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"She's just like me": The Role of the Mentor with Vulnerable Mothers and their Infants

Gaye Mitchell, Deborah Absler and Cathy Humphreys
University of Melbourne, Melbourne, Australia

Mentoring Mums, a community-based pilot program, exemplifies a model of volunteer home visiting to vulnerable and socially isolated new mothers and their at-risk infants. An evaluation of the program found that positive changes for both mothers and their babies had been achieved, providing the rationale for exploration of elements that made the mentoring role effective. This article undertakes this exploration through the research question: What do mothers, mentors and workers contribute to the conceptualisation of the mentor role with vulnerable mothers and their infants? The article argues that the program's effectiveness resided in a mentor role that shared primary values of befriending and neighbourliness, rather than in mentors enacting a quasi-professional role. Conceptualisation of the mentor role is based in theory and practice, seeing mentors as straddling the formal world of service intervention and the informal world of kith and kin. It presents 'befriending' as part of building substitute networks around very isolated new mothers. The very significant problems experienced by these vulnerable mothers made necessary parallel involvement of a professional volunteer coordinator and ongoing case management. Mentoring did not replace professional involvement, but rather was distinguished as providing something different, but much needed for vulnerable new mothers and their babies.

■ **Keywords:** mentoring, home visiting, volunteers, vulnerable mothers and infants, family services, early intervention

Background

The attention to early intervention with vulnerable mothers with new babies continues undiminished. The body of research evidence highlighting the significance of attachment relationships and neurological development in infancy continues to grow (Bornstein, Hahn, Suwalsky, & Haynes, 2011; Vallotton, 2011). Simultaneously, many exciting programs have developed to respond to the needs of infants, their parents and other family members (Homel et al., 2006; Mondy & Mondy, 2008; Söderström, 2011).

The search continues for interventions that will prove effective with this group of vulnerable mothers and infants at risk of abuse and neglect. This paper describes a project, 'Mentoring Mums', developed in Victoria, Australia, which linked community volunteers or mentors to new and vulnerable mothers identified through the primary, secondary and tertiary intervention systems (maternal and child welfare, hospital services, family support and child protection). While the pilot project and its results will be discussed briefly, the focus of the paper is the exploration of, and theorising about, the role of volunteers with marginalised women. The discussion will draw on the perspectives of the mothers, the mentors and workers involved with the families and will concentrate on the conceptualisation of the mentoring role.

Relevant Literature

The social and economic case for early intervention in the life-course is well established (Armstrong & Hill, 2001; Manning, Homel, & Smith, 2012; Olds, 2002; Shonkoff, Phillips, & National Research Council (US), Committee on Integrating the Science of Early Childhood Development, 2000). The social nature of brain development (Shonkoff et al., 2000), with significant relationships between neurological development and attachment to consistent caring adults, establishes appropriate cognitive, behavioural and emotional child development (McCain, Mustard, & Shanker, 2007; Sims, 2009). Development in the first year of life is accepted as critical. Given the strength of the research

ADDRESS FOR CORRESPONDENCE: Dr Gaye Mitchell, 20 Steele St., Moonee Ponds, 3039 Victoria, Australia.
E-mail: gayelm@unimelb.edu.au

evidence base, it is unsurprising that a wide range of early interventions have been developed to target support for infants' earliest relationships with their care givers. Particular attention in many programs is focused on marginalised or vulnerable parents and, specifically, mothers (Mondy & Mondy, 2008; Söderström, 2011; Wadsby & Arvidsson, 2010).

Within the considerable literature on early intervention, the use of volunteers or mentors (we use the terms interchangeably) with vulnerable families has a long history (Armstrong, 1981; Cupples et al., 2011). Target groups include mothers suffering from depression (Barnes, 2009; Letourneau et al., 2011); new mothers who are also socio-economically disadvantaged and 'at risk' (Farber, 2009; Murphy, Cupples, Percy, Halliday, & Stewart, 2008); families accessing universal services, but targeted to families experiencing difficulty, as in the Home Start program in the UK (Frost, 2000); mothers experiencing intimate partner violence (Taft et al., 2009, 2011) and families where children are at risk of abuse and neglect (Duggan et al., 2007; DuMont et al., 2008; Gessner, 2008; Heaman, Chalmers, Woodgate, & Brown, 2006). The change focus variously includes: maternal mental health, parenting knowledge and behaviour, mother safety and child development (Barnes, 2009; Nievar, 2010; Olds et al., 2004; Rodriguez, Dumont, Mitchell-Herzfeld, Walden, & Greene, 2010; Taft et al., 2011; Zajicek-Farber, 2010).

