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Volunteerism: 'Community mothers' in action

ABSTRACT

Volunteers represent a growing, but often undervalued, section of service delivery in many areas in the community, particularly in health care. This paper is centred on volunteers' perceptions and experiences of home visiting gained through the implementation of the Community Mothers (CM) program in Western Australia (WA). Further, the paper aims to inform debate about the issue of professional versus non-professional home visitors and offers a perspective on the issue that may provide direction for policy makers and practitioners. This qualitative study involved individual telephone interviews with a volunteer sample of 12 participants, purposefully selected. Transcription data from each interview were examined and coded utilising an adapted method of content analysis described by Burnard (1991). Three main themes emerged in the findings as to why volunteers became involved in the Community Mothers Program: (1) Empathetic concern; (2) Contribution to community life; and (3) Lifecourse issues and personal development. With experiences of volunteers in home visiting, four main themes reflected the participants' views: (1) Facilitating client empowerment; (2) Facilitating personal empowerment; (3) Promoting social connectedness; and (4) Enabling goal setting. Although programs such as the Community Mothers Program aim to benefit and support mothers in the parenting role it is clear that there are benefits that emerge also for the individual volunteer, such as increased self-esteem, self-efficacy and satisfaction. Hence, measuring the overall outcomes that result from such a program remains a major challenge.

KEY WORDS

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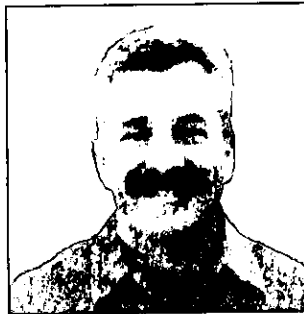
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BACKGROUND

Recent decades have seen a large body of evidence collected highlighting the critical role parents and the broader home environment play during a child's early years with respect to longer term developmental outcomes such as school attainment and adult functioning (Bronfenbrenner 1974; Moynihan 1986; Olds et al. 1998). Availability of parental interest, time, love, attention, discipline, and stability during the formative years are crucial to the ongoing growth of human competence (Zubrick et al. 1995). In contrast, forces that may serve to prejudice the home environment as a developmental platform include a combination of economic stress, lack of social supports, and low parental self-esteem. (Schorr & Schorr 1989) Being socially and economically deprived, and in particular, persistently poor, acts and interacts cumulatively to increase poor health, social and educational outcomes (Olds, Henderson, Tatelbaum & Chamberlain 1988; Schorr & Schorr 1989; Vimpani & Parry 1989).

Gomby (2000) noted that increasing policy interest in home-visiting services is linked to this growing body of research highlighting the importance of the early years of children's lives. An outstanding example of an attempt to communicate the evidence and make policy recommendations to decision makers and the broader

community is the work of McCain and Mustard (1999) whose Early Years Study Report was produced for Ontario's State Government.

In their report, McCain and Mustard (1999) argued that as the future prospects for the State were tied to the health and well-being of its children, broadly based investment in the early years was as important as other areas of social program delivery such as education. This argument appears to be increasingly heard by governments in many developed countries.

Given limited resources and a lack of clear coordination of services, strategies available to reach children during the early years are limited. Policy responses to calls for greater investment in this area have often led to home visiting services for families with very young children (Gomby 2000). The increasing popularity of home visiting appears to be evident in Australia, where both the literature (Vimpani 2000) and local experience suggest it has become more common as a strategy for delivering services to families with young children.

Understandably, home visiting programs for families with young children have developed along somewhat diverse lines according to their goals, target populations and service settings. Some target issues such as 'postnatal depression of new mothers' while others might target teaching parents how to 'play with their chil-

dren'. However, they all appear to share recognition of the critical nature of the early years of development and of the role parents play in shaping outcomes for children (Rapoport & O'Brien-Strain 2001). Despite this common foundation, differences in the nature of home visiting programs mean that it is still best regarded as a service delivery strategy. Among the differences in approach that fall under the umbrella of the term are the uses of both non-professional and professional home visitors.

