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AVA

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ABSTRACT

During his presidential administration, George Bush used the phrase "points of light" to connote and promote voluntary service. His program to honor those with exemplary service with a Daily Point of Light (DPOL) Award attracted great publicity—but no systematic analysis. Accordingly, this article presents the first comprehensive examination of the DPOL recipients, and the possible effects the Award had for strengthening and publicizing their voluntary activities. The analysis is based on a review of the press releases describing each recipient of the Award and a mail survey of this group administered by the authors.

The Daily Point of Light Awards: An Analysis of Recipients and Effects

Jeffrey L. Brudney, PhD and Karen L. Willis, MPA

INTRODUCTION

It all started innocuously enough at the 1988 Republican National Convention in New Orleans, LA, with a phrase uttered by then-candidate George Bush, accepting the nomination of his party for President of the United States. Adopting a rhetorical flourish penned by able speechwriter Peggy Noonan, Bush intoned, "This is America . . . a brilliant diversity spread like stars, like a thousand points of light in a broad and peaceful sky." Although Bush did not define the evocative phrase with precision either then or thereafter, it was apparently meant to refer to individuals, groups and organizations, that, through dedicated volunteer service make a difference in ameliorating problems in their community, an interpretation shared by Noonan (1990). She adds: "No one knew what an impact 'a thousand points of light' would have." Indeed, the phrase caught on, and the metaphor of a "thousand points of light" to meet social and community problems became a sustaining theme of the Bush

campaign and presidency, surviving his administration in a foundation that bears this name in Washington, D.C.

Points of Light have attracted tremendous popular interest and commentary. A report released by the White House in January, 1993, entitled *The Points of Light Movement* claims that at least 8,000 stories have appeared on television, radio, or in print. Despite the voluminous attention, no systematic inquiry has been undertaken of the many individuals, groups, and organizations that received a Daily Point of Light Award (DPOL) during the Bush Administration. Accordingly, the purpose of this article is to provide the first comprehensive account of the recipients of the Award, and to begin to identify the effects that the DPOL may have had on their voluntary activities. To do so, the article presents a thorough analysis of the press releases issued for all recipients of the Award and, more importantly, the results of a survey administered to them by the authors.

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THE DAILY POINT OF LIGHT AWARDS

Encouraging national and community service as an approach to help the country address some of its most pressing social problems is not the exclusive province of one political party or the other (Brudney, 1990). Voluntary service has been a priority of the last several presidential administrations. For example, on September 21, 1993, President Clinton signed the National Service Act which included funding for several service programs, including AmeriCorps. President Bush, too, maintained a strong interest in national and community service.

The Bush administration founded several organizations with a commitment to voluntary service. Among them was the White House Office of National Service, created shortly after the President's inauguration in 1989. The first office ever established in the White House devoted to fostering voluntary service, its avowed mission was to use presidential leadership to make community service national policy (The White House, 1993). The Office advised the President on community service policy, communicated his policy to the nation, assisted him in calling leaders to this movement and, where appropriate, proposed legislation to encourage community service. Bush appointed C. Gregg Petersmeyer director of the Office; he was eventually promoted to Assistant to the President, a high rank held by only 17 others during the Bush Administration and comparable to that of the National Security Adviser. Petersmeyer considered the promotion evidence of the President's strong support for voluntary service (Goss, 1991).

As one highly visible means to confirm and publicize the importance of community service, in 1989 the Office of National Service began an initiative to select and name a "Daily Point of Light" on each of six days of the week. An article in the *New York Times* credits Petersmeyer with the idea for the DPOL program to honor and advertise voluntary service, the President lending his approval (DeParle, 1991).

According to The White House, each DPOL recipient was chosen as an individual or a group "engaged in direct and consequential voluntary service focused on solving serious social problems in their community." The first DPOL was awarded on November 22, 1989, to the *Memphis Commercial Appeal* newspaper for its series of stories honoring citizens for their involvement in the community. The last DPOL was awarded on President Bush's final day in office, January 20, 1993; it went to the Maricci Inner City Hockey Starter Association of St. Paul, Minnesota, for its program to teach winter sports to inner-city children.

Selection for the Daily Point of Light Award was rigorous. The Office of National Service reviewed approximately 15,000 nominations for the Award (The White House). The most outstanding were forwarded to a selection committee within the Office of National Service for final consideration. To avoid outside political pressure and lobbying, members of the committee maintained anonymity. Five criteria were applied to the DPOL nominations:

- Volunteers must be engaged in hands-on, direct, consequential service.
- The work must be focused on solving a serious social problem in the community.
- The initiative must have been in place for at least one year.
- The initiative must be replicable by others with similar resources.
- The initiative must demonstrate "systemic work. In other words, an effort that actually solves a problem, rather than merely alleviates it." (*The Points of Light Movement*).

In all, the White House Office of National Service gave 1,020 Daily Point of Light Awards to 1,076 individuals, groups, and organizations in the name of the President of the United States. (As explained more fully, a single Award could designate multiple recipients.) Despite this extremely high profile and endorsement of

volunteerism, no study has been undertaken on the DPOL program, or of the results that may have been attained through it. The analysis below presents a portrait of the recipients of the DPOL, and some of the effects of the Award.

WHO ARE THE DAILY POINT OF LIGHT HONOREES?

Based on press releases describing the honorees and their accomplishments as well as related materials, the authors have analyzed all recipients of the DPOL Award. The analysis reveals that recipients are a very diverse group. They represent every state, the District of Columbia, and Puerto Rico. As Table I shows, most of the DPOL Awards, 59%, went to a group or organization. The other 41% went to individuals. The individual recipients were divided approximately evenly between women (45.6%) and men (38.5%), with family members claiming the remaining 15.9% of the individual DPOL Awards. About one in seven of the individual DPOL recipients (15%) were age 20 or younger when they received the award.

Some of the individuals awarded a Daily

Point of Light overcame significant personal challenges to serve their communities in meaningful ways. In the press releases accompanying the awards, 12% of those honored were described as having a physical or mental impairment, such as AIDS, blindness, developmental disabilities, and multiple sclerosis. Approximately six % of the individual recipients had received voluntary assistance previously.

The Daily Point of Light Awards were intended to focus attention on community service efforts successful by alleviating the nation's social ills. The authors' analysis in Table II of the substantive areas addressed by Award winners shows that over one-quarter of the DPOL recipients were actively involved in programs to help youth, through education, literacy, mentoring, child care, and parenting skills. Another quarter of the DPOL Awards went to individuals or groups and organizations addressing health concerns, such as assisting the physically and mentally disabled, caring for those with AIDS, and helping people overcome drug or alcohol abuse. As shown in Table II, the remaining DPOL recipients were active in a variety of

Table I
DPOL Award Recipients

<i>Type of Recipient</i>	<i>Number and Percentage of the Awards</i>	
Groups or Organizations	635	(59.0)
Individual	441	(41.0)
Women	201	
Men	170	
Family Members	70	
TOTAL	1,076	(100.0%)

Table II
Substantive Areas Addressed by DPOL Recipients

<i>Areas</i>	<i>Percentages</i>
Youth	26.6%
Health	24.1
Assistance to the Needy	8.4
General Volunteerism	7.7
Women's Issues	7.1
Care for the Elderly	6.1
Adult Education/Training	5.3
Neighborhood Development	4.0
Environment	3.7
Other	7.0
TOTAL	100.0%

important causes: women's issues; assistance to the needy; neighborhood development; adult education and job training; care for the elderly; the environment; and other volunteer initiatives, such as services for immigrants and prisoners.

Most of the individuals, as well as the groups and organizations that received a DPOL Award, began the volunteer activity for which they were honored fairly recently. Over 60% of the individuals and nearly two-thirds of the groups and organizations began in the 1980s. Eight percent and seven %, respectively, started as recently as the 1990s. About 20% of each group began in the 1970s. Although a few individuals had life-long service dating back to the 1910s or 1920s, they were part of the only 12% that had started volunteering prior to 1970. Four of the organizations were founded before the turn of the century.

This overview derives from systematic analysis of the press releases describing the DPOLs. In order to learn more about the recipients of the Daily Point of Light Award, and the possible effects of receiving the Award, the authors undertook a mail survey of this important group in 1994. The methodology of the survey is described in the following section.

METHODOLOGY OF THE DPOL SURVEY

The first task in designing the DPOL survey was to determine the number of awards actually given. President Bush conferred 1,020 DPOLs, but since a single Award could go to multiple individuals, a larger number received recognition as a DPOL. For example, five DPOL Awards named a total of twelve people as recipients, and 30 DPOL Awards went to families, each of whom had several members and, hence, recipients. In all, the 1,020 DPOL Awards honored a total of 1,076 people, groups, and organizations. The Points of Light Foundation supplied the official listing with addresses; for group and organization recipients, the listing included a representative whom the White

House Office of National Service had contacted in making the award. This listing formed the basis for the mail survey.

The survey was intended to include every recipient of the DPOL Award. The second task in the survey process, however, was to eliminate those recipients who could not participate in order to establish the effective sample. For this purpose, 43 recipients had to be eliminated because: some individuals had died since receiving the Award; some of the organizations honored were no longer in operation at the time of the survey; and a small number of recipients declined to participate. Another 16 surveys were returned by the U.S. Postal Service with the notation "addressee unknown." Attempts to follow up by telephone confirmed that these recipients had neither a listed address nor telephone number, and were very likely deceased (individual recipients) or defunct (organizations). Almost certainly, this figure underestimates the actual number in this category. In all, 59 DPOL Award winners had to be eliminated from the sample for these reasons. Thus, the effective sample for the mail survey consisted of 961 DPOL Awards (1,020 minus 59) and 1,017 Award recipients (1,076 minus 59).

Of this total, 606 Award winners completed the DPOL questionnaire and returned it in the postage-paid envelope provided. (One follow-up mailing was conducted, again with postage-paid return envelope.) This response corresponds to 63% of the DPOL Awards given and 60% of all honorees. The remainder of this article presents findings from the survey of the Daily Points of Light.

A PROFILE OF DPOL RECIPIENTS

The DPOL survey collected background information on the recipients of the Award. Table III reveals that nearly 60 percent of the DPOLs responding to the survey are women. Of all the respondents 86% are white, and 9% are African-American. Other ethnic groups, including Native American, Asian, Eskimo, and Hispanic, account for about 5% of the total.

According to the survey, the DPOLs have generally attained a high level of formal education. Table III shows that a quarter of the respondents have completed at least some college, and another 17% have graduated. Thirty percent have completed some coursework in graduate school or received a Master's degree, and almost 12% have completed some doctoral work or received a doctoral degree. Only 16% have not attended college.

The DPOL recipients appear to be active in religious activities. Half of the respondents said that they attend religious services every week or nearly every week, and another approximately 20% attend at least a few times a year. Only 11% said that they do not attend religious services.

The Point of Light Awards recognized the contribution to community service of a huge span of age groups. The youngest DPOL was nine years old, and the oldest was over 90. On the average, recipients have lived within their present communi-

ties for 26 years, with some residing there for more than 80 years. Over two-thirds of the DPOL recipients were employed either full-time or part-time; 18% were retired. Fully 94% reported that they had voted in the 1992 presidential election.