We are specifically concerned about four areas related to using volunteers with highly vulnerable mothers with infants at risk of abuse and neglect: conceptualisation of the role of the volunteer, conceptualisation of the client group; effectiveness of the programs; and gaps in the literature and research. The foci are interrelated.

Use of volunteers with vulnerable women and their infants can be divided into para-professional or lay-therapy roles, and roles where the volunteer is meant to contribute something the professional is unable to contribute. In the first case, volunteers are used as an alternative to, or replacement for, professionals, but essentially undertake the same tasks with the same objectives as professionals. This use of volunteers appears to have been researched and evaluated more frequently (Letourneau et al., 2011; Olds et al., 2004; Rodriguez et al., 2010; Zajicek-Farber, 2010).

However, our focus is on the role of mentors used in ways which are different from, but complement, the ongoing professional intervention provided by Family Services case-workers – usually social workers or those in other helping professions – employed in a government-funded program located in a non-government agency. The research literature is sparser here, and there is often a lack of clarity about the conceptualisation of the volunteer role. With few exceptions (Armstrong & Hill, 2001; Paris, Gemborys, Kaufman, & Whitehill, 2007; Taft et al., 2009) writers provide little conceptualisation and scant reference to theory underpinning the use of volunteers. Sometimes a conceptualisation is implicit; for example, the programs that acknowledge that mentors are intended to address social isolation, and to 'befriend' the new mother, and through this, build self-confidence and knowledge about parenting, child development and community resources (Paris & Dubus, 2005; Paris et al., 2007).

Our sense is that stronger use of theory to assist in understanding the situations mentors are trying to change will prove helpful for the conceptualisation of the mentor role. For example, the value of the term 'vulnerable mothers' is that it allows consideration of a wide variety of women who struggle to optimise the development of their children, without stigmatising or pathologising them. A number of additional concepts, however, allow us to drill down to understand specific needs of particular 'vulnerable' mothers, and the interrelated and multiple factors that contribute to and sustain that 'vulnerability'.

Ecological, developmental, cultural, family-centred frameworks promote such understanding – at individual, family and societal levels, and help us particularise the situation for each individual 'vulnerable' mother (Bronfenbrenner, 1979; Garbarino, 1992; Germain & Bloom, 1999; Hetherington, Lerner, Perlmutter, & Social Science Research Council (U.S.), 1988; Mitchell & Campbell, 2011; Sen, 2001; Sewell, 2005; Tierney, 1976; Vygotski, Rieber, & Carton, 1987). Social work and psychological theory, including resiliency, competency and strengths-based concepts direct us to interventions, including those by mentors, tailored to the particular mother and family, that will reduce vulnerability of the mother and risk to development for the child (Maluccio, 1981; Werner & Smith, 1992).

Findings about effectiveness are equivocal. With some exceptions (Barnes, 2009), there seems to be general agreement that home visitation programs that engage in a range of activities are effective. These activities include modelling, teaching, addressing maternal mental health and self-confidence, the mother–baby relationship and child development (Armstrong & Hill, 2001; Letourneau et al., 2011; Nievar, 2010; Olds et al., 2004; Sweet & Appelbaum, 2004; Zajicek-Farber, 2010). Taft et al. (2011) provide some evidence for reduction in the level of abuse. In a number of studies there is a lack of clarity about the conceptualisation of the volunteer role and whether it is a stand-alone program or part of a wider service and, in the latter case, about the relationship expected by the mentor as part of that service.

These are some of the issues that will be explored throughout this paper.

The Program Context, Evaluation Findings and Discussion

The Mentoring Mums Program is a volunteer program providing a supportive relationship for socially isolated, vulnerable women and their infants living in the north-east region of Melbourne, Australia. The volunteer, an experienced mother, 'walks alongside' the isolated mother from

her late pregnancy or early in the life of her infant for a period of 1–2 years.

