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### Volunteer support for mothers with new babies: perceptions of need and support received

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**Title:** Volunteer support for mothers with new babies: perceptions of need and support received

**Short title:** Volunteer support for mothers with new babies

**Children & Society, 24(3), 175-187.**

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## **Abstract**

Semi-structured interviews were conducted with 55 mothers of infants. Some had received Home-Start during their infant's first year, others were offered the support but declined and the remainder were not offered Home-Start. Most of their support had come from informal sources such as family and friends with less from professionals. Mothers who received Home-Start described beneficial aspects, in particular the extent of practical support provided, preferable to calling on close relatives or friends. Difficulties related to volunteer characteristics and administrative problems. Overall volunteer support can be important to complement informal and formal support but needs careful management.

## **Introduction**

In a review of parenting support, Moran and others (2004) provide a useful categorisation into informal (neighbours, family), semi-formal (community organisations, the voluntary sector) and formal support (organised by professional services). Both the Moran review and a more recent one (Olds and others, 2007) concluded that interventions with a strong theory-base and a clearly articulated model may be the most effective types of home visiting support, with the most potential to impact maternal and child outcomes. Nevertheless, a UK parent survey found that parenting support from informal sources was preferred to that from 'expert' formal sources (Edwards and Gillies, 2004). In particular, hard-to-reach and vulnerable families may respond better to support from other parents than from professionals (Barnes, 2003). A systematic review of home-based social support provided by non-professionals for socially disadvantaged new mothers (Hodnett and Roberts, 1999)

concluded that in comparison with programmes led by professionals there are benefits to capitalising on experienced mothers in the community, in terms of both cost and cultural sensitivity. Semi-formal support from someone like a local parent volunteer can be an important source of emotional and practical support without any expectation that the assistance needs to be reciprocated, which can sometimes cause tension within families (Barnes, 2007). However, a substantial proportion (60%) of mothers with some risk factors turned down the offer of semi-formal volunteer home-visiting support in the context of a cluster randomised trial. This group represented the more disadvantaged portion of the overall sample (Barnes and others, 2006a). Many noted that they did not need support because sufficient help was available from informal sources such as family and friends. This corresponds to other UK research (Barlow and others, 2005) indicating that low levels of initial involvement and sustained participation in home visiting are evident for vulnerable families.

Quantitative data from the trial (Barnes and others, 2006a) revealed limited differences in parenting when infants were 12 months between the mother who received a volunteer and those in control areas (Barnes and others, 2006b), replicating the findings of another randomised trial (McAuley and others, 2004) which raises the question of the usefulness and role of such a service. However previous qualitative studies of Home-Start have suggested that the service is valued (Frost and others, 1996).

### **Research Aims**

This paper describes the qualitative component of a cluster-randomised trial offering Home-Start support. This study investigated the perceptions of need and the support received by the families with new babies in the control areas and those who had been

offered Home-Start support, including those who received volunteer support and those who declined the offer. The aims were to determine the extent to which Home-Start support met new mothers' needs, what they valued about this type of semi-formal support, and any difficulties compared to other sources of support (formal or informal).

## **Method**

### *Recruitment of Home-Start schemes*

Home-Start schemes throughout England that volunteered for the study (N=41) were randomised either to offer support to families expecting a new baby identified by the research team or to be control schemes that would not offer similar proactive support (Barnes and others, 2006a and b for details of scheme selection).

### *Recruitment of mothers*

Recruitment took place in NHS ante-natal clinics. Consequently ethical approval was obtained from the NHS Multi-site Research Ethics Committee (MREC) and all local RECs. Where required by the REC, local R& D departments gave governance approval and GP practice managers gave approval for access.

Expectant mothers in areas covered by intervention schemes were asked if they would like to be considered for home-visiting support, and would agree to two research visits, when their infants were 2 and 12 months old. Those living in control areas were asked to take part in the two research visits. Criteria for inclusion were: at least 18 years old; able to understand spoken English; living outside any Sure Start local programme area; and scoring 9+ on the Social Disadvantage Index (SDI; Osborn and others, 1984). Of

the total number of mothers completing the SDI (N=1007), 52.3% (N=527) met with the inclusion criteria. Written consent was obtained at the point of recruitment and further informed consent was collected at the research visits.

