Mellow Futures

Parent Pioneers Pilot programme evaluation

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

Contents

1. Introduction

This report presents the findings from the evaluation of the Mellow Futures programme. 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. It also introduces the partners in this project which was funded by the Department of Health between 2012-2015 and 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 Children's Group

5   The mentor role

6   Outcomes for the mothers with learning difficulties

7   Organising and supporting the Mellow Futures model

8   Conclusion and key learning points.

1.1   Parent Pioneers project

The Parent Pioneers Project developed and piloted the Mellow Futures programme, which was adapted from standard Mellow Parenting programmes, for parents with learning difficulties. 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 supports the mothers in implementing their learning in their home and in connecting with support in their local community.

The pilot Mellow Futures programmes ran twice in two selected authorities, Islington and Northumberland.

The definition of learning difficulty used in this project was:

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

The Parent Pioneers programme involved a wide variety of organisations including:

- Mencap
- The Elfrida Society
- Mellow Parenting practitioners and Children's Group workers.
- The mentor organisations

1.1.1 Mencap

Mencap were the project managers and provided support to those involved in the pilot and related to the project's funder, the Department of Health. Mencap organised 'operational groups' in each of the local authorities to facilitate the roll out of the pilot programme. These groups included a wide variety of local professionals.

The Mellow Futures pilot programme aimed not only to support parents with learning difficulties but make an impact on the provision available locally for parents with learning difficulties.   Mencap provided training for key managers and potential referrers in the local authority at the start of the programme, to ensure the viability of the programme and to embed it in existing services.

1.1.2 The Elfrida Society

The Elfrida Society supported a Parent Expert group which was a critical friend during the development and roll out of the Mellow Futures programme. The group was made up of parents with learning difficulties, who advised Mellow Parenting workers on the appropriateness of adaptations to the programme and how to engage parents in the evaluation process. Representatives of this group have spoken at training and events and three Working Together with Parents Network regional conferences about the programme.

1.1.3 Mellow Parenting

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.'

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

1.1.4 Mentors organisations and Mentors

The mentor organisations were The Parent House and Children North East. These organisations were selected to take part in the pilot programme following a tender process by Mencap. The Parent House *'aims to improve the aspirations and lives of parents and carers who are at risk of exclusion, poverty and isolation'*. It runs a variety of services including a parent mentoring project that trains and supports volunteer mentors and matches them with local parents who need additional support (http://www.theparenthouse.co.uk/HomeAbout.html).

Children North East is a children's charity, in North East England, whose vision is *'of a happy childhood and fulfilling future for all young people in our region'*. Children North East deliver a variety of services for families, children and young people. This includes the provision of family

support volunteers.   See more at: http://www.children-ne.org.uk/Supporting-Families-Protecting-Children#sthash.OtDPNO6F.dpuf

Both organisations had strict selection procedures and training programmes for volunteer mentors. The in-house training programmes were supplemented with input on Mellow Futures and the support needs of parents with learning difficulties.

1.1.5   Norah Fry Research Centre, University of Bristol

Beth Tarleton from the Norah Fry Research Centre, School for Policy Studies, University of Bristol evaluated this programme. Beth was involved with the 'partners' group which oversaw the development of the project. This was for information purposes and Beth did not advise on development of the Mellow Futures model. Beth Tarleton has undertaken research around parenting services for parents with learning difficulties for ten years and co-ordinates the Working Together with Parents network which support professionals working with parents with learning difficulties. Information about the network can be accessed at: wtpn.co.uk.

1.2   Mellow Futures programme

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)

The Mellow Futures groups 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 mother and their baby. Initially it was planned that each mother would join the group during pregnancy and carry on into the post-birth sessions. However as recruitment at the antenatal stage was very low, mothers with babies up to a year old were included in the post-birth programme. There were some older babies in Northumberland.   Sessions were originally planned for the babies' fathers but these did not occur as most of the mothers were parenting alone. One father was referred to a 'Strengthening Families' parenting programme.

The Mellow Futures programmes were run by Mellow Parenting practitioners who were trained in the newly developed Mellow Futures programme. In Northumberland, these facilitators were locally based experienced practitioners. Three were from Sure Start while one was a family therapist.   In Islington, the Mellow Practitioners included an experienced Mellow trainer who was also a health visitor and newly trained facilitators with a background in family support and learning disability. The babies attended the programme with the mothers and attended the Children's Group whilst the mothers engaged in activities. The Children's Groups were provided by experienced nursery and Sure Start workers.

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'.

1.2.1   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.

- Joint 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 13 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.

1.2.2   Mentor's role

The Parent Expert group were involved in developing a specification for the mentors' role. The Parent Expert group were clear that this role should be voluntary.   Mentors met with mothers weekly during the course of the Mellow Futures programme for one to two hours. As discussed in Chapter 5, the mentor role was interpreted slightly differently by the two different mentor organisations but included supporting the mothers to review the information provided in the group and with their 'take home activity'.   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.

Originally, it was planned that this support would continue after the end of the parenting group sessions to continue to support mothers' social inclusion and use of the principles from the group programme. However, this did not occur and as discussed in Chapter 6 on-going support is needed for these mothers.

1.3   Evaluative methods

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

- Appropriateness of the programme adaptation.

- Outcomes for families participating in the adapted programme.

- Role/impact of the volunteer in supporting the parents and embedding the learning from the Mellow Futures programmes through the 'at home activity.'

- 'Value added' package of support given to test sites in improving outcomes to commissioning and operational practice.

The costs and outcomes of the project were evaluated by Annette Bauer and Gemma Williams, from the London School of Economics. See the separate paper entitled 'Costs and economic consequences of Parent Pioneers, a pilot Mellow Futures programme for mothers with learning difficulties'.

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.

1.3.1   Interviews with mothers

The mothers who joined the antenatal programme were interviewed up to five times over the course of the pilot programme. These five visits included the start and end of the pre-birth and post-birth groups and at a reunion six to twelve weeks after the end of the post-birth programme. Beth met with the mothers who joined the post-birth group up to three times, at the start, end and reunion.   The interviews included discussion of the mother's situation, their views on the programme and the support provided by the volunteer mentor.

Of the twenty-four mothers who completed the Mellow Futures pilot programmes, twenty-one mothers consented to take part in the evaluation. Of these mothers eighteen completed the programme and are included in this evaluation. Of these eighteen mothers, six joined at the start of the pre-birth group and twelve at the start of the post-birth group. Three mothers declined to take part in the evaluation. A total of sixty-seven interviews were undertaken with mothers during the evaluation. One mother completed the programme but did not take part in an end-of-group interview because of the difficult circumstance in her life. Mothers who left the programme were reported as doing so because of personal issues in their lives or because they felt they did not need the additional support. In addition, one mother was reported as not feeling comfortable in joining the post-birth group due to the already established relationships between the mothers who started the programme at the pre-birth stage.

1.3.2   Interviews with mentors

There were six Interviews undertaken with the mentor managers.   Seventeen mentors who were involved in the programme were involved in this evaluation.   Thirty interviews were undertaken. All but one of the mentors were mother's themselves. The mentors were provided with the information about the evaluation at the pre-course coffee mornings or via their manager.

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.

1.3.3   Interviews with Mellow facilitators

Group interviews were undertaken with the Mellow facilitators at the end of each pre-birth or post-birth group. Four interviews were undertaken in each area. 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.

1.3.4   Interviews with Children's Group workers

Telephone interviews were undertaken with two of the Children's Group facilitators in Islington and a focus group interview with three of the Children's Group facilitators in Northumberland. The interviews discussed how the group ran and the workers' relationship with the mothers and the Mellow facilitators. The relationships between the mothers' and Children's Group workers were also discussed in the interviews with the mothers and Mellow facilitators.

1.3.5   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.

Two data collection forms were developed. However, in practice it was felt that forms would not be returned and telephone interviews were undertaken with the professionals. At the start of the mother's involvement with the programme the interview discussed: 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 and the mother's current service use were also

discussed. Whether a mother had a learning difficulty or learning disability was usually discussed in response to the question as to why they were involved with the programme or the concerns about their parenting. A direct question was asked if this had not occurred. The interview also took the opportunity to look at attitudes to and services provided for parents with learning difficulties in the local authority.

At the end of the programme, the referrer was asked whether the programme had had any impact on the mother, her parenting and the outcomes for the baby and any other children. The impact of the programme on the local authority was also discussed.

1.3.6 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 eighteen interviews were undertaken.

1.3.7 Video analysis

Parent/child interaction was recorded on video at the beginning and end of the post-birth phase of the Mellow Futures course. Only six full sets of videos were available for analysis from the pilot sites. The videos were recorded by Mellow facilitators. Ideally the recording should be made during a care giving situation such as feeding the baby in the parent's own home, to make the content of the recording as natural as possible and representative of the normal daily interaction between the mother and child.

The videos were 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.

1.3.8 Adult Well-being Scales

The Adult Well-being 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. Only a small number of scales were completed. The scales were analysed by William Turner at the University of Bristol.

1.3.9 Training questionnaires

Mencap provided introductory training in both local authority areas prior to the start of the Mellow Futures programme. This training was intended to raise awareness and understanding of the support needs parents with learning difficulties. Pre and post-training questionnaires were devised and two follow-up telephone interviews investigated the attendees' attitudes and understanding of the issue of parenting by adults with learning difficulties prior to and after attending the training. Twenty four professionals, across the two local authorities, were recorded as attending the training and completing the pre and post- questionnaires.

1.3.10 Tracked group

A comparison group of mothers with similar characteristics to those attending the Mellow Futures programme was desired.   It was hoped that data would be collected regarding mothers who could not join the programme because they were at the wrong stage of pregnancy to join the pre-birth groups.   Information was to be collected regarding the mothers' situations, concerns regarding their parenting, status in relation to child protection and services used at ten month intervals.   This information was to be collected from professionals by the Mencap project manager so that the information could be provided to the researcher anonymously as parental consent was not sought. Identification and consent to contact potential tracked group mothers proved to be very difficult and data was collected regarding one mother. The information regarding the one mother has not been included in this report but was been shared with the LSE to support the development of the cost and outcomes work.

1.3.11 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 evaluation session. On-going consent was confirmed with the mothers prior to each subsequent interview.   Consent was obtained to contact the mother's referrer or key professional in their lives. Consent for use of their videos in the evaluation was provided separately at the end of the programme.

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

1.3.12 Issues with the methodology

A number of issues were encountered during this evaluation.   These issues include mothers' resistance to involvement with 'nosey parkers' (a term coined by one mother in relation to her child's social worker). The approach from the research was initially seen as another person asking about their lives. This concern has been overcome in a majority of cases through clear explanation and easy consent information regarding the confidentiality and anonymity afforded by the project.

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.   Many attempts were often made to contact referrers. In a number of cases, the referrer had moved on resulting in the view of the mother's situation being collected from a new professional at the end of the programme. In a few instances, a new professional could not be located and a view was taken from the mother's advocate or the Mellow Facilitators. The perspectives of the facilitators were generally found to be more critical of the mothers' achievements than those expressed by more distant professionals.

A smaller number of mother's video were analysed than planned.   Some mothers resisted the task, some were happy to be recorded at the beginning of the programme but by the end felt that they had been recorded so much during the programme that they did not wish to be recorded again at

home. In addition, the geographical spread and home conditions of the families in the rural area made repeated home visiting difficult, so that some recordings were made in the family centre, under less than ideal conditions.

A smaller number of scales than planned were also included in the evaluation. This related to the mothers not being present or willing and some of the scales having been misplaced.

The low number of mothers in the programme appeared to be related to local professionals' ability to engage with the programme. Training for local professionals was provided at the outset of the pilot programmes while the Mellow facilitators and operational group members strove to raise awareness of the programme by attending team meetings and clinical forums etc. This is discussed in Chapter 7.

1.4   Chapter Summary

This chapter introduced the Parent Pioneers project, the partner organisations involved: Mencap, Mellow Parenting, The Elfrida Society, Norah Fry Research centre (evaluation) and the two mentor organisations The Parent House and Children North East. It 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, Mellow facilitators and Children's Group workers. Analysis of some Adult Wellbeing scales, Neonatal Perception Inventory scales and videos of mothers' interaction with their babies at the start and end of the post-birth group were undertaken. Some issues with the evaluative methods were discussed.

2   Mothers with learning difficulties, mentors and the local authority contexts.

This chapter introduces the mothers with learning difficulties who took part in the pilot project and the mentors that supported them.   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. It also discusses the local authority contexts in which the programme was piloted including the awareness of parents with learning difficulties' support needs and barriers to providing tailored support for parents.   The impact of the programme on the mothers and mentors is discussed in Chapter 6.

2.1   Mothers with learning difficulties

Of the twenty-four mothers who completed the Mellow Futures pilot programmes, twenty-one mothers consented to take part in the evaluation. This evaluation includes the views of and information about eighteen mothers with 'learning difficulties' who completed the pilot Mellow Futures programme. 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. In fact, the majority of mothers did not have a diagnosis that was recognised by their referrers.   Only three mothers were described as having a diagnosed learning disability, two mothers were described as having Asperger's syndrome, three were described as dyslexic. One of these mothers also had cognitive limitations. By the end of the programmes, it was believed that two mothers, one in each area, did not have learning difficulties. One of these mothers was described as having a personality disorder.

2.1.1   Mothers' additional support needs
The mothers had a range of additional support needs:

- Two of the mothers had been in care themselves.
- Two mothers were epileptic.
- Three mothers were reported to have mental health support needs.
- Two mothers were reported to self-harm.
- Two were reported as having had issues with alcohol.
- One mother was described as having anger issues and ADHD.
- One had mild cerebral palsy.
- In one situation, there had been evidence of drugs in the home.
- One mother's partner had recently died and another's partner was reported as having anger issues.

2.1.2   Family support
Ten mother, over two-thirds, had good family support.   Of these mothers, five saw family most days while five mothers lived with family members and one of the mothers who grew up in care is now living with her grandmother. In three cases residing with family was due to the grandmother having

parental responsibility. One mother and her partner had not kept their house at a reasonable standard and had been required to move in with family as part of the child protection plan.

2.1.3   Level of concerns regarding the unborn child/baby

In Islington, there were concerns regarding the welfare of the majority of unborn babies/babies when the mothers joined the programme:

- Five out of the eight babies in Islington were subject to a child protection plan.
- One mother and baby lived with the baby's grandmother who had parental responsibility.
- One of these babies was initially described as being a 'child in need' but a new social worker indicated their belief that the needs were always at a higher level. This case has been recorded in this way, so that the outcome in Chapter 6 does not appear to be more negative than was actually the case. One baby was considered a 'child in need'.
- One baby was considered 'child in need' while a parenting assessment was undertaken. The mother was well-supported by her family and there were no concerns.
- Three of the mothers had previously had children removed from their care and one mother had an older child removed from her care during the course of the programme. None of the mothers had any other children living with them.

In Northumberland:

- Five of the ten babies were subject to a child protection plan and/or their grandparents had parental responsibility. One of these babies was placed with a grandparent and the mother had regular supervised access. One mother and baby lived with the baby's grandmother who had parental responsibility.
- Two babies were considered a 'child in need' at the start of the programme.
- Three mothers were not involved with children's services.
- A Maternity Assessment Framework (MAF) assessment was initiated during two of the mothers' pregnancies but had not identified any substantial concerns. A MAF was described as a Common Assessment Framework which is initiated during pregnancy.
- One mother had under-gone an 'Early Help Assessment' (EHA) which was similar to a Common Assessment Framework assessment and described as a '*step-down*' from children in need.
- Three of the mothers had previously had children removed from their care. Two mothers had access to their older children.
- Three of the mothers had older children living with them; one of these mothers had previously had older children removed from her care.

2.1.4   Reasons for attending the Mellow Future programme

One mother had asked for an appropriate course so she could learn more about becoming a mother, while others recognised the opportunity to learn about parenting, meet other mothers and get out of the house once the programme had been suggested or recommended to them.

A number of themes permeated the reasons given by the mothers as to why they were attending the programme. The strongest theme was that a professional had suggested the programme to them and '*it sounded like a good idea*.' The mothers thought it was a good way to learn more about having a baby and looking after their baby. One mother joining the post-birth course said:

> *'To find out more about, I suppose...more about babies and more about how, you know, parents can cope with bringing up their children, interacting with their baby and meeting people as well.'*

Mothers beginning the post-birth course confirmed:

> *'I'll get out of it some more parenting kind of skills, how to bond with him more, and how, like...you know, do stuff properly, instead of just leaving him and walking around doing something else.'*

> *'More confidence in dealing with him … just more confidence in...I mean I have confidence feeding him, but it's when he gets like grumpy and that, it's like, OK, I get stressed*.'

