



“I’m not just a Mummy...”

An evaluation of the
Mellow Parenting Programme
in the Southern Health and Social Care Trust

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Introduction

The Southern Health and Social Care Trust provides health and social care to approximately 335,000 people across the Southern aspect of Northern Ireland. The area encompasses rural and urban sites and includes the areas of Craigavon, Banbridge, Armagh, Dungannon and Newry and Mourne. The population of the Trust enjoy similar health status to the rest of Northern Ireland (DHSSPSNI, 2014 (<http://www.dhsspsni.gov.uk/southern-profile.pdf>)).

Map of NI showing the Southern Health and Social Care Trust



This report outlines evaluation findings from the delivery of Mellow Parenting programmes run in the SHSCT area during 2014. The aim of the evaluation was to answer two questions:

1. How effective is the Mellow Parenting programme in improving the mental wellbeing of mothers?
2. What is it like to be a part of the Mellow Parenting Programme?

This is the second evaluation of Mellow Parenting to take place in the Trust. The first internal evaluation (SHSCT 2011) examined the experiences of participants in 2011. It reported improvements in mental well-being of the mothers upon completion of the programme.

Three Mellow Parenting Programmes run across the Southern Health and Social Care Trust area in 2014 formed the cohort for this evaluation.

Summary

Summary of Key Findings



The Mellow Parenting programme is an effective and acceptable programme in reducing anxiety and depressive symptoms in mothers.



Improvements in the mental wellbeing of mothers were evident in comparison to the start of the programme. Mean scores in both the Adult Wellbeing Scale and the Warwick Edinburgh Mental Wellbeing Scale showed improvement on completion of the programme.



Levels of anxiety, depression, and aggressive tendencies reduced over the period of the intervention.



Skills and knowledge gained from the programme have a lasting effect into the medium term with the mean scores on WEMWBS and the Adult Wellbeing Scale showing further improvement six months post programme.



Twelve month follow up showed improvements in mental health when compared with baseline scores on three of the four subscales on the Adult wellbeing scale. A slight decline in wellbeing was observed when compared with follow up at six months.



Participants taking part in the programme reported that they found it an enjoyable experience.



Participants reported changes and improvements in how they react to, and interact with, their children and family members.



Participants reported positive changes in the child's behaviour and interaction with other children.



Participants related the desire for continuing follow up, in addition to their usual care.

Background

How and why was Mellow Parenting established?

“Mellow Parenting is an evidence based parenting programme which has been shown to be effective in engaging hard-to-reach families and in helping them make changes in their relationship” (www.mellowparenting.org). It was established by Christine Puckering and Maggie Mills in 1995 following work with families on the child protection register and the Mellow Parenting organisation became a charity in its own right in 2006. The Mellow Parenting programme is aimed at supporting parents who experience relationship difficulties with their children and combines group support for parents with shared video feedback of their interactions with their children.

Rutter (1980) suggested that family risk factors have a huge influence on the risk of children developing conduct disorders. These risk factors might include social, mental health and economic problems such as: poverty; social isolation; marital discord; and parental mental ill health (Webster-Stratton & Herbert, 1993). Some mothers may have suffered or be suffering from postnatal depression which has resulted in negative interaction with their children. The mothers may be less likely to engage in positive infant-centred speech which may result in later language difficulties. These children can then learn an unhealthy style of interaction that transfers to their subsequent relationships. Mellow Parenting (MP) families often present with one or more of these risk factors and therefore Mellow is considered as a “preventative intervention”, helping to prevent the risk of developing conduct disorders in children.

It is acknowledged that where parents have risk factors (such as the ones listed above), they are less likely to enrol or persist with parenting courses (Webster Stratton, 1998). It is often these risk factors that create barriers to parents engaging with services. It is therefore important to address these risk factors when establishing a group for parents where attendance is paramount.

The Mellow Parenting model uses a combination of parental support and direct work in parenting.



How has Mellow Parenting developed?

The programme has developed over time and had been adapted following feedback from participants about what they valued. This has resulted in more time being made available for parents to reflect their own personal histories in order to consider how these have affected their ability to form relationships with their children. The use of video recording of mother-child interaction was introduced as a means of encouraging parents to reflect on their own behaviour and the responses of their children. It was agreed that the programme must be long enough to allow the parents to rehearse and practice new skills they had learnt.

Sure Start Children's Centre Practice Guidelines (November 2005) recommend Mellow Parenting as an effective programme and Mellow Parenting also meets the NICE guidelines for effective parenting programmes.

NICE Criteria for effective parenting education programmes:

- Structured programme based on Social Learning theory
- Sufficient sessions to maximise benefit
- Homework to rehearse new skills
- Delivered by trained and supervised practitioners
- Programme delivery manual
- Cohort studies have been completed and randomised controlled studies are underway
- Infrastructure and support to enable parents who may find access difficult
- Crèche provision for all children in the family.



What are the key components of Mellow Parenting?

Mellow Parenting is a 14 week programme for Mothers who have additional needs and who have a child under four years old.

Mellow Parenting is based on a model of nurturance. In order for parents to be able to nurture their child, they need to experience nurturance themselves. It aims to help parents understand their behaviour and their barriers to change. Key components to Mellow Parenting which aim to increase attendance and give parents time for themselves include:

- Provision of a children's group
- Transport provided for parents to and from the programme
- Lunch and refreshments provided
- Training materials provided
- Lunchtime activities for parents and children provided.

Mellow Parenting is also based on a strong philosophical framework of empowerment. This framework includes the theories that:

- Parents are the experts on their own children
- The group is offered to parents not prescribed
- The emphasis is on positives but there is acknowledgement of difficulties
- There must be respect for individual differences
- There is an avoidance for the "expert" role.

Mellow Parenting runs one day a week for fourteen weeks with an ideal group number of between eight and ten Mothers.

Parents spend each morning learning about themselves and reflecting on their childhoods and their early experiences with their children, whilst the children are supervised in the Children's Group. The parents, children and facilitators then eat lunch together and have the opportunity to participate in creative activities together. The lunch time session is aimed at promoting positive interactions between parent and child as well as allowing them to explore a range of activities and games they may not be familiar with but can replicate at home. In the afternoon the children return to the Children's Group and the parents take part in a parenting workshop, based around videos of the families at home, as well as structured topics to discuss. As a result of this, homework activities are set, usually requiring the parents to observe or reflect on some aspect of their interaction with their child. Most sessions are discussion or activity based placing low demands on parents' literacy skills.

How is Mellow Parenting different?

How is Mellow Parenting different from other similar programmes?

Many of the existing recognised parenting programmes focus on managing children's behaviour, as this is often the key concern for parents and practitioners. For some parents this has been shown to be effective, especially where parents welcome information and direction. However, for parents where there are ongoing personal difficulties, managing children's behaviour may have better outcomes when other fundamental issues are also addressed. This includes the emotional and physical well-being of both the parent and child. Many families often in need of support for managing their child's behaviour are not in the right stage in their own lives to consider and implement the suggested strategies explaining why some parents are seen to continue to struggle following attendance on programmes which focus mainly on the child. The parent may be experiencing a variety of personal and interpersonal difficulties including mental health issues, financial and emotional problems. Their parenting skills may reflect their general poor experience of relationships (Webster-Stratton and Herbert 1994). Mellow Parenting aims to reach parents by providing a nurturing context in which to develop their own relationships and their own skills before attempting to apply those to the relationship with their child.

Why is Mellow Parenting needed?

The value of early intervention is increasingly recognised internationally, within the UK and in Northern Ireland.

The OFMDFM Strategy, Our Children and Young People – Our Pledge 2006, aims to improve the life chances for children and young people to ensure that every child, irrespective of race, gender, religious belief, age, sexual orientation, disability, background or circumstances gets the best start in life and the support they need to fulfil their potential.

“Family Support is defined as the provision of a range of supports and services to ensure that all children and young people are given the opportunity to develop to their full potential. It aims to support their development primarily by supporting and empowering families and strengthening communities. Its focus is on early intervention, ensuring that appropriate assistance is available to families at the earliest opportunity at all levels of need”

Families Matter: Supporting Families in Northern Ireland (DHSS&PS 2009)

Corporate PHA and HSCB objectives highlight the need for early intervention. Supporting early childhood development and giving children and young people the best start in life, is a key objective in reducing health inequalities.