The Mentoring Mums Program, funded by a philanthropic foundation, the Ian Potter Foundation, was a 3-year pilot program of the Children's Protection Society, a non-government child and family organisation. Informed by evidence about the importance of addressing social disadvantage in the early years and the value of early intervention, the Mentoring Mums Program built on findings of a research project conducted in a public hospital specialist maternity service. Those research findings indicated that young, at-risk, first-time mothers were less reluctant to engage with mainstream services and more open to the involvement of mentors at this critical time.

The Mentoring Mums Program commenced in September 2008, staffed by a part-time volunteer coordinator and part-time manager. The pilot program's design incorporated formative and summative evaluation. Ethical clearance was provided by the project's multi-stakeholder reference group. A range of documents were provided which included Plain Language Statements, consent forms customised to each stakeholder group represented in the project (mothers, mentors and workers), research tools (including the semi-structured interview schedules for interviews and focus groups), and an ethics application which addressed the issues of confidentiality, beneficence, risks and data storage.

Method

The external evaluation team, consisting of the three authors of this article, employed a mixed methods action research design (Johnson & Onwuegbuzie, 2004). This approach maximised the strengths of quantitative and qualitative methods, enabling exploration of both meaning and measureable changes. The methodology included: analysis of referral data on all new mothers matched with mentors; analysis of data from specifically designed evaluation tools for a sample of new mothers and their mentors; detailed and intensive case studies of five new mothers to explore the nature and causative processes of their difficulties, the processes of supporting them (the role of the mentor, casework with the mother and support of the mentor, and outcomes achieved); a survey of the mothers' maternal and child health nurses to gain outcomes data; interviews and focus groups (Stewart, Shamdasani, & Rook, 2007) with new mothers, mentors, senior staff, referrers to the Program and Program staff; and regular meetings with Program staff throughout the evaluation.

The focused interviews were semi-structured and were conducted by two members of the evaluation team. Both had substantial experience in engaging with, and relating to, highly vulnerable mothers. While there are some limitations to these research methods (specifically, the small numbers involved in the program and its pilot nature, with limitations to generalisability), the data enabled rich and detailed description of the program, its processes and the outcomes achieved, as documented in the Research Report (Absler, Mitchell, & Humphreys, 2011).

The qualitative data quoted draw directly from this report and are therefore referenced to that report. These data, combined with other cited evaluations, could be used as the basis for replication.

This paper provides a brief summary of the overall evaluation of Mentoring Mums. We then discuss the findings that provide the basis for the conceptualisation of mentoring, which lies at the centre of this paper.

Thumbnail Evaluation Summary

The evaluation conclusions were that the Mentoring Mums program achieved significant goals, at both case and program levels. It received referrals of mothers at the most serious end of the family services continuum. It recruited nearly 60 mentors and matched 30 with new mothers. Its retention level of mentors and mothers was high. The new mothers reported that it met many of their needs and reported high levels of satisfaction with their mentors. Data from maternal and child health nurses and caseworkers suggested reduced risk to the infants in the study, increased attachment of the mothers to their infants and improved parenting skills. The new mothers developed and maintained positive relationships with the mentors. There were changes in their level of isolation, demonstrated through increased access to and interaction with the formal service system and the local community. The infants achieved positive developmental status across a range of milestones (Absler et al., 2011).

The program brought about change that professional services had difficulty in achieving in some cases. In others, the mentors supported and made a constructive contribution to achieving goals set by professionals with the families. With only one employed staff member it was a low-cost service (Absler et al., 2011).

The suggested success of the program forms the context for our research question: What do mothers, mentors and workers contribute to the conceptualisation of the mentor role with vulnerable mothers and their infants?

The Mothers: Understanding them and their Contribution to Definition of the Mentor Role

The role of the mentor cannot be understood without appreciation of the situation and difficulties their involvement was designed to change. There was sufficient data on 20 of the 30 mothers to enable analysis of their difficulties. The data were provided by the caseworkers working with each mother, providing data through a specifically designed tool to elicit information about the mothers and their contexts. The mothers were all assessed by their caseworkers as highly vulnerable. All 20 families faced a number of serious problems, including social isolation. In four-fifths of families this included severe tension with, or separation from, their families of origin. All but one family had difficulties at the family-environment level, the family system level and

the individual level of functioning. Difficulties included: mental ill-health and employment disadvantage (17 families); financial difficulties (12 families); significant educational disadvantage (10 families); and inadequate and insecure housing or homelessness (10 families). The highest number of difficulties in a single family was 21, with nearly half of the women having 13 problems or more. The mean number of problems per family was 11.6.