One of these mothers, who attended pre and post-birth groups, had met one of the facilitators at her twenty week scan. The facilitator was pro-actively seeking potential participants.

However, at least four mothers felt that they had been '*forced*' to attend by their children's social worker, causing in some cases initial resistance to engagement. The programme was something they had to do because:

> *'I've got social services running my life at the moment.'*

One of these mothers hoped that the programme might give her:

> *'Different coping methods that I didn't have with my first two.... It should probably help me more now than what it would have before*.'

A further three mothers felt that the programme had been strongly '*recommended*' to them by their child's social worker. This initial resistance was overcome, as shown in the discussions in Chapter 3, through the positive, trusting relationships developed between the programme facilitators and other mothers.

The majority of the mothers had also been looking forward to meeting new mothers. These mothers noted that they did not have many social contacts. Three of the mothers who joined the post-birth group noted that they joined the programme for their baby's benefit as well as their own.

> *'Love meeting new people and he'll learn to meet some new bubbas, instead of just him and me.'*

> *'I don't know really, just an understanding of how I am as a parent, and stuff to do with [baby name], activities to do, because I don't really – I don't have friends with children, so I'm a very isolated person to start off with*.'

This one mother also continued to say she wasn't interested in relationships with other mothers. By the end of the programme, other mothers reported her centrality to the group's relationships.

Time together with their baby was also particularly pertinent for the mothers who were not the primary carers for their child:

> *'I was really excited this morning. I was like, I'm going to have some time with my son on my own, spend some time with him, and get to meet new people, new mums.'*

The professionals who provided information about the mothers' situations at the start of the programme discussed a wide range of reasons why they felt the mothers would be suitable for the programme. These reasons included the need for:

- Support around understanding and engaging with their baby.
- Reassurance that they can do things for their baby.

- Support to understand children's social workers' concerns.
- Support to increase the mother's confidence.
- An opportunity to meet other mothers with similar needs.
- An opportunity to discuss their feelings and issues in their lives.

One professional had referred a mother:

> *'Because the mother has learning disabilities and was pregnant'.*

2.1.5   Mothers' profiles

The following brief anonymised mother profiles provide an insight into the wide range of situations the mothers were in and why they joined the Mellow Futures programme.   Chapter 6 reviews these mothers' situations at the end of their involvement with the programme.

Mary had a diagnosed learning disability and was in intermittent contact with the Adult Learning Disability Team. Mary had epilepsy and mental health support needs.   She was in contact with her baby's dad but he did not offer any support. Although she lived on her own in a housing association flat, she spent most of her days with her mother and had frequent contact with her sisters.   Mary joined the programme at the pre-birth stage. A pre-birth assessment was undertaken and her unborn baby was regarded as a 'child in need' while this assessment was undertaken. Mary attended the programme after asking if there were any courses she could attend to learn more about having a baby. Her referrer reported that she was referred as it was her first pregnancy and it was not known how she would cope with a baby.

Louise was in her thirties and already has four children, three of whom do not live with her. Louise joined the programme at the pre-birth stage and her unborn baby and pre-school aged child, who lived with her, were both subject to a child protection plan. Louise was involved with children's services and the family support workers who were running the Mellow Programme had known her for many years. Louise was not an effusive talker but said she came to the programme because she was *'told to com*e' by her child's social worker so she would know '*how to handle two children'*.

Abi had diagnosed learning disabilities and took a long time to respond to questions and when she did was very brief and concrete. Before becoming pregnant she did voluntary work. Abi joined the post-birth group as it '*sounded like a good idea'* when her health visitor suggested it.   Abi lived with her parents and her baby is considered a 'child in need'. Her parents have parental responsibility for her baby.

Kylie had a mild learning disability which was diagnosed during a parenting assessment.   Kylie was living in cramped housing with family members and there was some concern about how she used alcohol. Kylie has two older children who live with one of their fathers and her baby's social worker indicated that the current plan was to have the baby adopted.

Kylie went to the pre-birth Mellow programme because her social worker told her she had to go. She said she knew how to be a parent and was angry at being '*forced*' to attend. However, she indicated that she was open to learning new things for her baby.   Her child's social worker reported that she was referred to the programme in order to meet other mothers, talk about her feelings and understand children's services' concerns.

As discussed in Chapter 1, all of the information about the mothers and babies presented in this report has been anonymised.

2.2   Mentors

All but one of the mentors were mothers. The mentors were often seeking to '*give something back'* as well as to learn new skills or share skills that they had. A number of the mentors were specifically seeking experience to return to employment. A number of mentors specifically spoke of changing careers after having children had changed their perspective.

2.3   Local authority contexts

The local authorities were selected to take part in the Mellow Futures Pilot. Commissioners and managers in both local authorities recognised a lack of specific support for parents with learning difficulties in their authority and the need to '*upskill workers'* and '*broaden understanding of parents with learning difficulties.'*   As also discussed below, barriers to the provision of appropriate support included the attitudes of some workers, lack of early identification and the eligibility criteria for adult services inhibiting support for parents with milder needs. In both areas support was available from universal services and from children's services if there were serious concerns regarding the children's welfare.

In Islington, the need to target this group was linked to a number of wider agendas such as '*Good Start in Life – First twenty-one months'*, the early intervention agenda and the recent '*Fairness Commissio*n' which responded to the '*huge inequalities'* in Islington. A joint protocol regarding support for parents with learning difficulties had been attempted a couple of years ago, but '*never really got off the ground*'. As well as support being able to be provided by the Intensive Family Support team and children' services, there were a number of services that could support parents with learning difficulties in Islington. These included The Elfrida Society, Centre 404 and the Anna Freud Centre.

In Northumberland, there was also no specific policy around supporting parents with learning difficulties, but it was stated that this group of parents should be included in all policies. The health visiting strategy was mentioned as key to providing support, family support workers would undertake visits with health visitors to make parents aware of the support available at the children's centre. Outreach work by family support workers could include the use of pictorial tools and additional support had been provided for mothers in parenting groups. Health visitors also supported vulnerable parents to make use of Children's Centres. As noted in the descriptions of the mothers' situations above, Northumberland had a Maternity Assessment Framework and an Early Help Assessment to provide early support to families. There was a family intervention team which could support families with additional needs that did not meet the criteria for social work intervention. Barnardos provided support to families involved with children's services. Northumberland had a long history of providing Mellow Parenting courses.

2.3.1   Local Authority training

Training was provided, by Mencap, for local professionals in the pilot areas at the start of the first run of the Mellow Futures programme. The training aimed to raise professionals' awareness of the needs of parents with learning difficulties and to support professionals to understand the programme's referral criteria. The training provided local professionals with information which would enable them to understand if a parent had learning difficulty and provided an insight into parents' support needs and how to communicate appropriately with parents with learning difficulties.   However, only a small number of local professionals took up this free training at the outset of the programme and sufficient interest was not found to run the training before the second

run of the programme delivery. It was felt that local professionals found it difficult to prioritise this training in their already busy roles.

In order to raise awareness of parents with learning difficulties' support needs and the pilot programme, the Mellow facilitators and members of the operational group strove to raise awareness in the pilot area.   Visits were made to a number of health visitor forums, clinical networks, midwifery team meetings and health cluster meetings.

The analysis of the pre and post training questionnaires offered further insight into the context of programme delivery.   The findings indicated there was a spectrum of understanding of the term '*parents with learning difficulties*' including '*difficulties with learning*', '*developmental delay*' or issues with *'cognitive development*' across the 24 participants. It appeared to be understood that this might mean that parents might be '*struggling with life*' or '*struggling with understanding*.'

 The issues parents with learning difficulties faced were recognised as being:

- Attitudes of professionals to parents, including the assumption of incompetence and the assumption that their skills as a parent are not valued.
- Parents' lack of understanding of their children's needs and lack of ability to meet their child's needs.
- Lack of potential role models.
- Fear of engaging with services due to the concern that their children may be removed from their care.
- Lack of ability to access support for/information about parenting, including parents difficulties in accessing universal services and of their feeling of '*difference*' if in groups with other parents who do not have learning difficulties.

The professionals also described the current barriers to providing support for parents with learning difficulties included:

- Professionals' lack of awareness of parents with learning difficulties and attitudes to parents, see above. One health visitor noting: *'attitudinal barriers are extensive and need training and resources to confront'.*(
- Professionals not knowing how to support parents including how to communicate appropriately.
- Parents' failure to 'self-identify' their need for support.
- Parents' lack of trust in professionals and services, often resulting in a 'lengthy engagement process, parents being 'sceptical about support'.
- Parents' lack of accessible/easy read information regarding parenting.
- Lack of positive role models.
- Lack of time and resources.

These themes reflected the themes in the literature focusing on parents with learning difficulties (Booth et al. 2006, CHANGE 2006, Mc Connell et al. 2006, Tarleton et al. 2006) and were echoed by some of the mothers included in this evaluation, who were resistant to engaging with the Mellow Futures pilot programme as they felt '*forced to attend*'. This is discussed in Chapter 2.

Indicating the potential to engage and educate local professionals, the post-training questionnaires indicated that the professionals had refined their understanding of the term '*parents with learning difficulties*'. Definitions were generally similar to:

> *'A learning difficulty is a reduced intellectual ability and difficulty with everyday activities. They may take longer to learn and may need support to carry out everyday activities.'*

Professionals noted various impacts. A few noting that their '*thinking had changed*', one professional mentioning a '*lightbulb moment'*. Others noted a more '*can do' approach* and the need to change their processes and the way in which they communicated with parents, for example using pictures to convey information.

The professionals now described the issues for parents with learning difficulties when engaging with services as being in relation to:

- The professional's way of communicating resulting in mis-communications.
- Accessibility of service information and support required to understand their children's needs.
- The need for trust to develop a relationship.
- Professionals pre-conceived ideas regarding parents.

A greater awareness of how parents could be supported was also reported. The post-training questionnaires indicated that parents could be supported in the following ways:

- Effective communication that is not patronising and gives parents time to understand. The need to ask questions to ascertain what they understand. Provision of resources in appropriate formats.
- Focusing on strengths and through repeating instruction.
- By taking the parents as they are and withholding judgement of the parent until assessments have been completed.

In both areas, professionals were aware of the services that could support parents with learning difficulties if there were concerns about their welfare, such as the 'Intensive Family Support' in Islington and the 'Family Recovery Service' in Northumberland. In Islington, professionals were aware of voluntary services that could support parents with learning difficulties, a number mentioning the Parenting Project at The Elfrida Society and Centre 404.

2.5   Chapter summary

This chapter introduced the eighteen mothers who took part in the Mellow Futures programme and the evaluation. The mothers had very complicated life circumstances, two of the mothers grew in care themselves, six of the mothers having had previous children removed from their care and ten of the unborn children/ babies subject to a child protection plan and/or their grandparents had parental responsibility. Only three mothers were not involved with children's services while four of the babies were initially regarded as 'child in need'. Three of the mothers had older children in their care. There were a range of current issues in the mothers' lives such as use of alcohol, depression and self- harm.

The mentors involved in the programme were mostly mothers who wanted to share their skills and support other mothers. A number were undertaking voluntary work to support a change in career.

The two local authority contexts, Islington and Northumberland, were keen to develop their understanding of the way mothers with learning difficulties could be supported. There were no specific local authority services for parents with learning difficulties. Attitudinal barriers and lack of resources were noted as inhibiting positive support.

3 Adapted programme

This section discusses the content and presentation of the adapted parenting programme. It begins by discussing the mothers' views of the programme. The facilitators' views of running the programme are then discussed. The impact of the mother's complex situations and histories is noted as having a huge impact on the way the programmes ran.
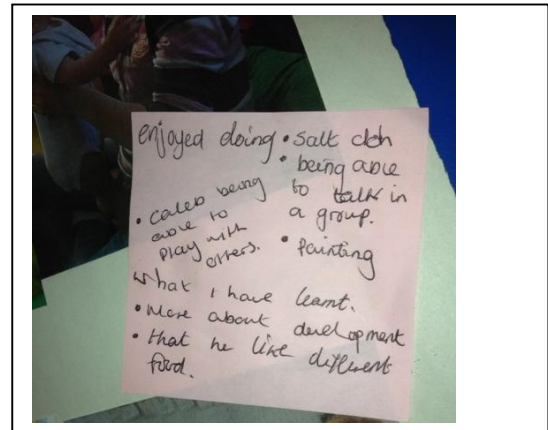
3.1 Mothers' views of the adapted programme

This section describes how the mothers found the programme enjoyable and supportive. It then discusses their views of the programme content and the relationships developed between the mothers.

3.1.1 Confidential, supportive relationships with facilitators

All of the mothers reported liking the facilitators. They described the programme facilitators as '*lovely*', '*nice*' and '*great*' and as making the group like '*home*'. Even a mother who was particularly resistant to attending the programme enjoyed the relationships with the facilitators. Mothers said:

> '*They are lovely. They are really nice; they are really good at making you feel welcome and everything. It's not them or the group. The group is good, it's just I don't want to be here.*'

> '*They're not the sort of people you've got to be scared around, like, if you feel you can't do something you can say, look, can you help us with this, and they'll be there straight away. They're willing to help you with anything, even if it's the stupidest thing, like you can't fasten your child's nappy properly, they'll help you.*'

The mothers also spoke of trusting the facilitators who were '*non-judgmental*'. The mothers were confident that the information they shared with the facilitators was confidential:

> '*I know everything's confidential, so I can say what I want in here. Like I can't say it to half the people, like I can't even speak to my partner about stuff. And I'll mention it here and I know that they can't go and say, 'Ah, she said this, and she's done this, and this has happened to her'. I know they've got to keep it to themselves.*'

The mothers also recognised that the facilitators shared their personal stories with them during the activities:

> '*Because again it wasn't just the mums that were talking about the past, the staff were saying what they went through as well. So they actually joined in with the activities, so it wasn't just the mums doing it. So it was good to know that we're not the only ones that have had a bad childhood, they've been through it.*'

This sharing by the facilitators created a feeling that they were all parents together rather than professional and group participant. The majority of mothers felt safe to discuss their personal history that was impacting on their parenting as well as to seek support for current issues, such as their involvement in child protection and having older child removed from their care.

> *'They were helpful with other stuff that I was going through. They actually gave me some advice on how to deal with it.*

The impact of the complexities of the mothers' lives on the presentation of the programme is discussed throughout this report.

3.1.2   Presentation of programme content

The mothers felt that the programme facilitators generally presented new information in easily accessible ways. Mothers reported that:

> *'They explained it easy. …. If I didn't understand, they made it so I did.'*

> *'They were always there if you didn't understand things, and they would explain it if you needed it explained.'*

The mothers recognised that the material was presented in a variety of formats including discussions, videos, games and power-points and that this was appropriate to their needs*.* As one mother who had attended other parenting programmes noted:

> *'Instead of us writing stuff, we can make stuff, so it's easier for you''.*

This mother noted that the other parenting programmes she had attended were *'too hard, too difficult.'*

When asked for details of the type of activities which were part of the programme, the mothers remembered the practical activities such as making friendship bracelets, singing, doing messy activities with gloop etc. and trips out with their babies as well as the videos and quiz-like activities.

> *'There was videos we watched, and it was like cards we had to read, like leaving your kid on their own, is that a yes, no, or maybe. So, like, you had the traffic light system. And the majority of that was all red'.*

During the pre-birth group, using a torch and bell to elicit a response from the baby was specifically mentioned.

The programme was also regarded as '*fun*'. Fun was required to counter-balance the seriousness of the personal issues discussed:

> *'Because obviously a lot of stuff we all talked about were quite serious things that happened to us, and why we have social services, and we didn't want to keep looking at the negatives, we wanted to have quite a bit of laughter in there, so they put videos that made us laugh as well.'*

There was a difference of opinion between the mothers regarding the appropriateness of some of the activities. Activities like colouring were regarded by some as enjoyable:

> *Well we did the blob trees, like the trees where you've got to colour in and...you know, colour in and say what week you had, and what you did during the week. ….. Being a kid for a while'.*

However, there was some concern from a few mothers that some of the activities could be seen as '*babyish*':

> '*We did some things that are a bit babyish, like pictures, sort of...you know, like what would you do if...we had, like, plates, and we had to do, like, glue and stuff, and people did find it a bit babyish. They probably thought, you know, just...they'd do it on a picture to show what we feel like and stuff. They probably done it in a way that some people might find it a bit babyish.*'

The pass-the-parcel activity was mentioned in one area. Even though, as discussed in the Chapter 6, the activity had a positive impact on increasing at least one mother's confidence and self-esteem, it was regarded by two mothers as not appropriate for adults:

> '*We done like a pass-the-parcel where we had to talk about – we had to open it and say something good about ourselves. And then we had like a beauty sample every time someone opened the pass-the-parcel. We thought it was a bit babyish, but they said it's just for fun, to talk about how good you are, and...people said they didn't really want to play, but they said do it anyway to be positive. Because one of the girls said that she's always been put down, but she said, 'I feel happier in myself.*'

3.1.3   Use of videos

A number of mothers commented that it was '*helpful*' to watch videos of others in the group and from the internet. It was valuable to see '*how other mums look after their child*'. One mother describe how she '*enjoyed*':

> '*Seeing how other girls bond with baby and that not everyone as bad as on the news.*'

A couple of mothers mentioned comparing themselves and their parenting to others' in the group and the mothers on other video clips shown by facilitators. The videos:

> '*Helped (me) think I am actually doing something right.*'

However, watching videos of themselves was uncomfortable for some of the mothers. They reported not liking being videoed but that they '*got used to it*'. One mother described herself '*videophobic*'.