Mellow Parenting in the SHSCT

Within 'Transforming your care' the review of health and social care in Northern Ireland, early years and children and young people are identified as key priority areas. Transforming Your Care recognises that early engagement can pay a very high rate of return. Promoting and supporting positive engaged parenting, particularly where parenting skills are limited has been highlighted as an area for development.

There is a variety of parenting programmes available across the Southern area that meet the diverse needs of parents. Mellow Parenting compliments existing provision by providing intensive support where parents have additional health and social care needs.

Mellow Parenting in the Southern Health and Social Care Trust

Mellow Parenting has been offered as an intensive therapeutic support for parents in the Southern area since 2010.

The Southern Health and Social Care Trust (SHSCT) Promoting Wellbeing Team has facilitated the development and coordination of the Mellow Parenting programme. This programme is funded by the Public Health Agency via the Mental Health Promotion Action Plan. A steering group made up of key stakeholders was established to oversee the implementation of the programme in the SHSCT area. The programme is a Tier 3 intervention and is targeted at Mothers with additional health and/or social care needs.

A group of 10 Facilitators were recruited from various disciplines within the Trust including Health Visiting, CAMHS, The Parenting Partnership (formerly DELTA) and Family Intervention Teams. Facilitators are currently working across the Trust delivering the Mellow Parenting intervention as part of their role.

Mellow Parenting (Scotland) trained Facilitators in the core programme – 'Going Mellow'. Going Mellow Facilitator Training is 3 days duration. On completion of the training Facilitators are skilled to deliver Mellow Parenting programmes. Ongoing supervision and support is available via Mellow Parenting Scotland and Facilitators take part in peer supervision sessions facilitated within the Trust.

A Mellow Parenting Facilitators group was established to support Facilitators in the delivery of the Programme. This group is chaired by Promoting Wellbeing in the Southern HSCT.

On each Mellow Parenting Programmes facilitators deliver in pairs.

Promotional Literature

Two Information leaflets were developed to promote programme uptake, one for referrers and one for parents. This information is circulated widely through the Trust and with potential referrers in the Community/Voluntary sector. Presentations to potential referrers are made at appropriate Team meetings.



Referrals

A SHSCT referral criterion was developed and agreed between the Steering group and the Facilitators Group, in line with the criteria recommended by Mellow Parenting (Scotland). The criteria for referral is that the family has a child under four years of age and Participants should fall into one or more of the following categories:

- A child/children on or at risk of being placed on the Child Protection Register
- A history of domestic violence within the family
- The main carer has ongoing difficulties in their relationship with the child/children
- (a) A child of between 1 and 4 years has behavioural or emotional problems of at least 3 months
- (b) A child of under 1 year has behavioural or emotional problems of at least 1 month
- There is a history of mental health problems, that may include substance misuse, which impacts on parenting capacity.

Making a Referral to the Programme

A referral form was designed and all referrals are managed centrally by the Promoting Wellbeing Team.

- Referral forms can be accessed via <http://www.southerntrust.hscni.net/livewell/mellowparenting.htm>
- The form is completed and returned via email to the Promoting Wellbeing Team
- The referrer receives confirmation on receipt of referral
- The referral form is screened to ensure it meets the criteria
- The Mother and Referrer are informed in writing if a place has been secured
- In the event that a place has not been secured, information on other appropriate interventions will be provided.

Literature Review

Facilities

Community facilities are identified for delivery of the programmes. Child care provision is provided as an integral part of the programme delivery. Appropriate childcare and venues are procured in line with Trust processes.

Home Visits

Once the Mother secures a place on the programme she is contacted by one of the facilitators who arrange a minimum of two home visits with her. The home visits consist of several components. Firstly, the facilitator establishes that the information on the referral form is correct and that the parent is committed to attending. Secondly, the facilitator explains the parent information leaflet to ensure the parent understands what Mellow Parenting is about. The facilitator then completes the baseline questionnaire information with the parent and agrees a time for a second visit in order to make a video of a caretaking situation (ideally a mealtime) to observe the parent-child interaction. The video is taken for at least 10 minutes. All video footage is destroyed at the end of the programme. The visit is also an opportunity for the Facilitator to discuss transport needs and address any other concerns with the Parent.

Literature Review

Problems in effective parenting are increasingly seen as a significant public health issue [1] and public policy has come to reflect this. Parental mental health plays an important role in childhood development and poor mental health has a negative impact on the social, psychological, educational and economic outcomes of the child (MacBeth et al 2015). This has led to a proliferation of parenting programmes including the Triple P, Incredible Years, the Family-Nurse Partnership and Mellow Parenting interventions.

These programmes have been subject to a number of criticisms. For example, the Triple P and Incredible Years programmes focus on the parental responses to the child behaviour and tend to be focused on families where the child is two years of age or older. There is a wide body of evidence suggesting that although these approaches are effective in developing parental sensitivity there is limited focus on the mental health of the mother. The Family-Nurse intervention gives support to adolescent mothers during the ante-natal period and up to two years after birth. There is evidence that this has a positive impact on the mothers' health and child development however it is noted to be both expensive to commission and deliver (MacBeth et al 2015). MacBeth et al (2015) also suggest that the targeted nature of the intervention - to adolescents also limits its widespread adoption.

The Mellow Parenting programme is aimed at supporting parents who experience relationship difficulties with their children and combines group support for parents with shared video feedback of their interactions with their children. It aims to help parents understand their behaviour and their barriers to change. Aimed at parents of children aged 0-4 years 'Mellow Parenting' includes both strategies for developing parenting skills and also strategies to ameliorate parental depression and anxiety.

The evidence base, however, for Mellow Parenting remains relatively weak. Although the intervention is recommended in UK guidelines for parenting programmes and in the California Evidence Based Clearinghouse for Child Welfare the evidence supporting Mellow Parenting is derived from small case studies and qualitative reports. MacBeth et al (2015) attempted to synthesise research that reported quantitative outcomes for Mellow Parenting. They found only five studies from which they could calculate effect sizes. They concluded that there was a medium treatment effect on maternal well-being in comparison to control groups. However, they also report numerous sources of biases including lack of randomisation and there were no statements of conflicts of interest from authors of included studies which may have influenced their findings (MacBeth et al 2015). The purpose of this section of this evaluation is to review the studies that examine the Mellow Parenting intervention in order to give some context to the present evaluation.

Theoretical Framework

Mellow Parenting is underpinned by the attachment theory proposed by the psychoanalyst John Bowlby. Bowlby and colleagues at the Tavistock Clinic in London developed a theory of childhood development based on their observations and empirical data (Pearce 2009). They argued that childhood attachment to primary caregivers is not innate and that such attachments develop through early childhood (see table 1). As such, the parenting skills of the primary caregivers are an essential component in the development of the child.



Stage	Time	Observable Features
Pre-attachment	Birth to 3 months	The infant orients to the sound of the caregivers voice, reflexively reaches to be held, tracks the caregiver visually, but smiles reflexively and indiscriminately.
Recognition/ discrimination	3- 8 months	The infant begins to differentiate between their primary discrimination caregivers and others. Smiles are based on recognition and the infant scans the caregivers faces with excitement. The infant shows distress when caregivers leave the room and smiles and greets them after brief separation.
Active attachment	8- 36 months	During this stage in which the primary attachments are actively developing, the infant demonstrates a clear preference for the primary caregiver or caregivers and a corresponding wariness towards strangers or 'stranger reaction'. The infant crawls or walks away from their caregivers to explore their environment, though they frequently check back.
Partnership	36 months +	Attachment solidifies. Child expresses their needs verbally and begins to negotiate conflicts and differences with their caregiver.

Table 1- Stages of attachment (adapted from Pearce 2009)



Effectiveness of and Experiences of being Involved in Mellow Parenting

There is limited research on the experiences participants have during the Mellow Parenting intervention. In what appears to be the sole qualitatively driven research, Birtwell et al (2013) sought to explore the experiences of eight expectant mothers of their pregnancy and the Mellow Bumps intervention. Using an interpretive phenomenological analysis approach to data collected in individual interviews, Birtwell et al (2013) report that the participants found pregnancy to be normalizing as well as allowing participants to build 'more positive representations' of themselves. Interestingly, they also report that participants related that the mother/ child attachment relationship begins before birth.

