to start with the first question of the FNM-ID after observing that the...
Respondents are first asked to give a list of persons that they consider as significant family members. They are instructed that the term "significant" refers to those people in their family who have played a role, either positive or negative, in their life during the past year. A statement is read to respondents that further emphasizes that they should not only refer to the people of their family who are significant to them because they love them or respect them, but also to those who have upset them or have made them angry during the last year. The term "family" is left undefined and respondents are asked to use their own definition of what they intend by "family."

2. Define the significant family members:
2.1. Which members of your family are significant to you? It could be no one, a few or all of them, it is up to you how many people you chose.
2.2. Who among them means a lot to you?
2.3. Who is always there for you?

Strategy A:
- Ask the participant permission to take a picture of him/her.
- If "yes": take a picture and print this picture. If "no": a pictogram of a man/woman is shown to the participant.
- The interviewer explains that the image represents the participant.
- The participant is asked to put the cards of the family members that are most significant/closest to him/her next to the image.
- If the participant is not able to indicate the most significant people, ask for the most significant five.
- If the participant is not able to indicate the most significant five people, ask them one by one (e.g., who the foremost significant person is/who is number one, who else is significant?)

Strategy B:
- Ask the participant about a significant event.
- Ask the participant: if this event takes place, who of your family members should definitely come/be there?
- If the participant is not able to list the most significant people, ask them one by one (e.g., who the foremost significant person is/who is number one, who else is significant?)

We noticed that the explanation about "significant family members" was too complicated and confusing for people with intellectual disability. Participants asked for further explanation before they were able to answer the question. Therefore, the explanation about "significant" family members ("Significant refers to people who have played a role, either positive or negative, in your life during the past year") was omitted from the adapted approach, enabling participants to give their own interpretation of significance.

When defining the significant family members, the instruction "it could be no one, a few or all of them, it is up to you how many people you chose" was added. During the second pilot, the interviewers experienced that participants sometimes already made a selection when listing their family members (i.e., participants did not list their whole family but just a selection of significant members). By adding the instruction that all family members could be considered significant, the researchers tried to avoid over-selecting significant family members. Furthermore, the instruction that none of the family members could be considered significant is added to decrease the chance of social desirable answers.
In Dutch, the word “gezin” is used for the nuclear family, a commonly used word, which typically refers to parents and their children. The right terminology in English for individuals with mild intellectual disability needs some further thought.

#### TABLE 1

<table>
<thead>
<tr>
<th>Topic</th>
<th>Original FNM Guide</th>
<th>FNM-ID</th>
<th>Rationale for adaptations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic questions</td>
<td>-Gender</td>
<td>-Gender</td>
<td>Answering the questions about demographics was found to be difficult for people with intellectual disability. The researchers noticed that participants were not able to answer the questions precisely which, in some cases, made them feel insecure and irritated. Since a rough estimation about these characteristics is sufficient enough, categories were made for the demographic questions about age, duration of the relationship, place of residence and frequency of contact. The question about level of education of family members appeared to be too difficult to answer for most participants; therefore, it was decided to eliminate this question.</td>
</tr>
<tr>
<td>-Age</td>
<td>-Age (categorised into decades)</td>
<td>-Age (categorised into decades)</td>
<td></td>
</tr>
<tr>
<td>-Level of education</td>
<td>-Nature of the family tie</td>
<td>-Nature of the family tie</td>
<td></td>
</tr>
<tr>
<td>-The nature of the family tie</td>
<td>-Duration of relationship</td>
<td>-Duration of relationship only if the participant lists someone who isn’t a family member (categorised into decades)</td>
<td></td>
</tr>
<tr>
<td>-The duration of the relationship</td>
<td>-How long have you known X?</td>
<td>-How long have you known X?</td>
<td></td>
</tr>
<tr>
<td>-Where does the person live</td>
<td>-Place of residence</td>
<td>-Place of residence</td>
<td></td>
</tr>
<tr>
<td>-Frequency of contact face-to-face</td>
<td>-Does X live in the same village/city as you?</td>
<td>-Does X live in the same village/city as you?</td>
<td></td>
</tr>
<tr>
<td>-Frequency of contact in other ways (telephone, internet)</td>
<td>-Frequency of contact (categorised: every day, every week, every month, less than once a month, never)</td>
<td>-Frequency of contact (categorised: every day, every week, every month, less than once a month, never)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How often do you see X face-to-face?</td>
<td>How often do you see X face-to-face?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How often do you have contact with X in other ways? (Telephone, internet)</td>
<td>How often do you have contact with X in other ways? (Telephone, internet)</td>
<td></td>
</tr>
<tr>
<td>Significance of the person with intellectual disability</td>
<td>Officially not in the original FNM guide</td>
<td>4. Defining significance of the person with intellectual disability to the family members:</td>
<td>As it might also be valuable to measure another element of the reciprocity of significance within relationships, a new question was added at the end of the interview; the participant is asked to whom they think they are a significant other.</td>
</tr>
<tr>
<td></td>
<td>4.1. To which of your family members are you significant? It could be no-one, a few or all of them, it is up to you how many people you chose.</td>
<td>4.1. To which of your family members are you significant? It could be no-one, a few or all of them, it is up to you how many people you chose.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.2. To whom do you mean a lot?</td>
<td>4.2. To whom do you mean a lot?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.3. For whom are you always there?</td>
<td>4.3. For whom are you always there?</td>
<td></td>
</tr>
</tbody>
</table>