3.1.4   Personal development work

A third of the mothers specifically commented on the activities which supported them to engage with issues in their current or previous lives that may impact on their parenting. These activities included the 'Trust island', where 'safe' people were allowed on the island and 'unsafe' people placed in the sea with the sharks, life-story work as well and the on-going discussions about the issues currently in their lives:

> '*We've done, like, about our pasts, and what makes you angry. And child protection and all that, like what the social would get involved for, and what they wouldn't get involved for.*'

Three mothers specifically discussed finding the life-story activity as '*really upsetting*,' noting that '*pretty much everyone was upset that day.*'

> '*One of them I didn't like very much. It was like where you had to say about your past and stuff. I mean I don't mind saying about my past, but some of it was, like, going into really bad details, and made me a bit upset, but it did with everybody.*'

A small number of mothers however could recognise the importance of this work. As discussed in Chapter 6, it helped the mothers to '*learnt a lot*' about themselves.

3.1.5   Relationship between mothers

Positive supportive relationships were formed between most of the mothers:

> '*Oh, I love it. It helps you make friends and that, because when you're a young parent you find it hard to make friends. I don't want it to end!*'

Two mothers mentioned they had some concern at the outset of the programme that they may be judged by other mothers:

> '*I was scared that I was going to be watched, like, constant, and then if I'd done something wrong I'd feel really bad. The other mams – if I couldn't do something and the other mams were doing it right, then I would feel as if they were judging.*'

This concern was unfounded as the mothers recognised their commonalities:

> '*I thought I was going to get judged, but we were all in the same boat at the end of the day, we've all had kids taken off of us, and all had crap childhoods, basically – putting it politely. So no one judged anyone. So for me, because I've told plenty of people what my life's been about and I've been judged, but these were different people.*'

In Islington these were actively maintained by some of the mothers after the end of the programme. In Northumberland there was on-going contact by social media.

However, issues between the mothers during the formation of these relationships were also noted as having an impact on the presentation of the adapted programme. One mother commented that there had been '*too much drama*' in one post-birth group. This drama involved negative texts and 'whatsapp' interactions about mothers between programme days. This resulted in a lot of discussion about relationships during a programme session.

In another of the post-birth groups one of the mothers was clearly left out of the social group. This mother clearly had far more extensive learning difficulties than the rest of the mothers. The strong relationships between the mothers who had attempted pre-birth group was reported as the reason one mother left a post-birth group.

The ability to support the mothers in formation of relationships was seen positively by the Mellow facilitators as the mothers had previously been isolated and had not formed close relationships with other mothers. This issue is discussed further below.

3.1.6   Mothers did not want programme to end

All of the mothers said that they did not want the programme to end. They would miss the other mothers and would not know what to do with the day each week. For most of the mothers, coming to the group was the main activity in their week.

> '*Good laugh, fun, enjoyed it, not sure what gonna do with that day each week now, didn't want it to end.*'

Even the mother, who was most resistant to attending the programme as she felt that she knew how to look after a baby, was far more positive. Recognising the wider circumstances in her life had also improved, she noted that if she had another baby she would like to come back on the programme again. Another mother was sad that the programme had ended:

'Because it helped so much, and there's still things I need to improve on regarding me.'

Many of the mothers wanted the programme or a similar group to continue. In Islington, one of the mothers had written letters campaigning for a Mellow Toddlers group for older children.

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.   The second section discusses the impact of the mothers' complex life situations on the running of the programme. The first set of issues regarding differentiation to individual learning needs were not noted when there were '*dramas*' and '*trauma*' in the mothers' lives that needed to be supported. These issues dominated the Mellow facilitators' thinking.

3.2.1   Programme content and presentation style

The topics covered in the pre-birth and post-birth programmes were felt to be appropriate, and for one facilitator more similar to the standard programme than expected. The topics flowed naturally into each other:

> *'It just seems to flow. And I've found that in other groups, actually, you kind of – maybe it's the model, it is the programme, it's so well thought-out, it kind of leads almost subconsciously into the next stage and the next stage, and I think that's the magic of parenting programmes, really. And this one to me felt like it did that. It gets to a point – almost a topic of conversation; I think it was the week we were talking about the social worker, because it was right on topic, even though it was...it just came out. It was just in general chit-chat conversation, just at the beginning, having a coffee, and it just comes up. It's just really – it fascinates me how it happens that way.'*

The facilitators noted that Mellow was '*pretty accessible to start with'* but that the adapted programme had supported mothers to engage who might have felt out of place in a standard Mellow programme. Speaking of one mother who had completed a standard Mellow programme, facilitators in one area noted that she was:

> *'More confident… More vocal, much more relaxed. Where in the last group she was very quiet, at the end of a group she would say, "Could you go over…" – she clearly didn't understand what was asked of home tasks, things like that – where we haven't had that difficulty this time. And whether that's the delivery is much more at her level, and the pace is just – and we're going over things so she doesn't...we're going over them as a full group, so she doesn't have to take one of us to a side at the end, she's not sort of thinking, 'Oh gosh, they've said that once and I didn't catch it, so I'll have to...I can't ask again.' And she's asked a couple of times, Eh? But she's felt comfortable doing that'.*

The benefits of smaller group, due to difficulties in obtaining referrals as discussed in Chapter 7, was recognised as facilitating mothers' engagement with the sessions. There was more time to respond to individual learning and support needs.

3.2.2   A nurturing safe space

Mellow facilitators' practice of sharing their own stories '*within boundaries'*, was recognised as different from other parenting programmes and as creating a '*sense of all in it together'.* This sharing was seen as particularly important for this group of mothers who:

> '*Tend to feel judged by professionals, and I think that's something that's completely knocked down in this, in this group. Because it is...by offering a bit of yourself for them to judge*.'

A '*nurturing space'* was created. In each of areas, the pre-birth sessions had been lengthened to provide more discussion/support time. In Northumberland, breakfast '*nurture time'* was provided and in Islington lunch.

3.2.3   Adaptations to mothers' learning needs

The facilitators, in Northumberland particularly, discussed the way they adapted the material on a weekly basis in response to the mothers' short concentration spans. The mothers were also noted as:

> '*A bit more distractable. It doesn't take much to take them off task. And you've got to sort of draw them back, haven't you.'*

A visual timetable was developed to support the mothers understanding of the day's structure and a need for clear ground rules was also noted, particularly in relation to the use of mobile phones. Mobile phones were described as an on-going issue.

The facilitators found that they were presenting the programme slower and in shorter segments than in the adapted programme manual with far more repetition than in other Mellow groups:

> '*I think the course, the way that it's laid out is really good. It is shorter bursts, but actually I think they even need to be shorter…..Because we talked to them last week about what they felt about the course and how they've gotten on with the discussions and things, and the information that was given and how the information was given, and they said that some of it was a bit long.'*

This resulted in less of the programme content being covered.

The facilitators noted the need to break down activities and provide more structure. Speaking of a forthcoming session on life-stories, they discussed:

> '*You know, we're going to do it a bit at a time, we're going to, 'I was born on...at..'. We're going to do it that way, instead of just giving free range, which is what we would have done in the past.'*

The facilitators also did '*natural adaptations'*, adaptations as they went along,:

> '*So when we did the Island of Support, we actually didn't use the plates and the Play-Doh, we actually used pens and – because actually I don't think we would have kept them engaged.'*

3.2.4   Practical activities

Practical activities were also found to work really well. The torch exercise to test the response of the unborn baby to light was discussed by some of the facilitators, as well as the mothers. One mother texted a facilitator when her torch would not work. This activity was particularly felt to support the mother to identify with the baby.

Some refinement to the materials in the pack were suggested such as different coloured beads for making bracelets so that each person represented on the bracelet had an individual charm. In one area, the facilitators had bought old necklaces from charity shops to use for this activity.

Relating to the mothers comments above regarding '*babyish activities'*, play dough was not used in either of the sites and the mothers' issues with the pass-the-parcel activity were noted. It was also important to avoid any activities that were '*school-like'* and not to provide written instruction. The facilitators should also not act like '*teachers'.*

3. 2.5   Video

As discussed by the mothers, video was also found to be very beneficial with this group of mothers. Facilitators noted they:

> '*Used a lot of videos in the group to show them interaction, to highlight positive interaction with their children during the day.*'

The impact of video of neonatal imitation for these mothers was noted. A facilitator reported at the end of a pre-birth group:

> '*Two of them sat and said, Oh, look at – the baby's copying the dad. And this was just minutes after the baby was born, and they didn't realise that...you know. So that was like … Oh, they've actually picked up on that, you know, and it's had an impact, really. Because they just think that – because actually they said, 'Well babies just sleep and cry and poop and feed.''*

Video was noted as '*something that stays in people's memories for a long time'* and it was reported that mother remembered videos at a later date.

Regarding using videos of the mothers' own interaction with their babies in the group, it was felt that the mothers who had the most complex life situations were more resistant to videos being made. These mothers had less '*trust'* in professionals. This resulted in the process not being:

> '*As straightforward in this group as it usually is. I mean usually – I really believe in the power of video. It's one of the first things I make sure is that everybody's got a video, and that we feed it back, and we use it in the group. It was much more complicated somehow, in these groups. There was complexities, people who didn't have their babies when they first started in the group, and...because getting videos was tricky.*'

The facilitators strove to overcome these issues by first videoing a group session and showing the mothers that they only made positive comments. However, the use of the videos, in Islington, was also reduced by the focus on the relationship issues – discussed below, during the programme. The mothers did, however, request to have their video clips at the end of the group.

3.2.6   Interactive Parenting activities

The mothers in one of the post-birth groups were reported as finding it difficult to engage with the afternoon parenting activities. The mothers were tired and it was '*very difficult to switch from their own needs to thinking about their baby'.* It was suggested that more specific, low octane exercises, discussions, cartoons, role plays or videos were required for the afternoon session:

> '*We need an exercise every week that can be easily introduced in a very accessible way.'*

These activities should be '*simplistic but not childish'.*

More video was also suggested to introduce the ideas of skin-to-skin contact and attachment:

> 'There's a fantastic video out there of skin-to-skin contact with the baby, the baby – you know, so when the baby's born, you put skin-to-skin contact and the baby kind of going up to the breast gradually.'

> ' I think video would be very powerful with this – but I'm just thinking of a video – there probably is something out there – a video of a child that's let down constantly in their childhood, you know, who never knows what they can expect. Who's never really – who never knows if they're going to be picked up when they cry, who never knows whether it's going to be the same person who's going to pick them up when they cry, who never knows whether they're going to get fed when they want fed, and what that does to your – what it does to the way you feel about other people, and the way you feel about adults. In maybe comparison to a baby who, when they cry they get picked up, they get picked up by the same person or by the same two people, and when they cry they get fed, or they – you know, people can interpret what they want. All the kind of things that usually we take for granted, but probably for some babies – and probably actually for them, for a lot of them, they haven't had. So just something very simple, but very, very visual.'

3.2.7 Additional content

Some additional content was suggested. It was also felt important to support the mothers to '*name the changes'* in their lives. The mothers had come to the programme often with a poor self-image, and the facilitators, in Islington, felt that support was needed for the mothers to '*find the words'* to describe the changes that had occurred as:

> 'Positive words were not something they could really call to mind very easily about themselves.'

In addition, one facilitator felt that the programme should explicitly address the oppression faced by parents with learning difficulties and how parenting is harder because of the oppression faced by this vulnerable group of parents. The programme should support mothers to recognise the '*multiple oppression'* they face in order that mothers could '*contextualise*' their experience. Inclusion of mindfulness and acceptance therapy was also suggested.

3.2.8 Issues with understanding relationships

In one of the pre-birth groups and two of the post-birth groups, issues were noted in the development of relationships within the group of mothers. After one group the facilitators noted that '*the group have not formed the kind of bond and friendship that they normally would'*. In one of the post-birth groups, the difficulties were so severe there was described as a '*rupture in the group'* which '*seemed like it was going to tear the group apart at times'*. After another post-birth group, issues between the mothers were noted by the facilitators at the reunion. One mother who joined the programme at the post-birth stage was reported as leaving because she did not feel included by the mothers who had attended the pre-birth programme.

These relationships were related to a lack of '*emotional intelligence'* which impacted on the mothers' ability to form relationships with others, including their baby, and the mothers' abilities in social situations.

It took '*longer to get them to a stable place, to get them to be able to actually function as part of a group*' and to enable mothers to feel safe in the group as the mothers had not had this type of relationship before. The mothers were believed not to have many, if any, friendships apart from

within the group *'so even to have that to start the learning is something.'* Speaking of the very serious relationships in one of the groups, one facilitator recognised the value of the social learning that occurred while the relationships were being repaired. This learning included:

> *'Why has this happened? You know, out of conflict often comes very, very powerful behavioural change. So, you know, often conflict can be a very good thing in a group, and we're taught to embrace it. It's not very easy at the time, but it is a good thing, if it happens in a group.'*

3.2.9   Complex life situations

The mothers had very complex life circumstances which impacted on the post birth programme particularly in one of the pilot areas. These situations were described as '*dramas*' and '*traumas*':

> *'The drama of somebody losing their child is not something you can just sweep over. Or, you know, a violent dad arriving'.*

These mothers were felt to become '*consumed*' with these difficulties and the facilitators supported the mothers through these situations. They helped:

> *'Them cope with daily life, with the traumas of daily life. We were doing a lot of revisiting trauma, and we were doing a lot about – an awful lot – about how to work with professionals.'*

It was reported that time was spent preparing a mother for a child protection conference, supporting a mother when deciding whether to continue with a pregnancy and supporting the group when one of the mothers had her baby removed from her care. In one programme in particular, there were '*some very difficult moments during the fourteen weeks'* which were:

> *'Really hard to get through, and (made it) almost hard to focus on the programme, because their issues have been so enormous, and we're trying to hold them*.'

If possible, however, the experiences were also utilised in the group. Preparation for a child protection conference was utilised to look at assertiveness. This was planned into one of the group sessions.

3.2.10   Need for on-going support

Responding to the complexity of the issues that were brought into the pilot programme, in Islington in particular, the facilitators recognised that these mothers needed consistent on-going support. Fourteen weeks was described as *'absolutely not'* enough time to deal with the issues in the mothers lives. Guidance was also recognised as being needed at every stage. One of the facilitators noted after the reunion that one of the mothers was asking her questions about the next stage of her baby's development and that this mother needed continuing support to '*give her child the best that she can give her.'* It was suggested that the Mellow Futures programme should grow with the mothers and babies. Mellow was felt by these facilitators, in comparison to other parenting programmes which were more behavioural based, to be:

> *'The right combination of working on attachment, the personal group, the lunch times and the baby stuff in the afternoon.'*

The majority of mothers had been referred to or supported to attend other services by the facilitators at the end of the group. One mother in Islington was also campaigning for a Mellow Toddlers group.

3.3   Chapter summary

This chapter has discussed the mothers' views of the adapted programme. The mothers felt that the programme was presented in an accessible way to them by facilitators who developed a nurturing environment in which they felt safe to discuss the issues in their lives. The mothers enjoyed the activities and felt the programme was fun. Fun was needed to counterbalance the issues in their lives that were discussed. The mothers enjoyed learning from videos but some were not so keen on being videoed themselves. The mothers found the relationship with other mothers supportive and they did not want the group to end.

The Mellow facilitators found the programme similar to the delivery of the previous Mellow Bumps and Mellow Babies programmes. Some further adaptations were utilised including breaking the activities into shorter segments. Videos were found to be very useful with this group of mothers, it could '*show*' mothers concepts and promote the benefits of attachment. Suggestions were made for the use of more video and more interactive activities for the afternoon parenting session.

The mothers' complex life experiences were noted as greatly impacting on two of the post-birth groups, reducing the amount of programme content covered, but allowing the facilitators to support mothers and use the situations in the programme. Issues with relationships between the mothers were also described as disruptive but providing opportunities for fruitful discussions. Supporting mothers with these relationships resulted in learning for mothers who had not had close relationships with other mothers before.