Further, the Mellow Bumps intervention was universally seen as helpful. This was particularly so in developing pre- birth attachment relationships which they argue started to develop the foundations of a secure mother- infant relationship. Expectant mothers also reported that the facilitated peer support available through the Mellow Bump programme was valued by participants (Birtwell 2013). The utility of the study is limited due to the small sample size and qualitative nature of enquiry.

Experiences of being involved in Mellow Parenting programmes are also reported, as part of other studies, by Puckering et al (2011) and Puckering et al (2013). Puckering et al (2011) sought the views of six clinicians involved in the delivery of Mellow Parenting with mothers of children with a diagnosis of Reactive Attachment Disorder. Participants in this study reported that they observed benefits to the children as well as the carers (mothers). Again the facilitated peer support afforded from the group intervention was highlighted as an important outcome of the group. Some participants reported observing improvements in parenting skills and improvements in some children's interactions with other children in the group (Puckering et al 2011).

Puckering et al (2013) reported the experiences of a single case study of one family group that had undergone the Mellow Parenting programme. They report the journey undertaken, over the period of twelve months, by a mother of two young children who was involved in a violent domestic relationship. They report the mother developing a more tolerant approach to her children, although they provide no specific qualitative data to substantiate this. Similarly changes in the mother's outlook; self- image, feelings toward her own mother and increased self- satisfaction are not substantiated with qualitative data. It should also be noted that the paper is based on a presentation given in 1996. There appears to be no further follow up post 1996, so it is unclear why it took 17 years to produce the paper. Nevertheless, it does provide a good insight into the potential benefits of the Mellow Parenting interventions.

Qualitative data collected at the end of the programmes delivered in the Southern Health and Social Care Trust area in 2011 suggested that participants in the intervention found the programme useful in developing self- awareness and improving relationships within the family.

Effectiveness studies are also lacking in academic literature (MacBeth et al 2015). Macbeth et al (2015) undertook a systematic review of intervention studies on Mellow Parenting programmes. They identified a total of eight studies that reported outcomes from Mellow Parenting programmes (See Table 1).

All of the studies noted above reported improvements in parental and child mental health.

The previous evaluation of Mellow Parenting in the Southern HSCT (McParland 2011) examined the experiences and outcomes for a group of mothers at risk of one or more of the following; domestic violence, child protection issues, relationship issues, mental health or substance misuse. Mean group scores on the Warwick Edinburgh Maternal Well-Being Scale in all three locations - Craigavon, Dungannon & Newry- all improved over the course of the intervention. The attrition rate for the evaluation were reasonable with six of the original thirty-four participants dropping out of the programme.

Improvements in the mood of mothers attending Mellow Parenting programmes in Scotland (Puckering et al 2011) and New Zealand (Penehira et al 2011) are also reported. Puckering et al (2011) set out to test the effectiveness of Mellow Parenting in a cohort of 12 children aged between 6 and 9 years and their parents. They reported differing results between the parents and the children. No statistically significant differences between the pre- and post-test measures were found amongst the children taking part. However, parents wellbeing, as measured by the Hamilton Anxiety & Depression Scale (Zigmond & Snaith, 1983) - was significantly improved. It should be noted that the children in this study had been diagnosed with a Reactive Attachment Disorder (ICD-10 (yr)) and that the study was a pilot to ascertain the potential application of the Mellow Parenting programme to a specific clinical population. Again, the improvements in maternal health is noteworthy.

Similar improvements in mental health by mothers and grandmothers attending Mellow Parenting programmes in New Zealand are reported by Penehira and Docherty (2011).

All of the above studies have been criticized for the lack of robust methodology. It is also interesting to note that none of the studies include any conflict of interest statement (Macbeth 2015).

Conclusion

Mellow Parenting is an important part of current national guidance in relation to good practice and evidence based parenting programmes. The meta-analysis undertaken by Macbeth et al (2015) provides some support for this position, although they note that the majority of evidence supporting the effectiveness of Mellow Parenting programmes comes from 'grey' literature in terms of single case studies and commissioned reports. This report adds to that body of evidence.

Authors(s)	Location	Sample Size	Findings
Puckering et al (1994/1999)	Scotland	45	Considerable positive change in interaction and child centredness was evident when before and after videotapes of the mothers and children were compared. Negative interaction dropped to one-quarter of the pre-group level and mothers were more effective in exercising appropriate control. Of the 12 children on the Child Protection Register, 10 subsequently had their names removed, with both remaining children returning to the mother's care from compulsory care.
Puckering et al (2011)	Scotland	12	The programme had a positive effect on mothers' mental health, but had no measurable effects on symptoms of RAD or on parent-child interaction, although the variation between families after the group suggested that some had responded more than others.
Borjeson et al (2008)	Russia	16	Data not available.
McParland (2011)	Northern Ireland	28	Group means on the WEMWBS improved in all three cohorts
Penehira et al (2011)	New Zealand	39	Maori mothers and grandmothers attending the pilot study of HKTR parenting program reported a significant increase in their own wellbeing, their ability to cope with their parenting role/children's behaviours, their feelings of self esteem and adequacy, and confidence in their cultural identity, along with a reduction in unwanted problematic behaviours from their children, and an increase in children's social skills. Qualitative data showed extremely positive responses to the program resources, content, and process. There were a number of requests for a program that fathers could attend.
Puckering et al (2010)	Scotland	10	Maternal mood in mothers attending Mellow Babies improved, with a significant difference in EPDS scores, relative to the control group, at follow-up. Post-intervention, there was a significant difference in levels of positive interactions between groups, favouring mothers attending Mellow Babies. The difference in negative interaction between Mellow Babies and waiting-list control group approached significance, with less negative interaction observed between mothers and infants who attended the group. Participant feedback on the content and process of Mellow Babies was highly positive.
Morozova et al (2011)	Russia	14	Data not available.

Methodology

Three Mellow Parenting Programmes formed the cohort for this evaluation. The programmes took place in three areas of the Southern Health and Social Care Trust.

Programmes took place in the following locations:

- Armagh
- Bessbrook
- Dromore.

Methods Used in the Evaluation

A multiple methods approach was taken to the evaluation. Quantitative data was collected in order to establish changes in the mental and emotional wellbeing of the participant mothers. Qualitative data, collected through focus groups, was obtained to explore the group participants' experiences of being part of the programme.

Quantitative data was collected at four times points during the evaluation. Baseline data was collected on the first day of the programme. Follow up data was collected at the end of the final session. This data was complemented by a short focus group at the end of the programme.

The data collection tools were administered for a third and fourth time via telephone at six months post programme and twelve months post programme to ascertain if any improvements in wellbeing had been maintained in the short-medium term.



Survey

Two validated survey questionnaire were used to collect data about the mothers emotional and mental wellbeing; The Warwick Edinburgh Mental Well-being Scale (Putz et al 2012) and the Adult Wellbeing Scale (Snaith 1978).

Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

The WEMWBS was used to collect data on the emotional and mental health of the participant mothers. The WEMWBS asks respondents to self complete and rate their perceived wellbeing against fourteen positively worded statements. Research has shown it to be a well received data collection instrument (Crawford et al, 2011) that mental health service users prefer it to other similar instruments (Putz et al, 2012).

Stewart-Brown et al (2011) report that the WEMWBS is a valid and reliable tool for measuring mental wellbeing (Chronbachs alpha = 0.89). They also found that it was particular useful in measuring the development of wellbeing over time, making it a suitable tool to collect information in this evaluation.

The Adult Wellbeing Scale (AWBS)

The AWBS is based on the Irritability, Depression and Anxiety scale developed by Snaith et al (1978). It was developed as part of the Framework for the Assessment of Children in Need and their Families which was published jointly by the Department of Health, Department for Education and Employment and the Home Office (MacKeith et al, 2010). The AWBS measures four separate outcomes; Depression, Anxiety, Inwardly directed irritability, Outwardly directed irritability-each of which are summed and a total score for each obtained.

