SUMMARY

Families with migration backgrounds make relatively little use of volunteer care but are on the other hand overrepresented in the (more expensive) youth protection and juvenile rehabilitation programmes [inter alia Gilsing, Pels, Bellaart & Tierolf, 2015]. For regular care organisations, it is often difficult to reach socially vulnerable families with a migration background. There are several projects throughout the country where (informal) intermediaries are used to assist here. They are used as a bridge between these families and professional care organisations. The Hague project Moms for Moms (*Schilderswijk Moeders*), an intervention by community centre *De Mussen* and several self-organisations from the *Schilderswijk*, is one of these projects.

Up to now, there is only limited insight into the effectiveness of using intermediaries as a bridge between care organisations and migrant families; and insight into the societal value of such intermediaries is missing completely. From the perspective of societal gains, the question is whether an investment in such a preventive approach can be justified by the societal effects and their cost savings. Indeed, if families don’t receive the support they need, their problems will increase, leading to higher societal costs.

This study records the added societal value of the preventive intermediary function of the Moms for Moms project by creating a societal gains analysis (*maatschappelijke rendementsanalyse – MRA*). The study offers insight into the way Moms for Moms reach families that are hard to reach for regular care organisations. At the core of the analysis is a comparison of the approach used by Moms for Moms and the most likely alternative approach. The differences between the approaches are then described in terms of their costs (disadvantages) and benefits (advantages) for society, and calculated where possible.

Moms for Moms reach and counsel women with problems in different areas, usually women with little to no social network. With their active approach, they signal problems early on. The Moms act as a sympathetic ear, give practical support and help their clients find their way in society. Furthermore, they function as a bridge (intermediary) between the system of regular care organisations and the lifeworld of their clients. The expected result is that clients get the right help faster, and more effectively. These factors combined ensure that the client’s problems subside or are stabilised. Moms for Moms is executed by a group of 18 volunteers (2017), supervised by two professionals from *De Mussen*. The costs for the project mostly concern the professionals, the volunteer compensation and their training.

In some cases, the Moms help the clients themselves and create a result on their own. Other times the Moms will make sure the clients get transferred to a regular care organisation. Around 80 to 90% of the clients need additional support. The definitive result for these clients is only reached after the intervention of the regular care organisations. The moms play an important intermediary and supporting role, thanks to which regular care organisations get (more) timely access to the client, enabling them to help them more effectively and efficiently. A precondition for Moms for Moms is good regular care, which it partially relieves. It takes over the role of a preparatory process so that the intake phase can be shortened considerably. In practice, regular care organisations don’t have the capacity for such intensive preparatory processes of clarifying issues, building up trust and strengthening the client system. Furthermore, Moms for Moms help the professionals work in a culturally sensitive way, thereby better connecting to the lifeworld of the client.

We discern two main direct effects of the activities of Moms for Moms:

* Supporting and empowering clients
* Bridging the gap between clients with care needs and professional care organisations

These two main effects in turn contribute to the following four effects, which mainly come about through the commitment of regular care organisations:

* Increased well-being/quality of life;
* Stabilisation of problems in different life areas;
* Stopping the transfer of problems to children;
* More effective and efficient regular care.

Furthermore, the Moms themselves also experience positives effects due to their work, in the form of personal development and increased well-being.

With their commitment, the Moms for Moms provide a positive added societal value, where the costs are more than compensated for by the benefits. The costs of Moms for Moms are compensated in a range of 1,3 tot 2,5 times by quantitatively calculated societal benefits. These are (1) stabilisation of the client’s problems (decrease in care costs), (2) increase in effectiveness and efficiency of regular care and (3) the personal development of the Moms and their promotion into paid work.

The definitive added societal value of Moms for Moms is even bigger. The expected increase in well-being and quality of life of the clients and Moms as well as the breaking of the intergenerational transfer of problems have additional positive societal effects, both short and long term. That these benefits have not been calculated is purely out of technical reasons and does not mean that they are less probable or important.

With relatively limited professional commitment and relatively low costs, Moms for Moms succeed in generating important societal effects. One of its strong points is the fact that both clients and volunteers benefit from the project, increasing their well-being and creating more chances for the future.

Most of the costs for Moms for Moms are borne by the city of The Hague and some funds. The benefits of the project are visible all throughout society. The main beneficiaries are the clients (decrease of problems, increase in knowledge, skills, contacts, well-being and quality of life), the city (costs social domain and department of work & income) and health insurance companies (decrease in healthcare costs).

During the course of this study, it proved that Moms for Moms can reach the intended effects if the following preconditions are met:

* Professional supervision and training of volunteers
* Volunteer compensations for the Moms
* Recognition of the added value of Moms for Moms by the regular care organisations
* Equal cooperation between the Moms for Moms volunteers and professionals from the regular care organisations