4. Children's Group

This section discusses the role of the Children's Group in the Mellow Futures model. It discusses the mothers' view of the group and the trust they developed with the workers. It then provides an insight to how the Children's Group workers were able to support the mothers and how the positive working relationships between the Children's Group workers and Mellow facilitators enabled more holistic support for the mothers. The chapter ends with discussion of the way in which the Children's Group workers felt their role had been valued and how this role had broadened their personal experience.

4.1   Mothers' views of the Children's Group

The mothers who commented on the Children's Group reported really liking and trusting the Children's Group workers with their children. For many, it was the first time the mothers had left their baby in others' care. Mothers said:

> 'Facilitators there were absolutely lovely, couldn't have asked for anything better.'

> 'Really good. I didn't need to really stress about [baby] because I knew he was in safe hands. Because I'd seen how they handled [baby] it was really good.'

Some of the mothers also commented on the '*break*' that was provided for them and, as discussed in Chapter 6, the benefits for their baby from the social interaction with other children:

> 'It's nice for me as well, because when he's at the crèche, I get a break. And I see, like, what he's like with the crèche, like they give us little updates on him, telling us that he's been trying to sit up, and telling us what he's like with other children. Because he's never really with other children. So it's quite nice, because he gets to socialise as well.'

4.2   Children's Group workers' role

The Children's Group workers undertook a number of roles whilst caring for the children during the post birth programmes. These role and activities included building calm, supportive relationships with mothers, providing guidance in a sensitive way, observations of the mothers and babies and working in a team with the Mellow facilitators.

4.2.1   Building relationship with the mothers

The Children's Group workers felt they had developed '*really strong*' and supportive relationships with the mothers. The facilitators agreed:

> 'They were fantastic. They were absolutely – they were very flexible, they were really, really, really supportive of the mums, they were really calm with them, you know, the settling-in period took a long time for them, they were anxious about leaving them. They were fantastic. They sort of took...you know, they took on board the things that they got thrown at them of a morning, along with the children! And, you know, they were just really calm. Their calm manner really, really supported them…. they were absolutely pivotal, key to the group being able to function'.

It was noted, by the facilitators, that the Children's Group workers:

'Had to take a huge amount of projected anxiety and projected anger from parents, and they were brilliant at it.'

This supportive environment was felt by one Children's Group worker to be a safe place that the mothers could retreat to when the programme sessions were upsetting or stressful:

'It was really nice, a really nice setting, it was a nice atmosphere, and even when there was tension with things going on, I think parents felt they could come in the crèche and it sort of eased them. If there was a bit of stress or tension in the group, because obviously certain subjects they were talking about, I think mums would come out, come in the crèche, and just feel at ease, sort of be able to be with their children, or just be with the other children, and just felt a bit more relaxed. And then they'd go back in. So yeah, it worked really well.'

4.2.2 Providing guidance to mothers

The Children's Group workers advised and supported the mothers as well as, on occasion, modelling appropriate behaviour. This advice was provided '*gently*', recognising the mothers' personal difficulties even when the workers needed to ensure that the child care setting rules were enforced. One of the workers noted:

'*The parents were willing to take advice, and they learnt a lot through the weeks, I think, you know, coming in at the beginning having no idea, not been in to a sort of childcare setting, and you could tell by doing the course they learnt more and more, their confidence grew.'*

The workers mentioned having to support mothers to understand that mobile phones could not be used in the nursery setting and that it was inappropriate to put juice in a bottle or:

'*Even stuff like simple things, like bringing in sugary drinks, we were saying, like, water it down – didn't come in too harsh, like no sugary drinks, which you're not allowed in any nursery setting.*'

4.2.3 Observations

The Children's Group workers noted spending more time with mothers than when running other parenting groups. This supported their observations of the babies and the mothers' interaction with the babies as well as with the workers.   As discussed below, these observations were regarded as extremely important by the facilitators. The workers observed mothers' increased confidence and improved ability to care for their babies:

'*I've seen a massive change in how the parents interact with their children from the start to now.'*

The workers noted mothers taking on board advice regarding how to secure their car seat in the taxi, mothers being more relaxed about baby's routine, mothers growing in understanding of their babies' needs, including what to pack in their baby bag as well as improved interaction between mother and child.

4.2.4 Team working

The Children's Group workers and the Mellow facilitators enjoyed and valued working as a team. This was supported, in one area, by a pre-meeting where the referred parents and the

structure of the day was discussed in detail and by sharing the parents' group rules with the Children's Group workers:

> '*And I think some of the things that we learnt form there as well was about sharing the group rules with the crèche workers as well, so that they knew where the boundaries were. I mean they were obviously quite clear on boundaries anyway, they, as quality crèche workers. But I think having that continuity. Things like the mobile phone usage, which was quite a problem – which always is in groups. Something like that, which just...so they felt a little bit – they could feel a little bit more like, 'this is one of the group rules.' So that they could almost bounce it back – the same messages, basically.'*

The Children's Group workers met with the facilitators for a '*debrief*', sharing observations of the mothers and babies, at the end of the day. Their observations were regarded as extremely beneficial by the facilitators as the Children's Group workers '*provide a different angle*'. A worker explained:

> ' *At the end of the day we would have half an hour, sometimes 45 minutes, going up to an hour, feedback session after to just talk about each child individually, what we think they might need to improve on, or what the facilitators could improve on. You know, even liaising with the parents about certain situations, i.e., you know, fizzy drinks, or certain foods we think we should encourage them not to have, different methods of maybe talking to their children and stuff. You know, we liaise with them, and they brought it up in their group sessions, to sort of give them an idea, you know. So anything we had concerns, we'd go back to the facilitators and I think they would sort of incorporate in their sessions*.'

The debriefing time also provided mutual support for all of the team. A facilitator described the difficulties faced by the Children's Group workers:

> '*But I think that debrief at the end really showed that they were having...their challenges with the children, we were having our challenges with the parents, and it became more of a team effort to support both child and parent in the group. I think it works tremendously well.' (Mellow facilitator)*

This team working was occasionally undermined by a lack of communication, in one area, of changes to the parenting programme session. One Children's Group worker described:

> '*The only thing I could say is sometimes it's a little bit frustrating when they tell you at the beginning of the day, this is what we're going to have, this is the plan, and then it changes. But we've already said to the parents what's going to happen, and then they look at us as if to say, 'Either you don't know what's happening, or you're telling fibs'. So we have to say, 'Well no, it's just there's been a change'. But I think it's because they're so focused on the parents, in this room, that sometimes they forget about what might be happening here.'*

4.2.5   Valued role

Recognition that their '*input was useful*' was a new experience for some of the workers. These workers were not used to their role being valued by the facilitators of other parenting programmes:

> '*I've been doing crèches on and off for – oh god – it's got to be fifteen years. Through the whole Sure Start thing. And you always felt a bit – left out's not really the right word, but a bit side-lined, like you're just the crèche. So this was quite...illuminating, I suppose, in a way, to have – well just to be recognised made it a lot...just made it very, very different. It was quite surprising, it was like, 'Oh, so you're actually interested in what we've got to say.''*

One of the facilitators reflected:

'*What they say is a support to what we observe, they are as important as us.*'

4.2.6   Broadening their experience

An additional theme mentioned by two of the Children's Group workers was that of gaining a new understanding of parents with learning difficulties. One of the workers noted

'*It's made us think about how difficult it can be for parents with learning difficulties. That you would never imagine had difficulties, like learning difficulties. The barriers they've got to face to...because I can remember asking one parent, what time did they get fed, or what time did they get up, and they couldn't – they sort of just fobbed us off. Which made us wonder – and I think I spoke to you, [name of other worker] can they read the time, or was it the parent, her mum that got the baby up, or fed the baby.*'

This new understanding had enabled this worker to '*communicate a bit more sensitively, maybe just have a different approach to different parents, really*'. This worker also noted that these mothers needed consistency, for instance in the workers that were present, and that the mothers' vulnerabilities heightened their concern for their baby's welfare.

4.3   Chapter summary

The Children's Group played a valuable role in the Mellow Futures programme. The mothers reported liking and trusting the workers.   The Children's Group workers built relationships with the mothers and advised and supported them. These workers worked in a team with the Mellow facilitators who particularly valued the workers' observation of the mothers and their relationship with their babies. The workers reported that they had developed a new understanding of the support needs of parents with learning difficulties.

5   The Mentor's role

This section discusses the mentor role within the Mellow Futures programme. It discusses the different conceptualisations of the role in the two pilot areas and the structure and support that was provided.   The mothers' views of the role are presented before the mentor, their managers and other professionals' perspectives are discussed. The impact of the mothers' complex situations and the resulting questions regarding the information about mothers that should be provided to mentors is discussed. Background information about the mentors and their reasons for joining the programme was presented in Chapter 2.

5.1   Mentoring models

Children North East and The Parent House provided the mentors for this pilot project. These organisations are introduced in Chapter 1. Each of the organisations had extensive experience of supporting vulnerable parents.   Each of these organisations developed a slightly different model for the provision of mentors to support the mothers with learning difficulties undertaking this programme.

5.1.1   Mentoring in Islington

As The Parent House was aware that the numbers of mothers recruited might be low, the organisation offered the opportunity to take part in the Mellow Futures programmes to mentors who were currently being recruited and trained for their generic mentoring programme for vulnerable families.

The Parent House saw the role of a mentor as '*all about listening'*. They recruited parents who could listen and offer support who were not necessarily experienced in working with vulnerable families. In the second round of the programme, when the complexity of the mothers' situations had been realised, the organisation provided far more experienced volunteers. All of the mentors were mothers.

The mentor's role was seen as having a dual focus throughout. It was to provide the mothers with emotional and practical support to improve their lives and reduce their social exclusion as well as to support them with engaging with the adapted programme and the 'have a go' or 'take home activities'.   As discussed below, the mentors supported mothers to think about how they engaged with the child protection system, to access the gym, children's centres and other resources at The Parent House. The mentors were provided with a small budget which allowed them to go to coffee shops and community venues with the mothers. Bus fares were also covered. The mentors and mothers met at the informal pre-programme coffee morning.

Mentors were protected from becoming involved with other professionals and children's services in which mothers were involved. This type of engagement was not seen as appropriate for a volunteer and that mentors engaging with other services may under-mine their supportive, independent relationship with the mothers. It may also possibly put the mentor in an uncomfortable position if they were the only participant at a meeting speaking positively about the mother. The mentor manager would take responsibility for engagement with other services, such as organising mentoring support during a child contact session, and on one occasion the mentor manager attended court with a mother when her advocate was unavailable.

Recognising time constraints on the Mellow facilitators, a system was developed that the Mellow Facilitator would contact the mentor manager who would then feedback information regarding how the programme session had gone each week, how the mothers had engaged, if there were any issues with any particular parents and what the 'take home activity' was. The mentor manager then

ensured that the mentors were updated before they visited the mothers in their homes.   This system ensured that mentors were receiving consistent advice and support with regard to the mother they were visiting. Conversations with the Mellow facilitators and the mentor managers could result in different ideas or suggestions. It was also made clear to mentors that issues within the mentoring sessions should primarily be discussed with the mentor manager. Advice could be sought from the facilitators but this should be reported to the mentor manager. This supported the mentor managers in ensuring consistent supervision of and accountability for the mentors. This supervision not only discussed the visits with the mother but the mentor's personal development.

5.1.2   Mentoring in Northumberland

In Northumberland, specific adverts were placed in Sure Start children's centres, health centres and community venues seeking volunteers. The organisation also made use of their website and social media to recruit mentors specifically for this pilot project.

The mentors were seen as primarily to support mothers to '*promote interaction and bonding',* by reinforcing the information provided in the group and completing their 'take home activity'. These activities were undertaken in the mother's home where the mentor could then support and observe the mother's engagement with their baby. Supporting mothers to engage with community resources was seen as an activity to be undertaken in the three month gap between pre-birth and post-birth programmes. Mentors were encouraged to support the mother in getting information about parenting. They could also investigate local services and support mothers to go along to them. This was inhibited by the fact that there was no second pre-birth group in Northumberland, due to difficulty with receiving referrals, so no pre-group relationship between mothers and mentors. Mentors were also prepared to support families beyond the programme to access services in the community but this was inhibited due to older children's school holidays and the need to use taxis to access community services. To do this the mentors would have needed to remain involved with the mentor organisation.

The mentor role was advertised widely as recruiting mentors in a rural area is challenging. The mentors needed to be able to '*empathise and to work with and understand diverse families'* and came from a variety of backgrounds including mothers at home with their children and individuals looking to access further education or to join the professional workforce. Many of the volunteers recruited had relevant experience or related educational qualifications or degrees.

On a few occasions, services already involved with the mother requested that mentors had some input into meetings regarding the interaction between parent and baby. This was regarded as beneficial to the mother's assessment or support planning as mentor could offer a different insight into the mother's life. The mentor had signed confidentiality agreements etc. and worked in a professional way and treated the information shared appropriately. Volunteers were supported through this process, the mentor and mentor manager attended meetings together.   The information shared at the meeting was positive and had been agreed with the mother before the meeting. This way of engaging with other professionals was not felt to undermine the mentor's relationship with the mother as it was always done in a '*supportive*' way as their report would focus on the '*positives*'.

Ongoing communication between the Mellow facilitators and the mentors between programme sessions was primarily by text. The mentors were also invited to the coffee morning and reunion where they met the facilitators and the mothers and took part in an activity. The mentor manager also provided regular supervision for the mentors and organised group meetings. The Mellow facilitators were invited but unable to attend these meetings.

5.1.3   Common elements of models

Both organisations undertook a detailed application and recruitment process, including an interview and provided detailed in house-training for their mentors. In Northumberland, this resulted in a level two qualification.   This training included child protection, safeguarding and working with a wide range of vulnerable families. The training used scenarios to discuss potential issues and the network of partner services that could potentially be involved.   The training aimed to cover most issues a mentor might face.

This training was supplemented with input regarding the content of the adapted programme and direct input from parents with learning difficulties from the Parent Expert group from The Elfrida Society. This input was particularly valued by the mentors as it provided real-life accounts. One mentor described the benefit of hearing directly from a parent in the following way:

> *'Because I didn't have much awareness around learning disabilities at the time, and it just made me more aware of being sensitive to people's needs, and that these people are just human beings like everybody else, but their needs are specific, and we do have to be aware of that. And we actually met a parent there as well that spoke to us and told us about her experiences, which was really nice for me. Yeah, so I thought it was really – I really enjoyed that day, and I got a lot out of it myself.'*

In Islington, it was noted that there was a delicate balance between giving mentors enough additional information so that they understood the context without over-whelming them. It was also recognised that the on-going support was vital, as discussed below, as the mentors came to understand the realities of the parents' lives.

Matching the mentors with a mother was a detailed process involving discussions with the mentor regarding the type of mother that they could support. This discussion utilised any information available to the mentor manager about the mothers and in Northumberland considered the distance the mentor would need to travel. The issue of the amount of information available to mentor managers is also discussed below.

A high level of support was planned from the outset which included the mentor ringing their organisation before and after visiting the mothers, completing a log, having regular supervision with the mentor manager and attending group sessions provided for them. In Islington the group sessions included mentors from the generic programme. In Northumberland, group sessions were provided, but there were some issues in getting mentors together due to their different geographical locations.

A direct relationship between the mentor organisation and the mother was necessary.   This was necessary so that any issues with the mother's engagement or issues between the mother and mentor could be supported.   Both the mentor managers accompanied the mentor on their first visit to the mother's home as well as attending the programme coffee morning. Visiting the home with the mentor allowed the manager to undertake an informal risk assessment as well to support the mentor in their initial interactions with the mother.   An agreement with the mothers was completed regarding roles and responsibilities. In Northumberland, the organisation also undertook their own evaluative activities with mothers in a '*closing visit'*. In Islington, an evaluative work would usually be undertaken but was not undertaken due to the present evaluation.

Mentors were matched with mothers in as close a geographical area as possible.   However in Northumberland, some mentors ended up driving substantial distances to visit their mother.

 In both areas, a small number of mentors supported more than one mother. This was due to mentors leaving the programme, for personal reasons, or in two cases the mother's lack of engagement with an individual mentor.

5.2 Mothers' views of the mentoring role

This chapter continues to discuss the mentoring role from the point of view of the mothers, then the mentors, their managers and the Mellow facilitators. Mothers mainly saw the mentor as supportive and beneficial, although there were some issues regarding mothers' lack of understanding of the mentors' role and their desire to engage with a mentor.