There were sufficient data on 15 families to enable characterisation and conceptualisation of them and their situations. Eight families were categorised as 'excluded families', a technical term describing families showing patterns of intergenerational child abuse and extreme social disadvantage (Mitchell & Campbell, 2011; Tierney, 1976).

These eight families had very high needs. One mother had not attended any ante-natal appointments and her 5-year-old child had had no contact with kindergarten. This child also had serious health and developmental needs to which his mother was failing to attend. Another mother with mental illness placed cardboard and black plastic on the windows of her apartment, and refused to take her baby outside. She also perceived her baby's normal interactions as sexualised behaviour.

The generalised and case-specific data all point to a fundamental need to address causative factors, including social isolation within the informal network, and the disconnection excluded families have from community norms about parenting, child development and network development and maintenance. This understanding of the families, based in social network, ecological and cultural theory and in research, provides one conceptual framework for the role of the mentors (Mitchell & Campbell, 2011; Tierney, 1976), i.e., people who enter the informal network of families to reduce social isolation and exclusion, and transfer knowledge, skill and community norms about parenting, child development and network development. However, if the mentors were to be effective in the face of the mothers' long-established and seemingly intractable difficulties, significant relational matters had to be negotiated between the mentor and the mother. The data showed that, unsurprisingly, both mother and mentor contributed to successful negotiation and development over the time of the relationship.

The mothers themselves demonstrated an astute understanding of their circumstances prior to involvement in the Mentoring Mums Program. They said they accepted the referral into the Program because of their feelings of loneliness and isolation, lack of support, distance from their families and anxieties about coping with their first baby. One outlined that at that time, she was ". . . freaking out. I didn't want the baby and thought I would be the world's worst Mum" (Absler et al., 2011, p. 43). They described an awareness of, and desire to move out of, this isolation and lack of knowledge, for the sake of their infants, into a world of family-like connectedness. It was their commitment to provide a different experience for their infants that drove their interest for *this* program at *this* time.

Many of the mothers had been, and continued to be, involved with a range of services, and some were appreciative of the support and assistance they provided. This was not where the gaps were in their lives. One identified that ". . . I was lonely and thought it would be good to be with another Mum" (Absler et al., 2011, p. 43). The mothers were clear about what they needed: "how to look after my baby" (Absler et al., 2011, p. 44). But, in addition to their needs, the mothers also brought openness to developing a relationship with the mentors. Without this openness, the program would have failed.

The mentors responded to the needs in a variety of ways, and their responses were highly valued by the mothers. The at-home assistance included providing practical assistance, providing guidance through information, talking about solutions (for example, helping with the baby's sleeping problems), modelling how to care for and respond to their infant, and providing the extra pair of hands required to care for the infant while the mother had a shower. Outside the home, the mentors' acts of taking the mothers shopping, for coffee and to appointments were acknowledged by the mothers. Descriptions were given of the patience and care provided to support women to leave the house, and to attend appointments regularly, when they had previously been unable to.

The mothers noted changes achieved by the Program, for them and their infants. These included increased confidence, improved self-esteem, improved knowledge and use of services. There was also a changed perception of the future for some, a sense of hopefulness; "she gave me light at the end of the tunnel" (Absler et al., 2011, p. 44).

While the needs and strengths of the mothers provide one part of the conceptualisation of the role of the mentor, other aspects are also important.

The Contribution of the Mentors to Definition of their Role

Over the course of the evaluation, 60 women attended training to be a mentor. The training consisted of an initial 3-day program followed by ongoing sessions. The focus of the induction training included input on child development, communication and relationship skills, and contextual information about the client group and relevant service systems.

Thirty mentors remained actively involved, and 16 completed a data collection survey. The majority of the 16 were white Anglo-Saxon Australian women, with English as their first language (though four had proficiency in a second language). The majority had completed year 12 and eight of the 16 had completed university education. The age spread was fairly evenly distributed across decades from 30 to 70 years. The majority of the mentors were employed in home duties or were retired, though most had employment experience, sometimes in running their own business. They came to Mentoring Mums with previous significant experience of volunteering.