CONFIDENCE OF DPOL RECIPIENTS IN INSTITUTIONS

The survey asked the DPOL recipients to evaluate their confidence in various institutions in American society. Not surprisingly, respondents placed greatest confidence in community and other non-profit organizations: approximately two-thirds professed great confidence in these organizations. As might be expected given the earlier responses concerning attendance at religious services, 57% of the DPOLs expressed great confidence in religious organizations. Over half place great trust in small business, but only one-fourth have similar trust in large corporations. With respect to levels of confidence, DPOL recipients had the greatest confi-

Table III
Background Characteristics of DPOL Recipients

<i>Gender of DPOL Survey Respondents</i>	<i>Percentages</i>
Female	59.8
Male	40.2
TOTAL	100.0%
<i>Race of DPOL Survey Respondents</i>	
White/Non-Hispanic	86.1
African-American	9.2
Hispanic	2.3
American Indian	1.1
Asian/Pacific Islander	1.1
Eskimo or Aleut	0.2
TOTAL	100.0%
<i>Education of DPOL Survey Respondents</i>	
<i>Percent of respondents indicating that their highest level of formal education was:</i>	
Elementary school (Grades 1-8)	3.3
Some high school or technical training	2.5
Graduated from high school or GED	6.3
High school degree and tech. training	3.9
Some college	25.0
Graduated from college	17.2
Some graduate school	12.3
Master's degree	17.6
Some doctoral degree course-work	4.0
Doctoral degree	7.9
TOTAL	100.0%

dence in the Supreme Court (43%), followed by the Presidency (34%), and Congress (16%). Of the three levels of U.S. government, they had the most confidence in the local level (30%), followed by state government (21.5%) and the federal government (19.2%). Respondents expressed considerably less confidence in other institutions in American society, including the media, labor unions, and political parties.

BACKGROUND OF DPOL RECIPIENTS IN VOLUNTEERING

Over two-thirds of the respondents to the Daily Points of Light survey grew up in a home in which at least one parent did some kind of volunteer work. Although most have parents who had volunteered, the average age at which DPOL recipients first began this activity was twenty. Once they began volunteering, however, the DPOLs continued their involvement in service over a lengthy period: on average, respondents reported that they had volunteered for 26 years; several indicated that volunteering was a life-long habit of more than 70 years duration. Not only have DPOL recipients volunteered over many years, they also average nearly fifteen hours of volunteer work per week, far higher than the national average (Hodgkinson and Weitzman, 1994). Several claim that they volunteer for an admirable 100 hours on a weekly basis.

MOTIVATIONS FOR VOLUNTEERING

The survey asked DPOL recipients to consider a number of possible reasons for why they volunteer. The reasons cited most often by the DPOLs are: (I feel it is important to help others [mentioned by 99%]); (I feel compassion toward people in need [96%]); (I thought I would enjoy doing the work [89%]); and (volunteering allows me to gain new perspectives on things [84%]). Other reasons especially important to the DPOLs are that (volunteering makes me feel needed [72%]), and (volunteering is an important activity to people I respect [59%]). Based on these

survey results, recipients of the Daily Point of Light Award appear to volunteer for community-minded reasons, such as feeling compassion for those in need, rather than to advance their paid work or career. Few recipients of the DPOL indicate career interests, such as enhancing their resumes or making new contacts as motivations for volunteering. Surveys based on large, national samples usually show a broader range of motivations important to volunteers, as published for Hodgkinson and Weitzman 1994.

HOW DPOL RECIPIENTS LEARNED ABOUT VOLUNTEER ACTIVITIES

Respondents to the Daily Point of Light survey first learned about the volunteer activities for which they received the award in a variety of ways. Almost half took the initiative by identifying a need that was not being filled in the community, and began volunteering to meet it. About one-quarter sought out the volunteer activity on their own. Over 20% responded that they had learned about the activity when they were asked by someone to volunteer. Approximately 20% learned about the activity through participation in an organization or group, and 17% through the workplace. Some DPOLs learned about the volunteer activity from a friend or relative who had benefited from it (11%), or they had seen or heard a request in the media (11%). An additional 19% responded they had become aware of the activity through other means, such as through founding an organization or relocating to another part of the country.

FORMAL RECOGNITION OF THE DPOL AWARD

As discussed above, one goal of the Daily Point of Light Awards was to focus attention on voluntary service by recognizing individuals and groups who had made a substantial difference in their communities. The Bush Administration used ceremonies and press conferences as a primary vehicles for acknowledging and publicizing the accomplishments of the DPOLs.

The extent of presidential attention given to volunteerism in this manner was high, and probably unprecedented. According to the survey respondents, almost half of the DPOLs were recognized at a ceremony or press conference held in their communities: more than one-quarter said that President Bush attended the event. Another 16% were formally recognized at a ceremony or press conference attended by the President in Washington, DC. Vice President Dan Quayle was sometimes present at ceremonies for DPOL recipients in their communities (9%) or in Washington, DC (3%).

MEDIA COVERAGE RESULTING FROM THE DPOL AWARD

As might be expected, one goal of the Daily Point of Light Awards occurred at the local level. DPOL survey respondents reported that, on average, between one and two stories about their award had been broadcast on local television stations (average = 1.5) and on local radio (average = 1.34); nearly three stories had appeared in local newspapers (average = 2.8). Thirty-three DPOLs said that at least one story emanating from the award had been broadcast on national television, and 34 reported at least one story on national radio programs. Major newspapers, such as the *New York Times*, *Washington Post*, and *USA Today*, printed at least one story about 69 DPOL recipients, and news and information magazines carried at least one story about 32 of them.

THE DPOL AWARD AND ASSISTANCE TO OTHER ORGANIZATIONS

The White House Office of National Service had hoped that the Daily Point of Light Awards would act as a catalyst for individuals, groups, and organizations to contact the DPOLs for information, or to invite them to speak, visit, or otherwise assist in voluntary activity. This hope appears to have been largely realized.

Table IV enumerates some effects of the DPOL Award as perceived by recipients. As the table shows, seven out of ten of the

DPOL survey respondents reported that they or their organization had been contacted for information about their volunteer activities. Nearly two-thirds said that they or members of their organization had been invited to give talks or speeches about these activities. In addition, over half had been invited to assist or visit other voluntary groups or organizations. The majority of all contacts and invitations (70%) came from people and groups in the same communities as the DPOL recipient.

THE DPOL AWARD AND THE COMMUNITY

Several items on the survey asked the DPOL recipients to evaluate the extent to which the award had assisted them in furthering their volunteer work in the community. As illustrated in Table IV, nearly half of the respondents felt that the DPOL Award had enhanced the image and reputation of their voluntary activities in the communities. Approximately 40% believed that the award had increased awareness and knowledge of their voluntary activities. A third of the respondents said that the DPOL had been very helpful in furthering their own voluntary activities and/or those of their group or organizations.

EFFECT OF THE DPOL AWARD ON ATTRACTING RESOURCES

The DPOL Award appeared to have relatively little perceived impact on the ability of recipients to attract resources to support or enhance their voluntary activities. The last portion of Table IV shows that just over one in five of the DPOLs (22%) felt that the Award had been very helpful in attracting volunteers. Approximately one in six (17%) said that the DPOL Award had greatly assisted in attracting monetary donations. About 13% said that donations of equipment and supplies were more easily obtained, and a like percentage responded that donations of all kinds were acquired more readily. Fewer than one in ten reported that their

Table IV
Perceived Effects of the DPOL Award

<i>Effects of DPOL on Contacts, Invitations, and Visits</i>	<i>Percentages</i>
Percent of respondents indicating that DPOL had led to:	
Contacts from individuals, groups, or organizations	70.7%
Invitations to give speeches	62.6
Requests for visits/assistance	50.3
 <i>Effects of DPOL in the Community</i>	
Percent of respondents indicating that to a great extent DPOL had:	
Enhanced image of voluntary activities in community	48.4%
Increased awareness in community	38.9
Been helpful in furthering volunteer activities	33.2
 <i>Effects of DPOL on Attracting Resources</i>	
Percent of respondents indicating that DPOL had been helpful to a great extent in attracting:	
Volunteers	22.2%
Monetary donations	16.7
Donations of all kinds	13.1
Donations of equipment or supplies	12.9
Donations of facilities	9.5
Volunteers with special skills	8.7
Donations of services	7.5

ability to attract sources of other kinds, such as volunteers with special skills, donations of facilities, and donations of services, had improved to a great extent due to the DPOL Award.

CONCLUSION

During the presidency of George Bush, the Points of Light initiative raised volunteerism to very high prominence. Bush left office in January 1993, but the theme survives in a foundation in Washington, DC, and in popular accounts that continue to invoke the metaphor (Morrow, 1994). National service is also a major priority for President Clinton. Although the media has devoted considerable anecdotal coverage to individual Points of Light, no systematic analysis had been undertaken of recipients of the award or of the effects it may have had on their voluntary activities.

Based on a comprehensive study of the press releases issued for all recipients of the award and a mail survey that attained over a 60% response rate, this article has presented such an examination. The analysis demonstrates that the DPOLs are a very diverse group, coming from all states and a broad gamut of ages as well as sub-

stantive areas of voluntary activity. In general, they have attained a high level of formal education and participate regularly in religious services. The DPOLs express greatest confidence in community and other non-profit organizations. As expected, they devote great time and attention to volunteering; almost all claim to be motivated by a concern to help other people. Many of them took the initiative: they became involved in volunteer activity when they observed needs that were not met in their communities.

With President Bush present at many ceremonies to announce the recipients, the Points of Light stimulated media coverage, especially at the local level. With respect to further effects of the award, the DPOL Award appeared to generate numerous requests for the recipients to visit or assist other voluntary groups and organizations. As perceived by the DPOLs, the Award seemed to have less effect on enhancing the knowledge, image, or reputation of their voluntary activities in their communities, and still less on attracting resources to these efforts. Nevertheless, the cause of volunteerism almost certainly benefited from this exposure at the highest reaches of government in the nation.

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ABSTRACT

Data are reported from a pilot study of the ombudsman reporting system in one southeastern state. The focus of this article is the relationship between types of complaints investigated and resolved by both paid and volunteer long-term care ombudsmen operating under various auspices. Statistically significant differences exist between the resolution of complaints by volunteer and paid ombudsmen. Data are discussed in terms of the implications of these differences for the implementation of a federal mandate to increase citizen participation in long-term care facilities.

Volunteer and Paid Long Term Care Ombudsmen: Differences in Complaint Resolution

F. Ellen Netting, PhD, ACSW, Ruth Huber, PhD, and James R. Kautz III, PhD

INTRODUCTION

Originally conceived in the early 1970s, the Long Term Care Ombudsman Program (LTC) emerged from demonstration projects in five states. In 1975 grants were provided to most states for ombudsman program development, and by 1978 each state was required to establish and operate a statewide ombudsman program. The program's original purpose was to respond to complaints from residents, families, staff, and others involved in nursing home facilities in the United States. Over the last few years, the purpose has expanded to include the monitoring of board and care, assisted living, and even home care programs in some states.

The Long Term Care Ombudsman Program provides an opportunity to explore how a public mandate is implemented through the use of paid and volunteer ombudsmen performing under both public and private auspices. The Older Americans Act requires ombudsmen to investigate complaints in long-term care

facilities, but data have not been systematically collected to document what paid and volunteer ombudsmen do in their daily work. In 1993, one article analyzed data from various secondary sources in an attempt to understand volunteer and paid staff mix. It was concluded that there was a dearth of reliable documentation (Huber, Netting and Paton, 1993).