5.2.1 A positive supportive relationship

Virtually all of the mothers enjoyed their relationship with their mentors. They used descriptors such as '*nice lady*' '*lovely*', '*nice*',' *kind*', '*helpful*' and '*really good*'. The mothers spoke of enjoying their time with their mentor. All of the mothers, in both areas, mentioned enjoying talking or '*having a good natter*' with their mentor.

In accordance with the different models utilised in the two pilot area, the mothers in Islington spoke far more about chatting and often going out for coffee and did not mention doing the 'take home activities' until asked directly. One mother said her mentor was:

> '*Lovely, get on with her, talk to her about anything, sometimes go out to a café for coffee and cake. Went to baby massage together, this was best*.'

The mothers valued the fact that the mentor was not a '*professional*', that their conversations could be more open and allow mothers in difficult circumstances to discuss their lives and vent their frustrations:

> '*We get on really well…. We go for coffee, we slag off social workers, we talk about things we shouldn't talk about, we slag off baby fathers, we do it all*'. …. *I think I can talk to her more than what I can with the social workers*.'

> '*Someone to talk to who is not a professional; You don't like talking to professionals.*'

One mother mentioned how she had discussed whether to continue with her pregnancy with her mentor.

The mothers in Northumberland spoke far more about repeating the 'take home activity' at home. The volunteers were more focused on ensuring the learning from the programme was embedded and supporting the mothers with their babies.

The age of the mentor did not appear to matter to the mothers. A couple of mothers did comment on the mothers being a similar age to them while two other mothers liked the fact that their mentor was older than them and had life experience. Most of the mothers did not comment on their mentor's age.

The mothers were '*sad*' when the relationship came to an end soon after the end of the post-birth group. A large number expressing that they would have liked the relationship to continue. The majority of mothers were socially isolated or had support from family members rather than friends.

5.2.2 Mother's issues with the mentoring role

Although most of the mothers enjoyed their relationship with their mentor, a number of issues were raised by mothers regarding the mentoring role. These include an initial lack of clarity regarding the

mentor role. A mother, in both areas, expressed not understanding why the mentor was there. For one mother, this lack of clarity persisted throughout the programme. It was agreed by the second programme, in Northumberland, that the mentoring role would be discussed more specifically during the programme sessions and referred to as an important part of the process when discussing the 'take home activity'.

There was also a lack of clarity expressed by mothers at the end of the relationship as to whether they were '*allowed*' to stay in contact with their mentor.

A number of the mothers, particularly in Northumberland, also believed that the mentor was there '*for the baby'* rather than for themselves. One mother said:

> '*She's there to help with like playing with the bairn and bonding with the bairn and that. But obviously, like, if I was upset and that, she says I can speak to her.'*

Two mothers mentioned not feeling comfortable with their mentor and eventually moving on to a second mentor. The mothers spoke of not feeling a connection:

> '*The first one I didn't really connect and understand her. I just didn't connect*.'

Two mothers, one from each area, also felt that they did not need a mentor. One mother said:

> '*She comes and does the stuff that we've done, and then that's it, she's gone. So she's...not really someone that I need, do you know what I mean?'*

One mother was very uncomfortable when a mentor was from the same small town as herself. She indicated this relationship would be regarded as unusual by others in the town which might result in questions and identification of her as being involved with services. The mentor was '*swapped'* straight away.

Although the majority of mentors were mothers, concern was expressed when a mentor, in Northumberland, was not. It was questioned as to how they could understand the mother's situation:

> '*it's just she hasn't got kids, so I feel like she hasn't really experienced it'*.

Individual mothers also expressed concerns about their interactions with their mentor. One mentor was reported as talking all the time and not really listening to the mother, another was criticised for coming at times inconvenient with school pick up and a final mentor for not coming regularly.

5.2.3   Support with needs

Mothers reported that their mentors had helped them in a number of practical ways. Mentors, in Islington, supported the mothers by providing advice about private housing, looking for baby groups, applying for a grant from The Parent House for gym memberships and introducing the mothers to The Parents House. One mentor had planned to support a mother to go to breastfeeding group, the mother had not breast fed older children, but this did not happen due to issues at the time of the baby's birth.

One mentor, in Islington, helped two mothers with finding support for their epilepsy:

> '*Anything I asked her, she would find it. And, like out of hours she would text me, like she found so much off epilepsy things, and she got me a medical tag, epilepsy medical tag done and everything, so it was like I was really happy to have her. She was really helpful.'*

Islington mentors carried out this extra work in their own time.

One mother, in Islington, very clearly expressed how her mentor had supported her to overcome a fear of leaving her home:

> '*Because that's where I think Mellows has helped me, same with the mentor. Whereas before I would never go out on my own, I'm now more confident to actually go across to the chemist to get my prescription, or go to the doctors, and vice versa.*
>
> *I: So how has Mellow helped that?*
>
> *A: Just it's mainly the mentors, sort of, like, she said 'well what would you do if your partner weren't there? Are you going to wait till he comes home from work, or wait till he comes home in general?' And when you actually sit there and think, you're like, 'Hmm. So am I going to leave my son in a pooey nappy because I'm too anxious to go outside, to go and get nappies?' It's simple things like that. I know it sounds silly, but it's sort of like sometimes things like that can actually make you think.'*

This mentor also went out to lunch with the mother which was the mother's *'first time away from her baby'* (other than at the Mellow Post-birth groups). In the past she had only been out with her partner or family members.

5.3   Mentor's and other professionals' views of the mentoring role

This section begins with discussing the mentor's view of their role and then continues to discuss the wider issues that were encountered due to the mentors' engagement with mothers in often very complex situations and the benefits for the mentors in terms of enjoying the role, '*giving back'* and seeing the mothers' confidence improve.

5.3.1   Positive independent relationship with mothers

The mentors, in both areas, developed positive, supportive relationships with the mothers. They aimed to make '*mum feel special'*, '*build her confidence'*, support the mothers and find the positives in their parenting.   One mentor expressed this desire clearly:

> '*I think from me, as a volunteer, it's been – you know, I feel that my only agenda was to support her, and I felt, as a volunteer, that I didn't have to do anything apart from be a listening ear, and really help her see nice things about herself and her being a mum.'*
>
> '*I think, building her confidence as well. You know? I think she quite possibly feels judged and lacks confidence with people. But I mean we went through that with the training as well. I mean it's obvious, because if you're judged a few times by other people, then it's going to knock your confidence, isn't it. When you're not confident anyway.'*

The positive relationships were also noted by the mentor managers and Mellow facilitators:

> '*But the mentors were brilliant in sort of bringing their experiences, and then using their skills to kind of generate conversations with them, or find out what their hobbies or interests and stuff are, and have conversations around that, and then bringing the sort of programme into it. So their levels of skills are huge in the sense of being able to juggle all that stuff and still maintain that weekly contact with them. It's been quite...I think a huge eye-opener for them, and I know they certainly got a lot out of it as well.'*
>
> '*Mum and volunteer worked out something really lovely. The volunteer sent a lovely, encouraging text about something last night, and a little reminder about something this*

morning. It just seems to have worked out. Very different people, but very – you know, they've figured it out. You know, who knows, things might go up and down again in the future, but for now it's beautiful. They seem very happy.

Speaking of one mother who was going through child protection proceedings, the facilitators reported *'the mentor relationship was incredibly helpful'.*

Although the mentors and mother were often very different in terms of life circumstance, the mentors believed the relationships worked and that they were able to support the mothers positively:

> *'You know, everyone's so different, what matters to some people doesn't necessarily matter to others. Because when I first told my family about doing it, they were like,' I don't know how you're going to sort of go from your life, your house, to someone who's possibly quite a lot less fortunate'. I think people have preconceived ideas, do you know, but everyone's the same. I'm just exactly the same; had I gone down a different path, or whatever, that could have been me. That's all I keep on thinking, you know?'*

One mentor described their interaction as *'basically just one woman speaking to another woman about – we're all the same'.* This mentor mentioned discussing contraception with the mother she supported.

The difference in life circumstance was viewed as beneficial by one of the mentor managers as it meant that the mentor listened to the mother as they did not necessarily have the answers to their problems. As discussed below, the mothers' circumstances were often incredibly complex and like a *'different world'* for the mentors.

The mentors recognised that mothers' *'confidence is knocked'* when scrutinised by professionals and that their status as a volunteer supported the development of their relationship. The mothers knew that they were independent from services and the mentors understood that mothers felt *'scrutinised'* by the professionals in their lives:

> *'I think that's really helped her, because, you know, there are so many people involved with her parenting skills, I think she's felt it as quite negative a lot of the time, and she thinks she's just constantly being looked at. And I felt in the beginning, I think I felt a little bit that maybe she was expecting me to be the same, you know, waiting for me to be – and, you know, I mean I just tried really hard to pick up on all the positive things I've seen her do. And there's been plenty, you know, so it's been – I think it's been really nice to give her a little bit of positiveness about her parenting skills.*

The mentors believed that they were not seen as a *'threat'.* One mentor, in Islington, listened to the mother she supported *'rant'* about their interaction with services. This mentor was recognised by her manager as also supporting the mother to think about how she engaged with services. The mentor manager commented:

> *'And the mentor has really tried to get the mentee to seek advice, and has really been focusing on how to present information herself, how the mentee should present information, what sort of questions she should ask, and practise things beforehand.'*

As discussed by the mothers above, it was also noted that the mothers needed to want a relationship with a mentor. On occasions, this was not the case due to lack of understanding of the support on offer or inhibited, as discussed in the section below, by the complexity of the mothers' lives resulting in increased stress or the mother feeling *'forced'* to take part in the programme. One mentor noted that mothers who were:

'Requested to go for their benefit, but not necessarily very receptive to it. And that's how I feel that my second one kind of went by the wayside. I think it was more people wanted her to do it than she wanted to do it.'

5.3.2   Engaging with the adapted programme

As noted in the discussion of the two models of mentor support, undertaking the 'have a go' or 'take home' activities had a more prominent role in Northumberland but was part of the mentors' role in both pilot areas. Supporting the mothers with this activity was felt to be inhibited, at times, due to changes made in the presentation of the programme in relation to the mothers' individual needs. The facilitators sometimes did not do the sessions or activities in the way they were presented in the mentor's manual.   These changes caused difficulty when they were not clearly communicated to the mentor. Mentors reported, on occasion, having to find out from the mother which activity they were meant to be undertaking because the information had not been shared with them before their planned visit. This communication issue was overcome in Islington by the mentor manager liaising with a Mellow facilitator and passing on the appropriate information. In Northumberland, by the second run of the programme, one of the facilitators was responsible for sharing information with the mentors and mentor manager.

On occasions, the mentors also reported that the mothers did not want to do the 'take home activity' and used their skills and initiative to do something interesting and relevant with the mothers. One mentor discussed using information about healthy eating from her son's school with a mother when the mother had missed this session of the programme.

The mentors and Mellow facilitators also reported that more communication with facilitators would be beneficial for all parties. The mentors could provide feedback to the facilitators regarding their observations in the home. One mentor noted feeding back to the Mellow facilitators regarding an older child's '*twerking*' and that it would be beneficial to the mother if the programme discussed sexualised behaviour. Another mentor felt that the facilitators would not have understood the complexity of the relationship issues between mothers on one of the post-birth programmes if they had not fed back to the facilitators. These relationship issues between mothers are discussed in Chapter 3. One group of Mellow facilitators and a mentor manager also suggested that:

'Somebody from the mentor organisation should be there at that debrief at the end of the day, to pick up the issues.'

This would allow the sharing of issues by both the Mellow facilitators and mentor manager.

A few of the mentors also believed that this joint endeavour between the facilitators and mentors would have been supported by mentors attending some of the programme sessions so that they had more of an understanding of the programme, but the closed nature of the Mellow Futures programmes did not make this possible. In Northumberland, the coffee morning was felt to provide an insight into the programme and how it worked as everybody present was included in an introductory activity.

5.3.3   Ending the mother – mentor relationship

Ending the relationship with the mother at the end of the pilot programme was strongly recommended by the mentor organisations. A few mentors continued telephone contact with their mothers. A number of mentors would have liked to continue the relationship but were concerned about doing so without the support of the mentor organisation which had ensured their safety and

provided a mobile phone on which the mentors contacted parents. One mentor, in Northumberland, reflected on this issue:

> '*Unfortunately, when I bumped into her [mother] she said, 'Oh, I've been texting your phone, you've not been getting back to me, because I thought you might like to come to the mother and toddler group'. And I felt really bad, because I thought, 'well, I could do that, I could go'...It's kind of like...then you open a whole can of worms, because you give out your private number. And I just had to explain that, you know, I wasn't doing this job any longer, but, you know, I wished her well and all the rest of it, and hopefully I would see her around, but I didn't make any concrete sort of things, because I...you know, when you don't have a lot of information about someone, you just don't know. And I mean I've got children of my own, I can't just kind of be friends with anyone, as it were'.*

The mentors understood that the mothers were often socially isolated and had come to rely on their relationship with the mentor. The mentors were concerned that the relationship ended as positively as possible. The ending process was supported by the mentor organisations in both of the areas. One mentor reported being advised to discuss the ending early and to write a supportive card to the mother which she gave, with a small Christmas present, at their last meeting. The ending process was likened, by one mentor, to *'weaning off'*.

In Islington, some mentors introduced the mothers they supported to wider services and support offered by The Parent House. In Northumberland, the mentors were also invited to the reunion and took part with the mothers in the group's internal evaluative activities. This was seen as a useful opportunity for the mentors to get an update with the mothers but also a confirmation that the relationship was definitely over.   This final group farewell made the final meeting less awkward as it was happening to all the mothers at the same time.

5.3.4   Mother's complex family lives

A number of mentors were matched with mothers who were in very difficult circumstances at the start of their engagement with Mellow Futures or whose situations become more complex during the programme. These situations, as discussed in Chapter 2, included not having care of their current baby or older children, going into an assessment centre or foster placement when the baby was born, having an older child removed from their care and complex family dynamics. The impact of the mothers' complex lives on the adapted programme is discussed in Chapter 6.

A few of the mentors and one mentor manager used the term '*eye opener'* in relation to the complexity of the mother's situations. One mentor describing a mother's situation as being a '*shock'* while other described the situations they faced as *a 'challenge' or a 'steep learning curve.'* There was some concern amongst the mentors, as well as one of the mentor organisations, regarding the information about the families that had been available to mentors. The Mellow facilitators believed that they had shared any relevant information that related to safeguarding the child and the mentor, although this was inhibited in some cases as very little information had been provided by the mother's referrers. Regarding the provision of historical information about mothers, there were some very different opinions. Some of the facilitators thought it was the mother's choice to as to whether they wanted to disclose previous removals of children to their mentors. One mother ensured that her mentor did not know that she had had an older child removed from her care. Facilitators in one area commented:

> '*We had a real debate about how much information the mentor needs to know. And what we felt was that as long as the mentors were going to be safe, if there was any kind of safeguarding, or any kind of issue around the mentor's safety, then they need to know that'.*

However, others believed that as much information as possible should be shared with the mentors including information about previous involvement with children's services and the reasons for the removal of older children. There was also a concern, expressed by some professionals, in both areas, regarding sharing sensitive information with volunteers.

One of the mentors clearly described the issues regarding providing mentors with information and the impact that this had on them. The mentor described the complexity of the needs as an '*eye opener*' but recognised the value for the mothers of being '*given a clean sheet*' and the ability to work with a mentor who was not aware of her background and was '*not judging them*'. The mentor also noted that not being provided with background information about the mother resulted in the mentor feeling that she was '*punching in the dark*' as she was not given any insight into the issues in the mother's life or concerns about their care of previous children. To add to the complexity, other mentors reported that knowing more information about the mother's situation would have '*put them off*' the role.

The complexity of the mother's lives resulted in a number of questions relating to the provision of information about the mothers to the volunteers. These questions included:

- Is it appropriate to share historical information about a mother, such as the removal of previous children, if it is not relevant to the care of their current baby?
- Is it appropriate to share sensitive information about families with a volunteer?
- Is it a suitable role for volunteers to be working with families with complex issues and support needs?

There was also a question regarding the involvement of one mother in the programme who was aware throughout, according to her mentor, that her baby would never be in her care. This concern resulted in the question:

- For mothers who were not going to have care full-time for their baby, was the resource misplaced? Could it have been used for mothers who are caring for their baby and need additional support?

Mentors also discussed working in these complex situations as providing an insight into how services worked, which was beneficial to them. This need was recognised and more information was provided about working with services in the second run of mentor training. The mentors felt that they were '*up-skilled*' by this experience which benefitted the mentors in terms of their future careers.