The combination of employment, employment history and volunteering experience shows that the women spent very significant parts of their life in active commitment to family and community goals, rather than economic or other pursuits. For example, all had their own children, all spent considerable part of their life in full-time childrearing and the majority were involved in family-oriented volunteer activities. Previous volunteer involvement included volunteering within kindergartens, schools and sports clubs, or in organisations focused on 'other centred' and service goals, including within the health and welfare field, such as meals on wheels, op shops, Lifeline, nursing mothers or in faith-based organisations.

A number of women had also worked professionally in education, health and welfare fields, and saw involvement with Mentoring Mums as congruent with their previous professional lives and skills. In addition, they emphasised that their involvement related to their values, their wish ". . . to do something useful and make a contribution to the community" (Absler et al., 2011, p. 49) and to women who were treading a path they had trodden themselves at an earlier stage of their lives. They saw the program as: ". . . women helping women to better raise our children – can assist children from pre-birth and help mothers to gain confidence and further insight into improved parenting, encouraging links to better networks of education and support" (Absler et al., 2011, p. 48). They shared a strong sense of commitment to working with and empowering vulnerable young women and their children to enable them ". . . to break the cycle" (Absler et al., 2011, p. 50).

What was entirely absent from their descriptions and actions was any sense of pathologising the mothers with whom they were involved. They saw the mothers as going through hard times; first, because mothering is hard for any woman in today's society and, second, because the isolation they experienced made it even harder. They knew how much they had relied on their own networks to raise their children. They did not see how anyone could raise children without those networks. They admired the new mothers for what they were able to do despite this isolation and the other difficulties they had faced in their lives – they acknowledged the vulnerability of these new mothers. Nonetheless, they saw their contribution merely as something a caring individual and community should provide to those in need.

This lack of 'them–us' distinction fitted hand-in-glove with the mothers' perceptions of the mentors as "just like me" – women sharing the struggles of motherhood together and supporting each other.

Analysis of the mentors' activities provides additional detail to conceptualisation of their role. The data demonstrated that mentors provided consistency, reliability and honesty, were warm and friendly, kept the relationship light and enjoyable when needed, used humour and listened carefully. They provided acceptance of the mother at all times, regardless of how challenging or difficult the mentor found particular behaviours or attitudes. Mentors were non-judgmental, affirmed feelings expressed by the mother, and praised the mother's mothering and caring capacities.

The mentors understood intuitively that many of the mothers lacked role models in their childhoods and that what they needed was a combination of someone not 'pathologising' their reactions and feelings, while providing much-needed education and gentle role-modelling of how to be a parent. Part of what they brought to the relationship with the new mother was their openness to development of reciprocity – being open to receiving as well as to giving. They reported that their engagement in this program enhanced their own capacities and wellbeing, their own sense of community and social exchange, and educated them about the circumstances faced by members of their community.

While professionals would see the use of the qualities of consistency, reliability, honesty, warmth, acceptance, non-judgmental attitudes, careful listening, use of humour and a strengths-based approach as essential in developing trust (particularly with this group of new mothers), the mentors themselves brought the possibility of reciprocity to centre stage, talking of women supporting women to do 'women's work'. Mothering was seen as a 'normal' task, and mentors saw themselves specifically as more experienced mothers helping other members of their own community ". . . it is local Mums helping other local Mums" (Absler et al., 2011, p. 50).

The detail of what occurred between the mentor and the mother revealed the depth and quality of the relationship. The mentors spent time noticing the baby, noticing the things the mother did that were positive, and speaking their 'noticing' out loud to the mothers. They shared from their own experience as mothers.

In the two cases where there was an older child, both mentors used the same approach to help the mother focus on the older child's needs, or to share knowledge about children's needs or parenting approaches.

> One mentor talked with her new mother about what she used to do for her children, if she had to go to an appointment where waiting was expected. She talked about taking a special 'outing' bag (a change of clothes, picture books, toys, something nice to eat and drink) so that there was something for the four year old to do. After a few visits of talking about this as she got the bag ready, she found that the new mother had the bag ready when she arrived to take her and the four year old to the appointment. (Absler et al., 2011, p. 43)

All mentors modelled responsiveness to babies:

> One mother was very good at all the physical care, but did not relate very much to her baby. The mentor began a conversation about action songs and nursery rhymes. Could the mother remember any of that from when she was a child? (The mother had no such memories). Would the mother like her to teach her some? (Yes, she would.) The mentor began with 'Rock a bye baby', bouncing the baby on her knee and letting the baby 'fall' between her legs at the right moment in