In this paper, the authors focus on those complaints that are most difficult for Long Term Care Ombudsmen to resolve, and differences between volunteer and paid ombudsmen. Using a database from one southeastern state in which the National Ombudsman Reporting System (NORS) has been piloted, the authors discuss the implications of these data for the use of volunteers and paid staff in district ombudsman programs.

BACKGROUND

In 1984, Monk, Kaye and Litwin published a study which became the baseline

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measure of how ombudsman program implementation progressed in the early years. On a national level, the most common complaints heard by ombudsmen (and thus the most frequently addressed issues) were defined as follows:

- Residents' rights
- Consumer education for long-term care
- Nursing home regulations/enforcement
- Abuse of residents
- Alternatives to institutionalization

Monk and his colleagues noted that "All these with the exception of nursing home regulation enforcement, were among the issues perceived as less difficult to address."

Ombudsmen were also asked to identify the "least frequently addressed issues." These were identified in the following order:

- Relocation trauma
- Residents' participation in facility governance
- Medicaid discrimination
- Boarding home standards
- Mental health needs of long-term care residents
- The upgrading of nursing home staff

It was reported that "with the exception of mental health needs of long-term care residents, these issues [were] perceived as more difficult to address."

Two possible explanations were suggested for why certain problems were more difficult to address than others. First, it was speculated that those complaints with which one dealt most frequently were perceived to be easier to resolve as ombudsmen became more familiar with them. Second, it was suggested that ombudsmen tended to focus their energies on those areas that were most easily resolved, thus inadvertently influencing the very type of complaints identified (Monk, Kaye and Litwin, 1984).

Whatever the reasons, the fact remains that the ombudsman program is de-

signed to deal with those issues, problems, situations, and needs that arise in long-term care facilities in this country. By design, the program is somewhat reactive in that complaints are received and investigated. On the other hand, there is opportunity for ombudsmen to circumvent potential problems as they go in and out of various long-term care facilities and become familiar with those persons who work and live there. This may be especially true when volunteer ombudsmen are assigned to specific local facilities and become a community presence there.

Because the complaint reporting system is pivotal to what the ombudsman does, it has been viewed with concern over the past few years (Chelminsky, 1991; Huber, Netting and Paton, 1993; Kautz, 1990, 1993; Kusserow, 1991; Netting, Paton and Huber, 1992). Recently, there has been movement from the Administration on Aging (AoA) in developing the National Ombudsman Reporting System (NORS). In the process of developing NORS, there have been many changes made in the complaint reporting form. Complaints are categorized as follows:

Residents' Rights

- A. Abuse, Gross Neglect, Exploitation
- B. Access to Information
- C. Admission, Transfer, Discharge, Eviction
- D. Autonomy, Choice, Exercise of Rights, Privacy
- E. Financial, Property (except for Financial Exploitation)

Resident Care

- F. Care
- G. Rehabilitation or Maintenance of Function
- H. Restraints—Chemical and Physical

Quality of Life

- I. Activities and Social Services
- J. Dietary
- K. Environment

Administration

- L. Policies, Procedures, Attitude, Resources

- M. Staffing
- N. Certification/Licensing Agency
- O. State Medicaid Agency
- P. System/Others

Within each category, additional breakdowns are provided. For example, under Abuse, Gross Neglect, Exploitation, six types of abuse and exploitation are listed. The new revised form contains 133 complaint subcategories which were identified with extensive input from ombudsmen around the country. Many states are already using the new forms.

A complaint is defined by AoA as "a concern brought to, or initiated by, the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare or rights of a resident. One or more complaints constitute a case" (AoA, 1994). Therefore, a complainant may bring more than one concern to the ombudsman's attention and this situation may affect one or more persons.

From a national perspective, volunteers play important roles in most states' ombudsman programs. Their numbers have increased 209% since 1982 (from 3,306 in 1982 to 10,213 in 1994, Schiman and Lordeman, 1989; AARP/LCE, 1994). Many of these volunteers are certified or otherwise authorized to conduct investigations; however, a large number serve as visitors who are not authorized to investigate complaints but who assist paid ombudsmen in maintaining a presence in the facilities, keeping residents informed of their rights and of the ombudsman's service, and identifying problem conditions.

Although the need for sufficient human resources to visit facilities and resolve complaints is a major reason for recruiting, training, and managing volunteers, 20 of the 26 states that have strong volunteer programs reported that their commitment to increased community involvement in facilities significantly influenced their decision to invest in volunteers (Schiman and Lordeman, 1989b). This philosophical reason may explain why

the Office of the Inspector General and AoA found that some states with relatively smaller populations over 60 years of age have more volunteers than states with over 1.5 million in that age range (AoA/OIG, 1993).

Volunteer efforts are not without their costs. "Although three-quarters of state ombudsmen reported to the American Association of Retired Persons (AARP) that volunteer recruitment is a very (48.9%) or moderately (25.5%) important activity for their programs, fewer than one-fifth (17.8%) reported that they are very successful with their recruitment efforts" (Feder, Edwards and Kidder, 1988). States also report high turnover of volunteers, which requires an investment in training, and states vary in how they manage their volunteer programs.

THE STUDY

There are 15 local ombudsman programs in Kentucky: nine (60%) were located in Area Agencies on Aging (AAAs¹) at the time current data were collected, and six (40%) were either housed by non-profit organizations or independently incorporated. In October 1992, Kentucky began piloting the computerization of the revised ombudsman reporting form, using the 133 complaint subcategories identified above.

The ombudsman program in Louisville, the largest metropolitan area in Kentucky, is located in an AAA. In 1992-94 this program served 7,696 beds (23% of the Long Term Care beds in the state) and investigated approximately 13% of the complaints in the state. The ombudsman program in Lexington, the second most populous area, is a freestanding nonprofit agency designed specifically to operate the ombudsman program. This program served 4,880 beds in nursing facilities and board and care homes (14% of the LTC beds in the state), and investigated 33% of the complaints.

This study focuses on verified complaints:² what types of complaints are

most difficult to resolve, who investigates those complaints, and their disposition. To verify a complaint, ombudsmen must be able to contact a source, to actually observe or at least to have the situation confirmed by a reliable party. This is often a challenge, given the diverse nature of complaints and the frailty of the target population. If the complaint is verified, the ombudsman investigates the circumstances, develops resolution strategies, and follows through to disposition of the complaint (AoA, 1994).

RESULTS

From October 1992 to August 1994, Kentucky's ombudsmen investigated 6,271 complaints and fielded 2,123 questions from callers. Of the 6,271 complaints lodged, 4,313 (69%) were verified. Table I provides the two most frequently lodged complaints in each of the five major complaint categories, and the number and percentage that were verified.

In Kentucky, 599 complaints (10%) were investigated by volunteers, and 5,509 (90%) by paid ombudsmen. There were significant differences across local programs within the Commonwealth in the

use of volunteers. Eighty-seven percent of volunteer ombudsmen in Kentucky were used by programs housed within AAAs, as compared to 13% in nonprofit agencies. Within AAAs, volunteers represented 20% of ombudsman personnel, with paid staff comprising 80%. In non-AAA programs, volunteers represented only 2% as compared to 98% paid personnel. Of the approximately 108 certified ombudsmen who investigated complaints during the period of the current database, 51 (47%) were paid and 57 (53%) were volunteers. Of those 51 who were paid, however, 35 were part-time ombudsmen in a large, independent program with 12.5 full time equivalents.

The number of days that volunteer and paid ombudsmen took to act on complaints and the number of days cases remained open were similar. Numbers of miles traveled to facilities were almost the same for volunteers (16 miles) and paid staff (17 miles).

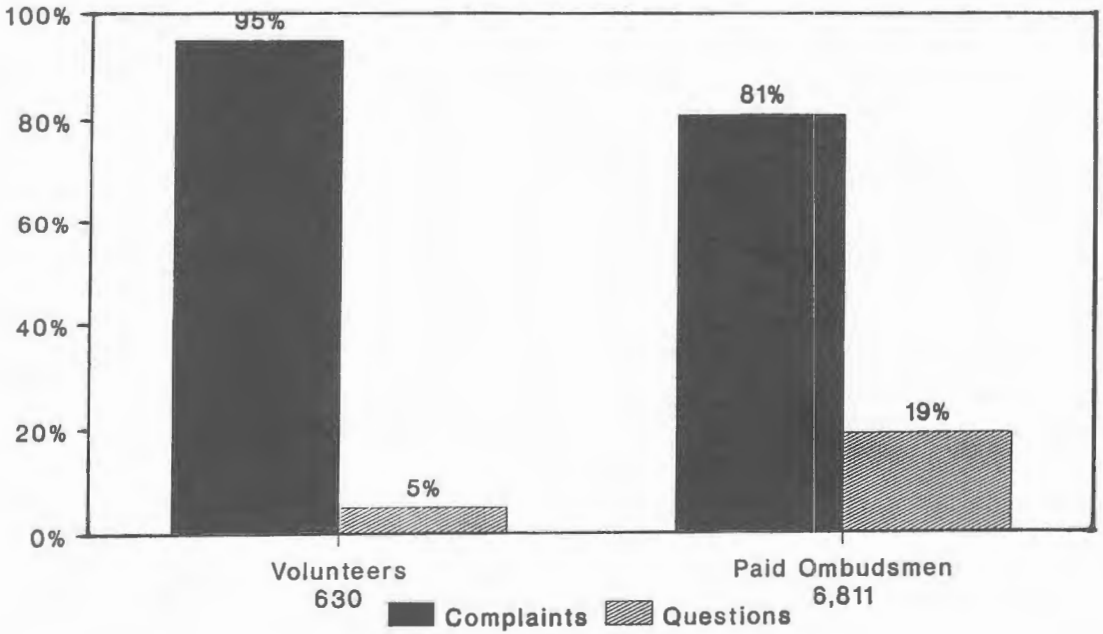
Because ombudsman programs are dependent upon volunteer as well as paid ombudsmen (see Huber, Netting and Paton, 1993 for elaboration on staff mix), complaint data were examined by

Table I
Frequency and verification of the two most frequently lodged complaints
in a sampling from the general complaint categories

	Number and % of complaints lodged most frequently in each category		Of complaints lodged, number and percentage verified	
<i>Resident Rights</i>				
Property lost or stolen	197	10.3%	139	70.6%
Resident's rights violated regarding discharge or eviction procedure	167	8.7%	129	77.2%
<i>Resident Care</i>				
Poor personal hygiene	278	15.5%	189	68.0%
Call lights/requests for assistance ignored	206	11.5%	159	77.2%
<i>Quality of Life</i>				
Poor quantity, quality of dietary and social services, variation and choice of menu;	279	18.4%	169	60.6%
Poor air temperature/quality	122	8.0%	90	73.8%
<i>Administrative</i>				
Shortage of staff	167	35.6%	94	56.3%
Staff supervision	61	13.0%	29	47.5%
<i>Outside Systems</i>				
Bed shortage: placement	88	15.8%	81	92.0%
Legal: guardianship, conservatorship, power of attorney, wills	74	13.3%	58	78.4%

