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# Mellow Futures

## Scottish pilot evaluation



Beth Tarleton and William Turner  
(2016)

**Photo:** The baby hand and footprints were made during a Mellow Futures session, June 2015

### **Acknowledgements**

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# 1. Introduction

This report presents the findings from the evaluation of the Mellow Futures pilot programmes in Scotland. The Mellow Futures programme includes:

- Adapted pre-birth and post-birth Mellow Parenting programmes for mothers with learning difficulties.
- Volunteer mentor support

This first chapter introduces the Mellow Futures programme which was developed as part of the Parent Pioneers project (Tarleton and Turner, 2015). It also introduces the evaluative methods. This report is then divided into the following chapters:

- 2 Introduction to the mothers
- 3 Appropriateness of the adapted programme
- 4 The mentor role
- 5 Outcomes for the mothers with learning difficulties
- 6 Conclusion and key learning points.

## 1.1 Mellow Futures

The Mellow Futures programme was adapted for parents with learning difficulties from standard Mellow Parenting programmes. Recognising the needs of parents with learning difficulties for social inclusion, for repetition to consolidate learning and support to transfer learning between different settings, the Mellow Futures included a specially trained volunteer mentor to support the mothers in implementing their learning in their home and in connecting with support in their local community.

The Mellow Futures programme was developed through the Parent Pioneers programme which was funded by the Department of Health. A full report (Tarleton and Turner 2015) includes details of the partners involved in the development of the Mellow Futures programme and the findings from the four pilot sites in England. The report can be accessed at: <https://www.mencap.org.uk/parentpioneers>.

Mellow Parenting is a Scottish charity which has developed a number of attachment based parenting programmes for vulnerable families. As their website states:

***‘Mellow Parenting** is a relationship-based intervention which promotes positive parent-child interaction.*

*The Mellow programmes are aimed towards vulnerable and hard to reach parents who often have trouble engaging in services.*

*Mellow programmes allow parents to take the lead in exploring their relationships and provide a structured environment where they can learn how to improve their relationship with their child in vulnerable, hard to reach families.’*

The Mellow Bumps and Mellow Babies programmes were used as the basis for the group content of the Mellow Futures programme.

*'Mellow Bumps is a six week programme based within a group setting to help mothers chill out and relax.*

*The programme also includes video material to introduce mums-to-be to baby brain development and the social capacities of babies from birth.*

*The mums-to-be are also helped to identify their own needs and how to access support both in pregnancy and after the birth of their baby.*

*Mellow Babies is a 14 week programme with a post-group reunion at about 6-12 weeks to reinforce messages and celebrate successes. It provides Mums and Dads with the support they need to develop strong relationships with their new babies. It includes time for parents to deal with their own history, and current struggles as well as focusing on parent-baby interaction using activity and strengths-based video feedback.'*

(<http://www.Mellowparenting.org/index.php/zoo/the-Mellow-programmes>)

Mellow Parenting workers adapted their 'Bumps' and 'Babies' programmes with the advice and support from the Parent Reference Group at The Elfrida Society. Mellow Parenting workers tested out a number of sessions with the Parent Reference group and were guided by their input.

The Mellow Futures groups evaluated were 'closed', in that they could only be attended by mothers referred to the group and who joined the group within the first couple of weeks, to provide a safe and containing environment. Mothers between twenty – thirty weeks of pregnancy were eligible to join the pre-birth group. The post-birth programme was attended by both the mothers and their babies. Initially it was planned that each mother would join the group during pregnancy and carry on into the post-birth sessions.

The Mellow Futures programmes were run by Mellow Parenting practitioners who were trained in the newly developed Mellow Futures programme. The Mellow facilitators were provided with a manual which included the programme content as well as directions regarding how to work with referrers, mentors and Children's Group workers. This manual also included sessions for 'Dads'.

### 1.1.1 Mellow Futures sessions

The pre-birth group was for 2 hours a week, for six weeks. This group was *'designed to help mum-to-be manage their stress level and get to know their unborn baby'* (Mellow Futures Manual 2014, page 19). The session included at least one activity for learning more about *'maternal well-being'* and one activity *'learning about how much babies can do before and after their birth and how important warm, positive interactions are to their development'* (Mellow Futures Manual, 2014, page 3).

The post-birth Mellow programme ran over fourteen full days, one day a week during school hours and included:

- Personal group where mothers learnt about how their own past experiences and current situation may impact on how they relate to their baby and ways to address this.
- Shared lunch time when the mothers, babies and facilitators eat together *'promoting interaction and encouraging mothers to think of meal times as positive experiences.'*



- Joint play where mothers and babies did activities together such as baby massage. These activities aimed to promote attachment and encourage communication.
- Video feedback where mothers learnt more about communicating with their baby by sharing video clips of their own interactions with their baby.
- The 'have a go' activity, referred to as a 'take home activity' by the mentors and facilitators in their interviews, were also given out. These activities were to provide a link between sessions and give mothers a chance to practice what they had learnt at home.

The babies attended the whole day with their mothers. They were looked after in the Children's Group during the morning personal group and afternoon video sessions.

During the post-birth group there were eight sessions that were compulsory during the personal group. These included: Introduction, How do I feel? Trust, My family, Life Story, Child Protection, The future and Where are we now? The final six sessions were chosen from thirteen other options including Friendship, Self-esteem, Assertiveness, Pregnancy and birth, Body image and Understanding depression.

There were fourteen specific sessions for the parenting workshops in the afternoon including sessions like: What do babies do all day, Talking and listening to babies, Safety in the home and Preparing for toddlers.

### 1.1.2 Mentor's role

The mentor's role was developed in conjunction with the Parent Reference Group during the initial project development. The Parent Reference Group were clear that this role should be voluntary. This was the case in the English pilot sites (Tarleton and Turner 2015). However, due to local circumstances two of the Scottish sites, the mentor role was taken by family support workers. In one site volunteer mentors were used. The different way the mentor role was undertaken is discussed in Chapter 4.

Mentors met with mothers weekly during the course of the Mellow Futures programme for one to two hours. The mentors were provided with a manual which included an introduction to the overall programme. It also briefly introduced the topics covered each week and presented the activity to do at home.

### 1.1.3 Mellow Futures sites

The pilot Mellow Futures programmes ran in three geographically spread areas, Girvan, Alloa and Lochgelly. In Alloa, the full pre and post-natal programme was run. In Girvan and Lochgelly only post-natal programme was completed, issues with locating mothers for the pre-birth group are discussed in section 3. In Girvan, the children were older so materials from the Mellow Toddlers programme was used during the mother-baby activity sessions.

The programmes were run in Homestart Centre, a Family Centre and a specialist service for parents with a learning difficulty. See section 1.2.9 below for further discussion of the small number of professionals involved.

In each of the areas, there was some support available to mothers with learning difficulties. In one area, most of the mothers, who attended the Mellow Futures programme, had been provided with support during their pregnancy. The commissioner in this area explained:

*'In Fife we got from the government's health and equalities funding and we used that to give Barnardo's funding and they've been supporting women on a one to one basis .... So there was a really nice tie in and so she [the Barnardos worker] kind of brought, if you like, a lot of her women into the Mellow Futures group.'*

In the other two areas, the services who ran the Mellow Futures programmes were regarded as the only local services working with mothers with learning difficulties/learning disabilities. One service recognised:

*'We are the only actual learning disability service for parents.'*

In both of the areas there was *'very little based on mums with learning difficulties'*:

*'The ones we are working with were the ones that weren't getting any support from the learning disability team, so it was like a missed section of mums that weren't getting any support from anywhere.'*

Most of the mothers were recognised as not accessing groups that could support them *'because of fears and obvious lacking in confidence'*. It was recognised that the children were often *'put on the child protection register very quickly without actually putting the support in place first of all.'*

As discussed in section 1.2.9, there were a small number of professionals involved with Mellow Futures in these areas. Therefore in order to protect the professionals' anonymity, the themes in this report are not linked to specific sites.

## 1.2 Evaluative methods

The evaluation used a wide variety of methods to investigate the:

- Appropriateness of the programme adaptation.
- Role/impact of the volunteer in supporting the parents and embedding the learning from the Mellow Futures programmes through the *'at home activity.'*
- Outcomes for families participating in the adapted programme.

This section will now continue to discuss the methods used. This section begins by discussing the qualitative interviews, before discussing the collection of information from the mothers' referrers or professional nominated by the mother. The mothers' completion of scales and analysis of mother pre- and post- babies programme videos are then discussed. As outlined in the session on ethics below, all of the participants were provided with appropriate consent material.

### 1.2.1 Interviews with mothers

The mothers who joined programme were interviewed at the start and end of their engagement with the programme. The interviews included discussion of the mother's situation, their views on the programme and the support provided by the volunteer mentor. All of the twelve mothers who completed the programme consented to take part in the evaluation and are included in this evaluation. Of these twelve mothers, the majority joined at the start of the post-birth group. A total of thirty interviews were undertaken with mothers during the evaluation.

### 1.2.2 Interviews with mentors

There were six Interviews undertaken with the mentor managers. Eight mentors took part in the evaluation. Nineteen interviews were undertaken. One interview was jointly undertaken with two mentors.

The interviews with both mentors and the mentor managers discussed the role of the mentor including the training and support provided, the mentors' relationship with the mothers and the mentors' and managers' interactions with the Mellow facilitators.

### 1.2.3 Interviews with Mellow facilitators

In two of the sites, group telephone interviews were undertaken with the Mellow facilitators at the end of programme. In one site individual telephone interviews were undertaken with the two Mellow facilitators. The interviews included discussions about the awareness raising and referral process, mothers' engagement with the group, the impact of the group on the mothers, the mentor role and the suitability of the adapted programme material and the mentor's role.

### 1.2.4 Interviews with referrers

In order to independently evaluate the impact of the Mellow Future programme on the mothers' parenting and the outcomes for their babies, it was important to gain the perspective of a key professional in the mothers' lives. Mothers provided consent to contact a key professional in their life, usually the person who had referred them to the programme. These professionals are described as 'referrers' in this report.

At the start of the programme, the referrers were asked to complete a form describing the mother's situation. These forms included:

- whether a mother had a learning difficulty or learning disability
- concerns about the mother's parenting,
- her status with regard to child protection and the
- reason why she was referred to the programme.
- concerns regarding other children
- the mother's current service use.

At the end of the programme, the referrer was asked, during a telephone interview, whether the programme had had any impact on the mother, her parenting and the outcomes for the baby and any other children. The mother's service use and the impact of the programme on the local authority was also discussed. As many of the mothers were referred by the same professionals, only five interviews with referrers were undertaken at the end of the programme.

