Mellow Futures: An adapted perinatal programme for parents with learning difficulties and disabilities

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Mellow Futures is a programme for parents with learning difficulties and disabilities adapted from the Mellow Bumps and Babies programmes with the addition of a mentor to support the mothers in transferring learning to their home environment. The evaluation of the pilot programmes (Tarleton & Turner 2016; 2015) found that mothers and the professionals who referred the mothers, recognised increases in maternal confidence, social connection and parenting skills. The level of concern regarding the welfare of the babies was also reduced in the majority of cases.

Keywords: Mellow Parenting, parents, learning difficulties, perinatal programme, mentoring

Pregnant women with learning difficulties or disabilities (LDD) are being recognised as a vulnerable group, as a higher proportion than in the general childbearing population are teenagers, obese, single and smoke (Hoglund et al., 2012a). They are also being recognised as at higher risk of pre-term birth and birth by caesarean section, and at increased likelihood of having smaller babies (Hoglund et al., 2012b). Once the babies are born, there is often concern regarding their welfare as parents with LDD often struggle with literacy, understanding abstract concepts and organising their everyday lives. They are often socially isolated, facing harassment and financial hardship and may not have access to role models or parenting information in appropriate formats. Parents also report being stereotyped by others, including professionals, who consider they should not or cannot parent or learn the necessary skills (Darbyshire & Stenfert Kroese, 2012; Tarleton et al., 2006; Stenfert Kroese et al., 2002). Masson et al. (2008) found that 12.5% of the parents involved in care proceedings in England & Wales had learning difficulties.

ABOUT MELLOW PARENTING PROGRAMMES

Mellow Parenting programmes are strongly grounded in attachment theory, with the understanding that parenting is only one sort of relationship, and a parent’s own history of relationships can influence their capacity to make a relationship with a child. Mellow Parenting groups are designed for parents with complex needs, for example those with mental health and/or substance abuse issues, or who are living with domestic violence or about whom there are child protection concerns (Macbeth et al., 2015; Puckering et al., 2010; Puckering et al., 1994). All the materials and activities used in the groups are planned so as to make few demands on literacy, and any written materials are read aloud so as not to expose or humiliate participants who struggle to read or write.

The Mellow Family of Programmes - attachment and relationship based group interventions
- Mellow Bumps
- Mellow Babies
- Mellow Parenting
- Mellow Dads
- Mellow Futures

Mellow Bumps, the antenatal module of Mellow Parenting, has been shown to be successful in reducing parental stress (White et al., 2015). This is important because there is strong research evidence to show that stress in pregnancy has adverse effects in the short and long-term on the developing child (Olivier et al., 2015; O’Connor et al., 2002). A small RCT has demonstrated that the Mellow Babies programme reduces symptoms of maternal depression as well as substantially improving mother-child interaction (Puckering et al., 2010). In accordance with a meta-analysis of what works in infant mental health to enhance parental sensitivity (Bakermans-Kranenburg et al., 2005), this programme is of a relatively short duration, focuses on parental sensitivity and uses video feedback.
DEVELOPING MELLOW FUTURES
In 2011, Mellow Parenting put out a call to Mellow practitioners who might be interested in forming a small working group to look at how to adapt the Mellow Parenting family of programmes for parents with LDD. The overwhelming number of replies confirmed what was suspected, that most Mellow Parenting groups already included parents with LDD. Mellow Parenting then collaborated with MENCAp (a charity based in the UK that works with people with a learning disability) to put in a joint funding bid to the UK Department of Health. The bid was successful and Mellow Futures was conceived.
With the aid of the MENCAp Communication Team and a Parents' Reference Group from The Elfrieda Society (a London charity supporting adults with learning difficulties) who provided a view regarding the accessibility of the group materials, the Mellow Futures programme was devised. It bridged the existing Mellow Bumps (antenatal) and Mellow Babies (babies under a year) programmes. A major addition to the new programme was the provision of a trained family mentor for each mother. With the understanding that generalising learning from one situation to another (i.e. from the group session to the mother's home) might be a challenge for mothers with LDD and that repetition is helpful, the aim was to keep mentors abreast of the activities in the Mellow Futures group so that they could support the mothers to try out their newly acquired skills at home and in the community. Another part of the mentor's role was to explore with the mother local resources, such as mother and toddler groups, and help them integrate so that the effects of the Mellow Futures intervention would be sustained in the longer term. The mentors were usually volunteers, but in two areas, family support workers took on the role.