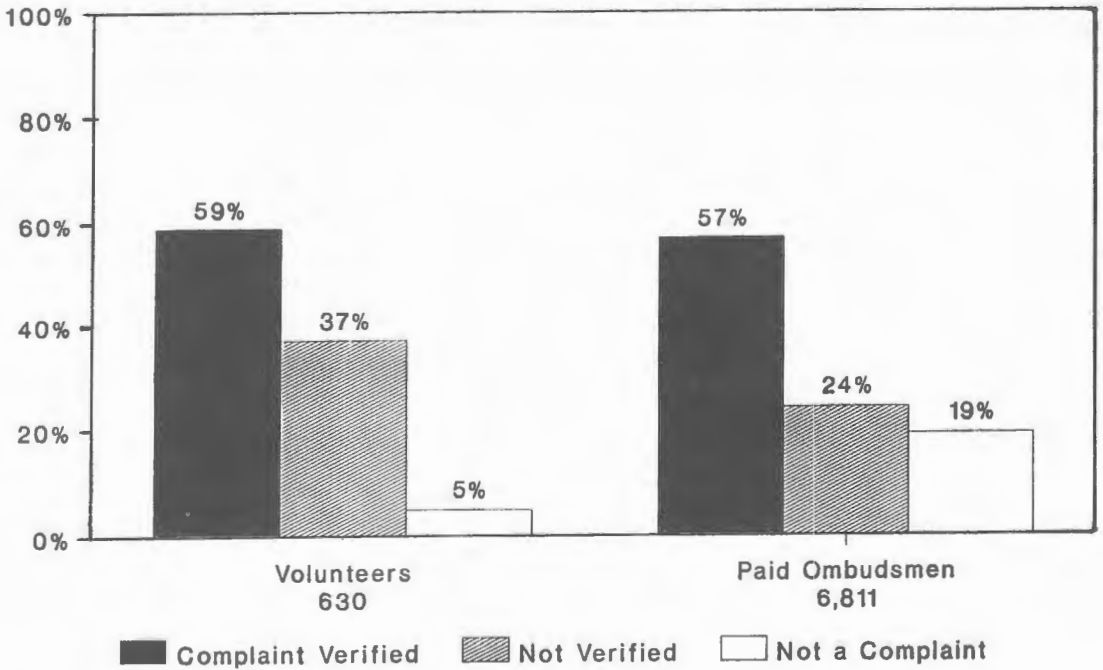
*The level of significance set for this study is $p < .001$.

FIGURE 1.



Type of activity by ombudsmen's positions (n = 7,411)

FIGURE 2.

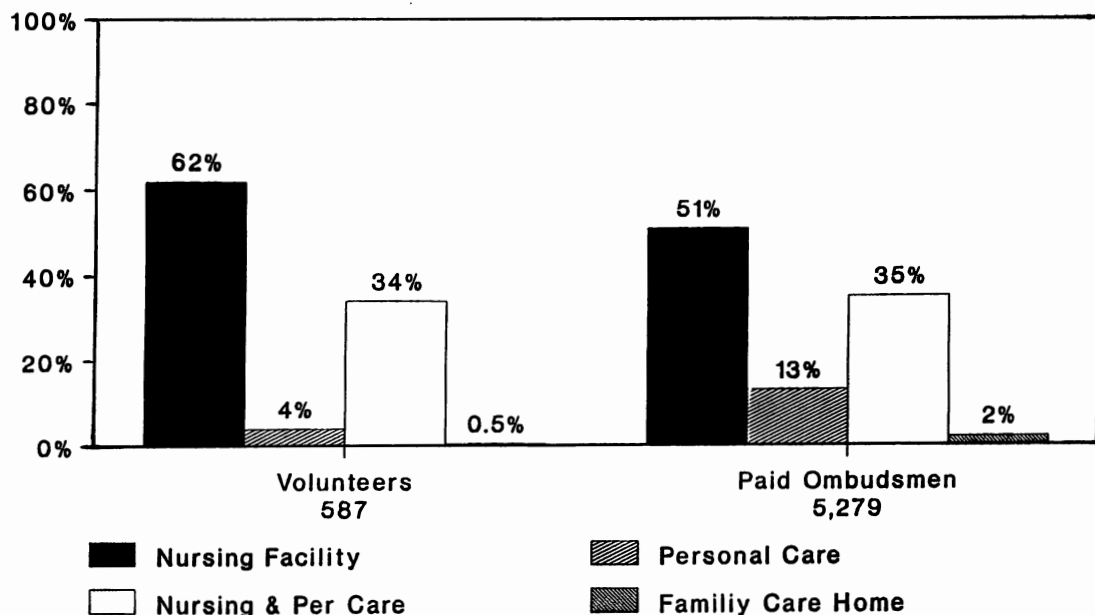


Status of activities by ombudsmen's positions (n = 7,411)

whether ombudsmen were paid or volunteer. Volunteers indicated that the complaints they investigated affected a significantly higher number of residents than

complaints addressed by paid ombudsmen ($p < .001$). An average of 85 residents were affected by each complaint investigated by volunteers, compared with 27 for

FIGURE 3.



Kind of facility complaints were lodged against, by ombudsmen's positions (n = 5,866)

paid ombudsmen. This may relate to the fact that volunteers monitor facilities with an average of 140 beds, compared with 117 beds for paid ombudsmen.

Figure 1 shows that 95% of volunteers' work pertains to actual complaints lodged, compared with 81% of the work of paid ombudsmen. Nineteen percent of paid ombudsmen's "complaint" activities were devoted to fielding questions from the public, compared with only 5% of volunteer activity. This 19% should be kept in mind as the differences between volunteer and paid ombudsmen are examined.

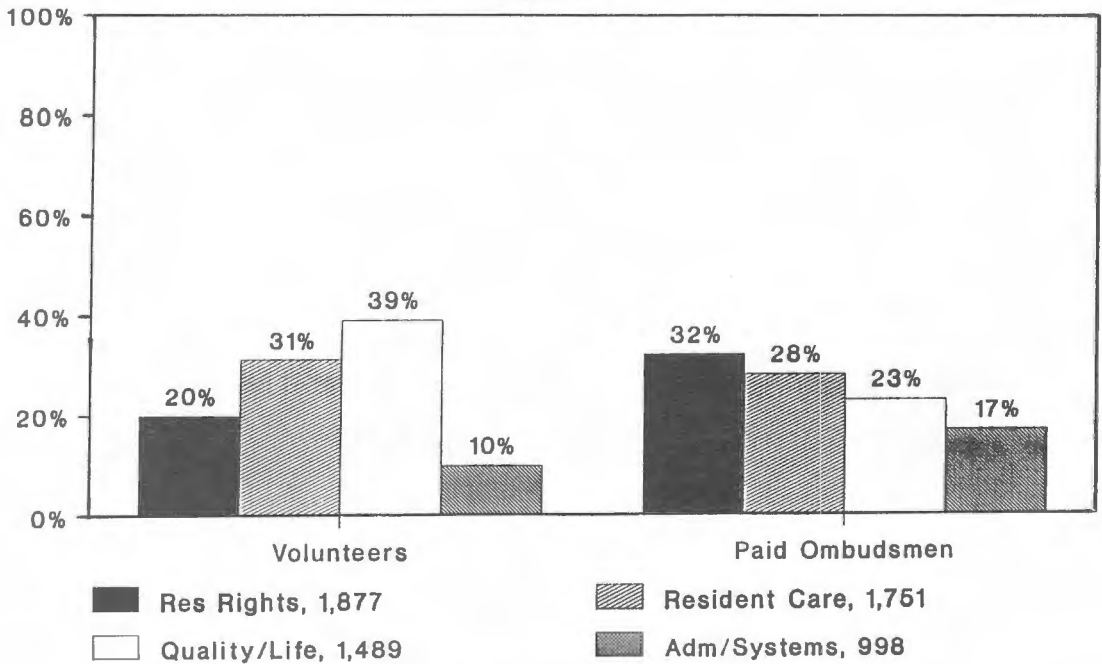
Figure 2 further breaks down the percentages of complaints that are verified/not verified by volunteer and paid ombudsmen. The percentages of complaints verified are quite similar: 59% of the complaints investigated by volunteers are verified, compared with 57% of those investigated by paid ombudsmen (Figure 2). The major difference is that 19% of paid ombudsmen's activities are devoted to answering questions, as previously discussed for Figure 1.

The practice of assigning volunteers to specific facilities, usually larger ones, is seen in Figure 3. Sixty-two percent of the

complaints investigated by volunteer ombudsmen were lodged against nursing facilities (first bar in each group, Figure 3), compared with 51% of the complaints investigated by paid ombudsmen. Paid ombudsmen appear to be more active with complaints lodged against facilities that provide personal care (13% of paid ombudsmen, compared with 4% of volunteer ombudsmen). This difference will be mentioned again in the following discussion of the relationship between ombudsmen's positions (volunteer/paid) and general types of complaints investigated.

The differences in types of complaints investigated by volunteer and paid ombudsmen indicate that these two types of ombudsmen may approach their roles from different perspectives. Overall, only 16% of the complaints are lodged by the ombudsmen themselves. The largest single group of complainants includes family members and friends of residents (39%), followed by complaints lodged by residents themselves (27%). Facility staff and administrators lodge another 10% and the remaining 8% are lodged by guardians, staff members of medical and social service agencies, and other

FIGURE 4.



Complaint type by ombudsmen's positions (6,115 complaints)

unknown/anonymous reporters. However, of the complaints investigated by volunteers, 34% are discovered and lodged by the ombudsmen themselves. Of the complaints investigated by paid ombudsmen, only 14% are lodged by the ombudsmen themselves.

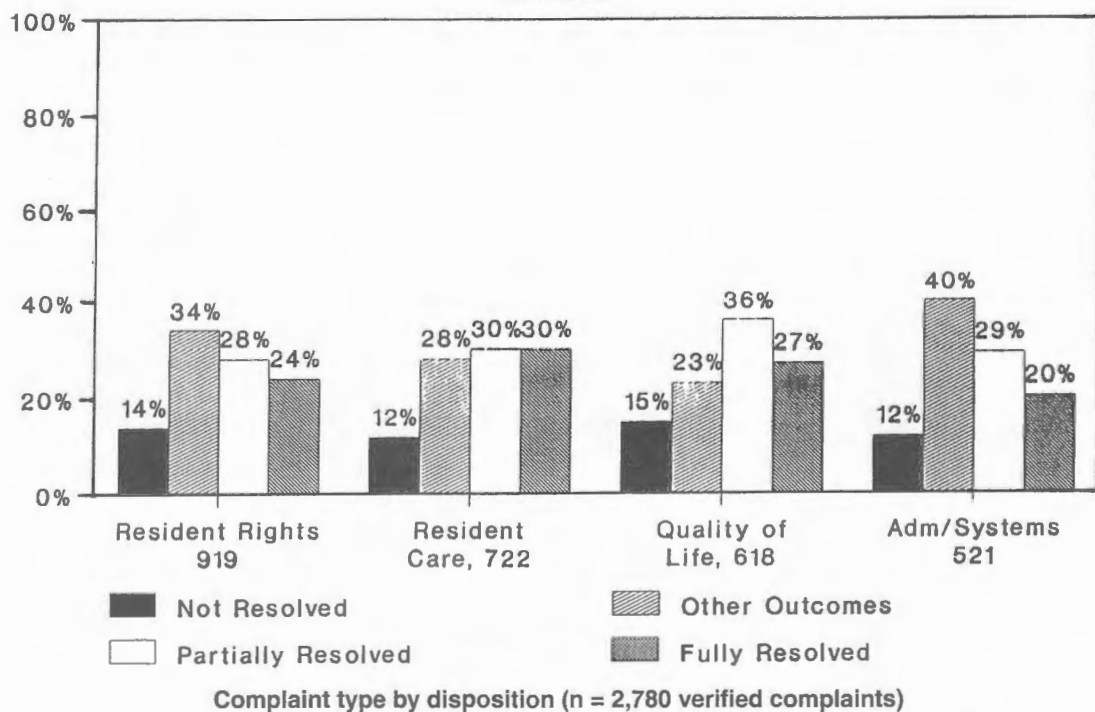
Figure 4 reveals that 20% of the complaints investigated by volunteers pertain to Resident Rights, compared with 32% of those investigated by paid ombudsmen (first bar in each group in Figure 4). Also, the third bar in each group shows that 39% of the complaints investigated by volunteers pertain to Quality of Life issues, compared with 23% of the complaints investigated by paid ombudsmen. Recall the previous finding that 34% of the volunteers' complaints are lodged by themselves, compared with only 14% of the complaints investigated by paid ombudsmen. Also remember that volunteers are more often assigned to larger facilities as a community presence for observation and monitoring. It follows, therefore, that they may have more opportunities to see the types of complaints that fall under Quality of Life (i.e., food and air quality— see Table I).