### 1.2.5 Interviews with managers and local commissioner

Telephone interviews with local managers and commissioners at the start of the programme focused on the current service provision for parents with learning difficulties, issues faced in the context regarding tailoring provision and any relevant attitudes to supporting parents with learning difficulties. A similar interview was conducted at the end of the programme which also discussed their view of the programme and any impact on their local authority context. A total of fourteen interviews were undertaken.

### 1.2.6 Video analysis

Parent/child interaction was recorded on video at the beginning and end of the post-birth phase of the Mellow Futures course. The videos were recorded and used by Mellow Futures Facilitators but unfortunately, due to concerns about confidentiality, data protection etc, were not made available to researchers.

It was intended that the videos would be analysed using the Mellow Parenting Observational System (MPOS). This system has been shown to differentiate mother-child dyads where the child will be at later risk of child emotional and behavioural problems. (Puckering et al 2014). An increase in one positive observation per minute during early interaction is associated with a 15% reduction in the risk of later psychological problems in the child.

### 1.2.7 Scales

The Adult Wellbeing Scale (AWS) (Snaith et al, 1978) was completed by the mothers at outset (pre-birth or post-birth Mellow group (if mother did not participate in the pre-birth group) and end of the programme. The Neo-natal Perception Inventory (NPI) (Palisin, 1981) was completed at the start and end of the post-birth group. Scales were not completed by all participating mothers for a variety of reasons. Results of the 9 mothers who completed the Adult Wellbeing scale and for the 3 mothers who completed the Neo-natal perception inventory (NPI) are reported in section 6.2.8.

The **Adult Wellbeing Scale** contains 18 questions. The scale allows respondents four possible responses to each item. Four aspects of wellbeing are covered: Depression, Anxiety and Inwardly and Outwardly directed Irritability.

Depression is assessed with 5 questions, i.e. 1, 3, 5, 9 and 12. The possible response scores run from the left to the right – i.e. for question 1 'I feel cheerful', the scores would be looked at from 'yes, definitely' (0), 'yes, sometimes' (1), 'no, not at all' (3), A score of 4–6 is borderline in this scale and a score above this may indicate a problem.

Anxiety is examined with questions 2, 7, 10, 14 and 17. A score of 6–8 is borderline, above this level may indicate a problem in this area.

Outward directed irritability is assessed with questions 4, 6, 13 and 16. A score of 5–7 is borderline for this scale, and a score above this may indicate a problem in this area.

Finally, Inward directed irritability is assessed with questions 8, 11, 15 and 18. A score of 4–6 is borderline; a higher score may indicate a problem.

The **Neo-natal Perception Inventory** (Palisin, 1981) included the Average Baby Perception Inventory (6 items) and the Your Baby Perception Inventory (6 items).

Both inventories had six single-item scales, with values of one to five assigned to each of the scales. The blank signifying "none" was scored as one, and "a great deal" was scored five. The lower scales represented the more desirable behaviour. The six scales were totalled and a score was obtained from each question set. The final Neonatal Perception Inventory score was the Your Baby Perception Inventory score subtracted from the Average Baby Perception Inventory score. Positive scores were considered 'better than average' while negative and zero scores were considered 'below average.'

### 1.2.8 Ethics

All of the professional participants were provided with appropriate information about the evaluation and asked to sign a consent form before taking part in the evaluation. On occasions, verbal consent was recorded prior to telephone interviews.

All of the mothers were provided with detailed easy-read information about the evaluation before providing consent to take part in the evaluation. All of this information was explained to the mothers in a group, either at a Mellow session or a separately organised session. On-going consent was confirmed with the mothers prior to each interview. Consent was obtained to contact the mother's referrer or key professional in their lives.

This evaluation and all of its documentation was approved by the School for Policy Studies Research Ethics Committee at the University of Bristol. The Parents Reference Group, which supported the development of the programme, advised on the easy to understand information, question formation and the support parents may have required to take part in the evaluation.

### 1.2.9 Issues with the methodology

A number of issues were encountered during this evaluation. The main issue was the small number of professionals involved in commissioning and running the programmes in pilot areas. In one area, one professional was the commissioner as well as a facilitator and the mentor manager. This professional also referred mothers into the programme. In the report, these professionals' opinions have been labelled in accordance with the role they were in whilst discussing the programme with the evaluator. All of these discussions were held during four interviews. In another area, the majority of the mothers were referred by one professional who was also involved in providing the programme. Where staff were undertaking the role of mentors they often supported two or possibly three mothers each, this reduced the number of mentors who could provide an opinion on the role. There was also some difficulty in locating other professionals who could provide a view on the impact of the programme.

Due to the small number of professionals involved and the fact that only one service had volunteer mentors, the discussions regarding the mentor's have been presented without reference as to whether it was a volunteer or professional's view being reported. This is to support the confidentiality and anonymity of those involved. The issue of whether staff should be volunteers or staff members was discussed in all three of the sites.

Due to their learning difficulties, mothers often had difficulty remembering details of involvement with services etc. This issue was overcome by the collection of information from referrers.

There were some difficulty ensuring that the post-interviews with mothers occurred at the appropriate time and as noted above access to the mothers' videos, for analysis, was not possible.

A smaller number of scales than planned were also included in the evaluation. This related to the mothers not being present or willing and in one area, the children were too old for the completion of the NPI to be relevant.

The low number of mothers in the programme appeared to be related to local professionals' ability to engage with the programme.

### 1.3 Chapter Summary

This chapter introduced the Mellow Futures model which includes adapted Mellow Bumps and Mellow Babies programmes for mothers with learning difficulties and the provision of a specially trained volunteer mentor.

The chapter then described the evaluative methodology which included qualitative interviews with the mothers, mothers' referrers, mentors, mentor manager and Mellow facilitators. Analysis of some Adult Wellbeing scales and Neonatal Perception Inventory scales. Some issues with the evaluative methods were discussed.

## 2. Mothers with learning difficulties and their children

This chapter introduces the mothers with learning difficulties who took part in the pilot programmes. It discusses the mothers' level of involvement with Children's Services, personal circumstances and the reasons that they took part in the pilot Mellow Futures programme. The impact of the programme on the mothers and mentors is discussed in Chapter 5.

### 2.1 Mothers with learning difficulties

This evaluation includes the views of and information about 12 mothers with 'learning difficulties' who completed the pilot Mellow Futures programmes in Scotland. The term 'learning difficulties' was used to describe mothers who struggled with learning. The definition in the project information was:

*'A parent with a learning difficulty is defined as a parents who is regarded as struggling with everyday life. These parents may or may not have a diagnosed learning disability.'*

The mothers therefore did not need to have a diagnosed learning disability. Half of the mothers were regarded as having a learning disability. The others were reported as having difficulties such as 'struggles with reading/writing, form filling'. As one commissioner noted:

*'They wouldn't fall into that learning disability spectrum, but they would certainly fall into a category of needing that slower pace and more simplified sort of way of working.'*

One of the mothers was reported as having 'slight autism'. Three mothers had recognised mental health conditions, while four of the other mothers were specifically described as having 'low self-esteem' or as being 'anxious'. Two mothers were described as having 'addiction issues' while others were individually described as having eating disorders, ADHD. One mother was reported as being a victim of domestic violence. One mother was reported as having been through the care system while three of the mothers lived with their own parents. Six of the mothers had older children.

In one area, the mothers had been supported during pregnancy by the professional who referred them. The mothers had had one-to-one parent craft sessions etc. These mothers were felt to be well-supported by family and that this support had enabled them to keep their baby in their care.

In the other areas the mothers were described as 'high tariff' and having already been involved with services due to concerns regarding the welfare of their children. In one of these areas, there needed to be a high-level of concern regarding the welfare of the children for the mothers to be provided with support.

### 2.2 Level of concern regarding the children

At the start of the programme, there were no concerns regarding the welfare of two of the mothers' children, however:

- Four of the mothers were involved with Children's Services and their children were subject to Child Protections plans. These mothers had their children with them. One of these mothers lived with her parents while another mother has requested that her children were on the child protection plan due to the wider circumstances in her life. One pregnancy had

been 'concealed' resulting in a pre-birth child protection plan as it was not known if there would be family support available to the mother.

- One mother's baby was regarded as a '*child in need.*'
- One mother was not involved with Children's Services but there were concerns regarding the standard of child care.
- One of the mothers did not have parental responsibility for her baby. This rested with the baby's grandmother. The child was also subject to a child protection plan.
- Three mothers did not have their children in their care. Their children were in foster care and the mothers saw their children during supervised contact sessions. In some cases, the supervised contact was during the Mellow Futures programme.

### 2.3 Mothers' profiles

The following brief anonymised mother profiles provide a more detailed insight into the wide range of situations the mothers were in and why they joined the Mellow Futures programme. Chapter 5 reviews these mothers' situations at the end of their involvement with the programme.

**Laura** was in her later twenties and had recently had her first child. Laura struggled with her mental health but had always tried to be a good parent. At the start of the programme, Laura's baby was looked after by her mother due to concerns regarding her mental health.

**Jennie** was a single mother who had not been known to Children's Services until there were serious concerns about the welfare of her three children who were then accommodated. Jennie's youngest child was a toddler. Jennie was regarded, by her referrer, as '*lacking capacity to process information and having issues with literacy and numeracy.*' She also '*lacked boundaries/rules*' and there were issues with the cleanliness of her home.

**Angela** was in her late teens and lived with her partner. Angela had worked until she became pregnant but once she left work, she said she '*just sat in the house and went to the shops and that's about it.*' She was noted as struggling with depression and anxiety. There had initially been concerns about Angela's ability to care for a baby but she and her partner had attended a parenting course during pregnancy and had shown they were '*capable*' but there were some concerns regarding their ability to understand '*the importance of the changing needs of the baby as she grows.*'

### 2.4 Reasons mothers were referred to the group.

The professionals who referred the mothers to the Mellow Futures programme expressed similar reasons for referring mothers to the groups. The two main reasons, which were often expressed together, were the mother's need for social contact and to understand their child's needs. This comment was typical:

*'To help mum make new friends who will offer support around children and having someone to talk to. To help mum's learning on the changing needs of a baby and child.'*

Other reasons included that the '*mother had learning difficulties*' and the mother's need to '*address issues from past*'. These additional reasons were also usually expressed with the desire to improve the mother-baby relationship.



## 2.5 Mothers' reasons for attending the groups.

There were a small number of reasons mothers reported that they had decided to join the Mellow Futures programmes. These primarily related to the need for social connection and desire to learn more about looking after their baby.