When infants were at least 12 months old, and if Home-Start support had finished, a sub-sample of the participants in the main quantitative trial (Barnes and others, 2006a) was approached for a qualitative interview. Quota sampling was used to identify participants for the qualitative study, to include three levels of informal support (received H-S, refused H-S, not offered); from three geographical regions (South East, Midlands, North); and with a range of demographic characteristics (maternal age, number of children, marital status). Separate written informed consent was obtained for the qualitative interview.

### *The support*

Eligible mothers in the intervention areas were visited by the Home-Start coordinator; if both agreed, a suitable volunteer was identified. In addition to the usual Home-Start volunteer preparation, two supplementary half-day training sessions devoted to issues surrounding a new baby were developed for this study (see Barnes and others, 2006b). Volunteers are generally from the local area and in almost all cases are parents themselves. (<http://www.home-start.org.uk/about/>). The nature and frequency of support is based on joint decisions between the family and the volunteer. Home-Start policy is for support to be primarily client-led, including decisions to terminate. Once the support begins volunteers receive monthly supervision from the local organiser.



### *Qualitative interview*

The semi-structured interview was designed for this study to explore the issues around receiving support for a new baby, with some questions common to all three groups and others specific to being offered and either receiving or refusing Home-Start support.

The topics were: the types of support received, perceptions of support and recommendations to family support organisations. For those receiving Home-Start support, the nature of the support was examined, the relationship with the volunteer was discussed, and issues concerning the administration of the support and its closure were covered. Interviews lasted on average 30 minutes, were conducted in the home, tape-recorded and transcribed for subsequent analysis.

### *Analysis*

All the authors conducted content analysis of the interviews (Silverman, 1993) to identify emergent themes, which were discussed and refined to create a final coding framework including major and minor codes (see Table 1). Two authors (MN and SD) coded the transcripts, using Atlas-ti software to organise the results. Inter-rater reliability was established over 8 transcripts (mean Kappa 0.86). Their support needs were categorized into five main types: isolation; struggling with the demands of parenting a new baby; health concerns for themselves or members of their families; environmental stresses; and other miscellaneous problems. The source of support received was coded as formal, semi-formal or informal after Moran and others (2004) and the type of support was coded as emotional, advisory or practical, expanding on the common division made between practical and emotional support (Barnes, 2007;

Edwards and Gillies, 2004). Limitations and strengths of support from each source were identified.

To identify quotations and provide some contextual information about the respondent a code is given after their ID number consisting of: a letter indicating whether Home-Start support was received (H), refused (R) or not offered (N); marital status - single (S), with a partner (P) or married (M); the number of children in the home, including the new baby. For example respondent 12 (HP2) received Home-Start support, lives with her partner and has two children.

## **Results and Discussion**

### *Participants*

In total 55 mothers were interviewed (23 H-S; 13 refused H-S; 19 not offered). They did not differ significantly from the larger groups from which they were selected in their level of vulnerability (Social Disadvantage Index score, Osborn and others, 1984), number of children, maternal age or marital status. At the 2 month research visit, the 55 mothers interviewed did not differ from those not interviewed in reports of parental stress, depression, social support or observations of the home environment described in the quantitative findings (Barnes and others, 2006). There were no differences in any of these indicators at 12 months, in the mean amount of change in any of them from 2 to 12 months or in mean infant mental developmental status at 12 months. However, mothers in receipt of Home-Start support who completed the qualitative interviews received on average volunteer visits for more months than those not interviewed (7.0 vs.

4.9,  $t=2.40$ ,  $p=0.02$ ), though there was no difference in the mean number of visits or their average length.

### *Support needs*

Participants had all been identified in pregnancy as likely to have some vulnerability (e.g. financial hardship, lack of a partner, living in a run-down neighbourhood, no qualifications) and all described some need for support in general. Isolation was described by more than two thirds of the respondents (38, 69%).

*It's not that I have an unhappy situation at home ... but it's a new country. I don't know anything. I don't know my surroundings ... I didn't have friends and family to help me.... 2(HM1)*

The need for advice regarding parenting, particularly coping with a new baby, was cited by half (27) of the sample and vividly expressed by this mother from the control group:

*He used to cry in one room and I would go upstairs and cry in my bedroom. I used to come down and he'd still be in a state, I would think 'Oh God, what am I going to do?'. 15(NM2)*

A substantial proportion (23, 40%) described stress linked with medical concerns, either for themselves, their new child or for other family members.