Paid ombudsmen, on the other hand, may have more training in the more complicated Resident Rights issues, and be more involved with Administrative and Larger System issues. The last bar in each group in Figure 4 shows that only 10% of the complaints investigated by volunteers pertain to these larger arenas, compared with 17% of the complaints that are investigated by paid ombudsmen. The routine presence of volunteer ombudsmen in the larger facilities may produce two very different results: (1) a decrease in the number of more serious complaints, i.e., abuse and gross neglect; but (2) the reporting of more complaints pertaining to Quality of Life issues.

After complaints are investigated, verified, and intervention has been implemented, ombudsmen choose disposition codes from the following:

- 1 Regulatory or legislative action is needed.
- 2 Not resolved.
- 3 Withdrawn by resident or complainant.
- 4 Referred, no final report received.
- 5 Referred, other agency failed to act.

FIGURE 5.



6 No action was needed/appropriate.

7 Partially resolved.

8 Fully resolved.

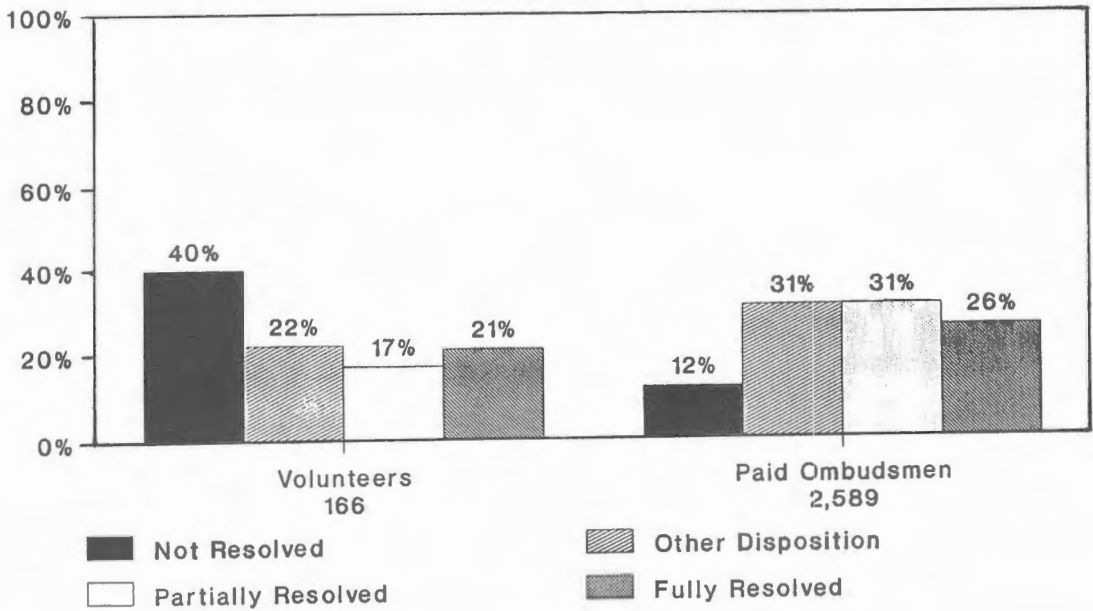
Overall, 56% of verified complaints are either partially or fully resolved.³ Ombudsmen see themselves as advocates for elders who are sometimes unable to defend or advocate for themselves. Most ombudsmen, both volunteer and paid, take this role very seriously and tend to apply stringent criteria to the notion of a complaint being resolved. Some are hesitant to code a complaint as resolved even though the resident or complainant may deem it so, if they, the ombudsmen themselves, see more that could be done to improve the quality of that resident's life. Due to this critical litmus test, most ombudsmen are extremely conservative in calling a complaint fully resolved. They also must accept that some complaints just cannot be resolved, and some of the most rigorous ombudsmen keep their complaints open longer in their efforts to effect the best possible solution to the problem.

Across the four broad types of verified complaints, from 12% to 15% simply are

not resolved (the first bar in each group in Figure 5). Not surprisingly, the most frequently reported complaints listed in Table I also appear at the top of the list of complaints that were not resolved, with the exception of Staff Supervision under Administrative, and Legal Issues under Outside Systems. Instead, appearing in the top ten complaints that were not resolved are (1) Other Abuse, Neglect and Exploitation (under Resident Rights), and (2) Care Plan/Resident Assessment issues (under Resident Care).

Quality of Life complaints are more often partially (36%) and fully resolved (27%). Even quality of life complaints are more closely associated with volunteer ombudsmen than paid; in Figure 6, 40% of the complaints investigated by volunteer ombudsmen are not resolved, compared with only 12% of those investigated by paid ombudsmen. Also in Figure 5, 40% of the complaints pertaining to Administrative and Systems issues were coded with dispositions other than Not Resolved, or Partially or Fully Resolved. These other dispositions include the need for regulatory, legal, and legislative action. While such a disposition does not

FIGURE 6.



Disposition of verified complaints by ombudsmen's positions (n = 2,755)

preclude the ombudsman from attempting to resolve issues through those avenues, those contacts may be more often available to paid ombudsmen than volunteers. This can also be seen in Figure 6, in the 31% of paid ombudsmen's complaints that are coded as other dispositions, compared with only 17% of the complaints investigated by volunteers.

DISCUSSION AND IMPLICATIONS

The results of this study indicate that overall complaints involving Resident Rights, Resident Care, and Quality of Life are more often fully resolved than those complaints about Administrative or Systemic issues (Figure 5). These data are consistent with what Monk, Litwin and Kaye (1984) indicated a decade ago when ombudsmen reported that resident rights, consumer education, abuse of residents, and alternatives to institutionalization were easier to resolve than nursing home regulations/enforcement. There appears to be a difference between resolving those complaints that are more client-centered or more resident-specific, than addressing those complaints that raise administrative or larger systems concerns.

Administrative/systemic complaints

would most likely be referred to other agencies such as Adult Protective Services or Legal Services. Because these complaints may take longer to investigate, particularly if legislative change or lengthy investigation is required, there is a much greater possibility that the complainants and/or the originating ombudsman will never see full resolution of their particular cases. However, these are the longer-term systemic changes that need to be well documented so that they become institutionalized into the facility or the larger system as patterns are observed and changes are made. In fact, it may be the larger system complaints that give ombudsmen clues to what strategies require collaboration with other agencies and coalitions that seek to reform the long-term care system statewide or nationally. Although these complaints are not as easy to resolve in traditional ways, it is important that they be analyzed because they may impact larger numbers of people.

The use of volunteers and paid staff has been discussed at length elsewhere (Schiman and Lordeman, 1989a), but it is important to point out that the findings in this paper are consistent with those re-

ported from secondary data sources (Huber, Netting and Paton, 1993). In studies conducted prior to the implementation of the database in Kentucky it was found that programs with fewer volunteers appeared to resolve a higher proportion of complaints (Huber, Netting and Patron, 1993). In this study, volunteers were less likely to fully resolve complaints than paid ombudsmen. Rather than assume that this means volunteers are less effective, it raises important questions about understanding how individual programs involve volunteers. The tasks assigned to volunteers in ombudsman programs vary greatly. Schiman and Lordeman (1989b) point out that only one-third of ombudsman programs allow volunteers to handle actual complaint investigation and resolution. It is paid staff who actually carry out these functions. Also, volunteers may be less likely to complete the paperwork, making it more difficult to know when complaints are actually resolved.

The data tell a story about the roles that volunteer and paid ombudsmen play in one state. Volunteers tend to be more tied to specific facilities which are larger than the average seen by paid ombudsmen. This probably occurs because paid ombudsmen monitor smaller personal care or board and care homes that bring the average facility size down. Volunteers tend to identify quality of life issues and assume these complaints are affecting other residents. Given the nature of Quality of Life complaints (e.g., activities and social services, dietary and environment), this is not surprising since these types of complaints go beyond individual resident needs. For example, nursing home residents are often concerned about the quality of the food and this type of complaint would be coded as Quality of Life. Food may be a concern for almost every resident there. Volunteers seem to have a more focused role in ombudsman programs in that they are typically assigned to specific facilities, investigate complaints that are more facility or resident centered, and often receive complaints directly from residents or

through their own observations and interactions. Paid ombudsmen, on the other hand, appear to be more involved in larger systems issues, work with other agencies more often in complaint investigations, and receive more complaints from families and others.

Of particular interest is the fact that volunteers are used almost exclusively by those programs housed in AAAs which are public agencies in the state of Kentucky. Contrary to the nostalgic notion that the voluntary nonprofit sector uses more volunteers, this statewide program uses the majority of its volunteers in public agency positions. One could argue that AAAs are not "typical" public bureaucracies and that the aging network has been socialized to the use of volunteers from its inception. Limited funding and a community organization focus may have made AAAs more like nonprofits than typical public organizations. Regardless, it is interesting that the bulk of the volunteer ombudsmen in one state is based in the public rather than the private sector.

Given the use of volunteers in ombudsman programs throughout the United States, these Kentucky data reported in this paper reinforce the benefits of a complaint-specific database that allows state ombudsmen to more closely examine complaints that are not resolved as well as particular situations that result in "other outcomes." It is now possible to know how different types of complaints/cases are handled. State and local ombudsmen can then confer with the ombudsman (paid or volunteer) who has worked on a particular case. Rather than wondering why 607 complaints were not resolved, those complaints can be identified and staff conferencing can occur. If patterns are observed, appropriate continuing education on how to handle those types of complaints can be provided. For example, those unresolved complaints handled by volunteers can be reviewed to see why they were not resolved. If issues are identified specific to these complaints, change strategies can be mounted. For example, if

a state ombudsman observes that half of all unresolved cases involve only three facilities, the ombudsman may want to conduct a personal investigation.

CONCLUSION

This paper provides a glimpse of what is happening in one state that is systematically developing a database for the National Long Term Care Ombudsman Program. There are implications for staff and volunteer development and training as this process occurs. By having these data at the fingertips of state and local ombudsmen, it is possible to monitor specific complaints and cases, to identify patterns, and to literally target unique situations that need concentrated attention. State and district ombudsmen (both paid and volunteer) have the opportunity to respond to trends, to structure their development and training sessions, to educate the public, and even to alter their activities as they gain clearer pictures of what is happening throughout their districts and the state.

NOTE

We support efforts toward gender-neutral language in the social sciences and prefer to use the term *ombudsperson* instead of *ombudsman*. We have learned, however, that program officials have decided to keep the original term as it came from Sweden. Our goal is to strengthen the program—not to offend ombudsmen, so we acquiesce to their preference of terms.