### 2.5.1 To meet other mothers and do something new

The main reasons the mothers report they were attending the programme was to meet other mothers. The mothers recognised for themselves they were socially isolated. Mothers commented:

*'Well we spoke, me and my husband spoke about and both of us agreed at the same time that it would be a good idea for me to go out, spend time with the baby, spend time with other mums.'*

*'Ah well – I go through Social, I'm going through Social so it would be best if I got to get out and socialised with other mums because I'm not used to socialising so I had to try and find a way of socialising with other mums and getting out the house.'*

Within their comments, the mothers also recognised the need to *'do something different'*. Their lives were primarily confined to the home. This mother said when asked who had referred her:

*'I think it was myself, I just thought get out the house for a wee bit, eh, I suppose.'*

### 2.5.2 More confidence

Most of the mothers mentioned that they would like to be more confident. For one mum this was related to *'confidence in going out and about'*, the other mothers were either not so specific about the type of confidence they required. One mothers said she wanted to get:

*'A wee bit, a wee bit more confidence than I had.'*

It appears that for some this was linked to appropriate care for their baby.

### 2.5.3 Knowing more about bringing up their baby.

A small number of the mothers expressed a desire to learn how to be a better parent. One mother said:

*'Just the – em, the parenting programme, I'm interesting in that and being a good parent, you know, being a better parent than I am, I can be a better parent, you know, do you know what I mean?, I want the best for my children.'*

The need for knowledge of the different developmental stages was specifically noted by a couple of the mothers:

*'I thought it was great getting to know like other different parts, like ken for different part of bairns, like ages. It's like when I first started, she was only, two months old.'*

One mothers wanted specific support regarding her toddler's current behaviour:

*'Well, I want a way to calm her down quicker – because, I don't know, she's - she's always hyper!..... Nobody can calm her down.'*

This mum recognised that *'I just get stressed out and I walk away now from her'* and that she needed new strategies to *'cope'*

#### 2.5.4 Support to bond with their baby

Two mothers also specifically discussed wanting to learn about how to *'bond'* with their baby and their need for activities that supported this:

*'To bond with Oliver more and to learn how to do baby massage, because I've always wanted to do the baby massage side of things.'*

One of the mum specifically asking for *'feedback'* on how she was doing even though she recognised she already played a lot with her baby.

## 2.6 Chapter summary

This chapter introduces the mothers with learning difficulties who attended the pilot Mellow Futures programme in Scotland. Half of the mothers had a diagnosed learning disability, while others had milder learning difficulties and often issues with self-esteem, confidence and social isolation. There was some level of concern about welfare of eight of the twelve babies.

### 3 Adapted programme

This section reports that the mothers were anxious about joining the group but then found it enjoyable and supportive. It then discusses their views of the programme content and the relationships developed between the mothers. The facilitators' views regarding providing the programme are then presented.

#### 3.1 Mothers' views of the adapted programme

This section begins by describing the mother's anxiety regarding joining the group before discussing their enjoyment of the group, their views of the programme content including a few suggestions for changes and their relationships with the other mothers and facilitators.

##### 3.1.1 Starting the group.

A number of the mothers expressed some anxiety regarding starting to attend the Mellow Futures programme. Terms such as '*nervous*', '*anxious*' and '*apprehensive*' were used in relation to meeting new people. One mother said when asked how she felt about starting the group:

*'Uncomfortable at the beginning because I'd never socialised like in my life and that was the first time of me doing it so it took me to have really good confidence to go to a group and do something with my life and I found it a bit stressful as well.'*

A couple of mothers were concerned about joining a group that might be quite large. One mother said:

*'I was a bit wary to start off with because I thought it was like going to be a big group but it wasn't, it was just like a wee group and I liked it when it was just like that, like a wee group.'*

This initial anxiety soon faded and mothers reported enjoying being part of the group.

##### 3.1.2 Enjoyed the group

All of the mothers reported that they enjoyed the group. A typical comment was '*It was really good, I enjoyed it.*'

The majority of the mothers said that the programme did not need any improvement and could offer no suggestions as to what needed to change. The small number of suggested improvements are discussed in section 3.1.6.

##### 3.1.3 Programme content

The mothers commented on a range of information and activities that were part of the programme. One mother said:

*'I remember making up the rules of the programme. I remember doing reading activities and I remember helping another girl out because she was a bit – bit struggling.'*

Others said:

*'About why they have tantrums and you know, why they behave, you know, like bad behaviours to get attention and stuff, you know, but – I learned about the child abuse and, you know, how – it's not just the one, the one thing it can be more, like emotional and physical and stuff, you know, it could be more than just one thing.'*

*'The staff members had the kids and we were in the living room and we had to do like our own island where we wanted to be.'*

For others, the afternoon practical activities with the babies were more prominent as this provided time with their baby:

*'I remember sitting in the afternoon with the babies and obviously sitting and saying nursery rhymes to them – which was lovely, I loved that!'*

*'We done baby massage. I remember singing to them – eh – and we used to play instruments with them.'*

The information provided as described as 'helpful' and at an appropriate level for the mothers, it was 'easy enough to understand what the point was that they were trying to get through'. It was:

*'Well thought out, they explained stuff so that I could understand, if there was any of them struggled with it they broke it down and explained it and that to me so it was really good, aye.'*

The facilitators were reported as investigating why mothers didn't understand and explaining further when required.

#### 3.1.4 Being part of group

All of the mothers, who commented on being part of the group, said they enjoyed the group activities. It was 'good to be part of a group'. One mother said 'I enjoyed doing group work' while another recognised the benefits of being 'part of something':

*'I felt like better, because I was part of something instead of just being myself and doing like one to one with something, I was part of, like, other people and helping them as well.'*

It was recognised by a couple of mothers that it took some time to develop 'trust' within the group. One mother recognising it took her more time to trust 'because I've got big major trust issues.' This mother reported growing to feel comfortable and share. The mothers recognised this took time:

*'I wouldn't talk for the first couple of weeks out. I was all quiet the first couple of week then we all came out our shell ..... and then we were giggling all the time.'*

As discussed in Chapter 5, on the impacts from the taking part in the programme, the mothers valued the relationships developed with other mothers. One mum particularly enjoyed supporting the other mothers in the group who were younger than her:

*'It felt really good because obviously I helped other girls out as well.'*

There were, however, some difficulties in the relationships between mothers. They did not all 'gel' together. One mother described some of the mothers as 'bitchy'. In another group, it was noted, by one mother, that 'I think like certain people had like issues with other people' and there was 'stuff going on' but overall the group was:

*'Aye, it was a fine group, so aye, most of us got together and got on.'*

### 3.1.5 Facilitators

The majority of the mothers were complimentary about the Mellow Futures facilitators. They were described as 'great', 'approachable', 'nice' and 'helpful'. One mothers said:

*'They were brilliant.'*

*'They were absolutely lovely.'*

The facilitators were recognised as being very supportive and having the time to spend with mothers:

*'Aye, and I always asked – like if you had a question it didn't bother me, it didn't feel like you couldn't ask to clarify it or whatever or you could stay behind and they would always give you that bit of extra time.'*

*'If we had any problems we could go and speak to them.'*

It was also recognised that facilitators shared of their own experiences and that this supported their engagement with the morning activities. One mother summarised:

*'They spoke about their own stuff as well, you know, so a lot of insight into their life and ours – you know, well we obviously gave our story as well and they gave theirs.'*

However, there were a few comments from mothers that indicated that on occasions, the mothers had felt that some of facilitators could have behaved in a different ways. One mother reported that a facilitator's approach made her feel 'judged'. Another mother was uncomfortable with another facilitator's approach to sharing her experience:

*'The way one of them gave the information over, like, she's experienced so much, she's had loads of kids and that – I was just like – I just got so fed up, I just had to like put my hand on my face because I was like – yeah, maybe it's her third kid but I know my mum's had kids and I have helped so I did know what to do and she – she was just too thingummy for me, I didn't like her. But the other one, she was really good with us.'*

### 3.1.6 Improvements to the programme

Three mothers suggested an improvement to the programme. The first mother suggested was the use of additional visuals:

*'I would say more like, instead of it just being spoken – because I understand things better if it's in front of me or written or like pictures and things like that – because of the way I am, I've got processing issues, so I would say it was better if it's in front of me instead of it just being spoken all the time.'*

The second improvement was the addition of content regarding how mothers should look after themselves:

*'Just about, like, the first time mums, I think they didn't cover much about – it's all, you still need stuff, you still need to go out and socialise, you still need to keep you happy, keep your interests and – I think they could have covered a wee bit of that for first time mums.'*

The third suggestion was the lengthening of the programme to two days per week so that there was additional time to cover the material. It would be *'wee bit helpful if they could extend it a wee bit'* as material had often had to be covered the next week as they had run out of time.

## 3.2 Mellow Futures Facilitators views of the adapted programme

This section continues to discuss the adapted programme from the point of view of the Mellow facilitators. It is divided into two sections, the first discusses the way in which the programme was adapted to respond to the mothers' learning needs.

### 3.2.1 Programme content and presentation style

The majority of Mellow Futures facilitators were very positive about the programme. In accordance with the mothers and referrers, as discussed in section 5 on the impact of the programme, the facilitators reported that the programme allowed mothers to develop their confidence, friendships and understanding of and interaction with their babies.

Four of the six Mellow facilitators were extremely positive regarding the Mellow Futures materials and activities, including the materials for the personal group in the morning. The programme was regarded as *'working really well'*, as it was *'all in all lovely'* with all the mothers leaving *'happy'* and wanting to know when the next programme or group for them would be. The majority of the material in the manual was felt to be appropriate for the mothers. Facilitators said that the weeks *'flowed well'* and *'quite a lot of it worked really well'*.

In two areas, the facilitators reported that the personal group material was appropriate but needed to be used flexibly in response to the group:

*'There's nothing major in the material that needs to be changed. It's just about having the right sort of savvy and thinking, right, well, we know the people or we're getting to know the people in the group and sort of letting it grow with the group.'*

Another said there was:

*'Nothing that we couldn't simplify... gave them examples and helped them along the way.'*

Facilitators spoke of *'thinking on their feet'* and ensuring that they were prepared prior to presenting the material so that *'they actually have a grasp of it so that we can simplify it if it needs to be simplified.'* All of the facilitators discussed using additional visuals, sometimes on a flipchart to support the discussions.