> the rhyme. The baby was delighted. The mentor supported the mother to give it a go. She talked about how babies learn by repeating this sort of thing many, many times, and that they seem to go on loving it, no matter how many times you do it. Soon the mother was able to do this without prompting from the mentor. Later still, the mentor noticed the baby anticipating the 'fall', and commented on how clever the baby was, and what good parenting the mother was providing. (Absler et al., 2011, p. 25)

Modelling, noticing the baby and praising the mother occurred with another match:

> Another mentor noticed immediately that the mother was holding the baby at arm's length to feed her. She noticed out loud that the baby didn't look too comfortable, and shared by showing, how she used to hold her own babies when she fed them. When the mother held and cuddled the baby, in response to the mentor's modelling, the mentor noticed the responsiveness in the baby: "Isn't she such a lovely baby, and look how she's looking at you and smiling at you. You must be doing such a good job, to have such a lovely response from her". (Absler et al., 2011, pp. 25–26)

Contribution of the Interaction between the Mothers and the Mentors to the Definition of the Mentor Role

Numerous interrelated qualities were observable in the interactions between the mothers and the mentors. Emotional support from the mentors provided the foundation for relationship growth. "She was just there, helped me through a difficult time", "she calms me, she keeps me company, is someone to talk to" (Absler et al., 2011, p. 44). For all the mothers, they could accept the assistance provided, because of who the mentor was, and was not. The mentor was seen not as someone different, but someone they perceived as having much in common with them. "I wanted a match with people who have been there" (Absler et al., 2011, p. 43). One mother drew comfort from her mentor also having been a single mother. Another mother saw her mentor as being like a family member – she was "like a grandmother" (Absler et al., 2011, p. 44). Another mother saw her mentor as credible because she had experienced similar issues; "I had lots of problems with my baby's sleeping and my mentor's own child also had problems so she was able to provide solutions for me" (Absler et al., 2011, p. 44). The mothers recognised commonalities between themselves and the older, more experienced mothers. This placed the mothers in a position where they were more likely to be able to identify with, and form a stronger relationship with, their mentors.

Two case studies showed that the new mothers saw the mentors as models for themselves, not just as mothers, but as women. The mentors lived lives to which the mothers aspired. They were the women the new mothers would like to be. This was so despite the differences between the new mothers and the mentors, with the new mothers in question being socially excluded families, and the mentors being middle class, financially comfortable women with all the advantages of education and material security. In one case, the new mother's life was full of drama and constant crisis, while the mentor's life was calm and ordered. Far from wanting to continue a life of crisis, the new mother saw the possibility of a different way of living, and was attracted to that way.

Paradoxically, the mothers also saw the mentors as people "just like them". If they saw the socio-economic-cultural differences between themselves and their mentor, these were not the dimensions that were powerful for them. Instead, they were able to identify with the mentors as women who had also had their struggles in family life and parenting. This process of identification promoted the development of trust, which in turn enabled them to use the support and guidance of the mentors in a way that had not been possible in their relationships with professionals.

It was not all smooth sailing. Most mentors had to negotiate situations where the mother was defensive, and reluctant to take advice. Careful listening, finding out what she wanted, followed by support and affirmation of her in the role of decision-maker overcame relationship barriers.

On the other hand, some relationships showed the beginnings of reciprocal expressions of sympathy and kindness – the beginnings of a give-and-take relationship. For example, one mentor appropriately sensed that she could share details about her impending hospitalisation. When the new mother responded with warmth, sympathy and concern, it confirmed that the relationship had been strengthened by the give and take of this interchange.

The perception of lack of social distance between their mentor and themselves contributed to and enabled the mothers to utilise the relationship to make meaningful changes in their lives. The most common terms the mothers used demonstrated that the mentors were clearly located within a primary relationship. The mentors were experienced as "like a second mother" (Absler et al., 2011, p. 44) (for a woman with no contact with her own mother) and by others as a friend. Others were aware that their mentors were fulfilling primary relationship functions. "When you are so isolated it is an extra link you really need" and providing "the sort of support you would have if you had your family around" (Absler et al., 2011, p. 44). However, the mothers did not see themselves as a passive member of the dyad – a client having a service being delivered to – but rather as one mum meeting **with** another mum.

