

The Community Mothers Programme: Care in the Community

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Introduction

Many early childhood programmes use home visiting as a strategy (Bull *et al.*, 2004). In the Community Mothers Programme (CMP) it is the core strategy. This programme has evolved since 1980, first using public health nurses (PHN's) as visitors to families with newborn babies, and then training experienced mothers from the community to visit families. The programme has continually evaluated its methods and adapted them in accordance with the findings, as well as to changing circumstances in society (Molloy, 2002). This paper examines the evaluation of the CMP carried out by Johnson *et al.* in 1990 (Johnson *et al.*, 1993). It argues that the programme has a beneficial effect on parenting skills and maternal self esteem.

Supporting Parents

Today's pressures with changing family and employment patterns, poverty, the problem of violence and greater accessibility of drugs mean that all parents, and particularly those who live in areas of social stress and disadvantage, need support. If parents are to promote the health and development of their children, their families and the next generation as a whole, more support may be needed at critical times, such as after the birth of a first child (Titterton *et al.*, 2002). Evidence suggests that experiences during the very early period lay the foundations for individual health, well-being, cognitive development and emotional security, improving the likelihood of success at school and later in life (Home Office, 2005).

In addition to professional services, families need support networks to promote a sense of belonging and connection with the community. These networks form part of the social capital of individuals and families and together with financial, physical and human resources, they contribute to health and well-being (Putnam, 2000). Programmes like the CMP, which stimulate and build on the support networks that exist in the community, can provide a further source of support to the family and help in building social networks.

Background

The CMP is a support programme for first-time parents of children from birth to twenty-four months who live in mainly disadvantaged areas. The CMP evolved from a UK-based child development programme (Barker, 1984) in which health visitors in England and public health nurses in Ireland were involved in delivering a specially designed child development programme. In Ireland, however, lack of resources meant that the programme could not continue. It was therefore decided to recruit non-professionals in

the form of successful mothers known as community mothers to deliver the programme. Following pilot phases the CMP was formally launched in the former Eastern Health Board, Republic of Ireland in 1988. Today it is delivered to nearly 1,200 parents each year in the Greater Dublin Area and it is managed by the Health Service Executive.

Community mothers are recruited by family development nurses. These nurses are trained PHN's who have applied to work with the CMP and have special training for this role. A key element of the recruitment policy is that the community mothers reflect the ethos of the community they intend to visit. Each full-time family development nurse works with a team of eighteen community mothers and supports 120 families at any one time.

The family development nurse's role in the programme is based on concepts of partnership and empowerment, promoting participation of clients as well as individual and community self-reliance. It is a move away from working for people to working with people (MacDonald, 1992). The programme director guides the work of the family development nurses and offers specialist support, education and management in the implementation, maintenance and development of the programme.

Mother to Mother

The community mothers make structured visits once a month lasting one hour to parents in their own homes. They provide empathy and information in a non-directive way to foster parenting skills and parental self-esteem and adapt each visit to the needs of the family. They use a clear and flexible set of strategies and focus on healthcare, nutrition and overall child development. The parent is acknowledged as the expert with their own child and the programme works to support the parent in achieving their own goals for bringing up their child. The parents are empowered to believe in their own capabilities and parenting skills without becoming dependent on professionals (McGuire-Schwartz, 2007).

Additional supports in the form of breastfeeding support groups and parent and toddler groups have evolved over the years. They are facilitated by community mothers and they support an additional 600 parents each year (CMP, 2006).

Evaluation of the Community Mothers Programme

An evaluation of the Community Mothers Programme was carried out in 1990 (Johnson *et al.*, 1993). The objective was to see whether non-professional volunteer community mothers could deliver a child development programme to first-time mothers in disadvantaged areas for children aged up to one year (the programme has since been extended to cover the first twenty-four months of a child's life).

Subjects and Methods

The method used was that of a randomised controlled trial in which a number of first-time mothers who were eligible for the programme were randomly assigned either to an intervention group that received the programme or to a control group that did not. Both groups were assessed at the child's first birthday.

The study involved 232 first-time mothers resident in four working-class areas of Dublin. All the mothers received the standard support from the public health nurses. They also all received invitations for primary immunisations and developmental assessments of their babies. The 127 'intervention' mothers also received the support of a community mother. There were thus 105 mothers in the 'control' group.

Baseline statistics were collected at the first visit and a simple evaluation questionnaire was developed and completed on the child's first birthday. All information was collected by the family development nurses. The questionnaire included questions on demography and environmental factors; mother's self-esteem; medical items, including immunisations and hospitalisation; nutrition of both mother and child and developmental stimulation factors.