Repetition and a longer period of time was often needed to ensure mothers understood and engaged with the programme content. Facilitators noted:

*'It takes longer – it takes longer to be sure that you've done it properly and that everybody's leaving with what they need to leave with but other than that it's not massively different.'*

*'I mean the thinking process took a wee bit of time, they needed time to think, you know, what it was that we were after... so there was a lot of time and a lot of patience and a lot of support given in the group to get them through the material.'*

However, in one area where all of the mothers had diagnosed learning disabilities, concerns were raised regarding the linguistic and conceptual level of some of the programme content. Some of the activities were described as 'wordy'. One facilitator noted:

*'Part of the Mellow Futures manual didn't actually work for one mum who was illiterate, she couldn't read or write at all and couldn't understand double negatives at all.'*

The facilitators felt that the mothers did not understand some of the concepts utilised. These included the concept of a 'perfect parent' and 'dreams' for their future. These concepts were too abstract. One of the facilitators commented:

*'They didn't get the dreams at all, they didn't understand what their dream would be, just talked about winning the lottery, there was nothing that they could pin down... we just moved on from this.'*

A facilitator from a different area also noted that the 'My island' activity was 'tricky'. 'Support' was a difficult concept for the mothers to understand. It was reported that this discussion continued over a number of weeks as mothers came to recognise people as 'supportive'.

It was suggested that the language used in the Mellow Futures manual should be reviewed by a Speech and Language Therapist and that the programme should strive to ensure that the material discussed was presented in a more 'concrete', ie less abstract way.

### 3.2.2 Practical Activities

A wide range of activities were included in the Mellow Futures programme. The activities included baby massage, sand, indoor picnic and 'swimming':

*'We had a big bowl of water and had them [the babies] swimming.'*

Musical instruments and singing were also popular. In two areas, the singing was specifically commented upon:

*'The singing was fantastic, it really was.... it was such a lovely experience singing to their babies... they bonded beautifully'*

Mothers in one group were noted to have downloaded songs to sing along to on their smart phones.

In the area, where the pre-birth programme ran, the activities that supported mothers to get a response from their unborn baby were regarded as particularly impactful. Speaking of one mother in particular, one facilitator commented:

*'Some of the things like bells and torches, she was surprised that her baby would be able to sort of interact like that.'*

The facilitators picked activities that were most suitable for the group. In one area, the activities from the Mellow Toddlers manual were used as the children were older. The activities included Halloween pictures and pumpkins. Whichever activities were chosen, it was felt that:

*'The baby activities taught the mums things they can do with their babies and there was a lot more interaction as the weeks went by.'*

In one area, local professionals were invited in to discuss topics such as healthy eating often using visual aids such as the 'eat well plate.'

There was, however, some initial reticence amongst the mothers regarding the activities. One facilitator said:

*'Some of them were a bit kind of –hmmm – but once they say the facilitators rolling their sleeves up and having a go as well, they thought 'Och well, you know what the heck I'll give it a go' and then they ended up really loving it.'*

Another facilitator related the need for the facilitators to go first to the mothers need to 'see' what is expected:

*'Once they can visually see someone else's, they get a better idea of what it is that they will be doing.'*

Other facilitators discussed initial reticence being particularly evident when the mothers were asked to sing:

*'Not one of them would open their mouth at the beginning, but by the end they were saying 'why are we not singing?'*

Overall, the facilitators reported that the mothers were 'engaged' with the activities as 'you could see with even their body language that they were interested in it.'

### 3.2.3 Video

It was noted that mothers 'got used' to being videoed and watching their videos. Mothers:

*'Got to a point where they were that immersed in the activity that was going on that they didn't even notice the video was running, you know, even though they saw me sitting with it and they knew that it was on, they just didn't even care.'*

The facilitators reported that the videos helped mothers to 'reflect and look at what was happening':

*'I think the videos were quite good for them to see what was going on and they were quite open and the peer support around them was really good.'*

### 3.2.4 Activities undertaken at home

In one area it was noted that the mothers were 'not keen on taking paper work home' or actually doing activities at home. The information about the 'have a go' activities had to be given to the mentors. In this area, it was also reported that 'some of them struggle how to record it'. The need to record their responses in writing should be reviewed.



### 3.2.5 Relationship with facilitators

The facilitators enjoyed their relationships with the mothers and felt the mothers *'get much more out of it'* because of the positive relationships that were developed. One facilitator reflected:

*'I think with Mellow, it's different to any other groups that I've run with the parents because that barrier seems to be knocked down .... I think they see because you're there and you're actually kind of human .... There's much more come back from parents and it's very much more a two way street as opposed to it being a teacher pupil sort of thing.'*

When the facilitators already knew the mothers, this was felt to facilitate appropriate relationships and communication:

*'We were known to the families as well so I think that made it easier for them to communicate with us. We were also aware of their needs.'*

When the facilitators already knew the mothers, care was taken with regard to the level of sharing by the facilitators. The facilitators needed to *'think through'* before-hand what it was appropriate for the facilitators to share.

### 3.2.6 Relationships between the mothers.

The mothers were generally *'really supportive of each other and they were all engaged from the beginning to the end.'*

In one area, a facilitator reported that:

*'One of the mums was physically disabled and the other mums were helping her as well, which was really good, they were able to be aware of each other's needs, which was really quite inspiring as well.'*

However, facilitators recognised that there were some issues within the groups. It was reported that particular mothers would dominate, *'manipulate'* or *'take over'* the group. Some mothers were also described as having *'poor listening skills'*, *'interrupting'* and frequently going out for cigarettes. In another group, while there was an issue regarding comments that had been made about a mother on Facebook which was resolved through discussion during the programme. Facilitators in both areas felt the need to re-establish the group rules when there were issues between the mothers. A facilitator said:

*'You pull back to the group rules. We were very lucky that we had decent rules to begin with.'*

### 3.2.7 Group size and referrals

The Mellow Futures groups were quite small, between 3 – 6 mothers. This was seen, by the facilitators as a benefit as:

*'Many more would have been a bit more difficult because we had to take time explaining and giving them time to reflect and think.'*

The small size of the group was related to issues with locating mothers to join the programme. The pre-birth group did not run in two areas, due to difficulties with finding mothers. As one facilitator said:

*'Trying to get referrals is hard enough for an ordinary Bumps group but when you add the learning disability component to it, it is very, very difficult to get people with mild learning disabilities.'*

This difficulty in 'finding' mothers to attend the antenatal group was related to the need for the mother to be twenty-thirty weeks pregnant as well as the need to support professionals, particularly midwives, to overcome the 'stigma' of suggesting mothers have a learning difficulty. This was regarded as 'just that hurdle that professionals need to get over'. One area had introduced a screening tool would support local professionals in recognising if a mother had a learning difficulty, but it was unclear as to whether professionals were actually using this tool. It was recognised that referrals had only come from professionals who were already working with mothers with additional needs or from the services that were running the Mellow Futures programmes.

One commissioner also felt that as Mellow Futures was a pilot programme that local professionals may have concerns about the quality of the programme. The Commissioner posed questions that may have been asked by local professionals:

*'Who's delivering the programme? Are they skilled? Are they capable? These women are very vulnerable.'*

It was felt that promotional literature about the programme should have been provided so that this could be shared with local professionals and parents. It was suggested that information should also be available for mothers so that they could refer themselves into the programme.

In one area it was felt that other programmes had 'taken' potential referrals. It was suggested by the facilitators that provision of information regarding the other programmes running in their region would have been beneficial.

### 3.3 Chapter summary

This chapter discussed the mothers' views of the adapted programme. The mothers were anxious about joining the group but soon relaxed and enjoyed the discussions and activities which they felt were presented in the right way and that facilitators would explain in necessary. A few mothers commented on the need for more visuals. The mums made relationships within the groups although there were some issues between the mothers. The mothers liked the facilitators and suggested that the programme could be longer.

The Mellow facilitators enjoyed running the programme. The material was felt overall to be appropriate for the group of mothers with learning difficulties if presented flexibly and the facilitators were ready to simplify the material as required. Despite vetting by the Parent Reference Group, there were some concerns regarding the abstract concepts included in the material which were difficult for mothers who had diagnosed learning disabilities. The mothers were recognised, after initial reticence, as engaging with and enjoying the practical activities. Positive relationships were developed between the mothers and between the mothers and facilitators. Support was needed to overcome some issues in the relationships between the mothers and the facilitators who already knew mothers in their groups needed to think about what personal information it was appropriate to share.

## 4 The Mentor's role

This chapter discussed the mentor's role. In two sites the mentors were paid staff from the service providing the Mellow Future programme. In the third site, the mentors were volunteers. This chapter begins by discussing mothers' view of the mentor's role. It then discusses the mentor's role from the point view of the mentor and other professionals. The issues relating to the provision of mentor support by volunteers are also presented.

### 4.1 Mothers' views of the mentoring role

All of the mothers reported enjoying their relationship with their mentor. The mother described them in similar terms to *'really, really good'* or *'really nice and down to earth.'*

Mentors were regarded as there *'to be there and listen to you and help'*. One mother said:

*'She supported me in how to do [things]– and we had like talks and stuff so, you know, just talk about stuff, I know, which was pretty good... It was good to speak to somebody, you know how if you, like if you're worried about something I can ask her – so, you know, she had really good advice.'*

*'She was asking me how I was doing and if there was anything I needed help with.'*

For a small number of mothers, this help was practical such a sourcing a buggy and finding out about funding for courses at the local college.

Mothers spoke of enjoying the relationship with their mentor:

*'It felt nice, it felt nice talking to [mentor's name] because she was more mature than what I am and obviously she's older and she'll ken much more things about babies and that than what I did.'*

*'We'd have a laugh – we'd have a laugh – ha, ha!'*

*'She was quite proud that I put my wean [child] to her own bed.'*

Trusting the mentor and not being judged by them was regarded as important in the development of the relationship. The mentor needed to:

*'Just take me [the mother] for who I am - basically, not to judge me, and obviously trust is a big issue as well. I need to learn to trust the mentor and she obviously needs to learn to trust me as well.'*

The mentor's role included reinforcing the learning from the group. The mothers described how the mentors supported them with their 'have a go activity'.

*'She like explained what I had to do and if I, like – did I understand it, she explained it even more to me as well.'*

*'When I filled out the wee sheets – she gave me wee hints too how to deal with all of that.'*

One of the mothers believed that the mentor was checking on her standard of care for her baby while another mother appeared to seek validation from their mentor that they were looking after the baby well enough:

*'Because I was a new mum and just for her to come out and say, look, everything's – oh, he's coming on, he's always pristine and he's always clean and fed and – just for somebody else to say, so you know what it is you're doing right.'*

For the majority of mothers, the mentor visited them at home. In one area, the mothers were offered the opportunity to do something in the community with their mentor, but this opportunity was not taken up. In another, one mentor supported the mother to access the community. This was greatly praised by the mother:

*'She came out after the session and we spoke and we done things together, we made a rattle for the baby and we made a plate thing as well with her name and that on it and we got – we went to the ceramic place in [name of area] and we made – I've got a wee angel with her name on it.'*

This mother and mentor also went out for walks and to cafes and was particularly valued by the mother as she had helped the mother to source a double buggy. This mentor was described as *'fantastic'*. This practical support is also discussed below.