Data Collection

Data was collected at four points:

- I At the beginning of the programme
- II At the end of the programme
- III Six months post programme
- IV Twelve months post programme.



Overview of Participants

Focus Groups

Staff from within the Promoting Wellbeing Team, SHSCT conducted recorded focus group interviews with the participants on completion of the programme. Facilitators were not present in the room while the focus groups were being carried out. These focus groups were designed to capture the participants experiences of the programme and the perceived impact that the programme had on their parenting capacity.

Specific questions asked during the focus group were:

- When you began the programme what did you hope to get out of it?
- What is the most important thing you have learnt in the group?
- Has your family life changed as a result of attending the group?
- Have you noticed any changes in your child from you began the programme?
- How did you feel about being videoed and watched in the group?
- Has your mental wellbeing changed as a result of attending the group?
- Are there any other comments you wish to add?

Overview of Participants

A total of 21 mothers took part in the Mellow Parenting classes and completed the evaluations. Table 1 shows the numbers in each location as well as their mean age and number of children each mother had.

Seven of the mothers were referred after the birth of their first child. A further seven had two children and the remaining seven had three or more children.

Location	Mean age of participants	Mean age of child in intervention	Mean number of children
Armagh	24 years	16 months	1.8
Bessbrook	33 years	24 months	3.1
Dromore	21 years	23 months	1.2

Table 1: Characteristics of mothers in the evaluation

Twelve of the mothers had previous contact with mental health services. Figure 1 shows the reasons for contact with mental health services.

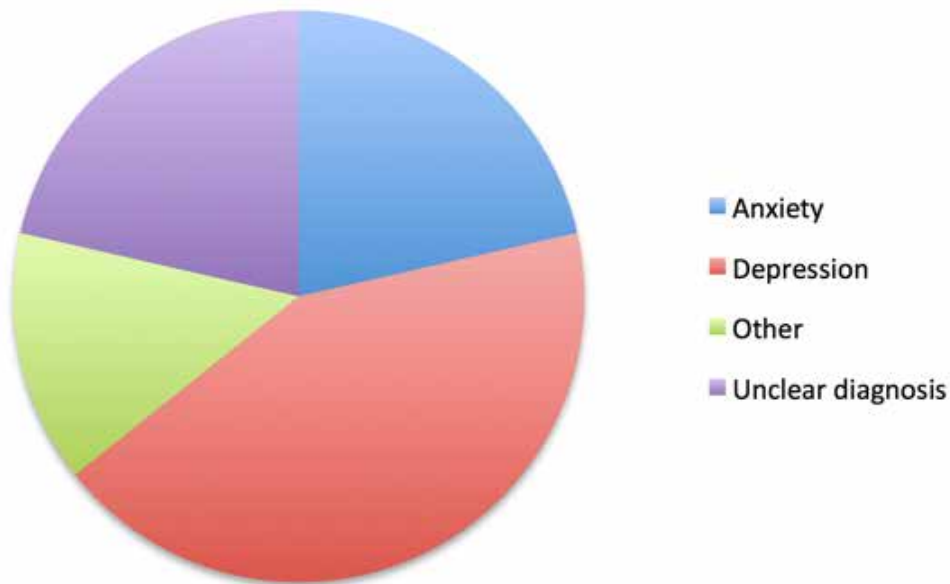


Figure 1 - Previous mental health history

Reasons for referral onto the Mellow Parenting programme were wide ranging and the most frequent referrals are shown below. All except five mothers had more than one reason for referral.

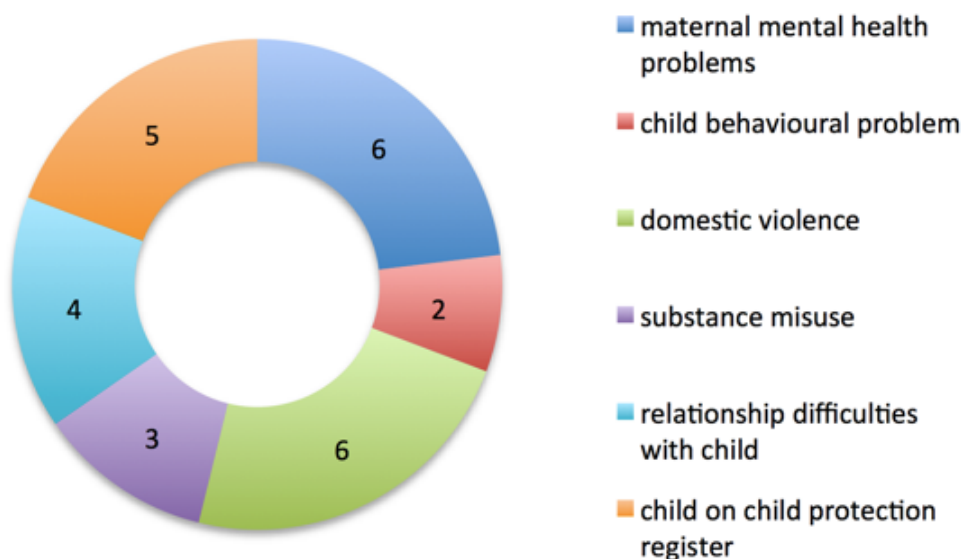


Figure 2 - Reasons for referral onto Mellow Parenting Programme.

Referrals to the programme were made by a number of health and social professionals; Health Visitors (n=12), Social Work (n=5), Voluntary sector professionals (n=3) and CAMHS (n=1). 36 referrals were received in total. 21 Mothers engaged with the programme.

Summary of Key Findings

The Mellow Parenting programme is an effective and acceptable programme in reducing anxiety and depressive symptoms in mothers.

- Improvements in the mental well-being of mothers were evident in comparison to the start of the programme. Mean scores in both the Adult Wellbeing Scale and the Warwick Edinburgh Mental Wellbeing Scale showed improvement
- Levels of anxiety, depression, and aggressive tendencies reduced over the period of the intervention
- These improvements were further enhanced six months after the programme ended. Twelve month follow up showed slight worsening of mental health in comparison to six months, however the scores were still an improvement in comparison to the pre-programme findings
- Participants found the programme enjoyable
- Improved relationships between mother, child and other family member was found
- Participants related the desire for continuing follow up following completion of the programme, in addition to their usual care.



Survey Findings

Warwick Edinburgh Mental Wellbeing Scale

The mean scores for the participants on the WEMWBS increased from 39.7 (Standard deviation (sd)= 9.8) to 50 (sd= 8.8) at the end of the programme. Six months post programme the mental wellbeing reported by mothers was still greater than reported at the start of the programme (mean=44.1, sd= 9.7). This remained consistent at twelve months post programme (mean= 44.41, sd= 8.9) See figure 3.

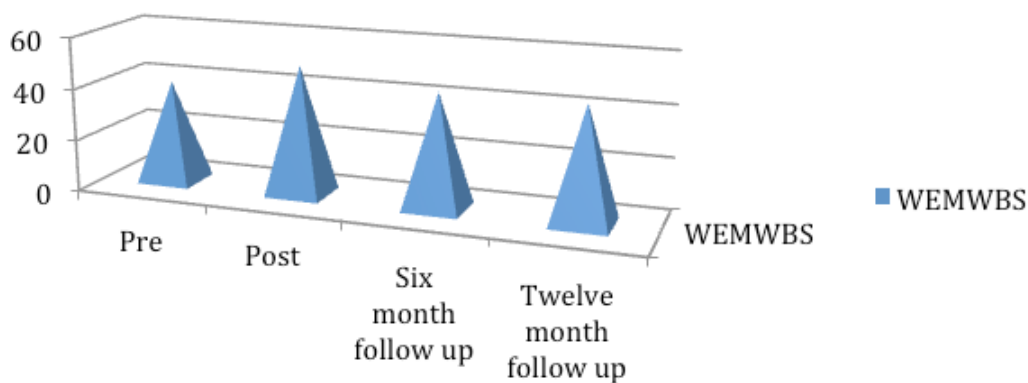


Figure 3 - Changes in mean WEMWBS Scores

Figure 4 shows a decrease in the mean scores across the six-month period in all aspects of the Adult Wellbeing Scale. Figures 5 - 8 illustrates the changes in each of the sub scales individually. Table 2 shows the reduction in the mean scores on each sub scale.