5.3.5   High level of support and training required

Working with mothers whose lives were extremely complex resulted in the need for a higher level of support for mentors. In Islington, the mentor manager discussed a far higher level of contact with mentors, such as three or four telephone calls a week in addition to providing information about the services that mothers were involved with and technical terms such as 'Section 20'. One manager specifically discussed the extra support required when the mentors came '*face to face*' with issues that had been previously just scenarios or theoretical responses to questions such as: 'how would you feel if the parent did not want to work with you?'

Additional support was also required when mothers did not engage with their mentor, due to the complexities in their lives. Mentors felt '*dropped*' which could, without support, lead to the mentor feeling '*in limbo*', '*insecure*', '*sad*, *disappointed*' or '*let down*' and to question:

> '*Why doesn't this parent want to meet me? Have I done something wrong? What's going on here?*'

A Mellow facilitator also recognised:

> *'I think the mentors dealing with the complex issues, it was quite a big thing for them to get their heads round just how complicated – and not to take it personally, and not to feel that they were letting them down in any way, or they had done something wrong. I think they needed quite a lot of support around that.'*

The mentor managers spent additional time providing reassurance that the disengagement was not related to something the mentor had '*done wrong'*.

All of the mentors, in both areas, valued the on-going support provided by their mentor managers. The managers provided opportunities to '*off-load'* and supported the mentors in not taking the issues into the rest of their lives. One mentor used the term '*safe circle'* to describe knowing that she was protected by the monitoring of her visits to the mother and by discussing the visit and the issues raised with the mentor manager afterwards. Another summarised:

> *'So I think the [Mentor organisation] helped me a great deal, because it helped me to manage my feelings, it helped me to manage the problems I was dealing with – because there was a few issues with her sometimes, and it helped me to deal with it.'*

The majority of mentors also reported that their training had been sufficient to allow them to engage appropriately with these mothers. The training was particularly praised in the first run of the programme. In the second run of the programme, direct input from Mellow Parenting or parents with learning difficulties was not provided to new mentors in one of the areas. This was not provided due to time and distance, however additional information was incorporated into the training and an overview of the programme was provided by the Mellow facilitators. One mentor who supported a mother in the second run of the programme specifically commented that she did not have enough specific input about 'learning difficulties' but her previous professional experience enabled her to fulfil her role.

While the majority of the mentors praised the training they received, a couple of mentors provided suggestions for improvements including a more '*hands on approach'* with more examples of how to deal with things and more scenarios. This mentor suggested using examples from their logs (brief reports of their visits with mothers) in future training.   The group sessions with the other mentors were valued as mentors could talk issues through.

5.3.6   A role for a volunteer?

The complexity of the mother's situations led a small number of professionals to question if the mentor role was suitable for a volunteer who did not have experience of '*chaotic families'*.   Professionals, such as family support workers, were felt to have far more experience and might be more appropriate supporters for mothers with learning difficulties. It was felt that family support workers' experience could not be provided through a short training programme. However, it was also noted that parents may feel that these professionals were part of the service system. Care would need to be taken to ensure that mothers knew these workers were part of a community based support services and not involved with children's services. These professionals also questioned whether it was appropriate to share detailed information about families with volunteers.

As discussed above, a higher level of support was provided to mentors supporting the mothers in the most complex situation. These relationships were regarded as successful and beneficial to the mothers. The mentors felt the role was suitable for a volunteer with the right support.   Supporting this view, there was no criticism by the referrers, who provided information about the mothers' situations, regarding the support provided by the volunteer. When these professionals had a view

about the mentor's support it was positive and the independence of their role was seen as beneficial.

5.4   Chapter summary

The mentors provided mothers with independent, trusted, non-judgemental support which was generally valued greatly by the mothers.   At times the mentor role was not understood by mothers or the mentor's support seen as necessary. A small number of mothers did not engage with the mentor due to the complex issues in their lives.

There were two mentoring models. In both areas, mentors supported mothers in transferring their learning to their home environment and generally supported mothers. In Islington, more focus was placed on social inclusion and supporting mothers to access the community. In Northumberland mentors, with support of the mentor manager, would engage with the services involved in the mothers' lives. In Islington, this was not regarded as a role for a volunteer. In both areas a high level of support and training was provided and clear, consistent communication with the Mellow facilitators was required. Clarity is needed regarding the information provided to the mentor regarding the mother's situation.

The mentors were supporting mothers in some very complex life situations. It was questioned by some as to whether supporting mothers with learning difficulties who had complex lives was a suitable role for a volunteer. Mentors were challenged in these situations and needed a higher level of support but continued to provide non-judgemental, independent support.

6 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 mothers' referrers and issues that need to be considered in relation to these impacts. The chapter finishes by discussing changes in the mothers' level of engagement with children's services and returns to the four mother's profiles to provide an insight into the impact on individual mothers.

6.1   Mothers views of the impact of the programme

This section discusses the mothers' views of the impact of the programme. They describe a wide range of positive outcomes including knowing more about how to look after their baby, working with their personal issues, relationships with other mothers, trusting others to look after their baby and their babies enjoying social contact with other babies.

6.1.1 Mothers had 'learnt a lot'.

The strongest themes expressed by the mothers regarding the impact of the Mellow Futures programme was that they had '*learnt a lot*'.   One mother clearly stating that she had '*learnt how to be a better parent'*.

This learning related to two areas:

- Understanding their baby

- Practically caring for their baby.

With regard to understanding their baby, mothers noted understanding more about how babies develop. One mother explained:

> '*I learned how sensitive babies are to what I feel. For example if I'm upset or sad, he will be too*.'

The mothers also reported understanding more about babies' interaction and communication:

> '*Basically it tells you when you first have a baby and it's first born, people think like it can't see very well, but it was saying that it can, and that it can copy you. Like if you made a smiley face and kept doing it, even after it's just been born, it could copy you, sort of thing. Which I didn't know that. It's quite fun to watch.'*

Another mother noted a greater awareness of different cries.

Noting a change in her own behaviour, one mother reported a change in her response to her baby due to her new understandings:

> '*I used to get quite annoyed with him when he wouldn't behave, or lay still to get his nappy changed, I'd be, like, really anxious and start raising my voice a little bit. But now I don't do that. As much. So I'm slowly learning to understand him.*

The mothers particularly enjoyed the practical exercises, during the pre-birth group, that supported their attunement to their babies. These activities used a torch or a bell. The baby kicked when the light was shone on their bump or bell rung close to it.

Mothers also discussed a more practical understanding of caring for their baby. During pre-birth groups, they enjoyed learning about looking after themselves, including the relaxation exercises which were included in the programme. Areas of new understanding discussed included keeping active and healthy eating:

> 'Well basically just things – like we did today about foods that you can't really eat when you're pregnant. I knew, like, what to eat, but I didn't know what I couldn't eat, if you get my drift.'

During post-birth group, the mother remembered learning about first aid and weaning. The information provided, in Northumberland, about burns and scalds appeared to have made a particular impact on a couple of the mothers.   Some of the mothers discussed doing the practical activities, such as playing in jelly or salt dough and that they did these activities with their baby at home.

6.1.2   Increased confidence

A third of the mothers recognised that they were more confident in their parenting.   Comments included:
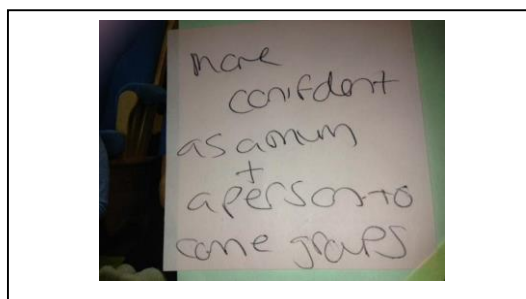
> 'Because it made us feel that I was alright. Because you constantly worry, 'am I doing it right?''

> 'Helped me think I am actually doing something right'

> 'I've loved it all. They've helped us with so much since I've been here. They really have. I've got more confidence in myself since I've been here. I wasn't even – I used to self-harm, and I wouldn't take my jacket off, and then I started coming here and I'll sit without my jacket on and everything now. So it's given us a lot of confidence.'

> 'I feel more confident. I feel as if I can do more with my child than I could when I first had him.'

> 'And they kind of boosted my confidence a little bit. Even though I've got low confidence, like, where I was doing certain things, say, like, the right word and they would like a little bit praise me, I felt good. Because normally I know the right answer, but I won't say it, and I'll let someone else say it. And then I'll be, like, Oh, I should have said that. But they made me feel good.'

This increased confidence was related to meeting other mothers with similar experiences and the experiences and information provided by the programme. One mother noted that her confidence increased knowing she was:

> 'Not on your own with learning disabilities, being in a room with mums with similar problems as yourself'

One mother discussed her increased confidence; she specifically noted that the pass-the-parcel activity had helped her:

> *'It built my confidence up, because I always used to run myself down. And we done pass-the-parcel, and you weren't allowed to open it unless you said something nice about yourself.'*

This mother continued:

> *'Yeah, everyone's noticed the big change. Even my partner since the group. Not been so stressed with [baby name] either*.'

6.1.3   Working with past and present issues

As discussed in Chapter 3, a lot of time during the post-birth group was spent discussing the impact of events in the mother's lives on their parenting.

A third of the mothers specifically commented on the activities which supported them to engage with issues in their current or previous lives that may impact on their parenting. These activities were '*upsetting*'. The session where they discussed their life-stories was specifically reported as beneficial, by three mothers, as it allowed them to think about their lives. One mother said:

> *'I think they explained, like, why it was better to talk about things. It was quite good'.*
>
> *Interviewer: Did they sort of say that the things in the past can affect how you parent?*
>
> *Yeah. Because we were all saying that we would rather that it wasn't said, that we didn't have to do it, but they said, 'well, it's always going to be there, it's how you deal with it'. I think that made us realise that I don't really deal with stuff.'*

While another recognised:

> *'I think I learnt a lot about myself. I think I have a habit of forgetting stuff and pushing it back'*

The final mother describing putting her life on paper as a '*reality check'* that she didn't like as '*it didn't look good'*.

One mother also mentioned the activity called the Trust Island, where '*safe*' people were allowed on the island with them and '*unsafe*' in the surrounding see with the sharks, as helping her to understanding the role played by people in her life.

In relation to the issues discussed, three of the mothers in Islington and one of the fathers were referred to advocacy by the facilitators and three mothers also joined a local parenting project. Other referrals, in Islington, had been made to the First Twenty One Months project. Similarly in Northumberland, the mothers had, particularly after the second run of the programme, been referred to other services. Two mothers attended a referred parenting group, with crèche, called Little Sparkles while another two mothers were referred on for family support. In addition, mothers were also self-referring to first aid courses and the Triple P parenting programme. These referrals were related, as discussed in Chapter 3, to the recognition by the facilitators of mothers' complex histories, current situations and their need for on-going support.

6.1.4   Relationships with other mothers

All but one of the mothers discussed developing supportive relationships with the other mothers. Mothers commented:

> *'Because they're really supportive, like, supported us a lot with what's going on, they've like been there for us.'*

> *'I met a mom who is having a similar experience, this was very important for me because I feel she 'truly' understands.'*

This second quote above is from a mother who had an older child removed from her care during programme and was supported by another mother who had had this experience in the past. The majority of mothers said that they felt they had more people to turn to at the end of the post birth group:

> *'I would say since coming here there's more people to give you advice and support in my situation.'*

In the urban area, four of the mothers from the first programme, were in contact, speaking on the phone and texting regularly. They were also meeting up in pairs and going to the park or children's centre together. Two of the mothers had visited each other in their homes. One of these mothers clearly expressed that the other mothers had become her social support:

> *'I made new friends. Because I don't make friends that well. I do make friends easily, but I get stabbed in the back, so I don't trust people. But I've learnt to trust a lot of people: the staff, the friends that I've made.'*

This mother had *'cut herself off from her old friends who do bad things.'*

After the second programme in Islington, one of the mothers was in contact, by text and Facebook, with the mother who had her baby removed. However, on-going relationships between the other mothers had been inhibited by the relationship difficulties that had occurred in the group (see Chapter 3). At the reunion, it appeared that two of the mothers who lived near to each other wanted to initiate on-going contact.

In the rural area, the mothers desired to keep in contact with each other. All but one of the mothers were in contact on social media. One mother had received text messages when their baby was ill. Another mentioned 'talking' (instant messaging) to another mother on 'Whatsapp'.

6.1.5 Baby relationships

A number of the mothers felt that a positive impact of the programme was that their baby was able to spend time with other babies in the Children's Group. The mothers spoke of their babies having friends in the group.

> *'Because he's never really with other children. So it's quite nice, because he gets to socialise as well'.*

6.1.6 Trusting others to care for their baby

For a number of the mothers, it was the first time that they had left their baby. They had learnt to trust the Children's Group workers and, as discussed in Chapter 4, valued the feedback provided and responded to suggestions, for example not to put juice in a bottle.

6.2 Referrers' views

A similar range of themes permeated the views of professionals who had referred the mothers to the programme. These included improvements in the mothers' confidence and improvement in the mothers' relationship with their baby. For some of the mothers improvements were noted in the context that the mothers would never be parenting without supervision.

6.2.1 Improvement in mothers' confidence

Fourteen of the eighteen of the mothers were reported as being more '*confident*'. Terms used to describe the change in the mothers included that they had '*lit up'* and were now *'motivated'*. One referrer said:

> *'I think it did, I think it had a really good impact. I think it was actually...it was quite sort of empowering for [Mum] to go there, because it didn't feel like it was something that children's services were forcing her to kind of go on and stuff, and she actually utilised it well, and she enjoyed going to it.'*

While not specifically being described as an increase in confidence, another mother was described as having changed her '*way of thinking'* as the referrer had *'seen a significant change in her'*. This mother was now *'making better choices and decisions'*.

6.2.2 Improved relationship with/caring for the baby

A change in the mothers' relationship with their baby and in one case an older child was specifically noted by six of the referrers. Referrers said:
> *'I see an excitement in her about the child that wasn't there before'*.

> *'But, you know, she's looking at her, you can see the emotional warmth there now, there's a bond there, she's changing her nappy, she's looking at her cues, she's reading her cues properly. And she just wasn't interested at first, she wasn't actually interested, because she was nervous.'*

A mother who had been in contact with services for a number of years, was noted as engaging far more positively with her baby and the baby as far more verbally responsive than their older siblings. The referrer noted that nursery workers had also recognised this. Another mother was described as having her self-confidence *'boosted'* at time when children's services were not involved.

For a further two mothers, both of whom were not regarded as struggling with engaging with their child, their practical skills were noted to have developed. This included doing more themselves for the baby when they had been previously willing to allow others to take over and being far more organised and planned with regard to the resources required to meet their baby's needs.

6.2.3 Improved engagement with professionals

Referrers also noted that four mothers were engaging more positively with the other professionals with whom they were involved. The parents' resistance and in some cases anger at being involved with children's services had reduced. A referrer involved with one mother involved in Child Protection proceedings noted that discussions during the programme had helped prepare the mother for meetings. She noted that instead of responding angrily, which had in the past been her '*defence*':

'She was very calm, she listened, she looked relaxed, she listened and responded. And the chair, had known her through her last two children ending up [in others care] said there was a difference there, that she seemed more confident and calmer, and he was really pleased that she was doing Mellow Futures, and pleased about hearing there was going to be support for her in the future. And there wasn't...I mean there was obviously lots of concerns, but nobody was jumping up and down saying, 'We've got to do something right now!''

Similarly, another referrer had noticed some change in attitude from '*fighting*' to '*considering complying*', another mother was noticed as engaging rather than avoiding professional contact from professionals providing early support while for the final mother:

'It has helped us to help her to engage in counselling and to address past trauma, helped her get to the point where she can reflect

6.2.4   Benefits of being with other mothers

The benefits of the mothers' relationships with other mothers in the group were also noted by a number of referrers. The mothers were noted as socially isolated and as benefitting from the *'emotional support'*. One referrer reported the mother's feelings:

'Absolutely, Mum can't say enough good things about it. And the biggest praise for her is that it's put her in touch with other people that have had similar experiences, and she can dialogue with them on a level of understanding, rather than anyone just sympathising with her and really not understanding. So she absolutely loves that'

6.2.5   Part of the solution – ongoing support required for these mothers

A few of the referrers were concerned, as is also discussed by the programme facilitators in Chapter 2, regarding the complexities of the mothers' issues and that these mothers require on-going support and evaluation. One referrer noted that the programme was a '*drop in the ocean'* in relation to dealing with the complexity of the family's needs but that it *'gave an understanding of parenting norms and opportunity to be with other mothers*'.

For three mothers, their referrers reported that the programme had not had any impact on them. One referrer recognised that there were too many issues in the mother's life for the programme to have an impact:

'I mean...how do you put this? I think there's something about sowing seeds into ground, you know, that is capable of growing them. Does that make sense? I quite like metaphor. At this point in time, you know, I don't think that [mother] is able to kind of make those changes, in a relatively permanent way that you would want. There's too much gone on in her past, and there's too much about her that she needs to change, does that make sense? Before she can take on, you know, something else'.