The mothers were asked if they knew if their mentor was a volunteer or a member of staff. Some of the mothers did not know while one mother thought a member of staff was actually a volunteer. This member of staff had worked with the mother throughout her pregnancy.

Other mothers knew their mentor was a member of staff as they had pre-existing relationship with them. As discussed below, in one area some mothers had requested a particular member they knew. One mother explained her reasoning for requesting that a particular member of staff to:

*'Be my mentor because I know them and I don't have to explain myself to them about my past - because I know they do know a lot about me.'*

## 4.2 Mentor's and other professionals' views of the mentoring role

This section describes the mentors', the mentor managers' and other professionals' view of the mentor role.

### 4.2.1 Appropriateness of the mentor role

The mentor role was described by the Mellow facilitators and commissioners of the programme as *'invaluable'* *'totally invaluable'* and *'fab'*:

*'They were really good, they were really patient. They were up against it at times and they just stuck in there.'*

Two commissioners described the role as *'fantastic'*:

*'I really think the mentor side of things is a fantastic role and we're hoping to just continue that on with any Mellow that we do.'*

The mentors reported really enjoying the role and that the *'overall experience was really good'*. The mentors felt that the mothers were *'genuinely receptive of your help'* and the mentors were encouraged when they noted changes in the mothers and their relationship with their children and when they had developed a positive relationship with a mother:

*'It's been really interesting, I'd built up quite a nice relationship with the mum.'*

Mentors also described the role as *'challenging'* and *'complex'*.

#### 4.2.2 The mentor's role

The mentor's role was regarded mainly as *'just do the Mellow stuff'* or as one mentor put it:

*'Oh, just very much that you go out and make sure that they've understood the activity and if they've managed to do it at home – basically that was it.'*

A manager confirmed:

*'And I think this is where probably the mentor thing works really, really well because even our parents who don't have like a profound learning disability, they really do need this mentor to go in, in between sessions to just sit and, you know, do little exercises with them or just seek clarity from them if there's things they want to talk about or have they grasped things, have they understood it, is there anything they feel, you know, they couldn't bring into the group?'*

This opportunity for re-enforcement was the key theme in all of the discussion although the volunteer mentors also spoke of building a relationship with the mother and being there for her *'parent to parent'*. This focus on the programme was particularly important for staff mentors who were juggling two different roles. These differences are discussed in section 4.2.5.

The mentor training and pack was used to guide how the mentors saw their role, as one mentor reflected: *'The manual tells what we've to do and that's what we've been doing.'* The pack was described as *'really nice and easy.'* This training, which was primarily working through the pack with little additional input into the support needs of mother with learning difficulties, was regarded as more useful for the volunteers who were new to working with vulnerable mums. The staff mentors considered themselves experienced with vulnerable mothers.

Three of the mentors, in different locations, felt pressure to step outside of the role described in the mentor pack. In one instance a volunteer mentor felt she was being asked to go beyond her role and investigate and issue in relation to the child's behaviour. The mentor reported thinking: *'how can I just drop that into conversation.... And I thought –no!'* She reported emailing back and saying she was unsure about this and was told she could let the mum know that she had been told in case the mum wanted to talk about it. The mentor followed this advice but subsequently questioned:

*'If that's where my mum kind of shut down the barriers with me, because she was always going on that I seem privy to some information that maybe she thought I shouldn't have been.'*

A staff mentor reported some pressure to engage with the wider social issues in the mother's life. She said there was an expectation that she:

*'Look at more like the social aspect of things that were happening with the mums. I kind of was like – No, we've got our manual– it was great because I was going – No, we've got our manual!*

This was resisted as it was felt that this would be 'reverting back' to the worker's original support worker role. The mentor referred the mother back to the health visitor for advice and support.

Alternatively, one staff mentor, was reported as engaging with the wider issues in the mother's life through sourcing resources for the mother and contacting other professionals regarding issues in the mother's life.

#### 4.2.3 Engaging with and ending the relationships with mothers.

Some of the mentors discussed difficulties when trying to engage mothers. In one area in particular, the mothers were said to have 'complex issues' and 'too much going on' and so:

*'It was very difficult to engage, I found that very challenging, ... eventually we moved on to new families and that kind of helped.'*

Another mentor said:

*'I've not been able to kind of progress with much more of my mentoring due to the mums to be not coming into the groups – unfortunately.'*

It was also reported that the mothers in one area did not want to carry on working with their mentor after the end of the programme. The plan had been that the mentors would support the mothers until a reunion. The mentors were said to be 'disappointed' by this 'abrupt' ending of the relationships which was linked to the mother's complex lives and involvement with many professionals.

In another area, it was reported that that the relationship between the mother and the mentor came to 'abrupt end' and it would have been better for the mothers if they had been 'weaned off'. One mentor said:

*'I think it went from all to nothing in a short space of time.'*

In the area with volunteer mentors, one mentor specifically discussed the mother wanting her to continue the relationship with her and support her to attend toddler groups. This was not possible as the mentor would not be 'safeguarded.'

#### 4.2.4 Working together as a team

When the mentors were members of staff, the mentors and the facilitators appeared to work as a team. One facilitator said that:

*'The mentors are fantastic, needed them desperately, couldn't have done without them, they backed everything up, on the same day. Supported with video, if we saw something not quite right, we'd talk about it and they'd go over it with the mum.'*

A mentor also discussed how they had discussed mothers 'prop feeding' and 'feeding the baby food too early' with the facilitators and developed a plan together to support the mothers with these issues.

The mentors and facilitators supported each other. A facilitator said that Mellow Futures was:

*'Like Mellow but on a double scale, high maintenance it was. Highs and lows.... Mentors kept us going, we got through it together.'*

In one area, the mentors and facilitators met for an hour each week. This was 'almost like a debrief' for the facilitators.

#### 4.2.5 Two roles

The mentors who were staff members reported feeling like they had 'two hats'. They had to visit mothers at home with their 'mentor's head on.' The role was described as 'lighter' than that of their usual roles in supporting vulnerable families.

One staff mentor said she had discussed this with the mothers she was supporting:

*'Oh this is going to be really nice for me because I'm not coming in as [job role]. I'm coming in as your mentor. And we were both really clear about what my role was and I enjoyed every bit of it.'*

Some of the mentors struggled to 'fit everything in' as they had 'enough' to do in their support worker role. This pressure was reported in both of the areas. Even when the facilitators and mentors had a scheduled weekly meeting at the end of the Mellow Futures Group, one mentor described 'running into the meeting and listening there and then running back out of there' and being unclear at times regarding what was required of her.

In the other area, the discussion happened as and when the mentors and facilitators, who worked in the same building, saw each other. On occasion, the staff mentors discussed some confusion, when the facilitators had changed the order of sessions, about which week in the programme they should have discussed with the mother. This should have been clarified after each session with feedback from both the facilitators and mentors.

Staff being used as mentors was not seen to inhibit the relationship with mothers. Staff members were not felt to be seen as threatening as they were part of 'community support services' and not Children's Services. As staff in a community support services:

*'Build our relationship on the fact that the family's dinnae have to take our service, it's up to them ... we're just there to make a wee bit of difference to them.'*

In one area, where the mothers already knew the staff, the mentors reported that mothers wanted specific members of staff that they knew to be their mentor:

*'The mums who knew the mentors kind of went 'Oh I hope I'm getting you as my mentor.'*

It was reported, as mentioned above, that one of mothers had said that she was glad that her mentor was a particular member of staff as the member of staff knew her past and that she had opened up more to her than if the mentor had been a stranger.

#### 4.2.6 Volunteer mentors

The three women who took on the role of volunteer mentor did so to *'gain experience'*, because they wanted to help others or because the programme looked *'interesting'*. They were described as *'experienced'* by their mentor manager. Details of their personal experience are not provided here to support confidentiality. The volunteers enjoyed *'going in and building a bond'* and building up a *'nice rapport'*, through general *'chit chat'*, so that the mother did not feel *'judged'*. Being a volunteer was felt to enable the parents and mentor to relate *'parent to parent'* and for the mentor to provide another parent's perspective on the programme content. The role was regarded as *'rewarding.'*

One of the volunteer mentors discussed the need for more information to be given about the mothers *'so that they are better able to support and understand the mum.'* This mentor continued:

*'I don't think we need to know the full case history .... But if my role is to go in and to support the mum and to like befriend the mum and be her mentor, I think you should have basic information about her needs.'*

In this area, the mentors received a:

*'Weekly email from service which didn't go into great detail but said what they covered in the session, how the mother participated or if it was a subject that the mum struggled with.'*

These mentors felt supported by their volunteer manager and that *'if anything went wrong, could always give a wee phone... never had to phone.'*

The volunteer manager in this area spoke of number of issues which impacted on her ability to support the mentors. These included the volunteer mentors being spread over a 30 radius across the countryside resulting in issues in contacting mentors due to poor mobile phone signals and which inhibited mentors meeting up for mutual support. The manager also discussed that the volunteer's role was to support the mother with the *'have a go'* activities but they often could not do the activity as the child was not in the mother's care. The mother was supported to do the activity, by staff, during supervised contact.

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#### 4.2.7 Volunteers and complex families?

There were varied opinions across the three pilot sites as to whether the role of mentor should be undertaken by a volunteer or member of staff. In one area, using volunteers would have been *'ideal'* but it was felt that the appropriate type of experienced volunteer was not available in that locality as they had *'real difficulty in recruiting skilled volunteers'*. In the area where volunteers were used there, the support provided was praised and there were no criticisms regarding the quality of the support provided.

In some of the professionals' opinion however, the mothers' needs were regarded as too *'complex'* and possibly *'daunting'* for a volunteer:

*'Each of the families are really, that we're working with are extremely high tariff, you know, lots of complexities and we thought it would just be too much to ask of a volunteer.'*



*'I don't know whether a volunteer could have coped, some of the issue raised were child protection .... one boy had no shoes, she wasn't feeding him right, it was a worry, I'm not sure if a volunteer could deal with that.'*

There was a concern raised regarding the sharing of confidential information about families with complex needs, who were involved with Children's Services, with volunteers. In the area where volunteers were supporting mothers who had had their children from their care, the volunteer mentors were provided with a general insight into the types of issue for the families rather than details of the specific child protection concerns. For example, mentors may have been told *'to look at the cleanliness of the homes.'* Mothers were also encouraged:

*'Talk about situations rather than us share situations with the mentor.'*

As noted above, one of the mentors felt that more information should have been provided.