Volunteers represent a growing, but often undervalued, section of service delivery in many areas in the community, particularly in health care. There are an estimated 330,000 health sector volunteers aged over 18 years in Australia who provide more than 12 million hours of service every year. More than 15% have donated their time for more than ten years and thus form a major part of the not-for-profit sector workforce (NH&MRC 2003). In Australia volunteers contribute substantially to community-based programs and have been found to contribute positively to intervention approaches such as home visiting programs (Sharma & Deepak 2003).

Within the home visiting literature, the necessity of recruiting professional or non-professional home visitors is a topic of some interest. In fact, it has been suggested to be the 'most controversial debate in the field' (Rapoport & O'Brien-Strain 2001: 45). The aim of this paper is to further inform debate about the issue of professional versus non-professional home visitors and offers a perspective on the issue that may provide direction for policy makers and practitioners. The paper is centred on volunteers' experiences of home visiting gained through the implementation of the Community Mothers (CM) program in Western Australia (WA).

INTRODUCTION

CM was introduced to WA as a pilot program in 1995. This pilot involved collaboration between

the Bentley Health Service, Curtin University School of Nursing and Midwifery and the Eastern Perth Public and Community Health Unit. The pilot was conducted in a predominately lower socio-economic area of the State's capital city, Perth. The aim of the CM program was to build the self-esteem and confidence of parents in their parenting role, and increase the physical and social health and cognitive development outcomes for children.

The WA CM program was based on a program developed in the United Kingdom in the early 1980s, which was founded on the philosophy of parent empowerment. CM concentrates on visiting first time parents during the first year of parenting. The program is a partnership between child health nurses, volunteer home visitors (community mothers) and new parents, with a view to providing role support to families. As volunteers live in the same neighbourhood as the parents they visit, they are considered to be well positioned to act as role models, supports and as a gateway to accessing local parenting resources in the community. Home visits are structured and use clearly defined strategies. Through the process of home visiting, the CM aims to help parents discover a sense of control, and feel more confident and empowered in facing up to the many challenges, stresses and joys of child rearing.

Supervision and training are critical features of CM. Child health nurses receive regular training in the program philosophy and visiting strategies and have a caseload of families. Nurses link volunteer 'community mothers' with families and are closely involved with the recruitment, training and support of volunteers. Following initial training, volunteers meet monthly to discuss common problems and share ideas that strengthen their peer support role. Nurses also accompany volunteers on some home visits to offer support and encouragement to these visitors and to ensure the program philosophy and visiting strategies are maintained.

Despite any concerns surrounding the use of non-professionals in home visiting programs, Elkan et al. (2000) noted that the approach is reliant on the support and guidance of professionals. This is certainly true of the WA CM program. In fact, in this State, CM is regarded as a model of community nursing practice that tailors levels of parenting support for new mothers to need in accordance with assessments made by community health nurses. Importantly, in locations where CM operates, families considered likely to benefit from home visiting (e.g. single parent, teenage parent, first child, economically disadvantaged) are offered either volunteer home visiting or, in cases of high complexity, nurse home visiting. As noted, even where a volunteer undertakes home visiting, community health nurses maintain strong family linkages and undertake regular visitor supervision.

Given that a combination of linkages between volunteers, community nurses, and families form the core of the CM program, it is possible that the approach provides complementary elements that would not be available under a purely professional home visitor approach. Certainly this has been the view often expressed by nurses delivering the program in WA. The argument has some support in the literature which points to differences in home visiting style between professionals and non-professionals even when they are delivering the same program. For example, there is evidence that the contribution volunteer home visitors can make lies in helping to reduce social isolation of families, offering emotional support, increasing parents understanding of child development, and serving as role models to new parents (Hiatt & Jones 2000).

Wasik (1993) cited further distinct advantages from incorporating non-professionals in a program of home visiting. These included the suggestion that volunteers might be better able to secure a trusting relationship with clients and that the volunteers themselves benefit from

valuable training which may improve their employment opportunities.

Notwithstanding the potential benefits of volunteer home visiting, it is important to acknowledge that there are also potential disadvantages associated with the approach. These include volunteers potential lack of relevant skills in challenging situations, the possibility that home visitors project their own circumstances and problems onto the client, and that the difficulties of the role might adversely affect the volunteer (Wasik 1993).

