



THEORY OF CHANGE STATEMENT

NEED

The transition to parenthood is complex and challenging for many parents. Social, economic, and technological changes have disrupted our sense of community. The resulting lack of social connection significantly contributes to the stress, depression, and anxiety experienced by many parents¹. Disadvantaged and culturally and linguistically diverse (CALD) communities and parents with complex needs are especially vulnerable as they are likely to experience additional challenges in seeking support^{2,3}. Isolation, stigma, fear of judgment, or not conforming to perceived notions of being a good parent are frequently barriers to parents accessing the support⁴ they may need. Providing social and emotional support to parents, especially in the last trimester and first year, is essential to improving parents' health and wellbeing and achieving long-term positive health outcomes for parents¹ and their children.

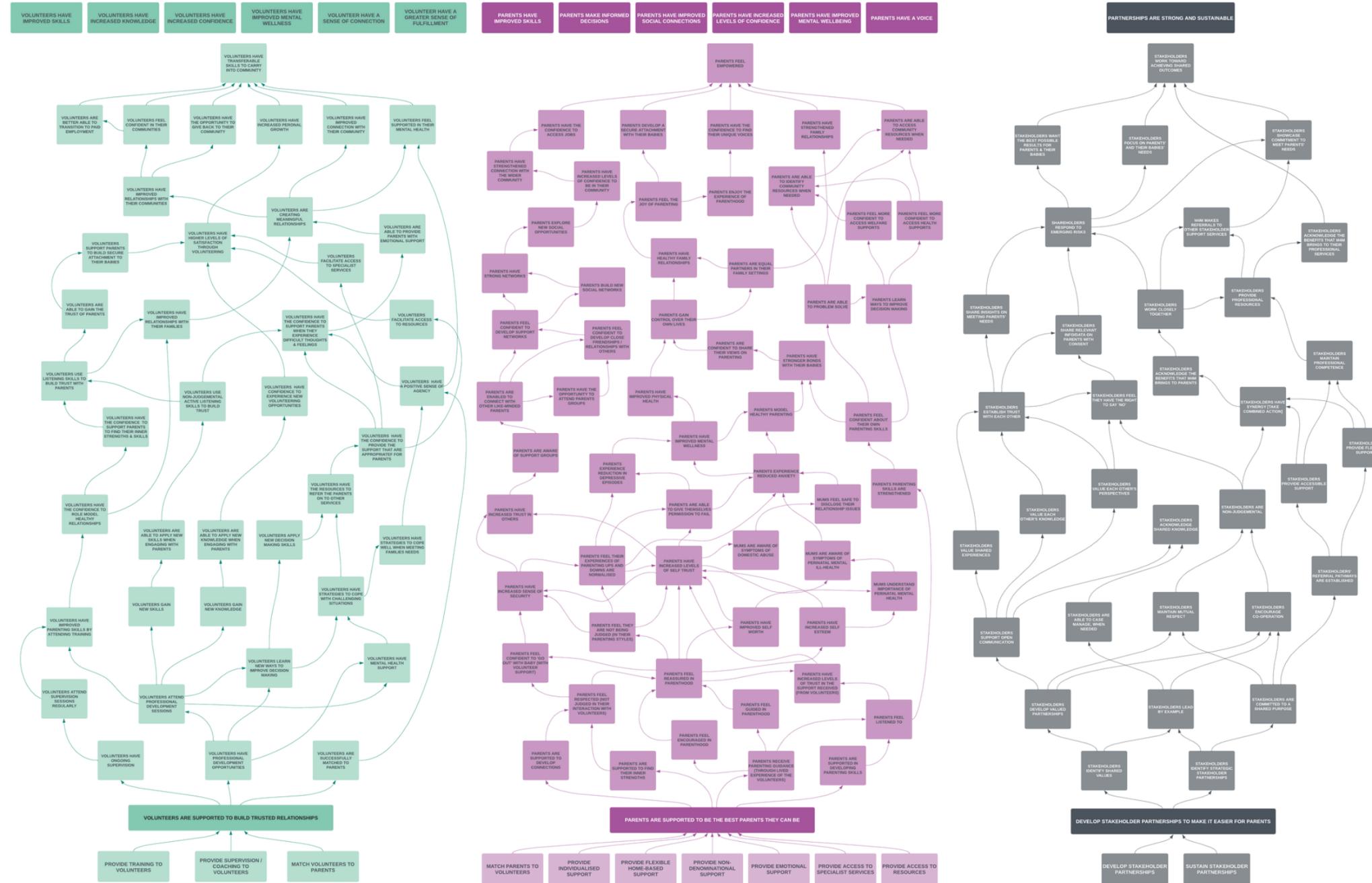
PURPOSE STATEMENT

Mum for Mum supports the transitioning to parenthood by creating a safe relationship where parents are supported to develop a secure attachment with their baby and explore their unique parenting style during the last trimester of pregnancy and the critical first year of their babies lives. It uses an innovative home-based visitation model which harnesses the lived-experience of volunteers to provide flexible and individualised one-to-one emotional support to parents, who are referred by community partners, or self refer.

Contributing to thriving families and more resilient communities, Mum for Mum aims to build confidence in parenting, increase parents' social connections, and improve their emotional and mental wellbeing. The volunteers feel a greater sense of fulfillment, improved wellbeing, increased confidence and connection from their volunteering experience.