Volunteers were also considered *'less reliable'* than staff. Personal circumstances were noted as impacting on the mentor's ability to meet with the mother. It was felt that the services had *'less power'* over a volunteer in order to ensure that they fulfilled their role appropriately including ensuring that the volunteer kept information confidential.

A number of professionals felt that volunteers may be more suitable for pregnant mothers with less complex needs with whom they could build a positive relationship and that staff could give a *'better continuity'* for mothers who have complex needs and were already involved with a number of professionals. If the mentor was a member of staff this would also facilitate sharing between professionals and co-ordinated support. A caveat was provided, by one professional, that for parents who were already involved with the service, the provision of the mentor role by staff could mean that the *'lines can get blurry.'*

### 4.3 Chapter summary

This chapter discussed the mentor's role. The mothers with learning difficulties enjoyed their relationship with their mentor which was supportive of them and also supported them to do their 'Have a go activity' at home. The mentor's role was guided by their mentor manual. The mentor support was primarily provided in the mother's home and there were some issues with getting mothers to initially engage with the mentors. When the mentor was a member of staff, they appeared to work in a team with the facilitators, tackling issues together. The staff mentors discussed some issues with regard to having two roles, such as lack of time, but enjoyed the mentor role which was *'lighter'* than their usual role supporting vulnerable families.

The volunteer mentors enjoyed their role and developed supportive *'parent to parent'* relationships with the mother. The provision of the mentor role by a volunteer appeared to work well, providing mothers with a chance to develop a relationship with another supportive parent. However, the appropriateness of the role being undertaken by a volunteer was questioned by some. This was because the families had very complex needs that might be *'daunting'* for a volunteer, that full information about families could not be shared with a volunteer and that services have *'less power'* over a volunteer to ensure the role was fulfilled appropriately. Provision of the role, by a member of staff was felt to provide continuity to parents who were already involved with the services which were providing the Mellow Futures programme and allow sharing between different members of

staff. However, it was also felt that there could be some confusion, for mothers, regarding the role when they already knew the staff member who was in the role of mentor.

## 5 Outcomes related to the Mellow Futures programme

This chapter discusses the impact of the Mellow Futures programme on the mothers who attended. It begins by discussing the ways in which the mothers felt the programme had benefitted them. It then discusses the impacts recognised by the Mellow facilitators and the mothers' referrers as well as the outcomes from the Adult Wellbeing and NPI scales. The chapter finishes by discussing changes in the mothers' level of engagement with Children's Services and returns to the three mother's profiles to provide an insight into the impact on individual mothers.

### 5.1 Mothers views of the impact of the programme

Most mothers spoke of connections with other mothers when asked about how the programme had helped them. The other impacts noted, by the mothers, were increased confidence, updated or new information about child rearing that they were utilising and the time and space to focus on their baby. One mother also provided an insight into how the Mellow Futures programme had supported them in working through issues in their lives.

#### 5.1.1 Connection with other mothers

The majority of the mothers recognised that they had developed relationships with at least some of the mothers in their group. The programme had shown them they were not alone and that there were other mothers were in similar situations. One mother said:

*'That everybody's different, you know, the different issues and some folk have got the same – so you're not the only one that's out there that's to go through what's been going on in your life.'*

Another recognised that:

*'I am much cheerier than what I was before because I got to meet other people and plus with other babies.'*

The group was described one mother as *'really good and it felt like a family.'* A couple of the mothers specifically mentioned which of the mothers they were *'really nice'* and that they were *'close to'*.

It appeared that most of the mothers were keeping in touch in some way with each other. The main on-going contact was via 'facebook' with mothers who lived locally reporting meeting up occasionally. One mother reported:

*'I contact them basically every day and I still meet up. I'm going to meet up with one of them soon to go to Wonderland.'*

The mothers in one area spoke about the missing the other mothers who were geographically distant from them. One mother used the term *'lonely'* while another said:

*'They've all been separated so I don't have them, rather than talking through Facebook, that's the only time we see ..... but I still feel sad that it's finished.'*

It was reported by referrers that the mothers in this area had subsequently met up a couple of times at events provided by the organisation where transport was provided.

As discussed below, some of the mothers in one area attended a follow-on group and continued to see each other. In another area, the mothers are reported to be continuing to meet up in a coffee shop.

### 5.1.2 Use of information

Four of the mothers also reported having more information about looking after their child. Two mothers spoke about *'things they didn't know'* before and *'trying to use the tips at home now'*

For two mothers with older children, the programme had reminded them about some aspects of child care. One mother noted that change in practice with regard to weaning:

*'We used to wean them at four months but now it's six months. You ken, just, I knew the stuff that's changed.'*

Three mothers, interviewed at a slightly later date, recognised the on-going impact of the information. A mother said

*'The information was good, uh-hu, I still look at what I got – I still think about a lot of the information, you know, so I do .... Now I work on it with the children as well with their, you know, their behaviour and speaking to them and now I've boundaries and stuff, you know.'*

### 5.1.3 Increased confidence

A small number of mother recognised that their *'confidence'* had increased. This confidence was particularly expressed through confidence to go to parenting groups:

*'I feel like, I've got a wee bit of more confidence in myself, like going out and going to groups and meeting certain people'*

One mother had developed a confidence in the organisation that provided the Mellow Futures programme. She would be happy to ring them to ask for support:

*'They would never turn me away, aye, I know they wouldn't, I'm sure.'*

As discussed in section 5.2.5 below, one of the main impacts from the programme was the mothers' engagement with long-term support from the organisations which provided the Mellow Futures programme.

### 5.1.4 Connection with baby

Two mothers specifically recognised that the programme had provided them with the opportunity to spend with their baby and to *'build more connections with me and him'*. One of the mothers said:

*'Well obviously with me having four other children I didn't have much time with the baby but because I was on this programme I've got to spend that quality time with her.'*

### 5.1.5 Helped with issues

One mother also spoke openly regarding how the Mellow Futures programme had helped her work through issues in her life. This mother said:

*'It did help to open a bit more than what I did before because now I'll talk to [facilitators' names] about all my past issues I've had. It has helped me a lot there, so it has..... I feel a lot better now than I did .....It's worked this time so it has, because I'm more relaxed about it than I was before you done it..... Aye, it helped me to just persevere, don't give up on it.'*

## 5.2 Professionals' views of the impact of the Mellow Futures programme

The referrers (professionals who had referred mothers to the Mellow Futures programme) were all very positive regarding the impact of the programme on the mothers. One referrer said it was *'totally appropriate for them.'* The programme was recognised as supporting the mothers to increase their confidence and self-esteem, work through issues and engage with other mothers as well as on-going support from services. Comments are also included in this section from the Mellow facilitators and mentors who, in some areas, also referred mothers.

### 5.2.1 Confidence and self-esteem

The majority of the mothers were recognised as being more confident or having improved self-esteem. Mothers were described, by referrers, as:

*'More confident, better kept.... has a lot more pride in herself and is wanting to do everything for baby.'*

*I feel that the group has definitely built up friendship and built their confidence and possibly allowed them to access things in their local community because they have that positivity.*

Regarding other mothers, referrers noted:

*'It gave her confidence, it really increased her confidence, she struggles with her partner and she suffers from depression and anxiety, so I think the group really helped her to be positive about herself. She went on to attend other groups in [area] which was great.'*

*'Mellow was really good for her self-esteem, with her addiction issues and everything she had really low self-esteem.'*

One mother who was regarded at the start of the programme as *'good'* at the basics of baby care was regarded as *'getting better and better'* at looking after her baby, a fact which the mother recognised this herself. She was reported as saying to her baby *'mummy is getting good at this'*.

Another mother was also described as *'very in-control by the end'* when previously she had previously *'toddled on from day to day'* and had *'waited for people to come to her'*.

A final mother who was described as *'nervous'* and having a *'nervous laugh'* at the start of the Mellow Futures programme was *'beginning to share her thoughts and feelings within the group.'*

The Mellow facilitators confirmed that they had seen the mothers increase in confidence and self-esteem. A facilitator said:

*'You notice changes along the way, they were becoming more confident.'*

### 5.2.2 'Doing much better'/ had worked through issues.

The mothers were also recognised as 'doing much better' or being 'in a better place' or 'good place' after attending the Mellow Futures programme. A facilitator recognised:

*'When we were talking about their part and how they parent now, you could see the lightbulbs coming on, they were actually realising – Oh that happened to me as a child – Oh that's how I felt – That'll be how my children – and they were able to link the past and present.'*

One mother was regarded as:

*'Able to reflect on things from her own childhood and link things from her own childhood to things happening in her children's childhood... felt able to make change... informed choices for her and her children.'*

A number of mothers had been able to work on specific issues in their lives. One mother who had an eating disorder was recognised, by her referrer, as beginning to eat during the programme while another mother had become 'more open in sharing thoughts and feelings' with the facilitators and had written a letter that 'bullet pointed all her feelings from the past' which the facilitators discussed with her privately and then ensured that the areas were covered in the group. This mother was described, at the end of the group as having 'taken on board information from the group' (Mellow facilitator). Her referrer noted:

*'She is much more able to cope with her emotions and when daughter kicks off, which is less often. She is confident enough to apply for work and is progressing in a way hadn't before.'*

A mother who was recognised as having 'anger problems' was noted as being calmer. She reported to the group when she hadn't lost her temper in the week between sessions. This improvement was also noted, by her referrer, as having a positive impact on her baby:

*'I think her being calmer had a positive affect on the baby, the baby was picking up, because she was losing her temper so often that the baby was quite fraught. I think we could see an improvement during the course in both of them.'*

The programme was also felt to contribute to another mother's determination to come off drugs. The facilitator noted that she had really 'wanted to turn her life around' and that although she had a 'blip' with drugs during the programme, she was honest with the facilitators and received their support. Her referrer reported:

*'One of my mums had a serious drug habit and her baby was taken into care but since – she's still on methadone programme but hasn't touched any other drugs and she eventually got her baby back so that was fantastic news.'*

*Interviewer: Do you think the group contributed to that?*

*Yes. I do'*

It was also felt that Mellow Futures contributed to the 'realisation' by one mother that she could not care for her children because 'she just did not have the ability to keep them safe'.

### 5.2.3 Interaction with baby/toddler

Most of the referrers also noted that after attending the Mellow Futures programme, there was more interaction between the mothers and babies.