MELLOW FUTURES AIMS:
• To reduce the number of ‘looked after’ children in care and the number of children in need
• To improve physical/emotional outcomes for families with multiple needs
• To demonstrate effective early intervention for families with parental learning disability
• To create opportunities for volunteering
• To produce a model that could be replicated in standard local commissioning frameworks
• To disseminate the project to the whole of the UK (and abroad) through knowledge-exchange and cross-border learning

THE MENTOR ROLE
Volunteer mentors provided mothers with a chance to develop a relationship with another supportive parent. The mentors were given basic information about the mothers that would keep them (the mentors) safe and enable them to engage with the mothers. Details regarding previous children who had been removed from the mothers were not divulged but the mothers were encouraged to share their histories with their mentor, as they felt appropriate.

THE VOLUNTEER MENTORS' ROLE
• The volunteer mentors were mainly mothers who wanted to 'give something back'. A few were looking for experience to support their return to work. A few were female students who needed experience for their future career.
• The mentors were recruited through and trained by a local voluntary organisation which was working with vulnerable families. This training was supplemented by training introducing the principles and content of Mellow Futures and how to work with parents with learning difficulties.
• Mentors were provided with a detailed Mellow Futures manual showing the content of each of the weekly sessions and of the weekly 'take-home activities' which the mentors were asked to engage the mothers in at home.
• Mentors were supported by the voluntary organisation through which they had been recruited. Contact took place after each visit to ensure their safety and a 'log' was completed. Regular meetings with a supervisor took place and, in some areas, group sessions were held for mentors.
• The Mellow Futures practitioners shared information weekly with each mother's mentor, either directly or via their supervisor, about how the mother had been during the group session and whether she had understood the content of the session etc.
• The mentors were not encouraged to remain in contact with the mothers at the end of the Mellow Futures programme as, at this stage, they would not have the protection of the voluntary organisation.

Mellow Futures was piloted in three areas of Scotland and in two regions in England, one predominantly urban and the other rural. Mothers-to-be were referred by midwives, social workers and other professionals. Fathers' groups were part of the programme, but these were not run due to low numbers. The next section of this article reports the initial findings of the evaluation of the pilot programmes.

THE EVALUATION
The Mellow Futures pilot programmes were evaluated through interviews with the mothers, their mentors, the Mellow practitioners and the professionals who referred the mothers to the groups. The mothers were provided with easy-read information about the evaluation and gave consent for the researcher to contact a key professional in their lives. Mothers also completed the Adult Wellbeing (AWS) and Neonatal Perception Inventory (NPI) scales. Videos of mothers' interaction with their babies at the start and end of the post-birth sessions were also made and analysed using the Mellow
Parenting Observational System (MPOS). Full details regarding the evaluative methods can be found in the evaluation reports (Tarleton & Turner, 2016; 2015) on the Mellow Parenting website (http://www.mellowparenting.org/).

MOTHERS’ VIEWS OF THE PROGRAMME
Thirty mothers took part in the evaluation, including 18 of the 24 mothers who had completed the English pilot programmes and all 12 of the mothers who had completed the programme in Scotland. Many of the mothers had complicated life circumstances. Some had grown up in care while others were reported as having issues with confidence and self-esteem, mental health and alcohol dependency. Some had experienced domestic violence. At the start of the programme, over half the babies were the subject of child protection plans.

