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# “THE MUMS’ CHUMS



# PROJECT

BY —  
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The Mums' Chums Project is the result of concern, enquiry, thought and preparation to test a preventive method aimed at reducing the incidence of Child Maltreatment.

## DESCRIPTION

The project was initiated by Southern Family Life with the South Oakleigh Infant Welfare Centre. The concept was, in simple terms, to provide every new mother in the local area with the opportunity of being visited for a specific purpose and period of time by another mother from the same residential area. The visitor or 'Mum's Chum' is introduced to the mother by the Infant Welfare Sister as soon as the mother and new born babe arrive home from hospital.

The project is now an established component of the South Oakleigh Infant Welfare Centre and interest in similar services is developing at other Infant Welfare Centres in nearby areas. Southern Family Life is a family counselling voluntary agency in Bluff Road, Sandringham serving primarily the municipalities of Sandringham, Moorabbin and Mordialloc and part of the agency work includes an active interest and concern for child maltreatment. Families where children are at risk or where there has been suspected maltreatment are referred for counselling to social work staff who in turn work with trained volunteer family aides providing a team approach for some of these families.

In 1978 following a successful submission for funding through the Family Support Services Programme and with the resultant part time appointment of Robyne Schwarz as Special Project Officer, areas for primary prevention of maltreatment began to be defined. Paddy Begg, the Director of Southern Family Life, had overall responsibility for the project and worked closely with Robyne providing continuous consultation.

As Project Officer, Robyne's first task was to define the specific needs of young parents in the local area. By

speaking with a very large number of groups of parents, Infant Welfare sisters, teachers, nurses and General Practitioners over twelve months, the following results emerged:

Speaking with people about child maltreatment provided some community education and an increased awareness of the related issues.

Resulting discussion provided information to the project and thus data on needs in this area as defined by mothers and care givers. Interestingly, although Robyne spoke at both day and night meetings, fathers were not well represented. Hence, our data came chiefly from mothers of varied socioeconomic backgrounds.

## NEEDS

Generally, mothers indicated that they were well prepared for the physical aspects of parenthood and the birth process. However they gave consistent information on a real lack of preparation for the emotional aspects of motherhood, for the 'realities' of life with a new babe. Most mothers expressed that bringing home a new babe, and more particularly a first baby, created stresses for them. New mothers spoke of a complete change in life style; the loss of a regular job and the loss of friendships with their change in status; difficulties with adjustment to the unfamiliar routine of feeding and changing an infant and of being on call every hour of the day. Some mothers felt pressures associated with the assumptions, either made by them or others, that mothering skills and techniques would emerge automatically; many admitted that

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they had in fact very little previous contact with small babies.

There were some mothers recounting feelings of being overwhelmed by conflicting information on child rearing. Most reported that information at this stage did little to alleviate their lack of confidence in dealing with their babe.

All mothers described vividly their need for support and encouragement at this stage; many recalled that they did not always receive it. Situations described by mothers ranged from husbands not understanding, to families giving inappropriate and often unasked advice, to not being able to confide their feelings to friends or not knowing neighbours with whom to talk. Many mothers said older people especially their own parents 'didn't understand' and they envisaged support coming from mothers with small children like themselves.

The care givers repeatedly indicated their recognition of such needs and stresses but stated lack of time as the most significant barrier to taking action. It was understandably not an area for any care giver to enter into lightly, and those who recognised the difficulties often worked alone and unsupported.

## DECISION

In deciding what action to take we were faced with a dilemma; on the one hand literature indicated that there were certain precipitating factors in child abuse relating to the personality structure of certain parents, and their living circumstances and backgrounds. Should we seek out people who showed these profiles? On the other hand data indicated that all mothers at this early stage of parenthood faced memorable stress and had clearly indicated their need

for some support. After considerable consultation we opted to offer a service to *all* mothers, thus avoiding any stigma and judgement associated with specialised attention.

We wished to avoid any danger of reinforcing feelings of lack of self worth which we believed to be a 'key' factor in the profiles of child abuse. It was better that the provision of support to mothers through care givers should be seen as desirable and was not something offered only when mothers have failed or are about to fail.