*'I think there is definitely more interactions in relation to them cuddling their children and playing with them.'* (Commissioner)

One referrer stated:

*'It's definitely helped with her interaction, playing with the child and all those different areas she didn't really do much of to begin with.'*

Discussing a mother with three older children about whom concerns had recently been raised, one referrer was able to report that even though:

*'Her older children have problems speaking and things ..... we can see she is interacting really well with the baby.... Myself and the health visitor were able to say there were no concerns at all about her interaction with [baby]..'*

This mother was regarded as having a 'much better attachment' and being 'really engaged with her baby' as well as having a:

*'A much better understanding of what the needs of the baby are, more aware of what she should be doing ... her whole interaction with baby is better, she is enjoying her more, she is more aware of the things she should be doing like singing and talking, things like that.'*

### 5.2.4 Friends

The referrers also recognised that the Mellow Futures programme had allowed the mothers to develop positive relationships with their peers. This was regarded as beneficial in terms of new friendships, as discussed by the mothers in section 5.1.1, as well as the development of social skills through 'watching other mum and mixing with other mums.' One referrer noted that a mother:

*'Absolutely loved the social aspect of the group and she was one of the most vulnerable ones socially - she would have done anything for anybody, to be their friend. She was fine in a group like Mellow, it was well monitored and but in other situations that would be risky for her.'*

Mellow Futures was described as a providing one mother with peer support regarding a court case:

*'But thankfully one of the other members of the group had been in a similar situation themselves so could offer advice on her upcoming court appearance.'*

It was noted that the mothers meeting with each other if they near enough to be able to do so or otherwise were in contact over Facebook.

### 5.2.5 Engagement with other services.

A number of referrers recognised that the supportive environment within the Mellow Futures programme which allowed mothers to feel safe and share in a supportive environments had allowed mothers to develop a 'trust' in services. One referrer said:

*'They'd built up a positive experience of a group because a lot of these mums would never have attended any groups before that.'*

This was linked to the 'island activity' where it was felt that the discussions had 'opened up a lot so they probably realised the importance of having support.'

One referrer specifically commented on a mother:

*'Now accepting and embracing all the help that is going... is in a better place to ask for and accept help.'*

Another spoke of 'a massive, massive improvement in accessing services and letting people help her'. One mother who had 'disengaged' from services in the past was noted as 'making that effort to make sure she was there' and that 'it was great that Mellow gave her that positive experience of a group.'

Mellow Futures was valued as a safe environment that was 'a good way of really kind of getting them in the door and seeing what support they need.'

In one of the areas, the service which ran the Mellow Futures programme applied for additional funding to provide a twelve week follow on group for the mothers. In the other areas, mothers were referred to other groups provided by the service or services in their local area.

## 5.3 Level of concern regarding the children at the end of the programme

Overall, the level of concern regarding seven of the twelve children was felt to have reduced. This was related to the mother's increased confidence and self-esteem or as, noted above, because the mother had succeeded in working on issues in their lives. In the two of the areas where the mothers had complex needs and were involved with a number of professionals, Mellow Futures was felt to contributed to improvements in the mothers' situations and the outcomes for the babies/toddlers. As one referrer said:

*'It would be hard to say [if Mellow Futures had improved the mother's situation] because all the mums were being supported and well there were two that the children were under child protection, both of them were receiving a high level of support from the service externally as well.'*

These mother were however recognised as 'taking on board' 'a lot of strategies for dealing with behaviour.'

At the end of the programme:

- There were still 'no concerns' regarding the two babies for whom there were 'no concerns' at the start of the programme. One mother was regarded as having increased in confidence and positivity about herself. The other was felt to be interacting more with her baby who



was developing well, in contrast to their older, school aged, siblings about whom there were concerns.

- The mother who was not involved with Children's Services but about whom there were concerns regarding the standard of child care was now involved with Children's Services. It was felt that mother could not cope with the new baby in addition to older children.
- Of the four mothers whose children were subject to child protection plans at the start of Mellow Futures:
  - One baby was considered a 'child in need'. The mother was more confident, due to attending the programme, but there had also been significant support regarding the mother's mental health condition.
  - There were no concerns regarding the baby, who had been subject to a pre-birth child protection plan as the pregnancy had been concealed. The mother was living with family who were viewed as supportive.
  - There were 'no concerns' regarding the baby whose mother had requested that the baby be placed on the child protection register before their birth. The baby no longer had a child protection plan. This mother was regarded as '*far more proactive*' regarding meeting her baby's needs.
  - The baby was no longer subject to a child protection plan. The mother now had her own tenancy and there had been a lot '*going on*' for the mother and '*lots of positives there*'. Mellow was described as a '*positive influence*' particularly the relationships with the other mothers but the referrer could not directly attribute the change in the baby's status to attending the Mellow Futures programme.
- The baby whose grandmother was their guardian remained living with their mother and grandmother. The mother was reported to be managing her anger far more successfully.
- The baby who was considered to be a 'child in need' at the start of the programme was no longer the subject of any concerns. This mother had discussed issues in her life confidentially with the Mellow facilitators.
- Of the three mothers who, at the start of the programme, did not have their new baby in their care:
  - One mother had worked through big issues in her life with support from facilitators and her baby had been returned to her care. Mellow Futures was the only intervention at this point in the mother's life. The baby now regarded as a '*child in need*'.
  - The children were no longer subject to a child protection plan but the mother willingly accepted on-going two weekly support.
  - A mother, who also had older children, made the decision that she could not care for her children. It was reported that this decision would have been made by Children's Services if the mother had come to this realisation herself. Mellow Futures was regarded as having supported the mother in developing memories through the '*positive family interaction*' during supervised contact during the Mellow Futures sessions.

### 5.2.8 Parent profiles

This section updates the situation for the three mothers introduced in Chapter 2, section 2.3. It provides an overview of their situation at the outset of the programme, their view of the programme and the impacts they and their referrers feel that the programme had on them and their ability to care for their baby.

**Laura** was in her later twenties and had recently had her first child. Laura struggled with her mental health but had always tried to be a good mum. At the start of the programme, Laura's baby was looked after by her mother due to concerns regarding her mental health.

Laura joined the Mellow Futures programme at Mellow Bumps. She thought it was 'good' and had helped her to understand her baby's development. She said that the programme had helped her:

*'Aye, quite a lot, like how I never understood how much they knew and could do. You know, I mean I just thought they could sleep and eat and that was it but I didn't realise how much they could learn and absorb at that age.'*

She thought that the facilitators were 'great', it was 'aye it's all good – good for both of us', and had 'no complaints' about the programme. She had always felt comfortable enough to ask for clarification if she didn't understand anything. Laura had missed some of the group due to illness, during which the facilitators kept in touch with her and did some of the programme with her. She found it 'hard' returning to the group after illness but recognised that:

*'Once I was in it was fine, do you know what I mean?... because I realised everyone's got problems of their own, you know.'.... 'The group helps though and it forces me to get out and realise that I'm not the only one that's got a problem, do you know what I mean?'*

Laura made friends with one particular mum in the group and thought that it was good for her baby to interact with other babies. She recognised:

*'I didn't come looking to make friends but this is a bonus.'*

Laura 'loved' her mentor who 'reassured' her when her baby was born.

Laura was recognised as getting more confident and 'better and better' at being a mum. She was:

*'A lot more confident person, better kept, more pride in herself. She wanted to be there for baby, take him to toddler groups.'*

Mellow Futures was felt to contribute greatly to the recognised changes in the mothers, but it was recognised that there had also been lots of input and medication changes with regard to her mental health. Laura felt it Mellow Futures had been beneficial to her:

*'I think it's something they should keep going, definitely, because it was beneficial to me – I can only speak for myself and [baby name], he loves it, so to me I canny see why they wouldn't keep it going.'*

**Jennie** was a single mother who had not been known to Children's Services until there were serious concerns about the welfare of her three children who were then accommodated. Jennie's youngest child was a toddler. Jennie was regarded, by her referrer, as 'lacking capacity to process information

*and having issues with literacy and numeracy.'* She also *'lacked boundaries/rules'* and there were issues with the cleanliness of her home.

Jennie said that she went to Mellow Futures *'to be a better parent and better doing stuff with the kids and be better organised in getting in a routine and stuff.'* She felt the programme:

*'Was all good, it all works, so it does so I've learned a lot.'*

She spoke of knowing more about tantrums and child abuse:

*'The information was good, uh-hu, I still look at what I got – I still think about a lot of the information, you know, so I do. You know, I still work with the – the children as well with their, you know, their behaviour and speaking to them and now I've boundaries and stuff, you know.'*

Jennie enjoyed her relationships with the facilitator and mentors who spoke about their *'stuff'* too. Her mentor was *'good to talk to'* and had *'good advice'* was *'really down to earth'* and didn't judge her. Jennie made friends with another mother from the group.

Jennie's referrer felt that Mellow Futures had *'certainly had an impact'* and that Jennie was

*'Able to reflect on things from her own childhood and link things from her own childhood to things happening in her children's childhood... felt able to make change.... informed choices for her and her children.'*

She was:

*'Now accepting and embracing all the help that is going... is in a better place to ask for and accept help.'*

Jennie had also had a lot of other input and been helped with routines and her children's behaviour during supervised contact.

**Angela** was in her late teens and lived with her partner. Angela had worked until she became pregnant but once she left work, she said she *'just sat in the house and went to the shops and that's about it.'* She was noted as struggling with depression and anxiety. There had initially been concerns about Angela's ability to care for a baby but she and her partner had attended a parenting course during pregnancy and had shown they were *'capable'*. However, there were some concerns regarding the parents' ability to understand *'the importance of the changing needs of the baby as she grows.'*

Angela joined the Mellow Futures programme to:

*'To get me to know other mums and give me more confidence in going out and about, you know.'*

Angela was initially concerned about joining the group but really enjoyed being *'part of something'*. She also felt:

*'I've got a wee bit of more confidence in myself, like going out and going to groups and meeting certain people.'*

She had enjoyed the *'baby massage and things like that where you've got that contact.'*

Angela enjoyed the group which was ‘a fine group’ where ‘most of us got together and got on.’ Angela was keeping in touch with the other mums on facebook and had met up with them a couple of times. She also enjoyed having a mentor as ‘it gave her someone to talk to’.

Angela’s referrer noted a change in Angela’s confidence and interaction with her baby. Mellow Futures had:

*‘Definitely helped with her interaction, playing with the child and all those different areas she didn’t really do much of to begin with. It gave her confidence, it really increased her confidence, she struggles with her partner and she suffers from depression and anxiety, so I think the group really helped her to be positive about herself. She went on to attend other groups in [area] which was great.’*

### 5.3 Data from the videos

As noted, insufficient video recordings were made available to be analysed.