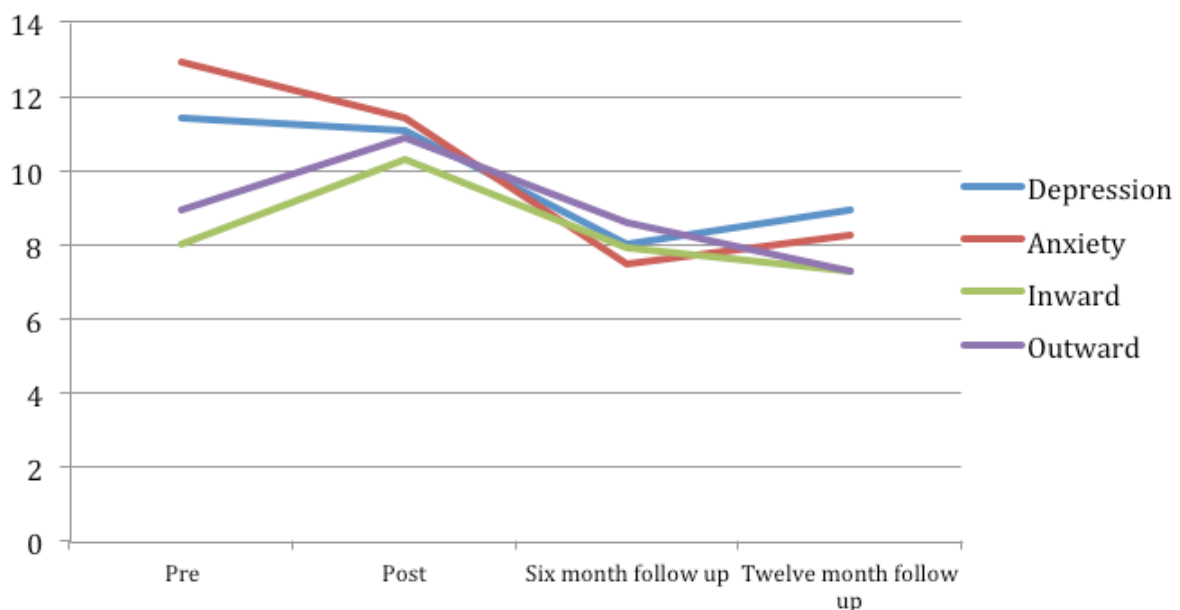


Figure 4 - Mean scores - Adult Wellbeing Scale over six month period

Depression

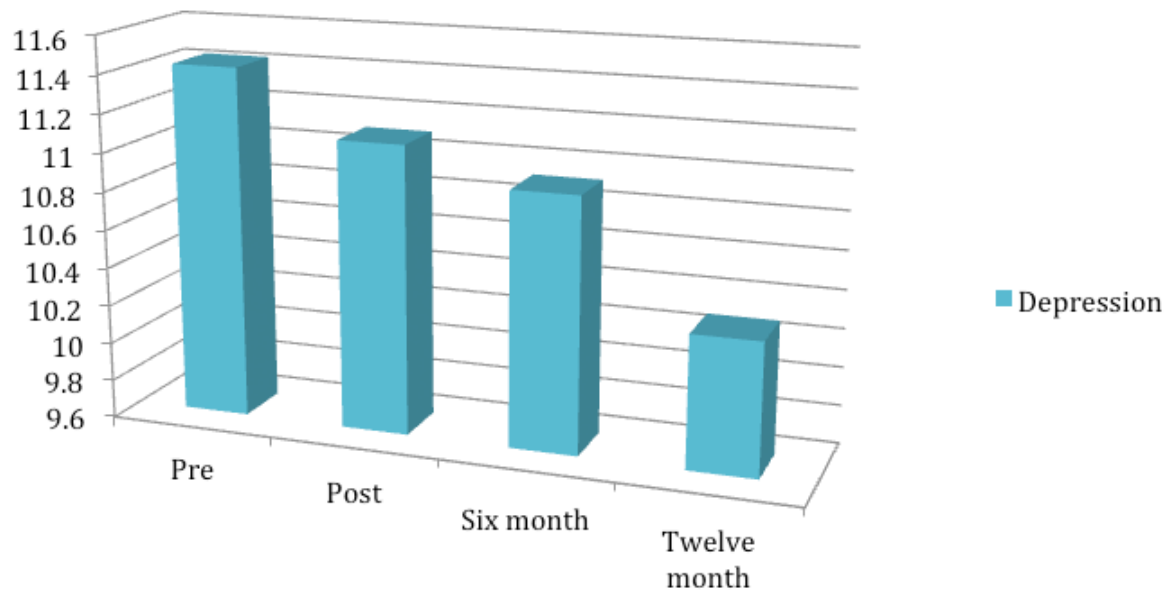


Figure 5 - Changes in Depressive Symptoms (AWS) over twelve months

Anxiety

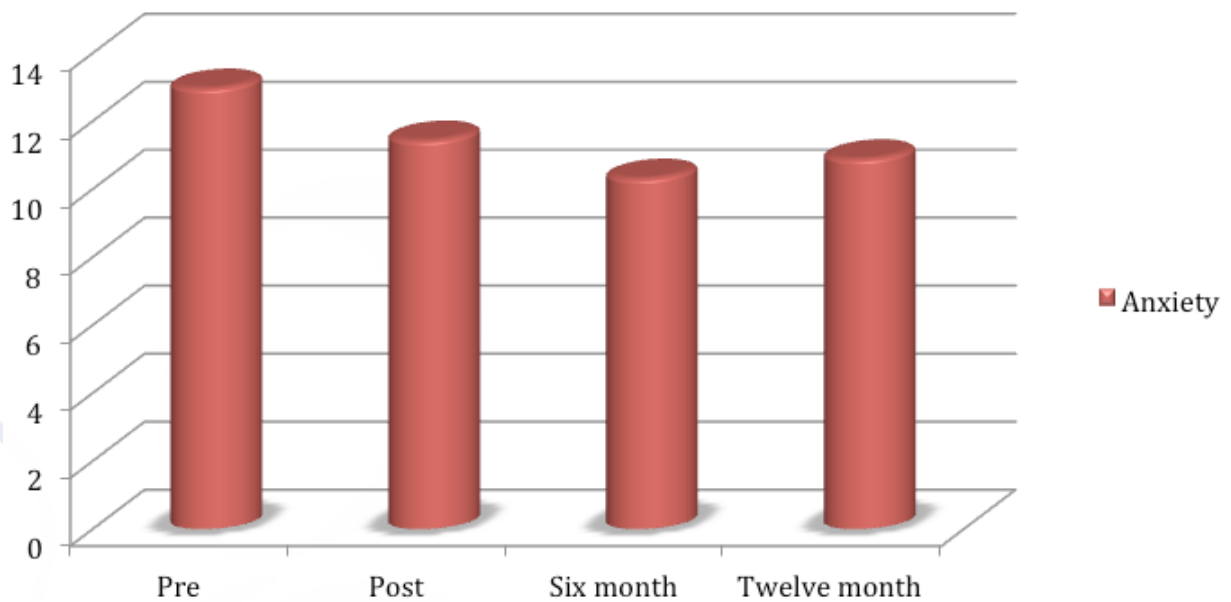


Figure 6 - Changes in Anxiety Symptoms (AWS) over six months

Outward

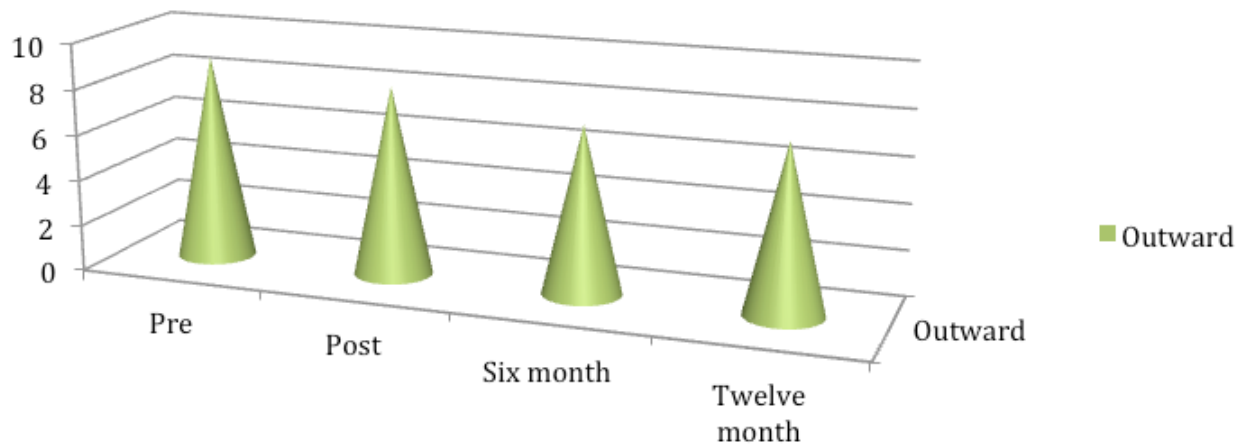


Figure 7 - Changes in reported Outward Aggression (AWS) over six months

Inward

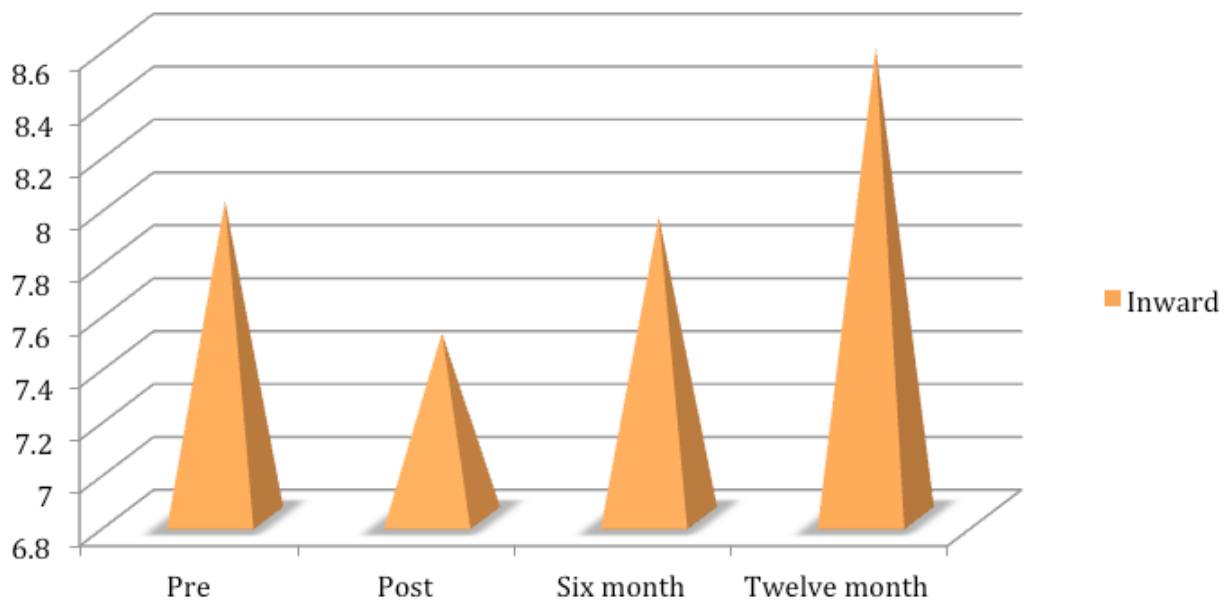


Figure 8 - Changes in reported Inward Aggression (AWS) over six months.

	Pre Mellow Parenting Programme	Post Mellow Parenting Programme	Six month follow up post Mellow Parenting	Twelve month follow up post Mellow Parenting
	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
Depression sub-scale	11.43 (2.39)	11.10 (1.94)	10.92 (2.41)	10.29 (3.15)
Anxiety sub-scale	12.96 (3.20)	11.43 (2.50)	10.31 (3.27)	10.88 (3.81)
Inward Irritability sub-scale	8.00 (2.89)	7.50 (2.66)	7.94 (1.96)	8.58 (3.06)
Outward irritability sub-scale	8.95 (2.51)	8.26 (1.99)	7.29 (2.49)	7.29(2.82)

Table 2- Changes in mean scores in AWS sub scales

As can be seen from the above, mean scores on all subscales remained below the pre-programme scores at six months follow up. The immediate impact of the programme is seen by the reduction on all four scales immediately post intervention and as noted these improvements are maintained at six months follow up. Interestingly the twelve month follow up showed further improvement in the depression subscale, slight increases in anxiety and inward irritability subscales and no change in the outward irritability subscale. Noteworthy, is the finding at twelve months that the mean scores on three of the four subscales is lower at twelve months than that reported pre the Mellow Parenting programme.



Focus Group Findings

The findings from the focus groups are presented below. These are structured according to the interview schedule used to conduct the groups.

Expectations from the Programme

Improved Family Life

Participants in the focus groups outlined two main expectations from the intervention; the desire for a more stable and better family life, hopes for increased confidence and self esteem, and to meet other parents. In relation to hoping for a better family life, participants recognised the impact that their, and their child's behaviour was having on the family function. One participant reported her goal for the programme was *"A better family life"*. Seeking improvement in the behaviour of the child was a predominant feature of this with a number of participants with comments such as *"Ways to cope with bad behaviour"* prevalent in all three groups. Participants reported some specific frustrations about their child; *"Going in somewhere and not doing as he is told, My wee fella is very clingy. I wanted help with that"*. Participants also seemed to recognise their role in ensuring harmony and some sought to find some way to change their behaviour toward the child; *"I wanted to develop a better relationship between me and my son"*, *"To see how you don't lash out"*, *"To see what I was doing wrong"*.