ACKNOWLEDGMENTS

We want to thank the many state and local ombudsmen who have shared their experiences with us. We are particularly grateful to Gary Hammonds, Kentucky State Long Term Care Ombudsman, and the dedicated ombudsmen throughout the Commonwealth of Kentucky.

FOOTNOTES

¹AAAs are the district or sub-state planning and coordination units within each state. They typically

contract with local providers for direct delivery of home- and community-based services.

²AoA defines a verified complaint as one that is determined after investigative work (interviews, record inspection, observations, etc.) that the circumstances described in the complaint are substantiated or generally accurate.

³AoA defines a resolved complaint/problem as one that was addressed to the satisfaction of the resident or complainant.

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Training Volunteers to Deliver a Breast Health Programme

Merle Kisby, RN, BScN, Marilyn MacKenzie, RN, BScN, MEd., Diane Finkle, MA, and Carolyn Hill, RN, Canadian Cancer Society, Ontario Division, Breast Health Training Programme

HISTORICAL BACKGROUND

Since its establishment in 1938, the Canadian Cancer Society (CCS) has placed strong emphasis on the importance of the early detection of cancer. Although breast cancer has always been an area of concern, it has taken many years to develop a clear message and an organised programme of delivery. The struggle to establish this programme was affected by both internal and external forces such as:

- the reluctance of the medical community to support breast self examination (BSE) as a valuable health habit;
- the increasing expectations of educated health consumers;
- the increasing frustration on the part of women wishing to exercise control over their own bodies in the area of breast health; and
- the desire of CCS volunteers to respond, but unable to act because of the confusion created by the lack of consistent research and information from the medical community.

During the 1970s although breast cancer was the leading cause of cancer death

of women, women felt powerless to play a part in cancer control. Women did not request examinations from their doctors and rarely practised self-examination.

By 1989 it was clear that women in Ontario felt the time had come to be more assertive about breast cancer issues. The public demand for information, effective and accessible services, and research into the cause of breast cancer began to escalate. More and more breast cancer survivors began to speak out about the need for early detection, and the media provided a public platform for the debate.

The debate regarding BSE and mammography in the medical community continued. However, there was a growing body of research that supported a multifaceted approach to early detection of breast cancer. In 1991, the National Board of Directors of the CCS approved guidelines on mammography, physical breast examination, and a set of recommendations regarding breast self-examination based on the report from the National Workshop on the Early Detection of Breast Cancer in 1988 (The Workshop

Merle Kisby, RN, BScN, has been actively involved, for 10 years, with both volunteer and professional training programs. Training programs and train the trainer models have been developed with the Halton Region Health Department, School Smoking Prevention Project, Council for a Tobacco Free Ontario, the Ontario Tobacco Strategy, the Ontario Breast Screening Program and the Canadian Cancer Society, Ontario Division. Merle is currently principal of Kisby and Colleagues, Health Promotion Specialists. She co-developed the Canadian Cancer Society, Ontario Division Breast Health Programme with Marilyn MacKenzie in consultation with the Societies Breast Health Working Group. *Marilyn MacKenzie, RN, BScN, MEd.* is a long-term Education Volunteer with the Canadian Cancer Society. She is also a founding partner of Partners Plus, a consulting firm that specializes in volunteer management issues. Marilyn developed the Canadian Cancer Society Breast Health Programme with Merle Kisby in consultation with the Societies Breast Health Working Group. *Diane Finkle, MA*, is currently the Manager of Health Promotion for the Ontario Division of the Canadian Cancer Society. Diane has been involved in volunteer sector management for over 10 years and has worked for organizations such as the Easter Seal Society, the Red Cross Society and the Ontario Federation for Cerebral Palsy. Diane has a Master's degree in Canadian Studies and a Certificate in Voluntary Sector and Arts Management from York University in Toronto. *Carolyn Hill, RN*, has 20 years of volunteer involvement with the Canadian Cancer Society, Ontario Division, many of those with the Society's public education programs. Carolyn chaired the working group that developed the Cancer Society's Ontario Breast Health Programme which was implemented in the spring of 1994. Carolyn trained as a Public Health Nurse at the Hamilton Civic Hospital and the University of Western Ontario where she received a Diploma in Public Health Nursing.

Group, 1989). At the same time, the Ontario Government launched a major new initiative—the Ontario Breast Screening Program.

The Society recognised that a strong health promotion programme on breast health and the early detection of breast cancer was necessary.

THE DEVELOPMENT OF THE CANADIAN CANCER SOCIETY, ONTARIO DIVISION BREAST HEALTH PROGRAMME

Breast health is defined as “taking personal responsibility for awareness and actions throughout one’s lifespan that can lead to the early detection and treatment of abnormalities that may develop in the breast.”

The Education Committee of the Canadian Cancer Society (Ontario Division) established a Breast Health Working Group with a goal to develop strategies and resources to inform the public about the early detection of breast cancer.

In preparation, the Breast Health Working Group reviewed materials, surveyed volunteers on their experience in delivering breast health messages in their communities, obtaining internal support for the Breast Health Awareness message, began to work with the Division’s Medical Affairs Committee to promote breast health among the health professional community, conducted a worldwide review of existing programmes, and established partnerships with external groups such as the Ontario Breast Screening Program.

In 1992, a Health Promotion Grant from the Ontario Ministry of Health was received to develop a well planned, high quality, volunteer delivered Breast Health Awareness Programme in Ontario which recognised the complexity of the issue.

Two health promotion consultants were hired to develop a breast health training program for CCS volunteers. With the Breast Health Working Group of the Education Committee, they formulated the goals of the program.

GOALS OF THE BREAST HEALTH TRAINING PROGRAMME

1. To provide women with information and support that will motivate them to adopt positive breast health behaviours.
2. To educate women that early detection of breast cancer can save lives.
3. To work collaboratively with the community to promote positive breast health behaviours.
4. To encourage women to:
 - adopt the Canadian Cancer Society–Ontario Division breast health guidelines;
 - act promptly and assertively if there are any breast changes;
 - be more knowledgeable and less fearful about breast cancer;
 - take responsibility for their own breast health.

To effectively deliver this new CCS program a “train-the-trainer” program was developed, with supporting resource materials, to prepare volunteers in local communities. Two trainers were recruited from each of the nine CCS Regions to train local breast health volunteers to deliver the breast health message.

The train-the-trainer program consists of four parts: targeted recruitment and selection, training the trainers, evaluation, implementation and follow-up.

Targeted Recruitment and Selection

Recruitment was targeted to volunteers who had teaching or training experience and who had knowledge of the topic area, in this case breast health issues.

Two breast health trainers were recruited for each of the nine CCS Regions in the province; the calibre of candidates who applied for training was extremely high.

Prior to beginning recruitment, the desired skills, knowledge, experience and qualities of the trainers were identified. The criteria for recruiting volunteers were carefully selected to enhance the ability of the trainers to relate to a diverse audience targeted for breast health messages.

The criteria included: education, nursing background, experience with volunteers, training experience, community skills, breast cancer personal experience (they must have worked through their feelings and be comfortable with the CCS Guidelines), breast health experience (e.g., Ontario Breast Screening Program, current involvement in breast health programmes, etc.), communication skills, organizational skills, second language, second culture, personality/approachability, female, grooming, and age 40+.

A screening process based on the criteria was set up. A point system was used to assess the qualifications in the selection of the successful candidates. The criteria were weighted based on "essential qualities," "desirable qualities," and "nice but not necessary qualities."

Recruitment was carried out through the local CCS unit offices. Information about the training session, a job description and a clear outline of the recruitment process was given to the staff and senior education volunteers in the local offices. Identifying the benefits of carefully selecting recruits and providing the local office with the desired qualifications of prospective trainers were crucial steps in gaining support.

Once the candidates were recruited, interviews were conducted with individuals whose written applications most closely reflected the identified criteria.

The interview provided an opportunity to assess the individuals' interpersonal skills, willingness to follow CCS guidelines and to get further information about the recruit's qualifications. It also allowed the candidate to ask questions and clarify expectation of the trainer's role. The requirements of the position were clearly laid out to the candidates including time, commitment and work expectations.

The interviews were conducted from the provincial office by telephone. In some cases it was difficult to get a clear picture of the candidate. To assist with the screening process the health promotion staff at the regional level were consulted

and reference checks were done on all potential candidates.

Once the successful candidates were identified, a written contract was signed. The contract clearly outlines the role of the trainer and the role of the Canadian Cancer Society. The contract anticipated a two-year commitment.

FACTORS FOR SUCCESS:

Recruitment/selection: targeted recruitment; clearly identified trainer qualifications; candidate interviews; reference checks; and written definition of roles.

Training the Trainers

The trainers recruited from each of the CCS Regions were trained to prepare local breast health volunteers in each of the regions to deliver the breast health programme.

The consultants hired to develop the Breast Health Training Programme delivered the first training session.

A. Setting

The training workshop was held in a quiet, scenic location with a minimum of distractions. It was held for three days, starting in the evening of the first day and ending midday on the third day. The large block of time allowed participants to become familiar with the programme content, the principles of adult education, and to practise training and presentation skills in a supportive team environment.

The staff partners for the Breast Health Programme and the health promotion consultants from each of the regions attended a portion of the workshop. This meeting provided an opportunity for staff and volunteers to discuss their complementary roles, their expectations, communication channels, and initial planning for their respective areas.

The schedule was full and demanding; however, the feelings of exhilaration, energy, and accomplishment, and the bonding amongst the participants outweighed the exhaustion experienced by the participants by the end of the three days.

The first night set the stage for a work-

shop based on the principles of openness, honesty and respect. A warm-up or ice-breaker exercise started the evening and expectations for the three days were outlined. The needs of the participants were identified and addressed by making adjustments in the agendas wherever possible and through the use of the "parking lot." The "parking lot" is a blackboard or flip chart where questions and concerns that cannot be addressed immediately are tabled for future consideration.

FACTORS FOR SUCCESS:

Training: three-day training session; a comfortable, quiet residential setting; involvement of both the provincial and regional staff support; team approach with two trainers from each region; and co-facilitation of the workshop.

B. Content

(a). Breast Health Content

Because breast health is a concept based on an evolving science, it was important to provide trainers with a clear understanding of which areas are based on proven research, which areas continue to be controversial, and the rationale behind the CCS Breast Health guidelines.

The trainer's resource manual/edu-kit was circulated prior to the workshop. Participants were asked to familiarise themselves with the content, the background materials, and the resources.

During the workshop, the factual content on breast health was delivered by an external expert in a short presentation with time for questions. The purpose of this segment of the workshop was to allow the participants to gain a comfort level with the baseline information without providing an expectation of expertise.

The information was supported by materials that had been reviewed by a number of experts on the subject. These materials are part of the trainer's resource manual.

(b). Adult Education

The principles of adult education were incorporated throughout the workshop. Participants learned through role mod-

elling, group work, utilisation of all the learning approaches, e.g., auditory, visual, hands-on.

Topics discussed included: how adults learn, the experiential learning cycle, planning effective workshops, tasks of a trainer, adapting for special audiences, selecting training techniques, controlling individual behaviours, and working with groups.

(c). Practical Demonstration by Participants and Trainers

The ability to deliver messages clearly and effectively is essential to a good trainer. An integral part of the training was to provide an opportunity for individuals to practise this skill by giving a presentation. The presentations were done in teams of two and were critiqued by the trainers and a group of their peers. Although this exercise produced anxiety, the insights and learnings gained were valued. Participants were able to learn from the techniques used by their peers, the trainers and through the evaluations of their own styles.