The second question is about defining the significant family members from those listed at the first stage:

1. Which members of your family are significant to you? It could be no-one, a few or all of them, it is up to you how many people you chose.
2. Who among them means a lot to you?
3. Who is always there for you?

The interviewer checks whether the family members on the cards are considered to be significant by showing the cards (one by one) to the participant. A green and a red box are used to support the participant; cards for family members who are considered significant are put in the green box, the cards of the family members who are considered not significant are put in the red box. Alternative questions (for example question 2.1 and 2.2) can be asked (in a fixed order) when a participant is not able to answer the main question. If these additional questions are not sufficient, strategies can be used to help participants to answer the question (see Table 1). These questions and strategies were added to standardize the procedure of the FNM-ID and to enhance the reliability of the instrument. Subsequently, all the cards in the green and red box are put back on the table again and the interviewer moves on to the third question, which is about emotional support. This question concerns whether a participant receives and/or gives emotional support to his/her listed family member(s).

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*In Dutch, the word “gezin” is used for the nuclear family, a commonly used word, which typically refers to parents and their children. The right terminology in English for individuals with mild intellectual disability needs some further thought.*
3. If X is feeling out of sorts, who is there for X?

3.1. If X is not having such a good day, who supports X?
3.2. If X is feeling out of sorts, who listens to X?
3.3. If X is feeling out of sorts, who reassures X?

The interviewer checks whether the family members give emotional support to the participant by showing the cards (one by one) again to the participant. Again, the red and green box are used to support the participant and additional questions are available. After this is completed, the participant is asked to provide his/her perceptions of the relationships among the network members, answering the same questions about emotional support for every single person (using the same procedure with the cards and the boxes). If the main question or the additional questions are not sufficient to obtain answers, strategy C can be used (see Table 1). After this, demographics of all the listed people are collected and written on the back of the card of the concerning person. Table 1 provides an overview of the demographic data collected.

Finally, a fourth question about significance of the participant to his/her family members is asked:

4. To which of your family members are you significant? It could be no one, a few or all of them, it is up to you how many people you chose.

4.1. To whom do you mean a lot?
4.2. For whom are you always there?

The interviewer checks whether the participant considers themselves significant to every family member in the network by showing the cards of all members (one by one) to the participant. Again, additional questions (4.1 and 4.2) are available in case the main question is not sufficient, and the boxes are used.

Based on these two pilots, Table 1 summarizes, per topic, the adaptations and rationale of adaptations between the original FNM and the FNM-ID.

### 3 | SOCIAL NETWORK MEASURES OBTAINED FROM THE FNM-ID

In this part of the study, we will illustrate the measures that give insight into people with mild intellectual disability’s perceptions of their family configurations, based on the data obtained from the FNM-ID. As in the original FNM, analysis concerns the significant family network (family members that are selected at step two of the FNM-ID). Different software packages can be used to analyse social network data, for example UCINET (Borgatti, Everett, & Freeman, 2002) or R software packages like statnet (Handcock et al., 2016). Using these packages, measures can be calculated for the significant family network of the participant as a whole (network measures) or for specific persons in the network (centrality measures). Network measures give a better understanding of family configurations of people with mild intellectual disability, whereas centrality measures give information about how individual family members are located or embedded in the overall family network (Hanneman & Riddle, 2005).

