

Caring Mums

Mothers walking alongside mothers

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Program context

- Prevalent beliefs and ideologies about motherhood (an ideology of women as natural mothers, immediately able to care for their babies, and ultimately fulfilled in their role of selfless carer and nurturer)
- Society's double standards regarding motherhood. For example, motherhood is idealised while simultaneously trivialised and undervalued
- Increasing social isolation – where has the village gone?
- Needs and experiences of new mothers
- Relational theories and experiences of new mothers
- Role of volunteer home visiting to support new mothers
- Indicators of success

Caring Mums program



No woman should be alone in her journey of motherhood

Every day in Victoria, thousands of pregnant women and mothers with new babies live with feelings of isolation, depression and anxiety.

Caring Mums is a free, multi award-winning program making a big difference to vulnerable mothers. It provides emotional support to mothers from all cultural and socio-economic backgrounds through weekly connections by experienced, trained and non-judgmental volunteers.

Building a relationship of trust, nurture and respect, a Caring Mums volunteer is a one-on-one shoulder to lean on, empowering a new mother in her journey of motherhood.



CREATING A BETTER WORLD FOR WOMEN



Composite Case Study: Lilly

- Moved to Australia from overseas 3 years ago
- No family in Australia when she had her first baby (husband's family lived interstate)
- At 4 months, MCH nurse identified that Lilly was isolated and lonely, with limited knowledge of the services or resources available locally to support her
- Referred to the Caring Mums program, received a call the following day from the Coordinator
- Home visit from coordinator, then matched with Margaret, a volunteer - a mother and grandmother herself who lived in the local community
- Agreed to meet on Thursday mornings, where Margaret would come to Lilly's house.
- Margaret provided support, not in the form of advice, but by sharing her own experiences, listening in an open, non-judgemental way and by directing Lilly towards appropriate information and services.
- Lilly felt comfortable with Margaret as she could be herself, and felt open to discussing her worries and concerns without fear of judgement.
- Gradually, with Margaret's support, Lilly developed the confidence to attend a local playgroup, where she met other mothers, some of whom were in similar circumstances to her own with no family support.
- After a year of support, the formal component of the program ended – the weekly visits stopped and Lilly provided feedback to the Caring Mums program coordinator
- Margaret and Lilly maintained occasional contact following this.
- Throughout the match, Margaret attended fortnightly supervision along with other volunteers.

Evaluation

- Aimed to identify the short-term and intermediate outcomes of Caring Mums, particularly in relation to mother's health and wellbeing (mental health and sense of empowerment, as well as awareness and use of local support and services)
- Provide insights about the value of the program and how it could be improved.
- Secure the ongoing sustainability of the program.
- Giving voice to the experiences of mothers who participated

Program logic

PROGRAM LOGIC - CARING MUMS PROGRAM

OCTOBER 2016

ASSUMPTIONS

Volunteer training and supervision is sufficient to enable volunteers to adequately support mums and is responsive to their needs; mums and volunteers are appropriately matched; volunteers have the skills to support mums; local services and organisations want to engage with mums and the program.

Greater confidence, decreased depression and anxiety etc will lead to greater health and wellbeing and connectedness; Relationships of trust are developed and continue between mums, local services and organisations and improve access to appropriate support.

Ongoing opportunities for mums to meaningfully participate and engage in their communities.

ACTIVITIES

OUTPUTS

SHORT-TERM OUTCOME(S)

INTERMEDIATE OUTCOME(S)

LONG-TERM OUTCOME(S)

Our planned work

Recruit, train, support and supervise volunteers
 Manage referrals
 Match mums with volunteers
 Weekly visits conducted between volunteers and mums
 Network with local organisations (to support mums and raise awareness about program)
 Conduct intake, closure, and follow up interviews with mums
 Provide specialist training as required
 Dissemination about program

Trained volunteers are receiving regular supervision
 Mums receiving regular visits from volunteers for up to a year
 Regular contact and established network with local services

Our intended results

Mums: regular participation in program, development of trusting relationship, greater confidence, decreased depression and anxiety, decreased isolation, greater awareness of coping strategies, greater awareness of local support and services
 Volunteers: regular participation in program, increased satisfaction, sense of purpose, skills, connectedness, career opportunities etc
 Establishment of partnerships/ collaborative working arrangements between relevant agencies, local government and community groups

Intermediate/long term outcomes are beyond scope of current evaluation

Better health and wellbeing of mums and volunteers
 Stronger family relationships and community networks
 Thriving Caring Mums program
 Less reliance of Mums on health professionals
 Greater use/access to appropriate services and community resources by mums

More informed and empowered mums, families and communities
 Increased integration of existing systems of support
 More resilient and secure children
 Greater perception of safety within the community
 More volunteers

Sample Monitoring questions (to be inserted into monitoring and evaluation template)

How many referrals received? How many volunteer EO and application forms received? How many volunteer training and supervision sessions held? How were mums matched with volunteers? How many meetings with organisations?