A change in the agenda occurred when the participants requested a demonstration by the trainers of a typical 30-minute breast health presentation. This proved to be a valuable addition to the agenda as it provided an opportunity to role-model excellence.

FACTORS FOR SUCCESS:

Content: Pre-circulation and review of resource materials; role model excellence; practical demonstration/skill building; and immediate application, through presentation, of materials learned.

Evaluation

Four aspects/components of the training program were evaluated:

(a) Knowledge—A pre- and post-test were administered to assess the knowledge component of the breast health programme. Key principles were tested and a pass mark of 80% was required. All participants passed the written test.

(b) Demonstration of Skills—Demonstration of one segment from the breast

health presentation in the Edu-Kit was used to evaluate the participant's ability to deliver a message clearly and effectively. Feedback was given to participants by both peers and the trainers. Valuable learning occurred through the identification of strengths and weaknesses in their presentation style.

(c) Attitude—The trainers were evaluated on their ability to listen, to adapt materials to diverse audiences, and to be respectful of different learning styles. The results indicated that the participants could apply the learning principles in different situations, adapting to specific volunteer needs.

(d) The Training Process—Each participant completed an evaluation of the recruitment, selection and the training process. Their comments are reflected in the following section on what we would do differently.

All participants successfully met the requirements for the completion of the training. The dedication of the volunteers is demonstrated by the example of one of the participants who moved out of the province but voluntarily returned to carry out one training sessions. All others are still active as trainers a year-and-a-half after the training.

The Breast Health Working Group, in conjunction with the Behavioural Research and Program Evaluation Unit of the National Cancer Institute, are currently developing various evaluation tools to assess the Breast Health Programme. The evaluation is to measure the impact of the training on the intended audience.

KEY FACTORS FOR SUCCESS:

Evaluation: Using a variety of evaluation approaches—i.e., knowledge test, demonstration, observation and process; and evaluation of all aspects of the training program.

Implementation and Follow-up

Since the training, held in the spring of 1993, all nine regions in the province have held at least one training session for locally recruited volunteers. To date, in

total, 17 training workshops have been held and well over 200 volunteers have been trained.

Ongoing supervision is provided by the Health Promotion Consultants in the field. In some areas the trainers have held meetings to share experiences, answer questions and address concerns of the local volunteers who deliver the program in the community.

The CCS-Ontario Division Breast Health Working Group is available to answer any volunteer and/or trainer questions or concerns. There have been regular mailings to update both groups on new resources and initiatives.

The local volunteers have been extremely active in delivering the breast health message to both women and mixed audiences, in community settings as well as in the workplace. Volunteers are asked to submit report forms and a complete provincial tally indicates in the first year of the training program 225 local volunteers have been trained. These volunteers have been involved in 368 activities including presentations, special events, media promotions, mall displays, etc. The estimated audience reached is approximately 15,000 people.

WHAT WOULD WE DO DIFFERENTLY NEXT TIME?

The evaluations of the training were overwhelmingly positive. However, there are a number of areas where we felt the training could and should be strengthened.

Resource materials need to be circulated well in advance of the workshop. This would allow more time for participants to read and digest the content and would facilitate learning during the actual workshop. In addition, because of the complexity of the manual, time should be spent at the beginning of the workshop to walk through the content and layout of the manual with the participants.

Secondly, time should be put into the agenda for a model presentation using the program content. Participants want to

see how a "real" presentation is done. The model presentation supplements the peer presentations, providing a large range of styles from which to choose.

Thirdly, more time should be allowed in the training sessions to discuss and plan how the training program will be implemented in the trainer's home region. This preparation is essential to decrease anxiety about the tasks ahead, to develop action plans and to anticipate road blocks and begin problem solving. The planning would be best facilitated with a staff partner.

A Friday night startup was a struggle for many of the participants. They were tired and stressed from a busy work week. An alternative proposal suggested a later finishing time on Sunday afternoon.

CONCLUSION

There is a role for volunteers in the delivery of a breast health promotion pro-

gram at the community level. The important factors to ensure the delivery of a quality program include: (a) the clarity of content area, (b) carefully recruited and selected candidates based on a set of identified criteria, (c) offering skill building opportunities in training, (d) testing to ensure competence and accuracy in message delivery, (e) evaluation, and (f) a mechanism for follow-up support and updating of information.

People with skills and interest, given training and support, can greatly contribute to a community-based program.

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ABSTRACT

Since 1989 two Saint Paul, Minnesota agencies have carried on a collaborative effort called the Befriender Volunteer Project. This project is designed to address the risk factors associated with child abuse which are often inherent in families headed by an adolescent.

Between November of 1993 and October of 1994 a self-study of this project was conducted. An important objective of this study was to determine how the positive elements of a successful relationship affected the risk factors in these young families. Consistent with what we know about the effects of successful helping relationships, most significant improvements in young mothers were found in the areas of hopefulness, self-esteem, and parenting skills. Of significant note was the observation of the various ways the Befriender/young mother relationship enhanced the young mothers' potential for breaking the generational cycle of risk for child abuse and neglect.

The Power of Special Friends: Addressing the Risk of Child Abuse Through Mentoring

Paula Vestermark, MA, with Judie Russell, LSW, and Nancy Mulvey, LSW

"I want to make a difference!" These are the words that motivate many volunteers to befriend young parents who are assessed as being at risk for child abuse. The Befriender Volunteer Project is a collaboration between agencies to provide service to such young parents. Begun in 1989, the project seeks to match volunteers in the community with young women who have elected to parent their children, most often as single parents. These young mothers are struggling to be the best parents they can be, but they often lack information and support to realize their full potential.

Study Methodology

This study is based on a series of interviews completed between November 1993 and October 1994. Since the beginning of

the Parent Befriender collaboration in 1989, 58 Befrienders had completed successful, well-bonded matches. The designers of this study sought to interview as many of these 58 volunteers as possible. In all, 26 volunteer Befrienders were interviewed on a variety of subjects. The 23 interviews which constitute the core of this study came from 21 volunteers who had completed matches lasting from 12 to 60 months, with an average length of 26 months. The five volunteers whose data were not included in this study were interviewed on topics related to early stages of match which did not come to term in the period of this study, or they were interviewed about matches that ended before the end of the one-year, formal commitment period. While further analysis of this topic is pending, we do

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know that all the interviews in this category indicate the match was terminated by the young mother because of a lack of ability to accept the help. Relationships varied considerably in intensity after the first year, yet all except two Befrienders of the 23 matches studied in depth were still in touch with the young mom in question.

The core of this report is based on 23 one-hour, live interviews done with 21 volunteer Befrienders and 18 20-minute live interviews done with 18 young mothers. These are considered to be "in-depth studies."

The in-depth study interviews covered a wide range of topics related to the relationship between the Befriender and her young mom, as well as observations of the Befriender about the young mom. Also included were inquiries related to volunteer and young mom satisfaction.

Interviews varied widely in timing relative to the occasion of the formal, first-year match. Some were done during the first year, while others ranged up to five years after the end of the formal, first-year match.

There were 18 young mothers interviewed, but 23 matches with young moms are covered in this report via Befriender observation. Thus $n = 18$ or $n = 23$, depending on the source of the information.

The 18 young mothers included in this study are all Health Start clients. The inclusion of Crisis Nursery of Children's Home Society in the collaboration is a recent event. Matches made through Crisis Nursery are not yet at a point at which they can be studied in depth. Continued evaluation is planned. The authors expect similar findings in those evaluations, since the clients served are similar, in most respects, to those served by Health Start.

The agencies involved in the collaboration are Health Start, a nonprofit maternal and child health service that provides prenatal care for low-income women, pediatric care for their infants, and comprehensive mental health and prevention services for adolescents; and Children's Home Society of Minnesota, a statewide,

nonsectarian, nonprofit child and family social service agency. Both agencies are located in St. Paul, Minnesota.

In order to document specifically the ways in which volunteer Befrienders empower young mothers and by so doing reduce the risk for child abuse, the Befriender Volunteer Project has undertaken a self-study of its processes and outcomes. The following is a report on the findings of this qualitative study. Because the object of this study was to measure the ongoing Befriender relationship, more quantifiable methods of evaluation were considered to be inadequate in meeting the ethical (as well as the internal validity) demands for non-intrusion. In reviewing some of the evaluation literature on similar projects, it was our observation that where more quantifiable objectives of study were set, the design of the program itself suffered, i.e., the special and often fragile nature of the human relationship was neglected. As a result we saw very nice statistics on not very enduring or well-established relationships.

In contrast to such evaluations, this study focuses on the observation of a well-nurtured, trust-based relationship between a young mother and a Befriender. It did not set out to ask whether the young mother was feeling helped. We knew that she did feel helped because she had remained in the relationship for at least a year. Rather, the question was this: How did the help affect the factors we know put the young mother at risk for neglect and/or abuse of her children?

The effectiveness of the Parent Befriender model depends on the creation of a trusting relationship between the Befriender and a young mother. This strong and trusting relationship is the tool that reduces risk. From a survey of the literature (Egeland, B., Erickson, M. F., and Pianta, R., 1989; Egeland, B., Jacobvits, D., and Sroufe, L. A., 1988; Erickson, M. F. (ND); Mueller, D. P., & Urbain, E. S., 1991), combined with an analysis of clinical assessment practice at Health Start, the authors

determined the following risk factors related to child abuse to be directly addressable through the mentorship relationship: social and psychological isolation and inability to develop support; inability to cope with stress; difficulty in sustaining a positive relationship; low self-esteem; hopelessness; limited social skills, and limited parenting skills. The authors were also interested in determining what effect, if any, the Befriender relationship might have on breaking the generational cycle of abuse.

In order to assure a strong relationship, the Befriender model sets the following three objectives: (1) to identify young mothers who lack sufficient support and who are willing and able to work effectively with a volunteer Befriender; (2) to establish a year-long relationship (once-a-week contact is recommended) between the volunteer Befriender and the young mother; (3) to recruit, train, and support those volunteers as they fulfill their commitment. (All volunteers attend 17 hours of training. While peer experience as a young, single parent is not required or even necessary for success, most volunteers do have some common experiences that help them connect to the young mother.)

This study shows that the Parent Befriender model has its strongest outcomes in the following three areas: it *increases hopefulness* and the related capacity to set and carry out goals; it also *enhances self-esteem* and results in *positive changes in parenting skills*.

Study materials confirm the fact that young moms at risk for child abuse often come from a background where hopelessness is endemic and, therefore, the skills, models, and general environmental context for goal setting, exist only in limited ways.

When young moms were asked how the relationship with the Befriender affected their capacity to think about the future in a new way, several patterns emerged. Some interpreted this question to mean, "Did the Befriender help me develop mental

skills or imaginative abilities, so I could think about the future?" Several young moms responded that they had learned to anticipate and plan ahead. One learned to think of acting in stages ("chunking it down") as a means of controlling anxiety about the future. Several mentioned specifically how the Befriender worked to inspire and motivate them to plan further education: "She taught me to think about schooling and then I made my choices." For others, the peer experience and role model presented by the Befriender helped the young mom to think of the future in a more positive and hopeful way: "When I look at [my Befriender] I know that I can accomplish something, because she came a long way from 16 to now."