*The first two months I was very unhappy because I had a Caesarean and we had a lot going on. My mother-in-law had a bypass operation and three days later my baby was born. 7(RM3)*

A small number (5) identified support needs related to the environment in which the family was living such as problems with local facilities or unfamiliarity with the neighbourhood.

*Well, there's supposed to be a drop-in centre up the road, for families, but I can't access it with a double pushchair, so how can you access support if you can't get in there? 8(NP3)*

Miscellaneous other difficulties, for instance relationship problems, were faced by about one in five families (10). One mother reported refusing Home-Start because she did not want her problems to be known to a volunteer:

*At the time I was going through a lot of trouble with my ex-partner where the police were involved. 43(RS2)*

#### *Source of support, type and strengths/limitations*

##### *Informal support (family and friends)*

To understand what had taken place for families who did not receive formal or Home-Start support, and to compare formal and less structured experiences, all 55 mothers were asked about any support that they received from informal sources during their child's first year. About half (28) gave an extensive list of family and friends from whom help and assistance had been requested: (in order of frequency) parents or in-laws; partner; sister, or sister-in-law; friends and neighbours.

Much of the support received from family and friends was practical assistance with care-giving and housework (19) such as help with feeding or changing the baby,

looking after older siblings, and help with cleaning and shopping. Mothers also valued the opportunity to catch up on much needed sleep.

*In the beginning when your system is in total shock. So that was great, just to have somebody there that you know and you trust and I could go and actually sleep. 2(HM1)*

In some cases the support was not as extensive as mothers would have liked, but they did not want to 'take advantage' of family and friends' kindness, indicating the potential role of semi-formal support for families who want to avoid making too many demands on extended family members:

*Say my Mum's been down that morning and helped me with something, I don't feel that I can ring her up again to say 'Could you come back so that I can have an hours sleep?'. 26(NP1)*

*A few friends have offered to have her while I totter off into town or something, but I don't really like to rely on friends. 38(RS2)*

Many of the mothers had husbands or partners and regularly turned to them for support. However, while they valued support from partners it could be quite limited, dependent upon work commitments, offered only on occasion, or only given on request.

*My partner helps a lot because he's at home so I have a lot of help from him, he doesn't work. 54(NM2)*

*My husband wasn't supportive at all, he was never around because the baby used to cry all the time; he used to run out. I had no support from anybody not even neighbours. 15(NM2)*

Emotional support was not commonly reported from informal sources (4). It appeared that mothers were reluctant to seek emotional support from close relatives and friends. This may have been because they did not want to burden them with personal problems, or felt they may be judged as a result unless the individual had a similar experience or could be trusted to remain non-judgmental. Confidants outside the immediate family were said to be preferable, allowing mothers to feel more comfortable discussing emotional issues.

*Sometimes you feel like you can't speak to those close to you because you've hurt them or-so I suppose really somebody else being there –somebody else being there it probably would have been a help if I think back now. 43(RS2)*

Informal support from family and friends with parenting experience was particularly valued, and sometimes a reason for turning down the offer of the Home-Start volunteer:

*....because my Mum's got six kids, they [her parents] know what to do! 41(RP1)*

*I have got one friend who's got a three year old and without her I probably wouldn't have known a lot, because I know I can ring her up at anytime and say 'Can I give him a yoghurt, is he old enough?'. 26(NP1)*

The main limitation of informal support, mentioned by half the mothers (27), was the restriction on its availability, being dependent upon having family or friends close by. This was one reason why some mothers accepted the offer of a Home-Start volunteer.

*...My husband's parents live in Hampshire, so they're not on the doorstep. 3(HM1)*

Formal (professional) support

About half of the mothers (27) described receiving support from a formal source, most frequently their health visitor. Midwives were also said to have been helpful but General Practitioners and social workers were mentioned less often. Most of the formal support was advisory; the most commonly specified (16) was to assist with breastfeeding.