In all successful relationships, time and commitment of both the mother and the volunteer were crucial in developing and maintaining the relationship with the new mother.

A number of professionals who referred into the program, and who were interviewed for the evaluation, identified many of these elements. As one commented:

> ". . . the mentor comes from outside the service system, sits on the periphery. It is not my role as a professional to make

> friends with clients but the mentors can which is what is needed for this client group. The clients want to connect with people in a different way to how they do with professionals". (Absler et al., 2011, p. 62)

Conceptualisation of the Role

The contribution of the mothers, the mentors and the interaction between them prompts the following conceptualisation of the mentor role.

1. The Role of Primary-group Values – Mentoring and Friendship

A primary group is a social group whose members share close personal and lasting relationships, usually associated with family and close friends (Macionis & John, 2010).

While the mentoring relationship was not yet a primary-group relationship, or was still in the process of growing to become one, it did have values that were more in common with these informal relationships than with institutional or formal professional ones.

The mentors were friendly, warm, visited the mother's home, and took part in jointly negotiated activities. One mentor brought small gifts. Despite injunctions from the program about not giving personal phone numbers or addresses, at least four mentors shared these, and found that the new mother respected that information, and only rang either at pre-arranged times, or to alter or set up arrangements. The mentors focused on the strengths of the mothers, rather than giving attention to risk and problem definition, which they saw as a professional role. Indeed, it was the presence of a professional taking responsibility for risk assessment (albeit within a strengths and competency based framework) that freed the mentors to do what they wanted to do – focus only on strengths. These attitudes and activities, typical of primary-group relationships, all helped the mentors establish and maintain the relationship with the new mother.

Mentors defined their role as different to that of professionals. In their words, they were different from professionals because their main motivations were, first, to be involved with the new mothers because they cared, not because they were paid, and second, to be neighbourly, which they expressed as being mothers themselves and ordinary members of the community reaching out to other members of the community who were mothers and who were in need. To this extent they saw themselves on the same level as the new mothers. They brought their ordinary life experience to their relationship with the new mothers.

2. Rejection of Pulls Towards Professionalisation of the Mentor Role

Early in the program, mentors struggled with understanding their role. Some brought their own professional experience to this situation, and called for greater professionalisation of the role: for example, clearly established goals, discussed with the new mother, early in the development of the relationship. Others resisted this, though were unable to articulate the reasons for their opposition.

By the time of the second year of the program's operation, the pull towards professionalisation was replaced by one towards friendship and strengthening the primary-group values of the relationship, as mentors realised that their relationship with the new mother was highly valued by her and that they were not being 'used' within it. Instead, both parties found liking, respect and affection to be growing in their relationship. The mentors saw themselves as being "on the same level", all being mothers together, while at the same time honestly recognising that their experience was helpful to new and isolated mothers.

As their experience grew, the mentors were able to see their initial uncertainty as merely part of a primary-group relationship where building friendship is an uncertain business, requiring give and take, with risk of rejection. These are normal elements in friendship, and can never be overcome by 'goal setting' or other professional activities, which, indeed, if imposed on such a relationship, wreck the very nature of it.

3. A Constellation of Factors

The role of the mentor is further defined by additional factors. These include: what is done; the way it is done, who does it, and the motivations and incentives involved. Professionals, friends or relatives and mentors might all be concerned that a mother is not playing with her baby. They will each interact with the mother in terms of differences and similarities in legitimacy, knowledge, motivation and incentives. The mentors suggested that their incentives lie in primary-group values of being able to provide a 'free gift', of giving according to need, without thought of personal reward. Congruent with adherence to primary-group norms is development of mutual expressions of understanding, kindness and sympathy, which were beginning in some of the relationships.

A focus group discussion near the end of the second year of the program suggested that the mentors themselves were aware of the specific and unique nature of their role. They were involved because they wanted to be. They recognised that they could focus on addressing social isolation by the relationship they provided *and* through helping the mother link in to the community – to walk in the park, to meet other mothers and babies, and to use community facilities.

Mentors recognised that part of their role was to teach the mother about relationships through the relationship they had with the mother – through modelling friendliness, openness and through providing the opportunity to practise being with other people, as well as through helping her to engage in community, child-focused activities, such as a supported playgroup. They modelled good parenting as any professional would and came to understand that their modelling was influential because they were seen by the mothers as having been 'in the same boat', as an ordinary person in the community: a difference from the professionals in

the mother's life. They brought the expertise of being an experienced parent and the ability to share that knowledge and wisdom – not because they were professionals, but because they were experienced mothers prepared to share that experience with other mothers in the community.