Increased Confidence

Hopes for increased confidence and self esteem in relation to being a parent as well as a person were also related during the focus groups. Meal times appeared to be challenging for the participants in the focus groups and the comment about hoping to *"[gain] confidence around feeding times"* was echoed by a number of participants. Confidence and self esteem as a person were also highlighted as a hope for the programme by the participants. Throughout the focus groups a number of participants told how they had essentially withdrawn from other people and other interests resulting isolation and reduced confidence to interact with others. Comments such as *"Get confidence to go out"* and *"Gain self esteem"* were apparent across all three groups. One participant reported that *"I find that a lot of my friends my age don't have children"* and that her goal was to meet and learn from other parents.

Positive expectations for the programme were not universal however with a number of participants expressing reservations about what the programme involved; *"Didn't know what to expect"* (N), *"You don't know what to expect"* (B). One participant expressed her fears that she would be stigmatised by attending; *"I didn't wanna come"* - fear that *"I'm going to have to say about my past and I'm going to be judged as a parent"* (B)

Expectations from the Programme

Increased Confidence

Two predominant themes became apparent from the responses to this question; gaining confidence as a person and a mother, and the feeling of not being alone. The regaining of confidence was evident in interaction such as *"I can do things again - feel likely old self is coming back again"* to which another participant responded *"I have gained confidence - I don't feel as nervous as before"*. Becoming confident in their role as a mother however was the main feature of this theme. Participants told how they had learned how their behaviour influences the child behaviour; *"If I stay calm the children stay calm"*. Other participants related how their behaviour and outlook had changed; *"Learned not to control {names child}'s behaviour but how I react to that behaviour"*, *"How to deal with things [without] losing the rag"* and one participant said how she had learned to play with her children *"Playing with my son - following his lead"*. Developing confidence as a mother, however, is best exemplified by this comment *"I'm a good mummy - I don't have to be perfect"*.