### **INFANT WELFARE FOCUS**

Infant Welfare sisters have access to all new mothers, their service is local and with no associated stigma. Infant Welfare sisters could provide care givers of the type new mothers had requested as volunteers from their own Infant Welfare Centres. The idea of developing a team of trained volunteers to visit new mothers in the area emerged and was put to Sister Margaret Hall at the South Oakleigh Centre, who already had experience with Southern Family Life methods of volunteer training. She enthusiastically agreed to work with us. As Southern Family Life has an extensive involvement in working with and training volunteers based on the importance of providing a structure whereby the volunteer is fully supported in her role, the Infant Welfare sister was in an ideal position to become team leader in a similar way to our tested methods and previous experience.

### **VOLUNTEERS**

Sister Hall invited 12 volunteers who lived locally, attended the Centre and whom she knew as 'caring, helping people'. These volunteers knew their local community and wanted to spend a few hours a week in community service. Most were already involved with playgroups and preschool activities. Their ages ranged from 25 to 40 years and they came from a fairly wide range of ethnic, socioeconomic and religious backgrounds.

### **TRAINING**

A 12-week training course to be run weekly for 1½ hours a session started at the Infant Welfare Centre in February 1979 with 12 volunteers attending. 2 did not complete the training. Child minding for their children was provided by additional

volunteers from the East Bentleigh Community Health Centre and Southern Family Life. The course presented was basically the same as that used at Southern Family Life for 'Family Aids and other volunteer helpers'.

The training team consisted of a social worker from Southern Family Life as leader; the Special Project Officer from Southern Family Life as recorder and observer; a trained volunteer family aid who had had considerable experience with Southern Family Life; the Infant Welfare Sister who would become the new team leader; the Director of Southern Family Life who had overall responsibility and gave supervision.

The 12 sessions covered the following general headings —

1. Introduction — the Southern Family Life Service, its operation and auspice; the course; the idea of the pilot project.
2. Confidentiality
3. Acceptance
4. Ethics
5. Over Involvement
6. Growth and Smothering
7. Listening and Empathy
8. Initial contact; terminating contact; changing subjects
9. Information and/or advice
10. Grief
11. Moral Conflicts
12. Review session, and drawing up of the charter for work.

The course was presented by the leader to meet the specific needs of this unique group thus encouraging each participant to sense and experience personal development whilst exploring creative ways and means of being alongside new mothers. Inherent individual skills emerged and were fostered in a warm, relaxed atmosphere.

### **CHARTER**

The trained volunteers decided to call themselves 'Mums' Chums' and they drew up their own charter for working with Sister Hall and new mothers —

1. To be alongside every new mother and babe in their area for a period of about 3 months; this period to be negotiated by the Mum's Chum and the new mother.
2. Visits to be weekly or twice weekly and to gradually terminate as alternative supports and social outlets become established.

3. Meetings with Mums' Chums to be arranged by the Infant Welfare sister as soon as possible after new mother returns home following the birth of the baby. The Infant Welfare sister to co-ordinate matching of the Mum's Chum and the new mother, based on her understanding of the personalities, background, geography and availability of the Mum's Chums.
4. Primary emphasis to be on the need for confidentiality, acceptance and non-advice giving. 'Being with rather than doing for'.
5. The team relationship between the Mum's Chum and the Infant Welfare sister and the idea behind the visits to be made clear to new mothers.
6. Access for Mum's Chums to the Infant Welfare sister for support and advice at all times to be an integral part of their working together.
7. Right for either party to feel free to terminate visits at any time also to be an integral part of the whole working arrangement.
8. At the outset, regular follow up meetings of the volunteers, Sister Hall and the training team, to discuss problems, successes and to provide ongoing self evaluation, were planned. As Sister Hall said also 'to re-charge our batteries'.

### **EVALUATION**

The project became a service and has been operating now for nearly 20 years. Southern Family Life workers are still in the process of a detailed evaluation, already however, some comments on the success and limitations of the service can be made.

We have information recorded and can show that between April 1979 and April 1980, of 70 mothers offered visitors only 7 refused. 63 mothers received their Mum's Chum initially, although 6 mothers moved from the district after a successful initial contact. For 29 mothers the visits lasted for 3 months, for 20 mothers, visits were required for one month. Four mothers needed visits for 6 months or longer. Another 4 mothers terminated visits — this apparent lack of success in each case was due to the confusion of visiting time or a defined personality conflict.