Community sharing of parenting knowledge

The Community Mothers Programme helps some 2,000 children a year to reach their full potential, writes Brenda Molloy

MANY EARLY CHILDHOOD PROGRAMMES use home visiting as a strategy. In the Community Mothers Programme (CMP) it is the core strategy. This programme has evolved since 1980, first using public health nurses 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.1

Supporting parents

Today’s pressures mean that all parents, and particularly those who live in areas of social stress and disadvantage, need support if they are to promote the health and development of their children, their families and the next generation.

It is now accepted that there is a link between childhood experiences and adult outcomes.2 Accordingly, failure to provide good quality support in the early years of child-rearing means that a much higher level of resources may need to be invested by the health, social and education services in later years in order to address and overcome the many problems that may arise as a result.

In addition to professional services, families need support networks to promote a sense of belonging and connection to the community. These networks form part of the social capital of individuals and families and – like financial, physical and human resources – they contribute to health and well-being. Programmes like the CMP can provide a source of support to the family and help in building social networks.

Development of parenting skills

The CMP is a support programme for first-time and some second-time parents of children from birth to 24 months who live in mainly disadvantaged areas. This includes lone parents, teenage parents, Travellers, asylum-seekers and refugees.

The CMP evolved from a UK-based child development programme. Following pilot phases, the programme was formally launched in the former Eastern Health Board in 1988. Today it is delivered to nearly 1,200 parents each year in the HSE Dublin/North East, and Dublin/Mid-Leinster regions.

The programme aims to support and aid the development of parenting skills, thereby enhancing parents’ confidence and self-esteem. It is delivered by non-professional volunteer mothers known as ‘community mothers’, who are recruited, trained and supported by family development nurses. These nurses are PHNs with 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
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Once a month the family development nurse meets with the community mother to discuss the families being visited. The community mothers also meet as a group, along with the family development nurse each month for support and ongoing training.

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.

**Significant beneficial effects**

In 1990 the programme was evaluated using a randomised controlled approach when programme children were one year old. The programme was found to have significant beneficial effects for mothers and children.

Children in the intervention group scored better in terms of immunisation, cognitive stimulation and nutrition, and their mothers scored better in terms of nutrition and self-esteem than those in the control group. At that time the programme was only aimed at first-time parents during the first 12 months of the child’s life; parents received a maximum of 12 visits, usually one a month lasting approximately one hour.

Further evaluation was conducted seven years later, when the children were aged eight. A follow-up study attempted to trace the families from the 1990 study and succeeded in locating one-third of them.

A major finding was the persistence of superior parenting skills among the programme families. Children whose mothers were in the CMP were more likely to have better nutritional intake, read books and to visit the library regularly. Mothers had higher levels of self-esteem. They were also more likely to oppose smacking, to have developed strategies to help them and their children to deal with conflict, to enjoy participating in their children’s games, eat appropriate foods, and to express positive feelings about motherhood.

The benefits extended to subsequent children who were more likely to have completed their primary and MMR immunisation and to be breastfed.

The results are positive as they show that just 12 contact hours in the first year of a child’s life can make a difference.

**Reaching full potential**

The CMP is a programme that operates at community level. The programme begins at, or even before, birth and empowers the women who deliver it as well as the parents who receive it. It is helping some 2,000 children a year to reach towards their full potential.

References


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. 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. The development of a programme in an area takes 18-24 months.

**Mother to mother**

The community mothers make structured visits once a month to parents in their own homes, providing empathy and information in a non-directive way to foster parenting skills and parental self-esteem. They use a clear and flexible set of strategies and focus on healthcare, nutrition and overall child development.

The community mothers are all experienced mothers who work on a voluntary basis. They are given nominal expenses for each visit. They typically spend upwards of 13 hours each month on their visits to between five and 15 families.

Community mothers’ motivation is to help their community with the knowledge and experience each has gained through child-rearing.

From their point of view, participation in the programme helps to increase their feelings of self-worth as they see parents developing an understanding of child development and they find themselves gaining status in their own community. A recent study also showed that volunteering in the programme contributed to lifelong learning. At the same time, the parents are empowered to believe in their own capabilities and skills for parenting without becoming dependent on professionals.

**The home visit**

The monthly visit to the family is the main focus of the programme. The issues discussed at each visit are tailored to the particular needs of the family. The approach is supportive of the parents’ own ideas and recognises the parents’ desire to do what is best for their child.

The main focus of the community mother’s visit is to encourage new parents, both mothers and fathers, to set themselves targets for achievement during the month before the next visit, and to facilitate the development of the child, both physically and mentally. This is done by drawing out the parent’s own potential rather than by giving advice and direction.

The community mother uses illustrated information sheets to show both effective and ineffective ways of achieving child-rearing goals. The illustrated information sheets provide an easy, non-threatening and relevant way of raising difficult issues and discussing them, and they are also easily understood because of their direct style.

The philosophy of the programme is simple yet profound. The parent is acknowledged as the expert with their own child and the programme works to support the parents to help them achieve their own goals for their child’s development. The family development nurse is available to the community mother to discuss problems and developments in relation to the programme.

work with a team of 18-20 community mothers and supports 100-120 families at any one time.

The programme began at, or even before, birth and it is helping some 2,000 children a year to reach full potential. It is helping some 2,000 children a year to reach full potential.