*My health visitor was brilliant.... When I was having problems with breastfeeding, she'd come and sit there for ages and help me to get him latched on. 51(RM2)*

Only two mothers reported emotional support from a formal source and practical support from formal sources was not mentioned.

Formal support was valued, but some mothers (11) highlighted the lack of availability of health visitors and midwives, undoubtedly related to large caseloads.

*I probably would have been on the phone to the health visitors every day, but the trouble is they're not always around when I need them, or they have a way of making you feel like you are imposing on them. 26(NP1)*

Professional support was particularly valued if offered proactively.

*I've got a good relationship with my health visitor. She knows I am on my own. And she does keep in contact and gives me any support if she can. 19(RM3)*

Semi-formal (Home-Start) support

In contrast to formal support, Home-Start volunteers invariably offered some practical assistance, frequently looking after the new baby, which could enable the mother to access to other services:

*She stepped in when I had to go for hospital appointments and said 'I'll come and look after the little one'. 6(HM3)*

Volunteers also acted in a care-giving capacity, as a family member might, with older children by arranging activities for or spending time with them, particularly important if an older child was feeling excluded after the arrival of the new baby.

*During the holidays she had one of her grandchildren with her and she rang me up and she came round and she took my eldest one out for the day, it was brilliant. 16(HM2)*

About a third of the 23 recipients of Home-Start support (7) reported appreciating the opportunity to get out and about with a volunteer because they had been isolated at home.

*She's very, very clued up about everything ...it would be a chance for me to get out of the house and she would take me places and take me shopping. 2(HM1)*

The local knowledge of volunteers was particularly valued and could reduce the sense of isolation. They identified neighbourhood, medical, community or leisure facilities.

*I think she found the numbers for parent and toddler classes at the swimming pool.*

*Aqua classes? .... And Citizens Advice Bureau, she looked up the number for me.*

*9(HS1)*



Sometimes a volunteer would accompany a mother to a group or appointment, increasing the likelihood of attendance:

*She went with me a couple of times, I know if she'd have told me where they was, I'd have gone 'yeah, yeah, I'll go' but I don't think I'd have took those initial steps to go.*  
23(HP2)

The majority of the mothers receiving Home-Start support (18) also described receiving emotional support from their volunteer:

*It was just someone to talk to... someone to listen to me and maybe guide me a certain way.* 1(HM2)

Some explained that, while they valued the opportunity to have someone to listen to them, they also wanted someone willing to give impartial advice, but only if called upon:

*It was somebody to listen, there on a regular basis, not a family member; someone that can offer help and advice, but not be pushy and force their opinions on you.* 48(HM2)

Emotional support could also take the form of allowing discussion so that a mother felt more confident about seeking other services. During what can be a vulnerable time for mothers, links with professionally trained staff may be central, and volunteers could support mothers in their interactions with professionals.

*When I had (baby) they had changed my health visitor... I just couldn't relate to her [new HV] like I could with my other health visitor. So when Home-Start came, I told*

*them that I wasn't happy with my health visitor and they helped to get me my old one back. 23(HP2)*

One particular feature of Home-Start volunteers is that they have almost all been parents, allowing them to provide advice on child rearing if required. More than half the mothers (15) had sought advice of this type from their volunteer on issues such as feeding, sleeping and toilet training. They reported feeling secure in the knowledge that the volunteers had personal experience.

*It was nice to have someone come round once a week if you had concerns about the kids, they would listen and try to help you, knowing that they've got children themselves. 10(HP2)*

Having this expectation, it was disconcerting for one of the respondents to have a volunteer with no experience, which meant that she did not ask the volunteer for assistance with child care:

*She didn't have a baby of her own and seeing her feed (baby) that one bottle, I didn't feel as though I could leave him with, I wouldn't feel right leaving him in her care. 9(HS1)*

While all mothers receiving Home-Start support made at least one positive comment about the support, half (12) also described difficulties. The problems were related to: scheme administration; volunteer characteristics; and to closure of the support.