Three areas of the CMP were implemented with the aid of specially designed illustrated materials. These were educational development, including early reading to the child; language development, with nursery rhymes being seen as part of the stimulus for developing early language; and cognitive development, including the use of games. Mothers were then questioned twelve months later. Mothers were asked how often they read to their child, what type of games they played with them, and the extent to which they used songs or nursery rhymes. The question on games invited parents to state which particular games they used with their children, and each game they mentioned was recorded. The games were then divided into 'cognitive games', which included hide-and-seek, singing games and number games, and 'motor games', which included floor games or games using a ball. The games in each section were then totalled.

Finally, in an attempt to measure general morale and well-being, mothers were asked about their feelings during the year since their child was born. Replies were recorded as being either positive or negative. An example of a reply that would be counted as positive is, "*I enjoyed every day, and watching the baby come along was a great experience*". An example of a reply that would be counted as negative is, "*Terrible, I found it hard to cope*".

Results

Of the 127 mothers in the intervention group, eighty-two (sixty-five percent) received at least ten monthly visits from their community mother, thirty-four (twenty-seven percent)

received between five and nine visits, and eleven (eight percent) received fewer than five visits.

The intervention group scored significantly better than the control group in the following areas:

- Immunisation of the child;
- Diet of both mother and child;
- Length of time child fed formula;
- Time of introduction of cow's milk;
- Reading to child;
- Language, educational and cognitive development of the child;
- Maternal self-esteem.

On immunisation, seventy-six percent of all the children had received all three shots of their primary immunisations by their first birthday. The intervention group performed significantly better than the control group ($p < 0.001$).

Children's diet was assessed according to the length of time that they were kept on formula and breastfed, the age they started on cow's milk, and by a twenty-four-hour recall of diet provided by the child's mother. It was found that mothers in the intervention group kept their children on formula significantly longer than those in the control group ($p < 0.001$). Also, control group mothers were more likely than intervention group mothers to introduce cow's milk before twenty-six weeks ($p < 0.001$). (At the time of the study, there was a policy not to introduce cow's milk until the child was six months old. This has since been raised to twelve months). For all food groups (protein, whole foods, vegetables, fruit, milk and energy intake) both children and mothers in the intervention group performed significantly better than those in the control group (children at $p < 0.001$ and mothers at $p < 0.001$).

Where the child's development was concerned, seventy-eight percent of all the mothers said that they read to their child. Ninety-eight percent of the mothers in the intervention group read to their child, compared to fifty-four percent in the control group ($p < 0.0001$). On the question of reading to the child every day, fifty-six percent of the intervention group did so, compared to only twenty-six percent in the control group ($p = 0.0001$). Scores for 'cognitive games' and the saying or singing of nursery rhymes were significantly better in the intervention group ($p < 0.01$), although no difference was found as regards 'motor games'.

Table 2 shows the four indicators that were used to assess the levels of self-esteem of the mothers when their children were twelve months old. In three of these areas - tiredness, feeling miserable and wanting to stay at home - the intervention group scored

significantly better than the control group. There was no significant difference between the groups with regard to the frequency of headaches. The intervention group also had a higher score for positive maternal feelings and a lower score for negative feelings when these were evaluated at the time of the child's first birthday.

Table 1: Mother's self-esteem on child's first birthday, 1990 evaluation

| | Intervention group N = 127 | | Control group N = 105 | | p Value |
|--------------------|-------------------------------|---------|--------------------------|---------|---------|
| | number | percent | number | percent | |
| Tired: | | | | | |
| yes | 99 | 78 | 95 | 90 | <0.01 |
| no | 28 | 22 | 10 | 10 | |
| Headaches: | | | | | |
| yes | 62 | 49 | 52 | 49 | 0.92 |
| no | 65 | 51 | 53 | 51 | |
| Miserable: | | | | | |
| yes | 73 | 58 | 80 | 76 | <0.003 |
| no | 54 | 42 | 25 | 24 | |
| Staying in: | | | | | |
| yes | 40 | 32 | 57 | 54 | <0.001 |
| no | 87 | 68 | 48 | 46 | |

There was no significant difference in the proportion of intervention and control children admitted to hospital during the study, but of those children admitted to hospital, the mean length of stay for the intervention group was fourteen days, which was significantly greater than the mean stay of seven days for the control group ($p < 0.05$). Children in the intervention group were less likely to have an accident requiring a visit to hospital (three children in the intervention group and eight children in the control group). There were three cases of child abuse among the control group, against none in the intervention group.