One mother was described as being able to give '*textbook answers'* when discussing parenting but not able to put this understanding into practice with her baby. A final mother was described as not really having engaged as she felt she '*knew how to be a parent.'* The circumstances in her life had improved resulting in the positive changes noted in her and the reduced level of concern regarding her baby.

It was also felt that two mothers who were pregnant had been focused on their pregnancy and had not engaged with the programme as much as they might, although some improvements were noted.

6.2.6 Level of concern regarding the babies welfare and additional services used

It was very difficult to identify the direct impact of the Mellow Futures programme on the level of concern regarding the welfare of the babies involved. The mother's situations were very complex and Mellow Futures was often one element of a package of support being provided. In Islington, taking part in the programme had often resulted in the added benefit of referral to advocacy which would also support the mothers' engagement with children's services.

The level of concern for the welfare for the baby at the start and end of their mother's involvement are discussed individually below. It appears that there was a reduction in the level of concern for welfare of ten babies and improvements in the welfare of other babies:

- Baby on a pre-birth child protection plan, mother and baby foster placement at birth. Supervision order for a year. The previous plan had been adoption of the baby.

- Baby on a child protection plan throughout.

- Baby on a child protection plan throughout. Grandmother has parental responsibility

- Baby on child protection plan throughout. Older child removed from mother's care but improvements seen in baby's development.

- Baby considered a child in need during a parenting assessment, which raised no concerns, around the time of the baby's birth. No involvement with children's services by the end of the programme.

- Pre-birth child protection plan. Baby removed from mother's care, whilst in a residential assessment placement, but mother was reported as doing very well. Custody of the baby was given to the father when their relationship broke down.

- Baby on a child protection plan at the start of the programme. Reduction from the baby being on a child protection plan to 'child in need' and then case closed after leaving a relationship in which there was domestic violence. Improvements noted in practical abilities. Mother living with family.

- Baby was considered a 'child in need'. Mother's partner considered a 'protective factor', in that he was a home with her. Mother had been noted to be looking after the baby more independently but was pregnant again at the end of the programme and so was being re-assessed.

- Baby was on a pre-birth child protection plan. Baby considered a 'child in need' at the end of the programme and older child returned home. Improvement in overall life circumstances such as getting own house and mediation regarding poor family relationships. The improvements were not related to the Mellow Futures programme.

- Baby was on a pre-birth child protection plan reduced to being regarded as a 'child in need'

- Pre-birth MAF assessment while living with mother. No contact with children's services at end of programme. Referred for family support to reduce the reliance on support from her own mother.

- Baby was considered a 'child in need' at the start of the programme. No concerns at the end of the programme.

- Child protection plan. Baby placed with family throughout.

- Pre-birth MAF assessment while living with mother. No contact with children's services at end of programme.

- Baby considered a 'child in need' at the outset of the programme. There were no concerns for the baby at the end of the programme. A MAF was undertaken regarding a new pregnancy. There were no concerns. Support is provided by the mother's partner. Previous children had been removed.

- Baby considered 'child in need' throughout. Parental responsibility for baby with grandmother.

- Baby on a child protection plan at start. Baby considered 'child in need' at the end.

- Early help assessment prior to start of programme   EHA still operative at the end of the programme.

A MAF was a 'Maternity assessment framework' assessment. An EHA was an Early Help Assessment could lead to support. Both MAF EHA are similar to a CAF (Common Assessment Framework) assessment.

6.2.7   Videos

Only six full sets of videos were available for analysis from the pilot sites. The small number of before and after video recordings of the interactions between mothers and babies vitiated the strength of any report on observed change and precluded any statistical analysis of the impact of the groups. However, changes were observed in warmth and involvement of the mothers and babies, and in more varied interactions.

As can be seen in Figure 1, observed instances of warmth and overall involvement increased during the Mellow Futures group. The increase of 0.6 per minute in observed positive interactions in warmth would predict a 9% decrease in the risk of later psychological problems in the children. Qualitatively, it was clear that mothers were much more varied and responsive in their involvement with their children. For example, one mother looked at her baby throughout a bottle feed in the pre-group video but without speaking at all. By the end of the group she was talking to the baby, commenting on what the baby was enjoying and joining in playful interaction.

Figure 1: Indicators of warmth and involvement before and after the programme

Figure 1 Warmth and Involvement before and after Mellow Futures (per minute)
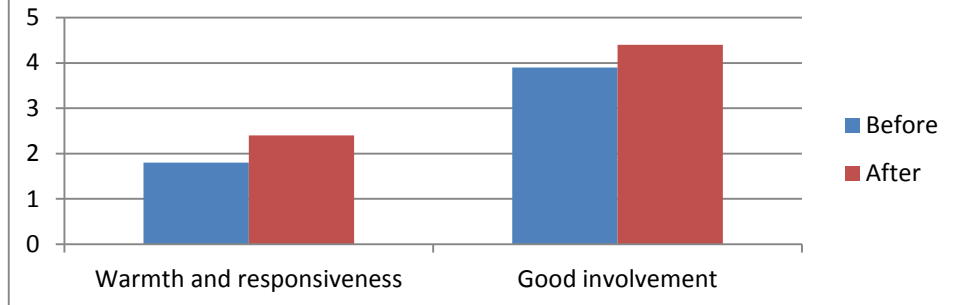
6.2.8 Data from the Adult Wellbeing scale (AWS) and Neo-natal Perception Inventory (NPI)

Data from the seven mothers who provided data before and after the Mellow Futures programme who completed the Adult Wellbeing scale are reported in Table 1.

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

	Pre-intervention				Post-intervention			
	Depression	Anxiety	Outward directed irritability	Inward directed irritability	Depression	Anxiety	Outward directed irritability	Inward directed irritability
1	8	3	0	0	8	5	1	3
2	5	4	4	5	6	5	4	4
3	5	6	5	2	9	4	3	2
4	3	3	0	0	5	5	1	1
5	6	5	1	0	3	4	1	0
6	3	5	0	0	6	2	1	0
7	6	6	8	10	4	5	3	2
Mean	5.14	4.57	2.57	2.42	5.86	4.28	2	1.71
SD	1.77	1.27	3.15	3.82	2.11	1.11	1.29	1.49

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 under-powered. 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) for both time periods 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 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=5.14 pre and M=5.8 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.

To assess mothers' perception of their baby, the Neo-natal Perception Inventory developed by Broussard and 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 ten mothers who provided NPI data before and after the mellow parenting 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	18	10	**8**	15	15	**0**
2	14	16	**-2**	15	16	**-1**
3	15	15	**0**	17	12	**5**
4	17	15	**2**	23	16	**7**
5	19	17	**2**	20	10	**10**
6	13	10	**3**	20	8	**12**
7	15	11	**4**	11	9	**2**
8	19	22	**-3**	21	17	**4**
9	18	11	7	18	14	4
10	20	8	12	23	11	12
Mean	**16.8**	**13.5**	**3.3**	**18.3**	**12.8**	**5.5**

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= 3.3 pre and M=5.5 post) implying mothers' positive perception of their own infant being less difficult than the average baby. More important in this context is the 2-point increase in the mean final score at post-test indicating mother's increased (positive) perception of their own baby. While statistical analyses couldn't be undertaken (due to them being under-powered) this seems to indicate the beneficial effects of the Mellow parenting programme on mothers' perceptions of their infant; however, more data is needed to further support this pattern.

6.2.9   Parent profiles
This section updates the situation for the four mothers introduced in Chapter 2. 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.

Mary had a diagnosed learning disability and was in intermittent contact with the Adult Learning Disability Team. Mary has epilepsy and mental health support needs.   She was in contact with her baby's dad but he did not offer any support. Although she lived on her own in a housing association flat, she spends most of her days with her mother and has frequent contact with her sisters.   Mary attended the programme after asking if there were any courses she could attend to learn more about having a baby. Her referrer reported that she was referred as it was her first pregnancy and it wasn't known how she would cope with a baby with her disability.

Mary joined the pre-birth group. A pre-birth assessment was undertaken and her unborn baby was regarded as a 'child in need' while this was undertaken.   There were never really any concerns about the baby's welfare as Mary was very well supported by her family. At the end of the

programme, Mary was not in contact with children's services and there were no concerns for the welfare of her baby.

Mary enjoyed the programme which she missed over the 3 month break between the pre-birth and post-birth groups. Mary enjoyed the activities, especially the art, watching the videos about parenting, singing and playing with the children. She also enjoyed having a break from the baby while they were in the Children's Group. Mary benefitted from having a taxi provided to get to the group as she struggles with getting out of the house.

Mary found the facilitators '*tactile, friendly and supportive*'. She struggles with trusting people but learnt to trust the facilitators and other mothers in the group and shared her personal history. She feels she has '*got confidence as a parent, I didn't know anything about being a mother'*. She had also learnt a lot about adult relationships, there were some relationship issues within the group which were '*a bit too much drama'*. Mary had remained in touch with the other mothers from the Mellow Bumps programme by text and Facebook, recognising it would be difficult for the other mother as she has had her baby removed from her care. She also saw another mother she met during the post-birth group. They went to a children's centre together.

Mary had two mentors during the programme. At first she didn't really understand why she needed a mentor, she had her mum and sisters. Mary said she '*didn't connect with the first mentor*' but really liked the second mentor who helped her find out things about her epilepsy and to get a medical tag. Mary would have liked to keep on seeing the second mentor.

Mary's referrer felt that the programme had empowered her and had a really positive impact. She had engaged fully with the programme which had not been the case with other services.

She would have liked the programme to have continued as there are not any other baby groups that she considers suitable for a mother with learning difficulties like herself. Mary had become involved with a parent advocacy project but would like a group that provided information about baby development and where she could ask questions about being a mother. She wouldn't want to talk to professionals about these questions as they may feel this means she isn't a good mother.

Louise is in her thirties and already had four children, three of whom do not live with her. Louise joined the programme at Mellow Bumps and her unborn baby and pre-school aged child were both subject to a child protection plan. Louise had been involved with children's services and the family support workers who are running the Mellow Programme have known her for many years. Louise was not an effusive talker but said she came to the programme because she was '*told to com*e' by her child's social worker so she would know '*how to handle two children'*.

Louise was '*nervous*' at first, but '*learnt stuff about babies and how they grow'* and enjoyed her relationship with her mentor. She was '*nice*', helped her with the activities at home and they went for coffee. Louise was felt, by the Mellow facilitators, to have '*really clicked'* with her mentor and Louise was sad when the relationship came to an end. She continued trying to contact the mentor to see if she would like to go to a toddler group with her.

At the end of the programme it was noted that Louise was more '*confident*' and '*chattier*' with professionals and the nursery her older child attends has noted more positive interactions between mother and child. It had been noted that she is talking more to her baby and her baby was more verbally responsive that their older siblings had been at a similar age. Louise's children were still on a child protection plan but the level of support provided since the birth of her baby has been greatly reduced. It is recognised that Louise will always need support.

Abi had diagnosed learning disabilities and took a long time to respond to questions and when she did was very brief and concrete. Before becoming pregnant, she did voluntary work. Abi started the programme at Mellow Babies as it '*sounded like a good idea*' when her health visitor suggested it. Abi lives with her parents and her baby is considered a 'child in need'. Her parents have parental responsibility for her baby.

Abi enjoyed the post-birth group. She reports learning about health and safety, weaning and self-esteem. She enjoyed doing the practical activities, especially the messy ones with jelly, salt dough and sand, with her baby and is doing some of these activities at home with help from her mother. She found watching the videos helpful, watching '*how other mums look after their child*'. She says the mothers gave each other advice. She enjoyed the mentor visiting and they did the activities from the group again at home. Abi said her baby enjoyed being in the Children's Group and shared her toys with the other babies.

Abi's referrer had noticed an increased confidence and growing bond with her baby which wasn't there before:

> '*She's looking at her, you can see the emotional warmth there now, there is a bond there, she is changing her nappy, she's looking at her cues, she's reading her cues properly.*'

This confidence and engagement was also noted by the group facilitators who were pleasantly surprised when Abi started singing an alternative verse of a song unprompted. The baby was noted as looking at Abi and smiling more. Abi will always need support with her parenting and will remain living with her parents.

Abi was going to go to a baby group at a local children's centre with the support of her mother. Abi did not text or use social media so had no plans to stay in contact with the other mothers from the group. It was felt that Abi would benefit from on-going support to enable her to access community facilities. Her mentor offered to continue providing this support, if it was commissioned through the parenting organisation.

Kylie had a mild learning disability which was diagnosed during a parenting assessment. Kylie was living in cramped housing with family members and there was some concern about how she may use alcohol. Kylie has two older children who live with family and her baby's social worker indicated that the current plan was to have the baby adopted.

Kylie went to the pre-birth group because her social worker told her she had to go. Whilst she said she knew how to be a parent and was angry at being '*forced*' to attend, she indicated that she was open to learning new things for her baby. Her child's social worker reported that she was referred to the programme in order to meet other mothers, talk about her feelings and understand children's services concerns.

Kylie recognised that she '*learnt new things*' and had enjoyed the programme even though she had felt 'forced' to attend at the start of the pre-birth group. She was keen to return to the post-birth group. She was offered a lot of support during the programme with respect to the child protection proceedings she was going through.

Kylie had developed positive relationships with the other mothers, especially the mother who had a child removed from her care during the programme. These relationships were being sustained after the end of the programme.

Kylie really enjoyed her relationship with her mentor, who was also a single mother, and discussed her difficult situation with her when out for coffee. Kylie was still in telephone contact with her mentor after the end of the programme.

Kylie was placed in a mother and baby foster placement when her baby was born. An independent social work assessment was requested with the support of her solicitor and advocate, which was accessed through the programme facilitators. The report from the Mellow Parenting programme was part of the evidence for a change of plan for the child. The baby is currently with Kylie under a supervision order.

6.3   Impact on mentors

All of the mentors discussed enjoying the role.   Mentors who supported the mothers in the most complex situations felt that they had been '*challenged*' but they had a new perspective and had developed their skills. The mentor managers also felt that being involved in these mothers' lives '*upskilled*' them and provided '*invaluable*' experience that the volunteers could not get elsewhere.

The mentors also saw the benefits for mothers and enjoyed this. The benefits for mothers noted were similar to those noted by the mothers and their referrers, as discussed above. These benefits primarily related to increased confidence and self-esteem:

> '*Increasing confidence and self-esteem, being able to have someone to really communicate with and talk with and spend time with on a more relaxed – in a more relaxed way. Just having that communication and being social with someone on that kind of level where she can relax and maybe really just be herself.*'

> ' [Name] grew in confidence in herself rather than having to look things up all the time.'

> '*But she seems much more confident in talking to the children and doing more activities with them, rather than just sitting. I feel like probably she was the type that felt silly for talking to a baby. I mean that's just my thoughts. But by the end she was definitely smiling at the baby, talking to the baby, just interacting much more.*'

One mentor specifically noted that the mother she supported was '*better at dealing with her [baby] when getting grumpy and tired*'. One of these mentors specifically expressed that she was '*proud*' of the mother as '*she's staying calm, even though she's very frustrated*' by her involvement with children's services.

Most spoke of having a personal sense of fulfilment from supporting the mothers and seeing them grow in confidence.   The mentors often linked this to the opportunity to '*give back'* to the community:

> '*It's very fulfilling to me to be able to give back to someone, especially 1) in my community, 2) a parent, because I know how hard it can be being a parent, because I'm one myself, and 3) just to really give my time to someone, because I can. It's just really an act of kindness. That was what the mentoring was about in the first place for me, really. It's just being able to give something without – you know, I don't want anything for it, just having the training and being able to do that is enough for me. It's not about money, or being paid, it's just being able to give something back, really.*'

> '*I really enjoy it. It's a great sense of satisfaction, you know, that you're doing something to help somebody, really, that needs...that maybe needs that extra support. So yeah, it is satisfying. I enjoy doing it, and if I can help, I will.*'

A small number of mentors discussed having had support themselves and valuing the opportunity to support others:

'I was really excited to do this, the volunteering, kind of thing, because I felt that I had a lot to give back to my community, after other agencies had helped to build me back to who I was, so I felt that I needed to put something back.'