Finally, in conceptualising the role of the mentor, careful understanding of the situation of the mothers is equally important. This was not a relationship with just any new mother. The new mothers in this program were socially isolated, had multiple problems and challenges, and in nearly half the cases were excluded families: those families experiencing the most serious disadvantage across generations. Conceptualisation of the mentor role cannot be undertaken in isolation from an understanding of the particular client group.

Protecting the Mentor–New Mother Relationship – The Essential Role of the Coordinator and the Caseworker

The role of the coordinator and involvement of a caseworker were central in protecting the role of the mentor conceptualised in terms of its primary-group nature. Mentors were only involved with families where a caseworker was also involved, so that interventions, including handling matters of risk, were provided by the caseworker. Without the caseworker to undertake case work and case management roles, the mentor was either pulled into taking responsibility beyond her role, or became disillusioned with the welfare system and her own role. The coordinator's role was also vital – indeed it proved to be a very complex one. It was characterised by: knowledge, skill and sensitivity to both mentor and new mother; a commitment to strengths- and competency-based practice; an understanding of normative friendship and possible support relationships within the community; and an understanding of family services work (knowledge of what constitutes adequate parenting, how to improve parenting, and risk assessment of infants and children). The coordinator kept regular contact with each mentor, so that both developmental matters and matters of risk could be identified, and the role of the mentor, in relation to them, discussed and clarified. In addition to these roles, the coordinator also needed an understanding of the service system and the need for integrated services for families; an awareness of the importance of, and skills involved in, case management; a depth of knowledge about family services clients, the situations and processes that brought the new mothers to seek help; and knowledge about what was required to bring about change for the mothers. In addition to recruitment, matching, placement and supervision (individual and group) and provision of initial and ongoing training, the coordinator acted to keep mentors from being pulled out of their role by ensuring other parts of the service system played their part. This often involved very skilled case-management functions, to ensure that all parts of the service system were working in concert.

Conclusion

This paper has explored an alternative conceptualisation of the volunteer role. It adds weight to previous research that values the volunteers for their unique, non-professional role (Mitchell & Sheehan, 2003; Paris et al., 2007). It suggests that their role is effective in helping change parenting behaviour and in supporting child development with some very vulnerable and difficult-to-engage families.

The findings from the Mentoring Mums evaluation support a theory-based view of the role of volunteers; one that sees them straddling the formal world of service intervention, and the informal world of kith and kin. Primary-group values informed and enabled the establishment of a meaningful relationship with vulnerable families who had few constructive, supportive, extended family and social networks (Mitchell & Campbell, 2011). Such a conceptualisation sees 'befriending' as part of building substitute networks around very isolated new mothers as a separate but complementary role to casework intervention – a position supported by some other research evidence (Nievar, 2010). Indeed, the conceptualisation heightens the difference between these roles, and the necessity of the coexistence of both roles for highly vulnerable families. Failure to openly acknowledge the primary-group nature of the mentor contribution can lead to illogical program design (befriend this person, but end the friendship after 12 months), tension between the professional coordinator and the mentors (who recognise the unique, non-professional role they play), and diminished program effectiveness through such elements as failure to properly support the powerful relationship between the mentor and mother.

Furthermore, misunderstanding the primary-group nature of the mentor role can lead to misguided cost-cutting exercises that mistakenly believe the mentor can substitute for professional involvement.

This particular conceptualisation of the volunteer role encompasses elements of a mother–daughter, older friend–younger friend, auntie–younger relative relationship. These elements can include sharing of information about parenting, and infant and child development, and about local services and resources, emotional support, and practical and material help. The conceptualisation acknowledges the possibility of the relationship becoming a primary-group relationship. For isolated new mothers who may never have had close family relationships, and who have only experienced conflicted ones, it also includes teaching about trust, reciprocity, affection, honesty and respect, based on the authenticity of the perceived mutuality of the relationship. Through this process it appears that self-esteem, self-confidence and agency are developed and strengthened. All develop primarily as part of a mentoring relationship which cares about the mother and child for their sake, but where there is a flow on to other outcomes, such as improved parenting and child development, and reduced social isolation.

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