Discussion

There were several favourable outcomes for the mothers and children who were part of the CMP. For the mothers, when compared with the mothers in the control group, there were encouraging results in the following areas: maternal self-esteem, maternal and child nutrition, developmental stimulation, and maternal morale and well-being. So far as the children were concerned, the children in the intervention group were more likely to be immunised, duration of breastfeeding tended to be longer, their general nutrition was better, and they were less likely to have an accident, compared to control group children.

The programme failed to show any benefit in terms of hospitalisation. Although the median length of stay of those intervention children who were admitted to hospital was

greater than for the control children, upon examination, it was seen that intervention children suffered from an assortment of common childhood conditions that were not addressed specifically by the programme and which the programme could not be expected to influence to a significant degree.

Because of limited resources, it was not possible to employ independent data collectors. The family development nurses administered the questionnaire and, although the possibility of bias cannot be entirely ruled out, cross-checking of mother's responses on immunisations with Health Board records did not reveal any discrepancies.

In conclusion, the empowerment approach to developing parenting skills was found to be effective. Also the fact that the programme could be delivered by non-professional volunteer mothers working in partnership with family development nurses was very positive.

The strength of the association between favourable results on a number of outcomes and membership of the intervention group was impressive.

The Seven-year Follow-up Study

A follow up study was conducted seven years later to see whether benefits, which were demonstrated when children in the Community Mothers Programme were one year of age were maintained seven years on when the children were aged eight (Johnson *et al.*, 2000).

Methods

The original intervention group and control group were traced seven years after the initial trial and a one-to-one interview was carried out with each mother. A questionnaire was used to seek information on child health, nutrition of both mother and child, maternal parenting skills particularly with regard to school work supervision, stimulation and discipline, and the impact of the programme on any subsequent children, in the area of breastfeeding and immunisation. It was administered by an independent data collector. The chi-square test was used for comparison of proportions.

Main results

One third of the original group (thirty-eight intervention, thirty-eight control), were contacted. All agreed to interview. The intervention and control groups were similar in terms of demographic characteristics.

Immunisation coverage was similar for both groups. Twenty-six point three percent of the intervention group had had an accident compared with forty-four point seven percent of

controls ($p=0.09$). From Table 2 it can be seen that children in the intervention group were significantly more likely (seventy-nine percent) than those in the control group (fifty percent) to visit the library weekly ($p=0.009$). From Table 3 it can be seen that all mothers in the intervention group compared with eighty-one point six percent of controls checked their child's homework every night ($p=0.006$). With regard to attitudes to discipline, mothers in the intervention group (fifty-one point four percent) were more likely than controls (twenty-four point three percent) to disagree with the statement "*children should be smacked for persistently bad behaviour*" ($p=0.018$). Mothers in the intervention group demonstrated significantly higher self-esteem. Intervention mothers were significantly more likely to make a positive statement about motherhood than the control group ($p=0.018$).

Table 2: How often children visited the library

| Frequency of children's library visits | Intervention group | | Control group | |
|--|--------------------|--------------|---------------|--------------|
| | N = 38 | percent | N = 38 | percent |
| weekly* | 30 | 79 | 19 | 50.0 |
| every two weeks | 1 | 2.6 | 2 | 5.3 |
| monthly | 4 | 10.5 | 8 | 21.1 |
| never | 3 | 7.9 | 9 | 23.6 |
| Totals | 38 | 100.0 | 38 | 100.0 |

*Significant at $p = 0.009$.

Table 3: How often mothers checked their child's homework

| Frequency of homework checks | Intervention group | | Control group | |
|------------------------------|--------------------|------------|---------------|------------|
| | N = 38 | percent | N = 38 | percent |
| every night* | 38 | 100 | 31 | 81.6 |
| less than every night | 0 | 0 | 7 | 18.4 |
| Totals | 38 | 100 | 38 | 100 |

*Significant at $p = 0.006$.

Conclusion

Despite the relatively small numbers contacted, this one-year child development programme has sustained beneficial effects on parenting skills and maternal self-esteem with benefit extending to subsequent children. Thus the CMP has been successful in achieving positive outcomes for parents and the empowerment approach to developing parenting skills has been shown to be effective. The programme aims to raise awareness in parents that bringing up children is one of the most important tasks that they will undertake in their lifetimes.

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