### 5.4 Data from the Adult Wellbeing scale (AWS) and Neo-natal Perception Inventory (NPI)

#### 5.4.1 Adult Wellbeing scale.

Data from the 9 mothers who provided data before and after the Mellow parenting programme are reported in Table 1.

**Table 1.** Adult Wellbeing scale data (four subscales)

	Pre – intervention				Post –intervention			
	Depres sion	Anxiety	Outward directed irritability	Inward directed irritability	Depressi on	Anxiety	Outward directed irritability	Inward directed irritability
1	4	2	3	0	8	5	2	4
2	6	4	2	0	4	2	0	1
3	1	7	4	3	3	8	6	8
4	6	5	3	2	6	7	11	4
5	6	2	6	3	5	5	4	2
6	2	6	5	0	4	3	5	1
7	9	6	3	3	0	2	2	2
8	6	8	3	1	5	9	4	3
9	3	6	3	0	3	6	2	0

<b>Me</b>	4.77	5.11	3.55	1.33	4.22	5.22	4.00	2.77
<b>an</b>								
<b>SD</b>	2.48	2.09	1.23	1.41	2.22	2.54	3.20	2.38

Note:

Depression – A score of 4–6 is borderline in this scale and a score above this may indicate a problem.

Anxiety – A score of 6–8 is borderline, above this level may indicate a problem in this area.

Outward directed irritability – A score of 5–7 is borderline for this scale, and a score above this may indicate a problem in this area.

Inward directed irritability – A score of 4–6 is borderline, a higher score may indicate a problem.

Contrary to expectation, statistical analyses were not carried out as they would have been underpowered. As can be seen from Table 1, the mean subscale scores at pre and post intervention, with the exception of Depression scores, were within acceptable parameters, i.e. below the borderline thresholds.

The mean scores in the four subscales (i.e. Depression, anxiety, outward directed irritability and inward directed irritability) do not indicate any major changes between pre and post intervention. Interestingly, while on average the subscale scores are in normal range, the large standard deviations for two subscales in particular (e.g. outward directed irritability and inward directed irritability) especially for the post-test are of concern as they clearly indicate large variability in participants' responses - some are in the clinical range. Generally, the data show that the psychological profile of the nine mothers at the two time periods remained relatively unchanged. With respect to depression, the use of cut-off scores gives indicators of significant care needs (M=4.77 pre and M=4.22 post intervention). Aggregate data in relation to anxiety, inwardly and outwardly directed irritability are less clear. For some mothers, high scores on inward irritability can point to the possibility of self-harm. Similarly, high outward irritability score raises the possibility of angry actions towards the child(ren). However, as with any screening instrument, interpretation must be in the context of other information. Some respondents will underreport distress, others exaggerate. More data are needed to reach firm conclusions pointing to the need for more research with this vulnerable group of participants.

#### 5.4.2 Neo-natal Perception Inventory (NPI)

To assess mothers' perception of their neonate, the NPI developed by Broussard & Hartner (1970) was used. The NPI consists of 12 items on crying, spitting up, feeding, elimination, sleeping, and settling down to a predictable pattern. The NPI asks parents to rate, on a 5-point Likert scale, how much trouble the "average baby" has compared to their own baby.

Differences in total scores between the average baby and their own baby at or below zero imply a negative perception (negative direction), in which the parent perceives their infant to be more difficult than the average baby, which is associated with a high risk of later socioemotional problems in childhood. The direction of the difference in scores, not the difference itself, is a matter of interpretation. A positive difference (positive direction) implies a positive perception of their own infant being less difficult than the average baby, which is associated with a low risk of later socioemotional problems in childhood (Broussard 1979; Palisin, 1981).

Data from the 3 mothers who provided NPI data before and after the Mellow Futures programme are reported in Table 2.

**Table 2.** Neonatal perception Inventory (NPI) data

	Pre-intervention			Post-intervention		
	Average baby	Your baby	Final score	Average baby	Your baby	Final score
1	19	12	<b>7</b>	19	16	<b>3</b>
2	20	18	<b>2</b>	18	16	<b>2</b>
3	23	12	<b>11</b>	18	12	<b>6</b>
Mean	<b>20.67</b>	<b>14.00</b>	<b>6.67</b>	<b>18.33</b>	<b>14.66</b>	<b>3.67</b>

Note.

The **final** Neonatal Perception Inventory score is the 'Your Baby Perception Inventory' score subtracted from the 'Average Baby Perception Inventory' score. Positive scores were considered "better than average" while negative and zero scores were considered "below average."

As can be seen from Table 2, both pre and post intervention scores are in the positive direction (M= 6.67 pre and M=3.67 post) implying mothers' continuing positive perception of their own infant being less difficult than the average baby (though there was a drop in their positive perception at post-test). Due to the limited number of participants, it would be difficult to draw any firm conclusions about the effect of the programme on mothers' perception of their babies; more data is needed to further examine the effects of the Mellow Futures programme on mothers' perceptions of their infant.

### 5.4.3 Appropriateness of scales.

As the formal questionnaire data was sparse and did not match the qualitative report from professionals and mothers, there is an uncertainty as to whether the scales chosen were appropriate for parents with learning difficulties.

## 5.5 Impact on service and local authority

It was felt that the Mellow Futures was recognised and understood by local professionals who were already aware of mothers' with learning difficulties support such as specialist midwives and the team, in one area, providing support during pregnancy. It was felt that with regard to other professionals:

*'I think maybe the word's still getting out there a wee bit.'*

And that:

*'There's probably room for more positive dialogue to get it out there with other professionals and other services within the local area...'*

Amongst the referrers and other professionals interviewed, there appeared to be an increased awareness of mothers with learning difficulties need for on-going support. One Commissioner commented:

*'But I just wonder – this is my personal thing – for the depth of their disabilities, how they are coping, you know at home on their own because their lives are already complex.... So their lives will continue maybe going from one crisis to the next, I think, and ideally it would be good if there was a continued group for them because we find that with other parents we work with, with a learning disability, they need that intensive support for each stage of their child's development.'*

As noted in section 5.2.5, one of the services had applied for additional funding to provide a 'carry on group' for the mothers. This lasted for twelve weeks. In the other areas, the Mellow Futures programme was described as a 'stepping stone' to the other services.

#### 5.2.6 Suitable for mixed groups of mums with and without learning difficulties

In two of the areas, the referrers also felt that Mellow Futures programme would be suitable for a wider group of mothers. *'For some very, very vulnerable families this [Mellow Futures] would be very good'*. Mellow Futures was felt to be suitable for parents who had been *'poorly parented themselves'* and parents who have *'no knowledge base.'* These were the types of *'mums that we [the service/facilitators/mentors] work with anyway'*:

*'We would probably mix it anyway because we found that the literature for the Futures was so much easier for the nature of the mums that we work with anyway.'*

Even though the Mellow Futures materials was seen as beneficial to all, opinion was divided regarding the provision of a mentor for mums who do not have learning difficulties. One mentor believed:

*'Because a lot of the nature of the mum that we do Mellows with would find that side of it totally invaluable.'*

In another area, it was suggested that Mellow Futures would be used with a mixed group of mothers, with and without learning difficulties but that a mentor would only be provided to the mothers with learning difficulties

### 5.5 Chapter summary

This chapter describes the outcomes for mothers who attended the Mellow Futures programme. The mothers described having more friends, using the information from the programme at home, having more confidence and more connection with their baby. Some of the mothers recognised that the programme had helped them work with their 'issues.'

The professionals reported that the mothers had increased in confidence and self-esteem and many were '*doing better*' having had help with their '*issues.*' Increased interactions between the mothers and their babies/toddlers were noted. The mothers were noted as having made friends in the group, as being more accepting of help and more engaged with other support services.

The level of concern regarding the welfare of the ten of the twelve babies/toddlers was reported to have decreased. The mothers' psychological profile remained unchanged over the course of the programme and they also remained positive regarding their baby.

The Mellow Futures programme was felt to be appropriate for a wide range of vulnerable mothers. There was differences of opinion regarding as to whether mothers without learning difficulties should be provided with a mentor.

Formal questionnaire data was sparse and did not match the qualitative report from professionals.



## 6 Appropriateness and impact of the Mellow Futures model.

The Mellow Futures programme pilot appeared to be beneficial to mothers with learning difficulties. The programme content was found to mostly be appropriate to this group of mothers as it supported the mothers to think about the complex issues in their lives, develop improved relationships with their babies and make friends with other mothers. Some further adaptations were made in terms of including more visuals and it was suggested that some of the material could be presented in a more 'concrete' way using less abstract concepts. The practical activities were enjoyed and supported the mothers' engagement and learning, but caution is needed regarding written 'have a go' activities. The independent, non-judgemental approach of both the facilitators and mentors appears to be vital to the mothers' engagement with the programme.

Running the pilot provided a detailed insight into the complex lives of mothers with learning difficulties, most of whom were already known to services. Strong ground rules were required to maintain harmony in the group.

The mentors' role was valued by the mothers, mentors and Mellow facilitators. Mothers were supported to do the take home activity, to think about their learning from the programme at home and to discuss any personal difficulties. The role of the mentor was taken by volunteers and members of staff who developed positive relationships with mothers. The volunteers related to mothers '*parent to parent*' while staff were able to provide more continuity with other services. The role was considered as possibly '*daunting*' for volunteers due to the mothers' complex needs.

The Mellow Futures programme was recognised as supporting the mothers to make friends, think about the complex issues in their lives and develop improved relationships with their babies. Improvements in most of the mothers' confidence were noted by mothers themselves as well as their referrers, Mellow facilitators, and their mentors. Improvements, for some mothers, were also noted in their practical skills and engagement with services. Some of the mothers were noted as '*doing better*' having had help with their '*issues*.' Increased interactions between the mothers and their babies/toddlers were noted and the level of concern regarding the welfare of the ten of the twelve babies/toddlers was reported to have decreased. The mothers' psychological profile remained unchanged over the course of the programme and they remained positive regarding their baby.

This pilot programme has indicated, in accordance with the wider literature and the Good Practice on Working with Parents with Learning Disabilities, the need for on-going support for these mothers (DoH and DoE, 2007, IASSID 2008, Kroese et al. 2002, Tarleton et al. 2006). The mothers were sad when the groups finished and some spoke of missing mothers from the group, although the majority had been referred into other services. Further support would engage mothers with the different stages of their babies' development and support them in their peer relationships

The further delivery of Mellow Futures programmes would benefit from refinement of the model. Refinements would have a particular focus on the remit of the mentors whether they are staff or volunteers and if they only focus on re-enforcing the programme content or also support mothers to access the community. The provision of the Mellow Futures model would benefit from further awareness raising as it is known that professionals need support and guidance when identifying and working with this group of vulnerable mothers.

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