*Administration problems*

Home-Start schemes try to match volunteers as closely as possible to families by their location, age and other background characteristics but fewer than half the mothers (10) felt that the matching process had been successful. Efforts to make a good match sometimes resulted in delay, during which time the family received no information. The main administrative difficulty was that no information was shared with the mother during the time that matching took place, due to limited office personnel time. The long gap between the offer of support from the organiser and finding a volunteer meant that some mothers then decided they no longer needed support; there was a sense that they turned it down in pique after having to cope so long without any assistance:

*I was annoyed because I'd heard nothing. You've been promised something and you start waiting and you're thinking 'Well what's going on?' then all of a sudden the phone rang and she says 'We've found a match, to have a volunteer'. 48(RM2)*

Another administrative problem concerned keeping in touch with the volunteer. To protect the volunteers the advice given during their training is that they should not share their personal contact details with families, but that instead messages should flow through the Home-Start local scheme office. However, difficulties in contacting the volunteer were mentioned; messages were not always relayed in time resulting in frustration for both parties:

*I didn't have her phone number or her mobile number. And I can understand that, I just didn't really feel that communication links were as good as they could have been.*

*44(HM2)*

Thus there is a potential weakness in the in-between nature of this support, friend and family will share telephone numbers and professionals generally have a work mobile number that can be shared, but volunteers are guided to communicate through a third party, and offices are not always staffed full-time.

#### *Volunteer characteristics*

The introductory session during which the volunteer is accompanied by the Home-Start co-ordinator was perceived as useful to confirm the volunteer-family match:

*So having someone there to introduce us is a good idea... because then they know what I'm like and what they're like and whatever. 1(HM2)*

By matching the volunteer with the mother there is increased potential for a 'quasi-friendship' that can work well. Relationships flourished in many cases and the volunteer and mother often became friends providing emotional and advisory support in a flexible and responsive manner. One mother explained that her volunteer went out of her way to make her feel like a family friend:

*I've been to (volunteer's) house and obviously she's been to my house. Her husband came round just after the baby was born ...they have become family friends and its great I'm really chuffed. 16(HM2)*

However the talk of matching and potential friendship may raise expectations of volunteers that cannot be met. In a few cases (5) attitudinal differences were described which affected the experience of the support.

*We talked about going to mother and toddler group but we never actually made it to any of them and ... I found it very hard to talk to her and she wasn't like a friend...*

22(HM3)

In one case the scheme organiser was seen in this light, which influenced the decision to refuse Home-Start support even before meeting the volunteer:

*The lady came out to me, I wasn't very keen on her attitude and the way she explained things. 18(RM1)*

Volunteer flexibility was praised, both in terms of what they were willing to discuss or do to help and in the timing of their visits:

*I know that outside our normal visits (husband) had to work on a weekend and I was feeling a bit down. She came and took me with her family at home, so it was really wonderful. I really felt like I connected not only with her, but with her kids and with her father who lives next door and it was just lovely. 2(HM1)*

Nevertheless, volunteers also expect some flexibility from the family and often want to have some say in the planning of visits so that their own lives are not unduly disrupted.

In some cases this resulted in mothers feeling that the support was not consistent.

*She had children who were who were at secondary school, but every time she just kept saying, 'I won't be able to come this week because they're on holiday'. 13(HM3)*

Some mothers (5) also commented that they felt restricted by the volunteer coming at a specified time, but that they felt obliged to comply as the volunteer was not a paid employee.

*I felt I was restricted by it ... I probably could have changed the day and time and everything but I didn't really like to. Because I felt I had to be home at that time and I had to make sure the house was tidy. 12(HP2)*

### *Closure*

Closure of support was a problem for 7 of the mothers, and the difficulties were associated both with the fact that the supporter was a volunteer and with the administrative weaknesses in some schemes. Home-Start's policy is that it is ideally a joint family-volunteer decision to stop visits, when the family decide that they no longer need the assistance but three mothers described the decision being made by the volunteer instead, without consultation:

*She said, 'You don't really need my help anymore do you?' So I couldn't say 'Well, no, I do, I need lots of help'. I didn't, I just said, 'Oh yeah', because it was just very sort of casual. 13(HM3)*

On occasion the volunteer's personal circumstances led to the premature closure of support (e.g. ill health, family difficulties, employment) and these decisions were not always communicated to the family in an appropriate or timely manner:

*She got a paid job ...So the lady who originally introduced me to the Home-Start had a chat to say that she would no longer come out and there was somebody else. She arranged an appointment, she [co-ordinator] came, the girl didn't turn up... then I got*