The current study is directed to outlining the experiences of some WA volunteers in home visiting undertaken as part of the CM program. As noted, the intention of the paper is to inform policy and program discussion on the issue of the place and role of volunteers in home visiting programs for families with young children.

METHOD

Design, sample and setting

In total 91 volunteers have been trained in the WA Community Mothers Program since its inception as a mainstream community health program in 1998, with approximately 50 volunteers currently involved in home visiting across four health services in 2004. The aim of this study was to report the perceptions and experiences of the volunteer home visitors engaged in the Community Mothers Program (CMP). The volunteers, in the case of the program described in this paper, are mothers with older children drawn from the communities in which they provide home visiting services. These volunteers were selected into the CMP based on their experience as mothers, their willingness to participate, completion of a specific community mothers training program and their suitability as role models for mothers in the community. The specific objectives of the study were to identify the participants' reasons for becoming volunteer 'community mothers' and explore their experiences of their home visiting role.

Permission to conduct the study was given by the Manager of the Area Health Service who had direct responsibility for the Community Mothers Program. The coordinator of the CMP also approved the data collection. As no clients were involved in the interviews it was not requested by management that Ethics Committee approval be sought.

This qualitative study involved individual telephone interviews with a volunteer sample, purposefully selected. Demographic data of participants was collected together with information concerning the program costs associated with the CMP. Participants were all English speaking and over 18 years of age. The sample in the study included 12 volunteers involved in home visiting in the Community Mothers Program from 1998 to 2003. They were selected from each of the four Health Service sites that were operational. Four volunteers were experienced, with at least 18 months in the program, four volunteers were more recent recruits with less than 18 months experience in the program and four were no longer involved in the program, being previous volunteers. Process data were also collected from the program records to determine numbers of recruited volunteers, training details, numbers of clients and home visits.

The interview questions were based on current literature and informed by the objectives of the Community Mothers Program. The interview schedule included 12 questions, such as 'have you had any personal experiences that made you think you would like to help other mothers', 'why did you become a volunteer', 'how did you feel on the first visit', 'how receptive were the parents to your visit'. A researcher conducted the semi-structured telephone interviews at a time of convenience for the participants with interviews limited to a maximum of 30 to 45 minutes. Consent was confirmed by the volunteer's willingness to participate in the interview with an understanding that refusal to participate would be respected. Interviews were not audiotaped but notes tran-

scribed. Recruited participants were asked to confirm the transcript content prior to it being utilised by the researcher to endorse the interview records for accuracy and honesty.

Analysis

Transcription data from each interview were examined and coded utilising an adapted method of content analysis described by Burnard (1991). A staged, reductive method of content analysis was used whereby themes and common concepts were identified, organised, categorised and labelled. Sub-categories were identified and clustered into a smaller number of sub-themes and classified accordingly to identify patterns or relationships in the themes to enable more sophisticated interpretation.

Two researchers separately analysed the transcripts and discussed any differences until consensus was reached regarding sub-themes and themes. Thereby, trustworthiness of the data was ensured with an explicit description of the research process through an audit trail available. A validation strategy requiring the researcher to feed the themes back to the participants to confirm the findings as a reasonable account was also conducted.

RESULTS

Descriptive findings

A profile of the volunteer home visitors in the study revealed they ranged in age from 22 to 57 years with a mean age of 34 years. They were mothers of between 1 and 6 children with an average family of 3 children. The volunteers, engaged in home visiting, have from 5 months to 4 years experience in the program with a mean of 18 months experience. The objective is that volunteers visit, on average, four to six families at any one time.

Program costs

In a time of financial constraint concerning budgets for social service programs the cost-

effectiveness of using volunteers in community-based programs is an important consideration. The estimated cost of recruiting, screening and selecting volunteers for inclusion in the CMP was approximately \$A200 per volunteer. This included home visits by screeners, a session with a community nurse and police clearance. The cost of 10 hours of specific parenting training for the volunteers was estimated at a further \$A200 per volunteer. In addition, home visitors were paid an honoraria and travel allowance of \$A6 per hour, usually averaging about \$A12 per home visit. Thus, the costs of the volunteer program were minimal compared with similar programs provided solely by health professionals.