Not Being Alone

Participants related on numerous occasions on how they felt alone and that they felt their experiences prior to the programme were unique. The realisation that *"We are all in the same boat, we're all here for the same thing, and we come for the same thing"* came across strongly in the focus groups. One participant stating *"I'm not alone [in having these feelings], every mum has similar thoughts, feelings and problems"* (A), another *"We are all the same"* (N). Peer support and learning was valued by the participants. The value of having *"Learned about being a parent"* (B) from *".....other mums"* (B) was highlighted by a number of participants. The development of social relationships and friendships between group attendees was also reported in all three focus groups. These relationships developed as a mutual support; *"I've been going back and forward to the court and hospital and I can lift the phone to [name] or any of the girls and thats one of the main things"* (B) and as burgeoning friendships; *"Got to meet new friends"* (N2), perhaps the best example of which was the spontaneous round of applause and cheering when one participant revealed she had gained her driving license during the programme.

One participant told how she had begun to regain identity as a person in her own right and not just a mother; *"I'm not just a mummy - I can have an adult conversation with another adult"* (A)

My home is much calmer. I'm happier and so are my kids...

Has Life Changed?

Improved Atmosphere at Home

Participants related three overarching themes in which their family life had changed as a result of their attendance at the Mellow Parenting programme: the atmosphere at home, their children becoming more independent and starting to do things as a family. Focus groups participants report a 'mellowing' of fraught relationships between mother and child [I'm] *"more patient with her"* (B) and *"Bit more laid back"* (B) with mothers becoming more focussed with mothers reporting a change in priorities *"... A whole lot calmer. Not in such a rush to do things like housework, spending time with children"* (N) and better ways of handling stress *"Improved the way I handle things. I would have got myself into a 'tizzy' but now I take a few breaths"* (N). Improvement in the atmosphere at home was not only confined to mother/child relationships. One participant reported that she had an *"Improved relationship with my husband"* (A) another said that her *"...family [had become] more relaxed and easy going- we cope a lot better.."* (A) This was developed upon by a number of participants who reported starting to plan and do things as a family such as swimming. One participant, in particular, reported this a major positive step in both her and her child's life staying *"I've started planning days out with the children - seeing the excitement in them 'Mummy, what are we doing this weekend'"* (A)

Gaining Independence and Control

Children gaining independence was a major feature in changes to the family life of participants. Across all three groups, participants reported less dependence and demand from their child *"She was tugging at the apron strings. I'd say this group has put a healthy distance between us"* (B), *"I can walk past her now without her running and grabbing onto my leg"* (A). Children had started to go to crèches and other day care centres without the need for the mother to be in constant attendance *"[Names child] is not so attached to me now....[she] has now started going to crèche"* (A), other children had simply gained confidence in playing on their own *"She doesn't have to be directly watched playing with her toys"* (B). Whilst these changes were generally viewed as positive, some mothers did find that transition difficult. One participant, for example, admitted that her daughter becoming more independent had *"Made me feel a little redundant"* (B).

Following on from change in family life, participants were asked directly about changes in their children as a result of the participation in the programme. Two main areas were highlighted in relation to this question; increased independence and socialisation and children being more responsive to requests or instruction. As noted above participants' highlighted changes to the child's independence, however the developments in child social skills were also evident from the focus groups. One participant related that *"[Names child] was clingy- now he has started to play with other children."* (A), another said *"[Names child] has came on leaps and bounds; brought him out of his shell a wee bit"* (N). Participants also reported their children becoming more responsive when given instruction *"He is now starting to do as he is told"* (A) or being asked to do something - which some mothers expressed surprise at *"We went to the swimming"*

pool and for fifteen minutes I said "We're going in five minutes"; when the time came I said "lets go" and the got out of the swimming pool. I couldn't believe it!" (N)

Feelings about being Videoed

Focus group participants reported mixed and at times strong, feelings about the use of the video recording during the programme. These related to two distinct areas. The actual experience of being video recorded and the value in watching back the tape. Comments such as *"I hated it."* (B) and *"Didn't like it - nobody likes their own voice recorded"* (A) were commonplace in all three groups. One participant, however adopted a more pragmatic stance when she said it was *"Off-putting! Didn't like watching myself on TV, or even listening to myself but if it's part of the course..."* (A)

On reflection however the participants generally reported that they found great value in the videos. Participants reported gaining insight into their interactions with their children; *"Got to see interaction with her (child)"* (B), another mother stated *"Seen that I interacted with kids more than I thought I did"* (A). The ability to compare their interactions later in the programme in comparison to the start was also commented upon by some participants. Participants appeared to value watching the videos back in groups *"You can actually sit down and watch what you're doing and what your kids are doing and what mistakes you're making"* (N) and in getting feedback and support from their peers. The ability to observe development throughout the programme through video was also highlighted as a positive aspect of the video recording. One other, unexpected, advantage of the videos was reported by one participant who found that as she had spent time with her children for the video, they were then content to play themselves later in the day which allowed her to focus on other things *"Spending time playing with them meant they were happy for me to do other things later"* .

The positive impact of watching the video was not universal however with one participant stating *"Instead of watching me and [child] I was going "Oh goodness, my kitchen is stinking, look at the state of that window sill..."* (B)

Has Your Emotional Wellbeing Changed?

Participants in all three focus groups agreed strongly that the programme had had a positive impact on the mental and emotional well-being. Examples given included reduced anxiety and increased confidence, better coping skills and increased socialisation. Participants told of *"Not feeling as tense or as frustrated with things"* (A) and that the programme *"Picks you up a wee bit"* (B). One participant gave a very specific example relating to her own experience *"My mood was very very low.. I wouldn't have trusted myself...[through the course] I have learned to trust myself"* (B). This confidence was taken further by the participants that related how they had developed strategies to deal with everyday stressors. They stated that they approached

issues by *“Thinking first”* (N) and *“Talking out more”* (A). One participant said that she now *“Take(s) day by day, instead of thinking what is going to happen next”* (N). Another summed up the changes to her emotional and mental wellbeing as her now being *“More positive, confident and stronger”* (N).

Increased socialisation in the focus groups was also a feature of the changes in emotional wellbeing reported by the participants. Participants spoke of organising social nights out with friends and family. One participant who had rarely been out of the house in the years since her children were born said she had recently made a trip to a major city for the first time in years. Rekindling friendships and relations were also reported in response to this question.

Anything Else

As a final question, participants were asked for their final thoughts. Without exception all participants immediately commented on the positive role that their group facilitators had provided. Respondents reported that the facilitators adopted a non-judgemental approach and humanised the process - working with the programme participants rather than ‘doing to’ them. That facilitators were willing to share aspects of themselves with the group was appreciated. *“I liked that they shared their life stories - it wasn’t like teachers”* (A); *“They didn’t judge you”* (A); *“Not afraid to say “I have made mistakes”* (B)

The potential to act as a role model was also highlighted by some participants; *“They have the same issues as us, but look at what they have achieved”*, *“We could do that too”*, *“Yeah, that could be us {Laughs}”*

Preconceived Ideas

Participants had been referred to the programme by, primarily, statutory sector services including Social Services and Health Visitors. The information that these referrers provided did not seem to give the participants much information about the programme, nor offer reassurance about aspects of the programme.

“You’re going to be told how to be a mother” (N)

“I didn’t know what to expect” (N)

The idea of videoing was *“off-putting”* (N)

The thought of videoing was *“very daunting”* (B)

These fears seemed to be allayed when the facilitators contact individual participants prior to the programme.

Some participants reported that they had used the course as a stepping stone to other self-improvement opportunities such as computer classes, yoga, and setting up mother/toddler group.

There was also a sense of disappointment that the programme had finished and a number of participants suggested that follow on - programme be made available.

I take things day by day instead of worrying what’s going to happen next

Discussion

This evaluation presents quantitative and qualitative findings from three Mellow Parenting programmes in the Southern Health and Social Care Trust. These findings show that the mental wellbeing of parents taking part in the programme improved as a result of their participation, suggesting that Mellow Parenting is an effective intervention with 'at risk' mothers'. Further the findings from the qualitative analysis suggests that Mellow Parenting is, generally, an acceptable intervention to these mothers.


The quantitative findings reflect previous research and evaluations of Mellow Parenting. Positive outcomes have been reported by a number of studies (See Macbeth et al (2015) for an overview of intervention studies) and this evaluation adds to that body of evidence. This, however, appears to be only the second evaluation to seek to collect data at 12 months post programme. In the first, Puckering et al (1999) focussed primarily on the changes in family support rather than the emotional and mental well-being of the parent. Perhaps unsurprisingly therefore their report does not give a great deal of information around the mothers mental health status, other than to note an improvement post programme and a further improvement at 12 months (Puckering et al 1999). The measures used and actual differences in scores do not seem to be reported in their study.