*a letter saying that they understood that I no longer wanted any help, but I was still waiting for somebody to come and in the end I just said 'Well, forget it'. 36(HM3)*

*The co-ordinator got in touch and said that due to unforeseen circumstances she'd actually gone off, which I was quite upset about and she said- 'Did I want anybody else?' and I just said 'Can I think about it?' Because I thought 'Well if I say no, she's just going to go on at me, and if I say yes, I'm not sure if I do anyway'. 50(HS1)*

Anyone, whether professional or a volunteer, may have personal difficulties. However, families may feel rejected and confused if a volunteer with whom a relationship had developed simply never turns up again, even if the circumstances are explained by the administrative staff.

## **Conclusions**

This study found that the support needs of these families and types of support they received and would like to receive are diverse but predictable in the context of a new baby in the home. The main question was the potential added value of a community volunteer compared to formal support from professionals or informal support from family and friends. Qualitative investigations show that Home-Start is valued by its users (e.g. Frost and others, 1996) but there is limited evidence for its effectiveness as measured by child and maternal outcomes (Barnes and others, 2006b; McAuley and others, 2004). Appreciation of a service does not necessarily lead to a measurable impact. Despite lack of quantitative evidence, mothers receiving Home-Start not only described difficulties related to the support but also identified beneficial aspects. The varied experience of having a volunteer may explain the difficulties in identifying a quantitative impact. In addition, those that were interviewed had their volunteer

available for more months than those who were not interviewed, but did not receive more visits. Thus doubts remain about whether it is a cost-effective form of intervention.

One potential strength of Home-Start is that the volunteer could provide the kind of support that is sometimes given by informal sources such as a friend or an experienced older family member, but without the expectation that they would criticise, as close friends or family might (Barnes, 2007). While family members or friends were important sources of practical assistance, mothers did not wish to over-burden them with requests for help. Volunteers provided help such as assistance with occasional child care that is not usually available from formal sources and which partners or other family members may be too busy (or reluctant in the case of some partners) to provide. Volunteers also provided 'safe' emotional support in that they could be told of personal difficulties without the likelihood of becoming upset themselves, whereas mothers were sometimes reluctant to open up to family members.

Semi-formal volunteer support also filled the gap left by a limited provision of formal support from local professionals on child-rearing practices such as breast-feeding, weaning or sleep problems, or when there were few local family members with parenting experience who could give advice.

Volunteers were valued for their local knowledge and, in comparison with professionals providing formal support, could be more flexible in making their visits. These valued aspects of semi-formal support reflect those of a US study of home-visiting programmes



(Wasik and Roberts, 1994), which identified the most highly desired characteristic of both professional and paraprofessional visitors as their personal attributes (e.g. accepting, good friend, resourceful), and their personal knowledge of both the local community resources and child development. However intensive formal services such as the Nurse Family Partnership do provide this kind of flexibility for young mothers from pregnancy and during infancy (Olds, 2006) and one of the strengths of that programme is that the nurses are flexible, accepting and non-judgemental (Barnes and others, 2008).

Being supported by a local community member should be helpful. Access to the neighbourhood can be an important way to extend the range of support available to a family (Barnes, 2007). Nevertheless there were problems, particularly related to the concept that the volunteer would be 'matched' to the family and in consequence likely to become like a friend. This took place for some families but not for others and for some the relationship was awkward. The families felt that they were making all the allowances, arranging visits to suit the volunteer, since they were not being paid for their 'work'. There were also difficulties identified in maintaining contact with volunteers, being informed about cancelled visits, or situations when the volunteer would not be making any more visits. Overall, these difficulties highlighted the semi-formal nature of the support, organised in a way that reflects formal support but provided by an individual who could be conceived of as a friend or neighbour, thus informal. This middle ground is both the value of volunteer support and also its weakness.

Whilst not a substitute for formal support from professionals, or for the informal support that is often provided by family and friends, semi-formal volunteer support can represent a useful source of support for families without adequate social networks, or for those who prefer to have support outside of their existing network, if effectively managed and monitored. There was no difference overall between mothers who accepted Home-Start support and those who did not, in terms of the presence of local family members or friends, or the amount of social support available (Barnes and others, 2006). However averages mask individual differences and about half of the qualitative interviews revealed isolated mothers, sometimes new to the area, who valued the volunteer's visits. Volunteers and professionals provide different kinds of support, and organisations like Home-Start may have a role in supplementing more professional forms of assistance.