Reasons for volunteerism

There were three main themes that emerged in the findings as to why volunteers became involved in the Community Mothers Program. These included: (1) *Empathetic concern*; (2) *Contribution to community life*; and (3) *Lifecourse issues and personal development*.

Empathetic concern

It is apparent from the findings of the study that the volunteers demonstrated very real empathetic concern for the mothers they were supporting. The home visitors had personal experience of issues such as lack of family support, postnatal depression and isolation in their own lives as new mothers to which they could relate. Many clearly wanted to reach out to others and assist so that something could be learnt from their own negative experiences of motherhood.

One 39 year old mother of three children aged 5 years to 12 years was keen to volunteer based on her previous experience.

I wanted to be there for mothers who needed someone to talk to because I had a bad experience and would have appreciated a community mother at the time ...

A 31 year old mother of two children aged 2 years and 3 years described her reasons for volunteering as follows.

... because I remember how horrible it was with my first. It would have been nice for someone to visit me. I had postnatal depression.

Another mother expressed her empathy this way.

I thought I had a lot of experience, I've had postnatal depression twice, first time was with my second baby when the first was 18 months old.

Similar views were expressed by a 28 year old single mother whose husband left her when their third child was only a few months old. She had experienced postnatal depression and needed a lot of family support in the postnatal period. Her empathy for others in this situation led her to volunteering as a home visitor.

Another 39 year old mother of 3 children expressed her sense of isolation and loneliness in motherhood, demonstrating her empathy for others in this situation.

[I] felt isolated and lonely when I had children and I didn't want others to feel like that. It would have been nice to have someone visit me.

A 22 year old single mother of one child, who had minimal family support expressed her sense of loneliness.

I didn't have much family support, my partner and friends weren't interested in babies, I didn't have anyone to turn to. There were times when I just needed to know what I was doing was right.

Contribution to community life

Another common theme to emerge from the findings of the study was that participants had a genuine desire to help and support others in the

community in need of assistance in the transition to motherhood. The volunteer home visitors wanted to contribute to the community in a meaningful way, using their skills, experience and capacity to care.

A 33 year old mother of two children aged 2 years and 5 years was representative of those wanting to contribute.

... [I] knew about the program from the child health nurse and recently moved back into the area. I feel I have time and would like to offer support.

One volunteer, a grandmother and part-time teacher summed it up as follows.

... [I] help with the care of grand children and feel I have a lot to offer to the community.

From participants a sense of willingness to help others emerged as the contribution they could best make to the community. A 34 year old single mother of three children expressed the views of many.

I try and help other people. I have been a single mum for a long time and had a lot of different experiences to share. Having three kids gives you a lot of insight.

Lifecourse issues and personal development

For many participants, one resounding theme in the findings of the study as to the reason for volunteering as a home visitor was personal fulfillment and development. Participants viewed CM as an opportunity to improve themselves. Several expressed the view that they liked meeting new people and helping others.

Others expressed the reward they gained from the program in the following manner.

I get a great feeling supporting parents and encouraging them in their decisions regarding their children ...

... personal development and of course ideas for myself as a mother, there is a lot to learn. I can get out and meet people and of course I love babies.

Another mother stated:

[I've] learnt to be a good listener, not trying to tell them what to do ... I'm starting to see things differently with my last partner and his drug problems. I think I'm more supportive. I've certainly developed my listening skills.

Experiences in home visiting

In regard to the experiences of volunteers in home visiting eight categories initially emerged from the data and these were collapsed into four main themes that reflected the participants views of the outcomes of their experiences. These included: (1) *Facilitating client empowerment*; (2) *Facilitating personal empowerment*; (3) *Promoting social connectedness*; and (4) *Enabling goal setting*.

Facilitating client empowerment

It was clear from the findings that most volunteers experienced the program as one that enabled clients to become more confident in their parenting role. The program provided opportunity for mothers to express pride in their achievements and for the volunteers to acknowledge the important and powerful aspects of the mothering role.

One home visitor who was a mother of four children described the following situation.