6.4   Impact on local authority

The professionals who had come into contact with the Mellow Futures pilot appeared to have an increased awareness of mothers with learning difficulties. These professionals spoke of the helpfulness of the programme and that it filled a '*gap*' in services. One professional, who was already Mellow trained, had attended Mellow Futures training in the hope of continuing to provide Mellow Futures programmes within the local authority. However, the negative response to a report about a mother produced by the Mellow facilitators was felt to indicate that the programme had a way to go to be embedded and understood across this authority

Managers and commissioners were aware of raised awareness of this group of parents and spoke of better networks which would enable them to support parents and undertake new initiatives in the future. Commissioners were aware of the campaign, by one mother in Islington in particular for a Mellow Toddlers group, but no specific on-going support had been planned. There were no reports of changes to service provision or cost-re-direction.   The fact that mothers had been referred on to further services, as discussed above, could be regarded as having resulted in increased costs for the local authority.

In Northumberland, the future impact of the programme was questioned as it was announced that the Incredible Years parenting programme would be the preferred parenting programme within the local authority. Any future Mellow Futures programmes would need to be fought for, a detailed case developed and argued as a Mellow Futures programme was very expensive to run.

The Mellow facilitators, four of whom were employed within the local authority, spoke of having learnt a lot about supporting mothers with learning difficulties. This learning would be shared with colleagues in the future.

6.5   Chapter summary

The mothers with learning difficulties noted their own increased confidence and learning about themselves, including the impact of their history on their parenting. They also felt they knew more about how to look after their babies. The mothers also recognised that they had learnt to trust others to look after their baby and their babies had had social contact in the Children's Group.

The mentor reported the mothers' increased confidence and their enjoyment of supporting the mother and seeing their skills and confidence increase. The mentors had learnt new skills and had '*given back'* to the community. The impact of their independent, non-judgemental relationship with the mothers was regarded as beneficial to the mothers.

The professionals who referred mothers to the programme noted a range of outcomes for the mothers. The most frequently noted outcome was the mothers' increased confidence. A third of the mothers were also noted as caring for their baby in a better way. Other changes included mothers making better life choices and engaging in a more positive way with services. The relationships between mothers were also regarded as beneficial.

A number of referrers noted the complexity of the mothers' situations and that the programme was only part of the package of support offered to mothers.   Therefore it is difficult to isolate the impact

of the programme.   However, there was a reduction in the level of concern for the welfare for ten of the babies. The programme was felt not to have had an impact on four mothers and a reduced impact on mothers who were pregnant.

Improvements were observed in warmth and involvement of the mothers and babies, and in more varied interactions in the video analysis. Data from the NPI showed that mothers increased their positive perception of the babies by the end of the programme. More data is, however, needed to support this positive pattern of results. However, the AWS showed that the psychological profile of the mothers remained unchanged during the programme. Elevated scores on the depression sub-scale indicates the need for attention from local professionals.

There appeared to be increases in awareness of parents with learning difficulties' support needs amongst the professionals who had contact with the pilot programme. There did not appear to be any changes to service commissioning or wider impact within the Local Authorities from the Mellow Futures pilot.

7   Embedding and supporting the Mellow Futures model.

This section discusses the learning from the pilot project regarding the embedding, management and communication required between all of the partners and parties involved in the Mellow Futures model. Less detail is provided in this section as discussing specific incidents or issues would identify the individuals involved. It is also acknowledged that this pilot project was the first time a new model of support, for a vulnerable group of parents often in very complex and difficult circumstances, has been trialled. The purpose of the evaluation was therefore to provide an insight into its appropriateness but also the structures and support necessary for its successful future implementation. The appropriateness of the adapted programme and the mentor role are discussed in Chapters 3 and 5.

This chapter begins by discussing the additional awareness raising and buy-in from local professionals that would have benefitted this pilot programme. It then discusses the need to clarify the model in relation to its focus on social inclusion and the need for stronger leadership.   The need for clearer policies regarding a number of issues and the high level of support required by the programme are also discussed.

7.1   Engaging with local professionals

Engaging with professionals was found to be difficult. Huge attempts were made by the Mellow facilitators, operational groups and the project manager to raise awareness of the programme. Health visitor forums, clinical networks, midwifery team meetings, health cluster meetings and one-off events for services were attended to present about the project and to raise awareness of parents with learning difficulties support needs. Emails were also sent repeatedly and advice and support provided by the facilitators to local professionals.   The referral process was also refined between the two runs of the programme and further training offered.   As discussed in Chapter 6, this work was found to raise awareness amongst the professional involved.

Even though the operational groups included representatives from key stakeholders such as midwives and health visitor and these representatives shared information on behalf of the project, it was noted as particularly difficult to contact and engage midwives who could refer mothers to the pre-birth programme. Referrals needed to be made between twenty - thirty weeks of pregnancy. In order to try and locate mothers for the pilot programme, one facilitator attended the maternity clinic to speak to potential mothers. The low level of referrals from midwives was felt to be related to their extremely high workload and short-term involvement with mothers. No midwives were noted as attending the training provided for local professionals who may refer to the project. In future programmes, it would seem vital to find further ways to ensure that midwives are aware of the programme and how to find further ways identify mothers with learning difficulties in the area.

Professionals' lack of awareness of parents with learning difficulties and in particular how to identify whether a mother had a learning difficulty or not was also thought to impact on the low referral rate. As indicated by the themes within the professionals pre-training views of parents with learning difficulties, discussed in Chapter 2, professionals had little understanding of parents with learning difficulties learning and support needs. It was also felt that local professionals were concerned about '*labelling*' mothers and the possible stigma resulting from this. The training offered, by Mencap, would have helped overcome this issue but was not taken up by local professionals.

It also appeared some local professional referred any vulnerable mother. This left the Mellow facilitators to judge whether the mother met the referral criteria. Referrals were also often late. Late referrals also resulted in difficulties in matching appropriate volunteers and enabling them to meet the mothers before the start of the group sessions.

7.2   Clarifying the model

The Mellow Futures programme was described as a '*multi-pronged'* project. It was viewed as '*complicated*' and '*complex*' involving a number of partners. It was felt by a number of those involved that further clarity was required regarding the actual model as well as stronger project management at both national and local areas. The operational groups, with representatives from various health, children, and family services supported the development of the programme in both pilot sites. It should be noted that much effort was put into embedding and refining the model, such as the referral process, within the two local sites for the duration of the delivery, as new issues arose.

There was some confusion throughout the project regarding whether the model focused on supporting the wider social inclusion of the mothers with learning difficulties. This was expressed particularly through the development of the two differing mentor role models, as discussed in Chapter 5.   In one model social inclusion was viewed as paramount throughout but the mentors also supported the mothers to do the 'have a go' or 'take home activity' from the programme. In the other model reinforcing the learning from the group was paramount and undertaken in the home where the mentor could work with the mother, usually, without distraction. It was also reported, by a couple of interviewees, that there were no tasks to support embedding the learning from the Mellow Futures programme during the 3 month break between pre and post-birth groups.   Virtually all the mothers enjoyed the social contact from the mentor and discussing other situations in their lives. Those who accessed the community also reported the benefits of this. Future revision of the mentors' manual might usefully include planned activities for mentors in the time between the pre-birth and post-birth groups and guidance on the mentor's role in relation to supporting social inclusion.

Questions were also raised about whom the model was targeted. A few of the mothers were described by referrers or the Mellow facilitators as not having learning difficulties, even at a very

mild level but '*as struggling with everyday life*' due to the other issues in their lives. It was believed at the outset that the programme would be beneficial to these mothers and referrals were needed to be able to run the pilot programmes. A number of the mothers had dyslexia. Dyslexia had been included in the definition of learning difficulties presented in the Mencap training.

In relation to one mother in particular who was aware, according to her mentor, that her baby would never be in her care, it was questioned whether she should have attended the programme. It was suggested the resource could have been better used.

7.3   Leadership

Stronger project leadership was advised in relation to co-ordinating the programme and providing clarity regarding the issues such as internal and external communication. It was felt that the change in project management just prior to the start of the first Mellow Futures programmes contributed to some confusion regarding the model and the processes necessary to ensure its functioning. Refinements were, however, made throughout the pilot programme. With regard to support for the facilitators and mentors, it was also reported that clarity is required regarding line-management. It was questioned: 'who was the line manager for the facilitators in relation to this specific project rather than their other roles in the local authority/charity?'

More attention to embedding the project within the local authority was also suggested. It was felt that increased prominence and support could have raised awareness of the project amongst local professionals and increased referral rates.

It became apparent that a number of clear policies would support the functioning of the model. Learning from the experience of this pilot, policies appear to be required in relation to:

- **Criteria for acceptance** of mothers to the programme and the level of information that is required. Is it appropriate if there is no chance of a mother caring for her baby?

- **Communication** within all parties with particular reference to:

   - The level of information that is required about the facilitators and how much of this information it is appropriate to share with the mentor organisation and mentors. Should information about previous children being removed from the mother's care be shared with mentors?

   - On-going communication between the mentors and the Mellow facilitators to ensure appropriate sharing in order ensure holistic support for the mothers.

- **Training**. Specific input regarding the Mellow Futures model and the lives of parents with learning difficulties should be provided for all new mentors. Some of the mentors new to the programme at the start of the second post-birth groups did not receive specific input regarding the programme or input from a parent with learning difficulties.

- **Supervision for facilitators.** Practitioners made less use of supervision than for a standard Mellow programme even though the mothers' needs were felt to be more complex. The offer of free supervision for practitioners running the Mellow Futures groups was the same as for other groups. Facilitators struggled to access supervision due to time pressures and difficulties with time-tabling. Ensuring supervision is accessed should be a priority in futures Mellow Future programmes.

- **Providing reports to other professionals**. In one area a report was requested by a solicitor which was not well-received by the local authority. It was noted that there were issues with

valuing reports from parenting programmes within this authority. Clarity is required regarding the content of reports that can be written and the process for providing a report. It was noted that in their other roles, the facilitators would follow a clear process and reports would be presented in a standard format and be checked by managers.

7.4   A high level of support is required

Involvement with the complex situations, such as the mothers involvement in court proceedings or a violent partner, in the mothers' lives was emotional for all involved and resulted in the issues dominating some of the programme sessions as well as resulting in the commitment of additional time to the pilot programme.   Additional time and supervision was requested to enable facilitators to step back and reflect on the issues and to determine a clearer therapeutic plan.

Three facilitators were usually involved in the groups and this was felt to be appropriate due to the mothers' complex needs. Taxis were provided for the mother as well as a meal and often gifts.   Organisation of transport during the post-birth programme was particularly complex when mothers and babies were being collected from different locations or mothers needed to be supervised with their babies.   Although administrative support was included in the model, this was not available in one area. In this area, the Mellow facilitators were managing all the practical and administrative aspects of the programme which detracted their ability to concentrate on the programme. Local administrative support provided by a named individual was regarded as vital to future programmes.

Running the programme was described as far more costly than originally envisaged. The facilitators in one area estimated that setting up each programme, ie. receiving referrals, visiting the mothers etc, took at least a week of time. In one area, actually running the post-birth groups was also estimated as taking far more time, perhaps two days a week for each facilitator.   In Northumberland, mothers came from all over the county, some one-way taxi journeys costing £100. A number of the mentors also reported driving an hour to visit the mother they were supporting. One mentor organisation estimated that the actual cost of their involvement was double the amount provided. This additional cost related to the higher level of supervision required for the mentors working with mothers with really complex life circumstances.

7.5   Chapter summary

This chapter described some of the learning from the Mellow Futures pilot. Mellow Futures is a new programme and great efforts were made to make local professionals aware of the programme. However, it appeared that local professionals' engagement was inhibited by lack of time and awareness of parents with learning difficulties.   Additional time for awareness raising may have improved local awareness and the number of professionals who took advantage of the Mencap training.

Some additional clarity is required regarding the aims of the model regarding how it relates to social inclusion and how the mentor role is carried out.   Additional clarity is also required regarding a number of issues such as exactly who the programme is for, communication between mentors and Mellow facilitators, consistent input regarding the model and parents with learning difficulties lives in the mentor training, the level of supervision required, and report writing.

The model was also found to be resource intensive. Three facilitators were felt to be required even though the groups were small, administrative support and additional time for facilitators to set up the programme and respond to mothers' complex needs is required.

8   Appropriateness and impact of the Mellow Futures model.

The Mellow Futures programme pilot appeared to be beneficial to mothers with learning difficulties and the mentors who supported them. It supported the mothers to make friends, think about the complex issues in their lives and develop practical skills. Their babies were also able to spend time with other babies in the Children's Group whilst the mothers benefitted from the experience of engaging with the Children's Group workers as well as their mentors and the Mellow facilitators. The mentors' role was valued by the mothers, mentors and Mellow facilitators. Mothers were supported to 'have a go' at the take home activity, to think about their learning from the programme at home and supported with their personal issues.

The programme content was found to be beneficial to this group of mothers. Some further adaptations were made in terms of breaking the sessions down into smaller sections. The practical activities and videos were enjoyed and supported the mothers' engagement and learning, but caution is needed regarding written activities and activities that remind mothers of their difficulties with literacy or difficult school histories.   More practical activities and videos were suggested.

Running the pilot provided a detailed insight into the complex lives of mothers with learning difficulties, the large number of whom were already known to services. These complex life situations had a major impact on the running of the pilot programmes in terms of the issues dominating some of the group sessions and being an '*eye opener'* for the mentors.   The programme was adapted to take account of and support the mothers in their complex situations and difficulties that emerged in the formation of relationships between mothers in the groups.   Most of the mothers had not had close relationships with other mothers, so issues in this area were viewed as a valuable learning experience.

Supporting mothers with learning difficulties was a valuable learning experience for the volunteers. Involvement in the complex life situations challenged them but enabled them to support mothers in a non-judgemental, independent way which was valued by mothers.   A higher level of support was required when the mothers were involved with children's services or going through traumatic experiences. The mentors valued the '*safety net'* of the high level of support from the mentor organisations.

Improvements in most of the mothers' confidence were noted by themselves as well as their referrers, Mellow facilitators, Children's Group workers and their mentors. Improvements, for some mothers, were also noted in their practical skills, engagement with services and in the development of supportive relationship with peers.   There were also improvement in some of the mothers' situations in relation to children's services.

The video analysis revealed improvements in level of warmth and involvement of the mothers and babies. The Neonatal perception inventory found that mothers had increased their positive perception of their babies by the end of the programme. The Adult well-being scale results indicated that the mothers' psychological profiles remained unchanged during the programme. Elevated scores on the depression sub-scale indicated the need for attention on this issue from local professionals. This finding points towards the complexity of the mothers' needs and their need for on-going support.

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 spoke of their social exclusion. Further support would engage mothers with the different stages of their babies' development and support them in their peer relationships. The independent, non-judgemental approach of both the facilitators and mentors appears to be vital to the mothers' engagement with the programme.

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 and provide clear guidance regarding a number of issues, such as communication between the various parties and the level of support available to facilitators working with these vulnerable mothers.

The provision of the Mellow Futures model appeared to be beneficial to the local professionals who came into contact with it. Future programmes 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.

References

'Costs and economic consequences of Parent Pioneers, a pilot Mellow Futures programme for mothers with learning difficulties' Bauer, A., Williams. G

Booth, T., Booth, W. & Mc Connell, D. (2006) Temporal discrimination and parents with learning difficulties in the child protection system. British Journal of Social Work 36, 6, 997-1015.

CHANGE (2005) *Report of national gathering of parents with learning disabilities*. Leeds, CHANGE.

Broussard, E. R. (1979) Assessment of the adaptive potential of the mother–infant system: The neonatal perception inventories. *Seminars in Perinatology,* 3, 91–100.
Department of Health and Department of Education (2007*) Good practice guidance on working with parents with a learning disability*. London, The Stationery office.

IASSID Special Interest Research Group on Parents and Parenting with Intellectual Disabilities (2008) Parents labelled with Intellectual Disability: Position of the IASSID SIRG on parents and parenting with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities,* 21, 296-307.

Kroese, B., Hussein, H., Clifford, C. & Ahmed, N. (2002) Social support networks and psychological well-being of mothers with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 15, 324-340.

Mc Connell, D., Llewellyn, G. & Ferronato, L. (2006) Context contingent decision making in child protection practice. *International Journal of Social Welfare* 15, 230-239.

Palisin, H. (1981) The Neonatal Perception Inventory: A review. *Nursing Research,* 30, 285–288

Puckering, C., Allely, C., Doolin, O., Purves, D., McConnachie, A., Johnson, P., Marwick, H., Heron, J., Golding, J., Gillberg, C. & Wilson, P. (2014) Association between parent-infant interactions in infancy and disruptive behaviour disorders at age seven: a nested, case–control ALSPAC study. BMC *Pediatrics* 14:223

Snaith R, Constantopoulos A, Jardine M & McGuffin P (1978) A clinical scale for the self-assessment of irritability. British *Journal of Psychiatry,* 132, 163–71

Tarleton, B., Ward, L. & Howarth, J. (2006) *Finding the right support. A review of issues and positive practice in supporting parents with learning difficulties and their children*. London, Baring Foundation.