The mothers felt that the programme was presented in an accessible way by practitioners who created a nurturing environment in which they felt safe to talk about themselves. They enjoyed the activities and said the programme was ‘fun’, an important element needed to counterbalance discussion of the serious issues in their lives. The mothers enjoyed learning from videos but some were not keen on being videoed themselves. They found the relationship with other mothers supportive and did not want the groups to end.

THE ROLE OF THE MENTOR
Mothers felt that the volunteer mentors provided them with independent, non-judgemental support which the majority greatly valued.

The volunteer mentors enjoyed their role and felt that they were able to develop supportive ‘parent to parent’ relationships with the mothers. Some were shocked and challenged by the complexity of the mothers’ needs and needed support themselves while continuing to support the mothers.

When family support workers (who were not involved in running the groups so as to keep the boundaries intact) took on the role of mentor, this was felt to be useful in providing continuity to parents who were already involved with services and in facilitating information-sharing between members of staff. On the other hand, it was also felt that staff mentors might be a source of confusion when mothers already knew them in a different role. Staff mentors discussed lack of time with regards to having two roles, but they generally enjoyed the mentor role which was ‘lighter’ than their usual one in supporting vulnerable families.

MELLOW FUTURES’ IMPACT
The mothers spoke of having increased confidence as a result of attending the programme. They felt that they had learned about themselves, including the impact of their childhood histories on their parenting. They also felt they knew more about how to look after babies and that they had learnt to trust others to look after their babies such as in the Children’s Group. Virtually all the mothers reported making friends and having more social support.

The mentors and Mellow practitioners also noted the mothers’ increased confidence and baby care skills. The volunteer mentors had learnt new skills and were proud of having ‘given back’ to the community. The impact of their independent, non-judgemental relationship with the mothers was regarded as particularly beneficial to the mothers.

The professionals who referred mothers to the programme noted a range of outcomes for the mothers, including increased confidence and self-esteem, improved care of their babies, making better life choices and engaging in a more positive way with services. The relationships that had been established between mothers attending the groups were also regarded as beneficial.

A small number of referrers noted the complexity of the mothers’ situations and that the programme could only be, and was only, part of a package of support for these mothers. Therefore, it was difficult to isolate the specific impact of the programme. However, there was a reduction in the level of referrers’ concern for the welfare of the majority of the babies. The ‘classification’ (a measurement of the level of concern on the part of children’s services) of over half (17) of the children was reduced while it had been raised for four babies and remained the same for nine. Even where babies’ ‘classification’ remained the same, the referrers reported improvements in most of these mothers’ relationship with and care for their babies.

CONCLUSIONS
Early evaluations appear to indicate that the Mellow Futures programme results in positive outcomes for the mothers who attend and their babies. These outcomes appear to be related to the quality of the relationship developed between the practitioners and mothers, the mothers and their mentors and between the mothers themselves.

REFERENCES


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AIMH UK Annual Conference

‘Working Effectively with Fathers in the Perinatal Period’

Friday 29 September 2017

Hallam Conference Centre, 44 Hallam St, London W1W 6JJ

Speakers include:

Professor Paul Ramchandani: (Why Fathers are important)
Dr Hilary Kennedy: (Video feedback with Fathers)
Dr Raqib Ibrahim: (Mellow Babies with Fathers)
Dr Sebastian Kraemer: (Working with the Triad)
Joanna Tucker: (Parent-infant psychotherapy with the Triad)
Dr Anita-Schrader-McMillian: (Steps to Safety for Couples where there is bi-directional violence)

Keynote Speakers:

Paul Ramchandani is Professor of Child and Adolescent Mental Health at Imperial College, London. Paul’s research is focused on child development and particularly on the prevention of emotional and behavioural problems in the early years of life.

Dr. Anita Schrader McMillan is a Visiting Fellow at Warwick University Medical School. Her current areas of interest are promotion of resilience in boys in violent contexts and promotion of parental sensitivity and infant attachment security in low income settings.

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