1. **Network measures.** Several measures about the family network can be calculated: that is, size, density, average degree, arc reciprocity and index of components. The size of the network represents the number of family members listed by the participant. Density of a network can be calculated by dividing the number of supportive ties (connections) among all the family members by the maximum number of potential supportive ties if all the family members were connected. In highly dense connected family networks, most or all family members are connected with each other, providing a bonding type of social capital. Average degree calculates the average number of supportive ties of the family members in a network; it divides the total number of supportive ties that exist in the network by the number of network members. The arc reciprocity represents the proportion of reciprocal relationships within a network: of all the support that is given from one family member to another, what proportion is reciprocated? The “index of components” measures how many subgroups there are in a network.

2. **Centrality measures.** Per family member, centrality measures can be computed, qualifying the position of a person in a network. The degree centrality of a family member refers to the number of supportive ties a person has. This measure can be specified as in- or out-degree. The in-degree of a person is the number of supportive ties that represent the support received from other family members. The out-degree is the number of support ties in which a person gives support to other family members in the network. Betweenness centrality describes the intermediary position of a person in the family network. Betweenness centrality is about how many pairs of family members would have to go through to the person in order to reach one another (in the minimum number of hops). Family members with a high betweenness centrality mediate the flow of support among network members, providing a bridging type of social capital.

3. **Attribute measures.** The FNM-ID obtains demographic information of all the listed family members and the person with intellectual disability; these data are called attributes. Attributes are calculated for either the full family network (e.g., 40% of the family network is male) or the nodes’ in- or out-degree (e.g., 10% of the people who provide support live in the same place of residence).

4. **Graphs.** Networks can be visualized using a variety of software methods including NetDraw (part of the UCINET software package). The network and centrality measures can be combined with attributes and can be visualized using different colours, shapes or sizes.
4 | FNM-ID NETWORKS: TWO ILLUSTRATIVE CASES

Two cases have been selected to illustrate possible differences between family configurations of people with mild intellectual disability and the potential utility of the FNM-ID. Pseudonyms are used to protect anonymity. The first case describes the family configuration of a 27-year-old male (Bob) living in the community in the Netherlands. He received support within a clustered care setting and had set times for one-to-one support, but he was able to ask for additional support at any time during a 24-hour period. This participant listed five family members at step one of the FNM-ID: his father, mother and three uncles. According to Bob, two of his uncles did not have an emotional support connection to anyone in the network (no arcs are pointing to or from the uncles). Bob only considered his parents as significant (see Figure 1). The size of Bob’s significant network was three (see Table 2); Bob, his father and his mother who were also the members who provided him with emotional support (the in-degree measure for Bob was 2). Bob was not supporting his parents in return (out-degree measure is 0, arc reciprocity is 0.00). As there are no reciprocal supportive relationships in the significant network, the density has a score of 0.50.

Due to the little support among the family members, the average degree of the network is 1.00. The betweenness centrality for Bob is 0.00, indicating that he is not an intermediary for the other network members.

The second case is of a 33-year-old female (Mary), also living in a clustered care setting in the community in the Netherlands. At step one of the FNM-ID, she listed her mother, father, two sisters, two brother-in-laws and her two nephews. Except for one brother-in-law, Mary considered all of them as significant, making the size of the significant network eight. Mary has a quite dense network (Figure 2). Figure 2 shows that Mary has three emotional relationships that are reciprocal (see two-sided arcs), with her mother and with her two sisters. Her father is giving her emotional support as well, but Mary feels that she is not supporting him. According to Mary, the other listed family members are emotionally supported by other family members. For example, her mother is supported by the father, sister 1 and 2, Mary herself and brother-in-law 1.

As a result of the large number of supportive relationships between the family members, the density score of this network is 0.66 (Table 2). As previously indicated, the density can be calculated by dividing the number of ties (connections) among the nodes by the maximum number of potential ties. As a result, the score will always vary between 0 (no support between family members) and 1 (all family members are supporting each other). Therefore, a score of 0.66 indicates a relatively high density. Because of this supportive network, the average degree is 4.63, and many of these supportive relationships are reciprocal (arc reciprocity is 0.70). Mary has a betweenness centrality of 0.00, meaning that no family members have to pass her to reach one another.