OUTCOMES CHAINS

THRIVING FAMILIES & MORE RESILIENT COMMUNITIES



See Annexures for details



ASSUMPTIONS

- The program is sufficiently well promoted to eligible participants and referring partners and their staff
- Parents follow referral pathways and access assistance
- That volunteers receive appropriate support and training
- That there is sufficient diversity in volunteers and that volunteers have the right level of cultural knowledge to meet the needs of program participants

CONTEXT

- 91,240 mothers gave birth in NSW in 2020⁵ :
 - 21.4% of these were in the most disadvantaged quintile.
 - 9,663 mothers gave birth in the South Eastern Local Health District.
 - 9,048 mothers gave birth in the Northern Sydney Local Health District.
- Mum for Mum's catchment encompasses suburbs with relatively greater levels of disadvantage, e.g. Daceyville, Kingsford, Guilford, and suburbs with a relative lack of disadvantage, e.g. Balmain, Bellevue Hill.⁶
- At least 7-9% of Australians feel very isolated. Social connection plays a significant role in long-term health outcomes. Parents, especially mothers and those with additional parenting challenges, are especially vulnerable to social isolation⁷.
- CALD community members and parents with complex needs experience additional challenges in seeking support due to language barriers or difficulties navigating a complex or unfamiliar health system³.
- Between 2016 and 2021, 85% of Mum for Mum's program's intake identified as socially isolated, with 35% also identifying mental health as a reason for the referral.⁶
- 72% of Mum for Mum's program intake originate from countries other than Australia.⁶
- Perinatal depression and anxiety (PNDA) affect 1 in 5 mothers and 1 in 10 fathers in Australia. The estimated cost to the health system, economy and wellbeing of those impacted is estimated at \$877m.³



CONTEXT

- Social exclusion, social isolation, and unmet maternal expectations around motherhood contribute to maternal depression⁸. There is a strong link between parents' mental health and parenting style. Depression in mothers is linked to disengaged parenting¹.
- A key strength of volunteer home visitation is its flexibility, responsiveness and capacity to provide continuity of support over a more extended period⁹.
- The from-parents-to parents (peer-support) approach differentiates Mum for Mum from other professional services. The lived experience of volunteers means they are often better positioned than some professionals to understand the issues and challenges facing parents⁹.
- Mum for Mum is a unique, highly valued and effective service that provides a non-judgemental safe space focussed on supporting parents. Between 2016 and 2021, the vast majority (approximately 80%) of the program's intake was referred to Mum for Mum by hospitals, family care centres, and other professional services.

EVIDENCE BASE

- Volunteer home visitation approaches are widely shown to improve parents' social connectedness, emotional wellbeing, confidence, and parenting skills⁹.
- Evaluations and exit interviews consistently show that the Mum for Mum program is creating positive benefits and outcomes for program participants,¹⁰ including:
 - increased confidence in participants' parenting skills
 - improved ability to develop friendships and support networks
 - improved access to other health or welfare services
 - feeling less isolated, down, depressed or anxious



EVIDENCE BASE

- Evidence shows that Volunteer home visitation approaches:
 - support the development of a stronger attachment between babies and parents⁹
 - deliver sustained benefits in parenting skills and maternal self-esteem¹¹
 - play an essential role in supporting parents to engage with other services⁹
- Building parenting skills and abilities, especially in the first thousand days, plays a critical role in child development and health outcomes for parents and children¹
- Volunteer home visitation creates positive outcomes for volunteers and program participants, including improved emotional and social wellbeing, improved family relationships, and increased opportunity for employment⁹
- An evaluation of Mum for Mum shows that the program contributes to positive outcomes for its volunteers, including a sense of fulfilment and personal development¹⁰
- Volunteer home visitation approaches have a significant social return on investment (SRoI)⁷

FOOTNOTES

¹ The First Thousand Days - An Evidence Paper, Dr Tim Moore et al

² Evaluation of the effectiveness of a community based volunteer home visiting model approach to supporting families using a randomized control trial of the Volunteer Family Connect program, Rebekah Grace et al

³ The cost of perinatal depression and anxiety in Australia, PANDA

⁴ Tackling Maternal Anxiety in the Perinatal Period - Reconceptualising Mothering Narratives, Prof. Virginia Schmied et al

⁵ HealthStats NSW - Mothers giving birth in NSW data

⁶ Mum for Mum recipient data

⁷ Effectiveness of the Volunteer Family Connect Program in Reducing Isolation of Vulnerable Families and Supporting Their Parenting: Randomized Controlled Trial With Intention-To-Treat Analysis of Primary Outcome Variables, Rebekah Grace et al

⁸ Relationship of postnatal depressive symptoms to infant temperament, maternal expectations, social support and other potential risk factors: findings from a large Australian cross-sectional study (Abstract), John G Eastwood et al

⁹ Volunteer Home Visiting - A systematic review of evaluations, Megan Black et al

¹⁰ Mum for Mum NCJWA Program Evaluation 2017 & program participant exit Interview

¹¹ Community Mothers Programme - seven year follow-up of a randomized controlled trial of non-professional intervention in parenting, Z Johnson et al