The finding that mothers thought a follow up group would be useful does not appear to be reported in the literature. The slight worsening of mental health between six and twelve months post programme alludes to a lessening of effect of the programme sometime after six months and supports the assertion from the mothers that a follow up session or programme may be useful.

The use of video recordings is integral to the Mellow Parenting programme. That mothers found the thought of, and the actual, video recording off putting is reflected in the literature on Mellow Parenting. Puckering et al (2010), for instance reported that mothers in their study were reticent to engage with the videos. However, as in this evaluation their fears were allayed once talked through the process by group facilitators, eventually reporting that they enjoyed the feedback and support from other mothers. Similar experiences are reported in this evaluation. Facilitators appear to be central to the experiences of mothers in relation to video recording and their role is acknowledged in the present evaluation. The use of video for analysis of social communication in families was examined by Wilson et al (2011). They tested the feasibility of asking families to record some of their interactions. They found that just over half (51.6%) of parents sent a camcorder returned footage, of which 85% was of usable quality. They do not appear to relate why nearly half of the participants did not send in footage, however other than an explanation of the technical processes given to parents there didn't appear to be any other reassurance provided. Fear of being videotaped has been given as a reason for non- participation in the Mellow Parenting programme (Puckering et al 2010).

One can posit, given the findings from this evaluation and the work of Puckering et al (2010) therefore that facilitators not only provide a role model for the programme participants but are also critical in providing reassurance in relation to the video recording aspects of the programme.

The limitations of this evaluation should be noted. The remit of the evaluation was to explore changes to the mother's emotional and mental wellbeing as well as their experiences on the programme. As such, other aspects of the Mellow Parenting programme - mother child interaction and parenting skills - were not considered. Further the small sample sizes used make it difficult to generalise the findings to a wider population. Similarly, the lack of a control group should urge caution when reading the findings.



I am not the only one
with things going on
in my life, but I am
the only one who can
make it better...

The support from other
mums was great. I've
made friends for life...

Conclusion

Mellow Parenting is both an effective and acceptable intervention to promote and protect the emotional and mental wellbeing of vulnerable mothers. The skills and knowledge gained from the programme have a lasting effect into the medium term, with the mean scores on all measures showing further improvement six months post programme. At twelve months, improvements were still evident in comparison to baseline scores on three of the four subscales on the Adult Wellbeing Scales

Mothers taking part in the programme reported that they found it an enjoyable experience. They report changes and improvements in how they react to, and interact with, their children and family members. The participants reported changes in the child's behaviour and interaction with other children. This in turn lessened the anxieties felt by the mothers.

Participants all reported the value of the facilitators across all three sites. Facilitators were seen as role models as well as guides for the programme. In particular, participants valued the appropriate use of self-disclosure by the facilitators during the programme.

Some aspects of pre-information about the programme could be improved. The use of video caused anxieties for some participants and reassurance on how video is to be used could be incorporated further into information provided to potential participants. This is particularly so, given the benefits of the video reported after programme completion. Similarly the purpose of the Mellow Parenting programme was not always clearly related to mothers before the programme began and consideration of how this can be improved should also be given.



**I'M NOT
JUST A
MUMMY**

Quote from a programme participant during a focus group interview. Mum reported how the programme had positively impacted on many areas of her life.

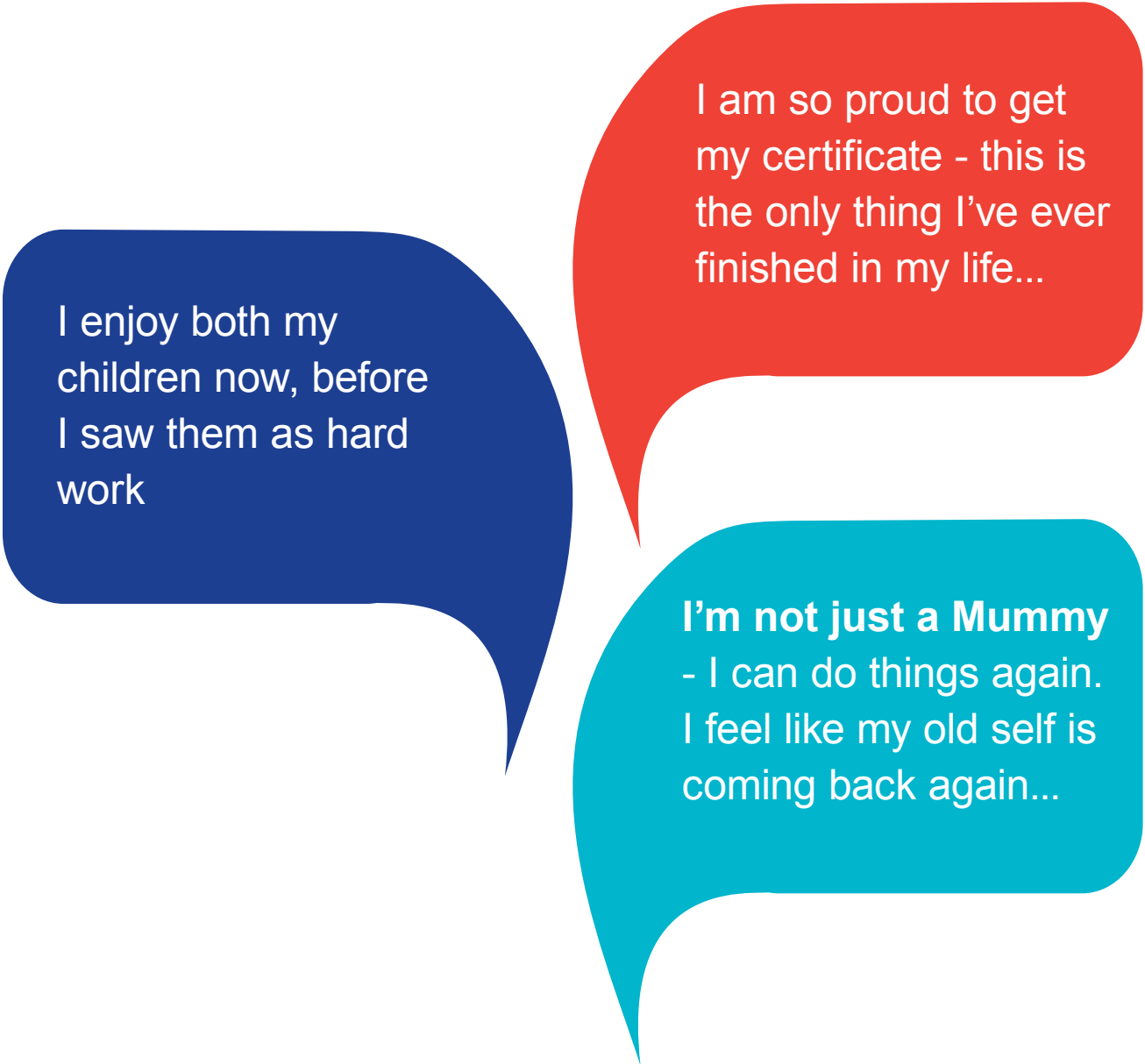
Recommendations

Mellow Parenting should continue to be offered to vulnerable mothers in the Southern Health and Social Care Trust.

Pre-information about the programme (information leaflets) should be enhanced to give potential participants a better understanding of what is involved in the Mellow Parenting intervention, with particular emphasis on the use of video.

Models of ongoing contact (follow up telephone calls; social media contact; app based interaction etc.) with participants should be examined with a view to providing follow up support to programme participants.

Taking cognisance of the fiscal pressure on the Trust, a retrospective economic evaluation should be considered to establish the cost effectiveness of the Mellow Parenting programme.



I enjoy both my children now, before I saw them as hard work

I am so proud to get my certificate - this is the only thing I've ever finished in my life...

I'm not just a Mummy - I can do things again. I feel like my old self is coming back again...

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An evaluation of the **Mellow Parenting Programme** in the Southern Health and Social Care Trust

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