One young mum every time I visited her she kept telling me the baby cried at night. I just kept supporting her and let her make her own decisions on what she wanted to do ... She doesn't ask for approval now in the things she does, she is so much more confident.

An additional outcome of the program was an increase in the mothers' awareness of child

development and an increase in knowledge concerning the parenting role.

This is evident in the following quotes from home visitors.

The parents become more aware of what is happening with the child and they become confident.

I do feel that the parents notice more about their children, stimulate them and notice a difference in their development.

Facilitating personal empowerment

Furthermore, the volunteers also commented on their experience in the CM program leading to personal *empowerment and increasing self-esteem* as a result of their contribution. This was particularly true for those volunteer home visitors who had ceased working in the program and were able to reflect on a sense of personal fulfillment. For example one noted:

I have now set up and conducted follow on support groups in the home for mums who have completed the home visiting program.

Others are now:

... involved in hospital management committees, networking with the school P&C and establishing local playgroups ...

... promoting Community Mothers at conferences.

While some volunteers have left the CM program and gone back into the workforce as teachers aides others have gone on to study at TAFE in courses such as computing, child and community studies and also progressed to university studies. All have commented on the increased empowerment and confidence the role as a volunteer home visitor provided them. Some have had further children of their own or simply moved out of the area, locally and interstate, but all have contributed to their community neighbourhood.

Promoting social connectedness

An important theme to emerge in the study was that of promoting social connectedness. The volunteers experienced an opportunity to pass on useful information to mothers concerning local resources and positive strategies for difficult issues in parenting such as feeding, sleeping and behavioural problems. A home visitor recounted.

One lady had designer clothes for her baby and now he was crawling she didn't like the knees of the pants being scuffed. So she cut the bottom out of a rubber stubby holder and put that on the knees as a knee pad ... I passed this [information] on to another mum who had hard floors and she thought it was a life saver ...

In relation to community resources, a home visitor described:

People don't access resources that well, usually because they don't know where they are. Just by having the information they can decide if they want the service.

It also makes the parents aware of their area, playgroups, kindy gym anything that is going on.

In a community where many fathers work away in 'fly in, fly out' jobs social connectedness was a particular issue. One home visitor explained the strategies developed in collaboration with the parent to address this.

One father who was away for long periods made a video of himself reading stories, nursery rhymes, singing songs and playing with toys. The baby could become familiar with dad's voice and when older could watch him on the video. This strategy has been passed on to numerous mothers in the same situation.

Communication with mothers and the opportunity for interaction was also revealed to be a positive aspect of the volunteer experience.

Several participants highlighted the value of mothers in the community having 'someone to talk to' so that they could share their experiences, frustrations and joys. Both volunteers and mothers in the program seemed to benefit from the social interaction as evidenced in the following statements.

They always seem really relaxed with me and we have a lot of interaction. We all enjoy the visit.

The pleasure the visits gave. I was always welcomed, there was always lots to talk about and the mums were always excited to tell me about what was going on with the baby. I really enjoyed the contact.

The support volunteers were able to offer the mothers were seen as very positive not only for the individuals struggling with parenting, but in terms of beneficial outcomes for the whole family. The home visitors experienced rewarding relationships that involved understanding and empathy. They were able to allay the concerns of new mothers, reassure them and provide much needed encouragement and recognition.

The home visitors described this in the following manner.

... by acknowledging things they have done and the mobiles and massage, it's great everyone wants to be a good parent.

... I think me visiting her helped her with her sanity, she's gone back to work now ... I was able to reassure her that was alright and he would settle down again, and he has.

... they have discovered some great ideas which has made parenting more enjoyable and rewarding and are eager to see you to tell you about it.

Enabling goal setting

The findings revealed that an important experience of the program was the goal setting, which the home visitor was encouraged to pursue with the mothers. Often cartoons, which were always

used in the visit as part of the program, made a difference to the interactions and learning.

One home visitor outlined the difficulty in goal setting with the client that she initially experienced.

One lady was really quiet and shy and struggled to come up with ideas ... I always try to look for something in what they have said to help them [with goal setting].