Significantly, a majority of Befrienders said they observed improvements in hopefulness. In accordance with the young mothers' perceptions stated above, the Befrienders saw their young moms respond positively to having a role model who shared peer experiences and who offered support and guidance. The Befriender attributed increases in hopefulness to a combination of increased support and subsequent personal accomplishment. For example, the young mother became more hopeful when, with the support of the Befriender, she succeeded at better management of relationships with male partners.

As is illustrated in the following Befriender remarks, once the young mom became more hopeful she was better able to set goals and to act.

[When I first met my young mom] she was very depressed and had no mature person in her life. She was trying to break an unhealthy boyfriend relationship and had no parental support. She has a mother who doesn't like her and her father is deceased. As we talked and shared time together, she became more confident and in turn her self-esteem grew. She now is living in a nice apartment building away from her boyfriend. She has nice, trustworthy

friends. She is working at a job to get off welfare and is making a life for herself and her two children. She is proud of her accomplishments.

Increases in hopefulness and the capacity to set goals and follow through on them appear to be closely tied to an observed increase in self-esteem. After at least one year in a relationship with a Befriender, the young moms described themselves as less depressed, more confident, more motivated, better parents, with a stronger sense of having a place among women who have had children at a young age themselves and who have raised them successfully.

Three-fourths of the Befrienders interviewed corroborated the young mothers' self-perceptions. They said their young moms developed a stronger capacity to view themselves as having some power over circumstances; that is, the young moms improved their sense of self. Befrienders expressed stronger sense of self with these words: increased independence, self-confidence, self-esteem, security, assertiveness, goal-setting capacity, ability to plan, cope, persevere and be patient. Underlying these remarks, there is a change in the young mom that can be paraphrased thus: I am someone who fits in with others. I see what these others have been able to do. I see now that I have a chance to succeed in what I want and need to do.

Self-esteem appears to nurture sense of self as sense of self in turn nurtures self-esteem. It is common to see this empowering process begin with the establishment of a strong and trusting Befriender/young mother relationship.

To summarize the changes in the young mom's behavior that reveal increased sense of self/self-esteem, Befrienders reported the following:

- The young mom was able to act as a more effective parent.
- She was better able to express her feelings and set boundaries with a male partner and friends.

- She was able to solve the child care problems and look for work.
- She was able to improve her schooling.
- She was better able to recognize the validity of other peoples' needs and show empathy.

The following account illustrates some of the elements that characterize a successful first-year match:

In the beginning of their match, Joan, the Befriender, was concerned about Sue's compulsive and volatile relationships with men. Sue already had two children and she seemed to have no idea what she might want for her future with them. It was difficult at first for Joan to find the right balance between speaking up to set some limits where Sue's children were concerned and remaining nonjudgmental enough for trust with Sue to become established. But Joan was successful in developing this balance and the relationship between her and Sue deepened. After the first four months, Joan saw Sue focus with more interest on their own relationship. By the end of the first year of the match, Sue was beginning to think about school and has now recently graduated with her associate of arts degree. Sue now describes herself before and after having met Joan: "Before I was very depressed ... thinking of myself as going nowhere. Now ... I'm really motivated, and I'll be working in June because I graduate from college."

This story typifies the increase in sense of self/self-esteem the authors often observe in the course of a match.

Obviously, while the increases in self-esteem and hopefulness are significant in and of themselves (especially in view of the young mothers' youth), a primary focus of observation and concern was in the area of parenting skills. Several Befrienders remarked that the young mom was good at "taking care of the basics,"

which implies a perception that the young mom still needs to improve in the area of recognizing some of the more subtle needs of a child.

She's a good parent. She takes care of the basics really well.... Again, the harder things have been saying "No," and making it stick, and listening to her [the baby] fuss for a little while, and taking a little more of the long view in parenting.

While Befrienders often observe moderate risk associated with parenting styles, more than half of the Befrienders (61%) reported marked improvements in the young mom's parenting ability over the course of the relationship. This meant they saw the young mom become more sure of herself, more realistic in her expectations of the child, more patient, a better disciplinarian. The following anecdote illustrates some of these points:

Early in the match, Lisa, the volunteer Befriender, came to support group meetings expressing concern about her young mom, Yvette. Yvette seemed unable to relate maternally to her infant son. She would care for the infant's physical needs, but then put him down on the sofa and walk away. Also, Lisa observed, there were no baby toys around. In the course of the conversation at support group, it became clear that Lisa could model the kind of relationship with the baby she knew he needed. She told us that in the work world she was a salesperson, and she knew how to communicate and teach in an indirect way. She had watched her own mother do this, and she herself had been successful with her own daughter. So Lisa started bringing toys with her to Yvette's and playing with the baby. And Yvette began to catch on:

Kind of my attitude [changed], because I would talk to her and I would listen.... Like when I said my son was bad, she said, "No, he's not

bad, he's just at that age." And I thought, "Yeah, but he's still bad." And she said, "My daughter's at that age," and I can hear how her daughter was. And I'll ask her questions. Like, "When's my son going to say 'Momma'? Every time I say 'Momma' he'll say 'Dada.'" I used to get mad, because his dad wasn't really around, so where'd he get that from? She said, "Well, the 'd's are easier to say." I was like, "Well, yeah, because he can say anything that starts with 'd'."

The above is an example of the young mother making a crucial developmental shift. This young mom is beginning to discern the reality of her child as a separate self with a different dynamic from hers. Once she begins to make this distinction, she can move to making a distinction between her needs and her child's needs, and thus provide appropriately for those needs.

Within the relationship of trust with the Befriender we see this young mother lower her defensiveness. The Befriender is present physically and emotionally, ready with support and information, and because of this the young mother is able to take advantage of the learning moment when it arises.

Furthermore, both the Befriender and the young mother are conscious of the significance of this event since both reported it independently of one another. Because the experience exists consciously for both, it becomes an event to build upon. Here there is solid evidence of the kinds of changes commonly observed and which can be expected within the context of the Befriender/young mother relationship.

Some characteristics of individuals in a population at risk for child abuse include hopelessness, lack of capacity to set and follow through on goals, low self-esteem, and poor parenting skills. Since these characteristics are often the result of each

parent's own history of poor nurturance, neglect, and abuse, any intervention that attempts to reduce risk of child abuse must also address the element of ongoing, generational cycles of inadequate parenting and abuse where it exists.

Research shows which life events and therapeutic interventions are known to break the cycle of abuse. In their article, "Breaking the Cycle of Abuse," Egeland, Jacobvits and Sroufe (1988) find that certain relationship variables can reduce the individual's potential for perpetrating abuse. These include:

- Availability of an emotionally supportive relationship with an adult other than the abusive parent during the mother's early childhood.
- Mother's participation in an ongoing relationship with a professional.
- The quality of the mother's relationship with her primary partner during adulthood.
- Finally, the quality of emotional support received by the mother.

Of these four factors, one is directly addressable by the volunteer mentorship model. "The quality of emotional support received by the mother" (Egeland, Jacobvits and Sroufe) is enhanced by the volunteer. If early abuse and neglect are a factor, the Befriender volunteer works to provide nurturance and a degree of "reparenting" within the boundary of the mentor relationship. The positive effect is readily apparent in most relationships within the first year of the match, as we have seen in the materials discussed above.

Furthermore, as the relationship between the young mother and the Befriender grows and develops in quality, that process has an observable effect on two more variables. There is evidence that the Befriender's presence affects to some degree the "quality of the mother's relationship with her primary partner" (Egeland, Jacobvits and Sroufe, 1988). The evidence for this appears in the Befriender's observation that, in some cases, young moms

were better able to express their feelings and thus set boundaries with male partners and friends. Also, perhaps because they were not observing a woman who had experienced satisfaction with single parenting, some young mothers appeared to become less male dependent.

Most significantly, the Befriender/young mom relationship affects, to some degree, "Mother's participation in an ongoing relationship with a professional..." (Egeland, Jacobvits and Sroufe, 1988). Five young moms did receive counseling help in the period studied. The story of one of them is particularly interesting:

Carol was angry, distrustful, and manipulative when Sandy, the volunteer Befriender, first met her. Their early meetings were more like chaotic struggles than social gatherings. But Sandy was patient, leaving when the shows of distrust became too unacceptable, but always returning and following through on any commitment. Gradually, Carol came to trust, love, and thoroughly enjoy Sandy's presence. She began to plan a future and to be more positively involved in effectively disciplining and showing affection to her own children. When the end of the first year came, Carol wanted Sandy to stay on as her Befriender. So an agreement was made that if Carol would begin counseling, Sandy would extend her match and continue to be Carol's Befriender. Since that time Carol has continued to thrive.

Despite this success story, what in fact is indicated in the study material is this: often young moms are distinctly unready either to comprehend, accept, or make use of professional counseling help. In these cases the Befriender may be especially important. It appears that the Befriender serves a direct therapeutic function in several ways. First, she is ready to listen and to judiciously help the young mother think about "deep structure" issues as distinct from surface events and

behaviors. Pipher (1994) defines "deep structure" as "the internal work—the struggle to find a self, the attempt to integrate past and present and to find a place in the larger culture." In an everyday way, this part of the Befriender relationship can break ground for the type of cognitive and emotional work done in professional counseling. Second, the trust relationship the Befriender builds with the young mother may be the forerunner of the trust needed in a professional counseling relationship. Furthermore, the Befriender offers information about counseling and tracks readiness for professional help. When depression and anger and conflict are apparent, the Befriender has some leverage in getting the young mom into counseling.

The best hope for bringing a young mom into professional therapy is illustrated in this Befriender remark:

I now feel [my young mom] trying to get some direction by her counseling. She recently said, "I have to stay in counseling." She dropped out for a while and I didn't push it. I just thought, "Well, she has to want to go." So she called me and said, "I want to go to counseling. I realize now I have to stay in, because if I don't, everything just goes crazy." Then I thought, "Okay, then we will go."

SUMMARY

The results of this study illustrate how the Parent Befriender model makes a significant impact on the life of a young mother. In this study we have seen the young mothers change within the context of trust in relationship. The special friendship the Befriender offers creates the relationship as a context for change. The specialness of the friendship lies in the Befriender's ability to accept the young mom as she stands and her willingness to offer a successful peer model that becomes the source of hope. From the relationship established by the Befriender with the cooperation of the young mother comes the power to make a difference.

In conclusion, the Parent Befriender model is based on a deep insight into the context in which human change takes place. Everly (1964) said it well:

We have to reach those we meet [at the place] where they were given up as hopeless, and so withdrew into themselves and began to secrete a protective shell because they thought they were alone and no one cared. They have to feel they're loved very deeply and very boldly before they dare appear humble and kind, affectionate, sincere and vulnerable.

When the Befriender offers her care, the young mom is free to grow beyond her defenses. When she has a trusted friend, there is a better chance that she will thrive. And when the young parent thrives, her children also will prosper.

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THE JOURNAL OF VOLUNTEER ADMINISTRATION

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B. Articles may focus on volunteering in any type of setting. In fact, THE JOURNAL encourages articles dealing with areas less-visible than the more traditional health, social services, and education settings. Also, manuscripts may cover both formal volunteering and informal volunteering (self-help, community organization, etc.) Models of volunteer programming may come from the voluntary sector, government-related agencies, or the business world.

C. Please note that THE JOURNAL deals with volunteerism, not voluntarism. This is an important distinction. For clarification, some working definitions are:

volunteerism: anything related to volunteers, volunteer programs or volunteer management, regardless of funding base (including government-related volunteers).

voluntarism: refers to anything voluntary in society, including religion; basically refers to *voluntary agencies* (with volunteer boards and private funding)—and do not always involve volunteers.

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