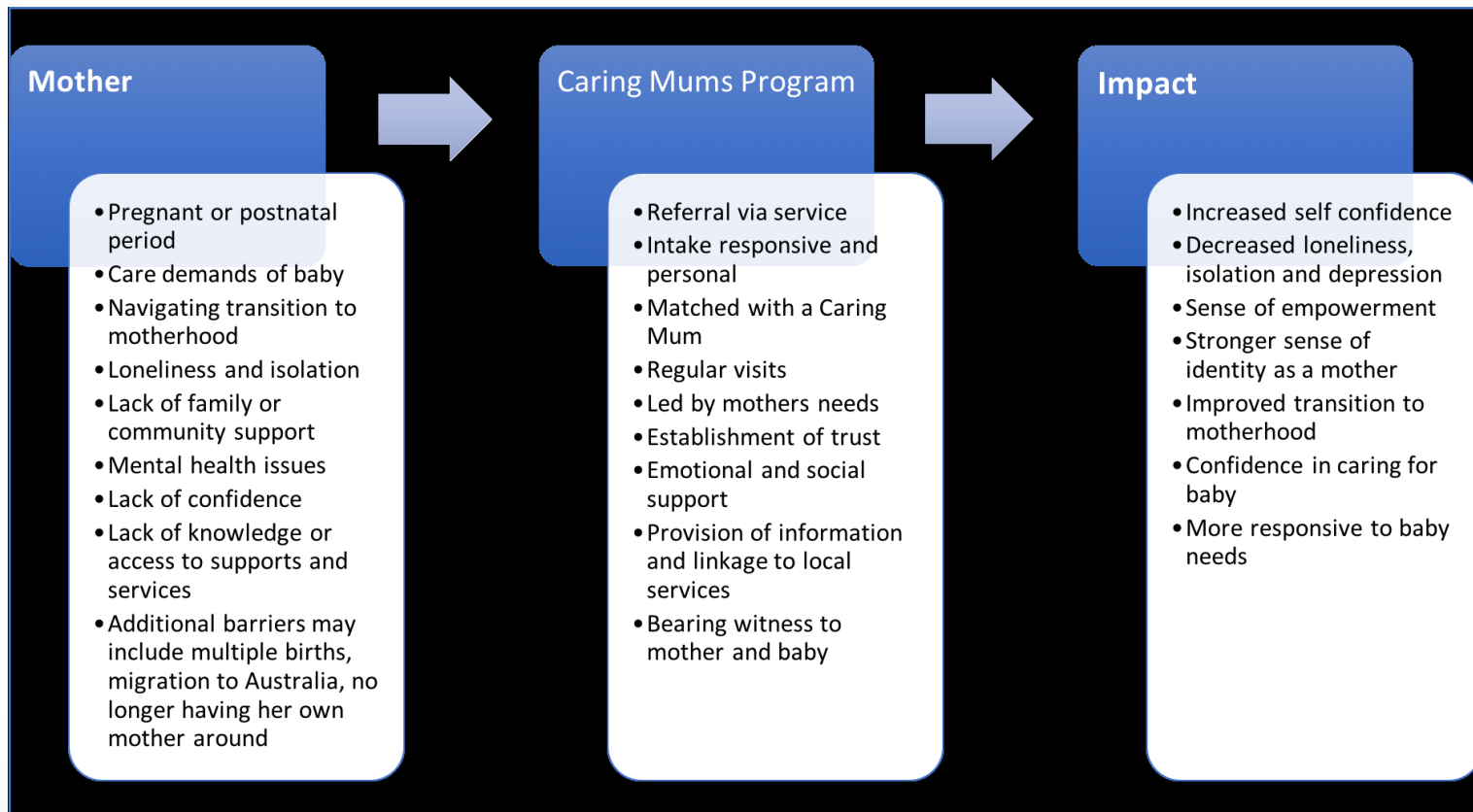
Who/how many mums participated in the program? Who/how many dropped out? Were all visits completed? Were mums and volunteers satisfied - why/why not? What worked and what didn't? Was training of volunteers satisfactory?

To what extent did mum/volunteer confidence, QoL, depression, anxiety, isolation, knowledge, behaviour change? For whom? Why? To what extent were relationships enhanced? What is retention rate of volunteers? Are networks leading to increased use of services?

To what extent did health and wellbeing change? For whom? Why? What else happened? To what extent did family relationships and community networks improve? Are referrals and EO increasing? Is funding for program ongoing and sustainable?

To what extent were mums, families, communities more informed and empowered?