Another stated

Goal setting is the hardest part, a lot seem to take each day as it comes, they don't plan a goal to work to they just wait to see what happens ...

Another home visitor who had clients who struggled with goal setting suggested:

The goal has to be what they want to do.

It is clear that both the clients and the volunteers benefited from the CM program. The reasons that motivated volunteer home visitors to participate in the program and their experiences were many and varied but contribute to our understanding of their role in this aspect of health care delivery. Furthermore, the perception of the volunteer home visitors is that the experience of CM provides significant outcomes for new mothers in the community during the first year of life but also personal fulfillment and satisfaction for the volunteer.

DISCUSSION

Home visiting has been shown to be an effective strategy in promoting early childhood development (Taggart, Shore & Barclay, 2000). Qualitative research involving interviews with 10 volunteers involved in visiting 15 new mothers supports the current research and confirms that building a strong relationship with the client is a major component of the home visiting role. The training of volunteers also ensures that they are not exploited but in fact gain personally from the experience (Taggart, Shore & Barclay, 2000).

This study supports previous research that found that altruism was the most common reason for an individual to choose to participate in a volunteer program. Community involvement such as this is much more about the satisfaction gained from the role than about career development (Tsai 2001). Interestingly, however, many volunteer home visitors benefited in their career development as a result of the program although this was not the prime motivation for contributing to the community.

The increase in confidence in volunteers who contribute to community programs, like the CM, is supported in the literature and well founded (Sharma & Deepak, 2003). It is clear self-efficacy for the volunteer is an outcome that results from training, increased educational opportunities and building self-esteem.

The use of volunteers to supplement the higher demand for services in the community is an increasingly popular strategy. As with the CM program, it can be highly synergistic when a mutual relationship exists between the child health nurse and the volunteer (Misener & Knox, 1990).

Key issues for consideration in the use of volunteers in home visiting programs are undoubtedly the matters of training and supervision. Olds et al. (2002) indicated that the theoretical underpinnings of these programs typically provide less detailed guidance than is required in the field. Like Olds et al. (2002) the Western Australian Community Mothers Program manages this issue within the frame of common sense, advice from community nurses and regular supervision.

If, as we believe is true of CM, this aspect of program delivery is managed well, there is every reason to be confident about the quality of service delivery and that the volunteers themselves are gaining valuable insights and life skills. Nonetheless, more research is required in this area to ensure the quality of service delivery continues to be enhanced where necessary.

Lastly, an observation that has been offered

by those involved in the coordination of CM is that it appears to be operating more dynamically in somewhat disadvantaged areas of the Perth metropolitan area. It also appears that the most active and committed volunteers are those who have personal experiences of difficulties and disadvantage during the early years of parenting their own child(ren). Although this observation needs to be more thoroughly investigated, it may suggest that programs like CM have an important part in achieving population health inequality goals, as they appear to concurrently address a range of issues within individuals, families, across communities, and in community health services. These issues may include such diverse aspects such as social connectedness, parenting knowledge and skills, broad life skills and readiness for paid employment for volunteers, as well as skilling community health nurses in the area of effective community partnerships.

CONCLUSION

In summary, the reasons that individuals volunteer for a program such as 'Community Mothers' are multifactorial. However, the common themes of empathetic concern, contribution to the community and personal development were threaded through all responses. Facilitating empowerment, promoting social connectedness and enabling goal setting were the main experiences of the home visitors in the CMP. The program appears to have been beneficial for the volunteers as well as the mothers who were the recipients of care and is a cost-effective approach to improving early childhood intervention. While programs, such as the Community Mothers Program, aim to benefit and support mothers in the parenting role it is clear that there are serendipitous effects that emerge for the individual volunteer and the community. Hence, measuring the overall outcomes that result from such a program remains a major challenge.

Experience with the program in Western Aus-

tralia suggests that programs like CM are likely to benefit from evaluation within broader outcomes paradigms such as those offered by a population health perspective. Within such frameworks, it is suggested that the notions of outcomes for a program like CM might extend beyond impacts on child development to include aspects such as the long-term economic impact of the program on volunteers in disadvantaged areas and the overall effectiveness of health services.