Close monitoring of the volunteer, as well as an efficient administrative context of offering the service, is essential if any consistency is to be maintained in the support provided. Voluntary organisations generally have limited funds and may not always think about spending them on administrative support, but good systems for maintaining contact both with existing clients and also with potential ones could strengthen the service. Evidence of a significant impact on parenting and other family outcomes is generally only found when the input to the family can be documented and is predictable and theory driven (Olds and others, 2007). Possibly the offer of semi-formal support such as the visits by Home-Start volunteers need to be made to more specifically targeted populations in order to identify significant impact on parental well-being or parenting.

## References

- Barlow J, Kirkpatrick S, Stewart-Brown S, Davis H. 2005. Hard to reach or out of reach? Reasons why women refuse to take part in early interventions. *Children & Society* 19: 199-210. DOI: 10.1002/chi.835
- Barnes J. 2003. Interventions addressing infant mental health problems. *Children & Society* 17: 386-395. DOI: 10.1002/chi.793
- Barnes J. 2007. *Down our way. The relevance of neighbourhoods for parenting and child development.* Chichester: Wiley.
- Barnes J, Ball M, Meadows P, McLeish P, Belsky J. & the FNP Implementation Research Team.. Nurse-Family Partnership programme: first year pilot sites implementation in England. Research Report DCSF-RW051. London: DCSF.
- Barnes J, MacPherson K, Senior R. 2006a. Factors influencing the acceptance of volunteer home visiting support offered to families with new babies. *Child and Family Social Work* 11: 107-111. DOI: 10.1111/j.1365-2206.2006.00401.x
- Barnes J, MacPherson K, Senior R. 2006b. The impact on parenting and the home environment of early support to mothers with new babies. *Journal of Children's Services* 1: 4-20.
- Edwards R, Gillies V. 2004. Support in parenting: values and consensus concerning who to turn to. *Journal of Social Policy*, 33, 627-647. DOI:10.1017/S004727940408037
- Frost N, Johnson, L, Stein M, Wallis L. 1996. *Negotiated friendship: Home-Start and the delivery of family support.* Leicester: Home-Start UK.
- Hodnett ED, Roberts I. 1999. Home-based social support for socially disadvantaged mothers. *Cochrane Database of Systematic Reviews* 1. DOI: 10.1002/14651858.CD000107.

Home-Start website. 2008. <http://www.home-start.org.uk/about> [accessed 17 February 2008]

McAuley C, Knapp M, Beecham J, McCurry N, Slead M. 2004. Young families under stress: outcome and cost of Home Start support. Joseph Rountree Foundation: York.

Moran P, Ghate D, van der Merwe A. 2004. What works in parenting support? London: DfES.

Olds D, Sadler L, Kitzman H. 2007. Programs for parents of infants and toddlers: Recent evidence from randomized trials. *Journal of Child Psychology and Psychiatry* 48: 355-391. DOI: 10.1111/j.1469-7610.2006.01702.x

Osborn AF, Butler N, Morris AC. 1984. *The Social Life of Britain's 5-year-olds*. Routledge: London.

Silverman, D. 1993. *Interpreting qualitative data*. Sage: London.

Wasik BH, Roberts RN. 1994. Home visitor characteristics, training and supervision: Results of a national survey. *Family Relations* 43: 336-341. DOI: 10.2307/585426

Table 1: Coding Framework

<b>Major Code</b>	<b>Minor code</b>	<b>Frequency (N)</b>
Support needs	mother isolated/unsupported	38
	parenting issues /family stress	27
	medical issues	23
	other	10
	neighbourhood	5
Source	informal	28
	formal	27
Type	practical	35
	emotional	22
	expert advice	28
Formal Support	positive	14
	limitations	11
Home-Start Support	positive	23
	limitations	12
Home-Start volunteer	positive	23
	limitations	13
Closure of Home-Start	appropriate	10
	inappropriate	7
	Other	3