Key outcomes for mothers who participate in the program



Mothers' health and wellbeing

Majority of survey respondents reported that the program had a positive impact on their health and wellbeing:

- *"I have been so well supported by my volunteer, who has been consistently caring, empathetic, nurturing and non-judgemental. She has listened, provided encouragement, and **given me a safe space to explore my feelings and experiences**. No one else has been able to provide this for me, thank you."*
- *"It was a very positive experience. I suppose it came at a time where I really needed the support and probably was **unaware of potentially how vulnerable I was**."*
- *"She really **empowered me at points to trust myself and trust in my mothering**"*
- *"Being new to Australia with a baby, it was difficult at first to **identify basic resources that one might need** (shopping, children's programs, maternal health nurse, etc) and my volunteer did help meet these needs a great deal."*
- *"Having **someone to talk through my worries and concerns helps** rather than internalizing it. Gives me **confidence to make decisions about what is best for me and my baby**."*
- *"An amazing program that has enabled me to **feel more secure, less isolated and less anxious** about having my first baby and not working."*
- *"Motherhood...it's a huge change not only physically, but mentally, you're not working, you've got a young person who is totally dependent on you. Your **sense of self changes** as an individual as well. It's a very vulnerable time, and relationships change, relationship roles change..so I think having (CM) there provided an **outlet to talk about all those changes**."*

Empowerment model

Greater awareness and use of (as appropriate) local support and services:

- *Referring them to the help they need, and make them feel they are not on their own e.g. baby's programs, linking them into services and support (psychologist, health centre, playgroup at library) (Caring Mum)*
- *She gave me a lot of resources which were helpful, that's the other thing I got out of the relationship...it wasn't a formal thing where she sent me resources or bringing me pamphlets, it would just come up in conversation and she'd say 'oh there is this organisation and that organisation' so it was very much tailored to what I needed at that time....just naturally if I expressed a need or curiosity or something simple like where to buy a highchair and she'd be really helpful (Mum, Interview)*
- *She connected me with a couple of things that I definitely used...the first thing that comes to my mind is childcare, it is very different here than where I come from and that is something that we discussed, including the wait list and she connected me with a couple of specific childcare places near my house which I wasn't familiar with....(Mum, Interview)*
- *The coordinator often introduces people/services to the volunteers so that they can assist their mothers as appropriate, access to important resources (e.g. certified lactation specialist) (Caring Mum)*

Non-clinical approach

'...need to ensure mum is seen as more than symptoms or diagnosis– identity as self as mothers...Caring Mums is crucial in this' (Key Informant)

“Thank goodness there is an agency that I can refer to, not a government agency...when it's just isolation..sometimes Mums just need another person, not a professional”

“Here is a real primary prevention aspect... certainly you hear from MCH nurse how helpful that has been to have a volunteer to be involved and how it has probably helped the mum and it may have negated the need for a further referral to a family service organisation” (Key Informant)

Inclusive but more valuable for some...

- Particularly beneficial for vulnerable or at risk mothers (those who might otherwise fall through the cracks)
- A lot of Mums are either ex-pats or their parents are overseas, sometimes both sets of parents are overseas and this may be a contributor to their PND, it may also be that they are isolated...some people feel guilty if parents are overseas. Just having a motherly figure that they can predictably rely on, one part of their week is predictable. The most common is when their mother has died at some times in their lives. It's confronting not having a mother at that time in their lives, especially when other mothers are catching up with their mums and their mothers are coming over and giving them a break. (Key Informant)
- One volunteer spoke about another volunteer whose mum was experiencing DV, and it was safe, so she was able to connect mum by phone (Caring Mum)
- Some areas are higher (need) than others for demand, for example there are more Indian families in Alma road, and English Mums in Port Melbourne (Key Informant)

Community strengthening

- A 'parallel' journey for the volunteers in the program - as mothers and grandmothers themselves, the role of a 'Caring Mum' enabled them to share their experiences of mothering, to give back to their community and in turn this valued them as mothers (and mothering more generally).
- Volunteers described their experience of the program as 'satisfying' and 'rewarding', as it provided them an opportunity to 'make a difference'.
- Resulted in transferable knowledge and skills, such as being non-judgemental in their own families and communities, learning how to better relate to their own grandchildren and children, which has led to increased sense of self-esteem, confidence and self-learning.
- Volunteering plays a key role in community strengthening – meeting new people, feeling like part of the community (belonging) and having connection with those who they might not otherwise.

Findings – Key learnings

- Referral pathways into the program
- Intake is personal, responsive and timely
- Meeting a need/filling a gap in service delivery
- Responsive to mothers needs/situation
- Matching is a considered process using experience of what works in relationships of this nature
- Reliability, consistency, and duration
- Local is important – referrals, volunteers, agencies
- Ongoing support and supervision for volunteers
- Formal endpoint and evaluation
- Validation - bearing witness to mothers experiences
- Challenging stereotypes & valuing mothering more broadly

Recommendations

1.4 Advocate for mums and for mothering to be more highly valued

It is recommended that NCJWA (Vic) informs government and society more broadly about the experience of mothers to challenge prevailing community stereotypes and expectations. Greater identification and understanding of the needs of mothers, and gender equality more broadly, may increase the perceived value of Caring Mums.

Summary

- Caring Mums Program takes a different perspective of mothers and mothering (non-clinical) and provides a non-clinical, personalised, social response (which in the current 'mental health/PND' climate is rare)
- Provides a unique opportunity to model, educate and advocate about the experiences of mothers and challenge pervading stereotypes