References

- Burnard, P., 1991: A method of analysing interview transcripts on qualitative research. *Nurse Education Today* Vol. (11): pp. 461–466.
- Bronfenbrenner U., 1974, The origins of alienation. *Sci Am*. Vol 231(2): 53–61.
- Elkan, R., Kendrick, D., Hewitt, M., Robinson, J.J.A., Tolley, K., Blair, M., Dewey, M., Williams, D. & Brummell, K., 2000, The effectiveness of domiciliary health visiting: a systematic review of international studies and a selective review of the British literature. *Health Technology Assessment*. Vol. 4 (13), pp. 1–359.
- Gomby, D.S., 2000, Promise and Limitations of Home Visitation. *JAMA* Vol. 284 (11), pp. 1430–31.
- Hiatt, S.W. & Jones, A. A., 2000, *Volunteer Services for Vulnerable Families and At-risk Elderly*. *Child Abuse & Neglect*, Vol. 24 (1), pp. 141–148.
- McCain, M.N. & Mustard, J.F., 1999, *Reversing the Real Brain Drain: Early Years Study*. Toronto: Publications Ontario.
- Misener, T.R. & Knox, P.D., 1990, Symbiotic and synergistic community-based volunteer home visiting program for postpartum families. *Public Health Nursing*, Vol. 7 (3), pp. 169–174.
- Moynihan, D., 1986, *Family and Nation*. New York: Harcourt Brace Jovanovich.
- National Health & Medical Research Council, 2003, *Working with volunteers and managing volunteer programs in health care settings*. Canberra, ACT: Commonwealth of Australia and Volunteering Australia.
- Olds, D.L., Henderson, C.R. Jr, Tatelbaum, R., & Chamberlin, R., 1988, Improving the life-course development of socially disadvantaged mothers: a randomized trial of nurse home visitation. *Am J Public Health*. Vol 78(11): 1436–1445.
- Olds D., Henderson C.R., Cole R. et al., 1998, Long-term effects of nurse home visitation on children's criminal and antisocial behavior. *JAMA* Vol 280: 1238–1244.
- Olds D.L., Robinson J., O'Brien R., Luckey D.W., Pettitt L.M., Henderson C.R. Jr., Ng R.K., Sheff K.L., Korfmacher J., Hiatt S. & Talmi A., 2002, Home visiting by paraprofessionals and by nurses: a randomised controlled trial. *Pediatrics*. Vol. 110 (3), pp. 486–496.
- Rapoport D. & O'Brien-Strain M., 2001, *In-Home Visitation Programs: A Review of the Literature*. The Shere Institute, Burlingame, California.
- Schorr, L. B., & Schorr, D., 1989, *Within Our Reach: Breaking The Cycle Of Disadvantage*. New York, NY: Doubleday.
- Sharma, M. & Deepak, S. 2003, An inter-country study of expectations, roles, attitudes and behaviors of community-based rehabilitation volunteers. *Asia Pacific Disability Rehabilitation Journal*, Vol. 14 (2), pp. 179–190.
- Taggart, A.V. Short, S.D. & Barclay, L. 2000, 'She has made me feel human again': an evaluation of a volunteer home-based visiting project for mothers. *Health & Social Care in the Community*. Vol. 8(1), pp. 1–8.
- Tsai, C-F. 2001, *An exploration of volunteers' motivation and job satisfaction in Arkansas literacy councils*. *Dissertation Abstracts International*, Vol. 61 (9-A) 3442, US: University Microfilms International.
- Vimpani, G., Parry, T., 1989, *Community Child Health: an Australian Perspective*. Churchill Livingstone.
- Vimpani, G., 2000, Home Visiting for Vulnerable Infants in Australia. *J Paediatric Child Health*. (36), pp. 537–539.
- Wasik B.H., 1993, *Staffing Issues in Home Visiting Programs*. *The Future of Children*, Vol. 3 (3), pp. 140–157.
- Zubrick, S.R., Silburn, S.R., Garton, A. et al. 1995, *Western Australian Child Health Survey: Developing health and Well Being in the Nineties*. Perth, Western Australia: ABS and ICHR.