In addition to information about the size of a network and the supportive relationships between the family members, the attributes of the family members can also be analysed. Attributes can be, for example, age, gender, place of residence or nature of the family tie and can be calculated by the “composition.” In Table 3, the network compositions with respect to the attribute “nature of the family tie” for Bob and Mary are shown. The “raw score for the whole network” represents the number of each type of family member within the significant network of the person with intellectual disability. Bob’s network includes two parents (proportion of 1.00) and receives support

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**FIGURE 1** Family configuration for Bob. □: male; ○: female; grey: Bob; white: significant; black: not significant

**TABLE 2** FNM-ID significant network measures for Bob and Mary

<table>
<thead>
<tr>
<th>Measure</th>
<th>Bob</th>
<th>Mary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network size</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Density</td>
<td>0.500</td>
<td>0.661</td>
</tr>
<tr>
<td>Average degree</td>
<td>1.00</td>
<td>4.625</td>
</tr>
<tr>
<td>Arc reciprocity</td>
<td>0.000</td>
<td>0.703</td>
</tr>
<tr>
<td>Indegree</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Outdegree</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Betweenness centrality</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
from both them (proportion is 1.00) (in-degree). This network composition shows that Bob is highly dependent on his nuclear family when it comes to emotional support. This information might be valuable, for example, to understand the sustainability of his family network; when his parents pass away, there will be no other network members available who have a history of providing Bob with emotional support.

Mary’s network consists of two parents, two siblings, two extended family members and one in-law family member (see Table 3 for proportion scores). Mary is supported by her two parents and two siblings and provides support (out-degree) to one parent and two of her siblings. Again, this composition shows Mary’s vulnerable position in the family network. If her parents pass away, only 50% of her emotionally supportive family relationships will remain.

5 | CONCLUSION

The FNM-ID enables a systematic exploration of the way in which individuals with mild intellectual disability define their family contexts, as well as the social capital these contexts provide. Research has neglected the direct perspectives of individuals with intellectual disability with respect to family support. Their informal supportive networks, which to a great extent, are shaped by family members, have become increasingly important in a time of austerity and cuts to services. Therefore, gaining insight into their family context may play an important role in facilitating their social participation and inclusion.

Based on thorough piloting, the original FNM has been successfully adapted to better suit the cognitive and linguistic needs of individuals with mild intellectual disability (Finlay & Lyons, 2001). Although the intention was to include people with a moderate intellectual disability in these developments, in our piloting the instrument remained too complex despite the adaptations. In particular, these participants found taking the perspective of another family member too complicated and cognitively challenging. This finding might be due to the degree of their disability. Future research should explore ways of questioning people with moderate intellectual disability about their family networks.

**FIGURE 2** Family configuration for Mary. ○: male; □: female; grey: Mary; white: significant; black: not significant

**TABLE 3** Significant network composition attribute “nature of the family tie” for Bob and Mary

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Participant</th>
<th>Whole network raw score (proportion)</th>
<th>In-degree raw score (proportion)</th>
<th>Out-degree raw score (proportion)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of the family tie</td>
<td>Bob</td>
<td>Parent 2 (1.00)</td>
<td>2 (1.00)</td>
<td>0 (0.00)</td>
</tr>
<tr>
<td></td>
<td>Mary</td>
<td>Parent 2 (0.29)</td>
<td>2 (0.50)</td>
<td>1 (0.33)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sibling 2 (0.29)</td>
<td>2 (0.50)</td>
<td>1 (0.67)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extended family 2 (0.29)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In-law family 1 (0.14)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
</tr>
</tbody>
</table>
The FNM-ID not only offers a way to gather the perspective of people with mild intellectual disability about their family support, but also provides rich, theoretically significant information about their family networks. In addition, the FNM-ID provides information about the person’s perception of the relationships among all family network members. Thus, the FNM-ID provides a broader understanding of the family context of structural interdependencies in which individuals with mild intellectual disability and their close family relationships are embedded (Widmer, Aeby et al., 2013). Findings of earlier family research have already shown that supportive relationships between a person with intellectual disability and his/her family members cannot be seen as isolated from the broader family structure. More specifically, higher levels of social support for parents of children with a disability, especially support from family members, lead to more positive outcomes in those parents, who in turn, might better relate emotionally to their children (Boyd, 2002; Hastings, Thomas, & Delwiche, 2002; Trute, Worthington, & Hiebert-Murphy, 2008).

After systematically adapting the FNM for use with individuals with mild intellectual disability, the next step is to apply the FNM-ID in research in which substantial samples of individuals with mild intellectual disability are questioned about their family contexts. This is crucial to generate new knowledge on, for example, patterns of family configurations of individuals with mild intellectual disability, the type and amount of family-based social capital available to them, and the relationship between family resources and outcome measures such as the individual’s subjective well-being and mental health.

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CONFLICT OF INTEREST

All authors declare that they have no conflict of interest.

ORCID

Sanne A. H. Giesbers http://orcid.org/0000-0001-8358-5806
Tess Tournier http://orcid.org/0000-0002-8726-8100
Andrew Jahoda http://orcid.org/0000-0002-3985-6098
Petri J. C. M. Embregts http://orcid.org/0000-0003-3567-1528

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