



Tarleton, B., & Turner, W. (2016). Mellow Futures pilot programmes in England and Scotland: Short joint report. Bristol: School for Policy Studies, University of Bristol.

Publisher's PDF, also known as Version of record

[Link to publication record in Explore Bristol Research](#)
PDF-document

This is the final published version of the article (version of record).

University of Bristol - Explore Bristol Research

General rights

This document is made available in accordance with publisher policies. Please cite only the published version using the reference above. Full terms of use are available:
<http://www.bristol.ac.uk/pure/about/ebr-terms.html>

**Mellow Futures pilot programmes
in England and Scotland – short joint report**



Beth Tarleton and William Turner

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

Acknowledgements

A huge thank you to everyone involved in this evaluation: the mums, mentors, facilitators and local professionals. Your time, honesty and commitment is very much appreciated.

Introduction

The Mellow Futures programme includes:

- Adapted pre-birth and post-birth Mellow Parenting programmes for mothers with learning difficulties.
- Support from a mentor during the programme.

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.'

This report briefly introduces the Mellow Futures programme and summarises the learning from the two evaluations of Mellow Futures pilot programme, in England and Scotland, undertaken by the University of Bristol. The pilot Mellow Futures programmes ran twice in two sites in England and once in three sites in Scotland. The full evaluation reports can be found at:

http://research-information.bristol.ac.uk/files/85616677/Fellow_Futures_Scottish_pilot_finalsept16.pdf
http://research-information.bristol.ac.uk/files/85616677/Fellow_Futures_Scottish_pilot_finalsept16.pdf

A paper by the London School of Economics looking at the costs and benefits of the programme, using data from the English sites, can also be found at:

<http://www.pssru.ac.uk/archive/pdf/5131.pdf>

The Mellow Futures programme was developed as part of the 'Parent Pioneers' project funded by the Department of Health between 2012-2015. The Parent Pioneers project was led by Mencap. A parent expert group, of parents with a learning difficulty, at the Elfrida Society was a critical friend during the development and initial roll out of the Mellow Futures programme in England. The piloting of the Mellow Futures programme in Scotland was co-ordinated by Mellow Parenting.

The Mellow Futures programme

The Mellow Futures programme was specially adapted for parents with learning difficulties. It was adapted from Mellow Parent's Mellow Bumps and Mellow Babies programmes. Mellow Parenting is a relationship-based intervention which promotes positive parent-child interaction (<http://www.Mellowparenting.org/index.php/zoo/the-Mellow-programmes>).

'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.'

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 to 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, a number of mothers joined at the start of the post-birth group.

Mellow Futures sessions

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

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

- Personal group where mothers learnt about how their own past experiences and current situation may impact on how they relate to their baby and ways to address this.
- Shared lunch time when the mothers, babies and facilitators eat together.
- 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 at home what they had learnt in the group.

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, giving the mothers freedom to concentrate free from child care for a brief period.

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, to make up a total of fourteen sessions, were chosen from 13 other options including Friendship, Self-esteem, Assertiveness, Pregnancy and birth, Body image and Understanding depression.

There were fourteen 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.

Mentors

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 programme included a specially trained mentors. The initial aims was for the mentors to support the mothers in implementing their learning in their home and in connecting with support in their local community. Mentors met with mothers weekly during the course of the Mellow Futures programme for one to two hours.

The mentor role was interpreted differently in the different sites. In three sites the mentors were volunteers recruited to the role, while in two sites staff employed by the organisation running the

Mellow Futures programme, but not involved in the group work, were deployed as mentors. These staff were employed in family support roles. The mentors' role was to review the information provided in the group and to support the mother 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. The mentor organisations varied in how they saw the role in relation to supporting the mother to access the community. In some settings this was seen as an integral part of their role. Other organisations were more cautious and asked for mentors to prepare risk assessments before going on outings with the mother and child.

Evaluative methods

The evaluation included interviews with:

- Mothers,
- The mothers' referrers (the professionals who referred the mothers to the programme) to gain an independent insight any changes in the mother's parenting and the level of concern for the welfare of the baby/toddler,
- The mentors,
- Mentor managers,
- Mellow facilitators,
- Children's Group workers (in the evaluation of the English pilot sites).

Mothers also completed the Adult Wellbeing scale (AWS), Neonatal Perception Inventory (NPI) scales. Videos of mothers' interaction with their babies at the start and end of the post-birth group were also undertaken and analysed using the Mellow Parenting Observational System (MPOS) in some of the sites. Full details regarding the evaluative methods can be found in the first chapter of both the full evaluation reports.

Mothers who took part in the pilot programmes

A total of thirty mothers took part in the evaluation. Eighteen of the twenty-four mothers who completed the English pilot programmes and all twelve of the mothers, in Scotland, who completed the programme consented to take part in the evaluation. In one area, the mothers attending the post-birth group had toddlers rather than young babies.

Many of the mothers had very complicated life circumstances. Some had grown up in care themselves while others were reported as having issues with their confidence and self-esteem, their mental health or dependency on alcohol. Some had experienced domestic violence. Over half the babies were subject to child protection plans at the start of the programme.

The appropriateness of the adapted programme content

The mothers felt that the programme was presented in an accessible way 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 discussions of the serious issues in their lives. 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 did not want the group to end.

The Mellow facilitators found the programme similar to the previous Mellow Bumps and Mellow Babies programmes. Some further adaptations were utilised including breaking the activities into even shorter segments. Video was 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 impact of the mothers' complex life experiences were noted as greatly impacting the post-birth groups, reducing the availability of time for planned programme content, but allowing the facilitators to support mothers and use the situations for learning. Issues with relationships between the mothers were also described as disruptive but providing opportunities for fruitful discussions. Supporting mothers with these relationships resulted in the mothers, who had not had close friendships before, establishing on-going friendships.

The Children's Group played a valuable role in the Mellow Futures programme. During the post-birth group, the babies were cared for in this group while the mothers were in sessions. 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' observations of the mothers and their relationship with their babies. The workers, in England, reported that they had developed a new understanding of the support needs of parents with learning difficulties.

The role of the mentor

In all the areas, mentors supported mothers in transferring their learning to their home environment. The mentor was supportive of the mother and discussed their life, current issues and how the mother was engaging with the programme material. The mentors also supported the mothers to do their 'have a go activity' at home. In two of the pilot sites more focus was placed on social inclusion and supporting mothers to access the community. This was greatly valued by the mothers.

The mentor support was primarily provided in the mother's home and there were some initial issues with mothers not engaging with the mentors. However, the mothers went on to enjoy their relationship with their mentor.

Mothers felt that the volunteer mentors provided mothers with independent, trusted, non-judgemental support which was greatly valued by the majority of mothers. The volunteer mentors enjoyed their role and felt that developed supportive '*parent to parent*' relationships with the mother. The provision of the mentor role by a volunteer appeared to work well, providing mothers with a chance to develop a relationship with another supportive parent. The volunteer mentors

were provided with basic information about mothers that would keep them safe and allow them to engage with the general issues. Details regarding previous children who had been removed etc. were not shared with the mentor but mothers encouraged to share their history with the mentor, as they felt appropriate. Some of the volunteer mentors were shocked by the complexity of the mothers' needs. The volunteer mentors were challenged in these situations and needed a higher level of support but continued to provide valued, non-judgemental, independent support.

Opinion was divided amongst some professionals as to whether the mentor role was suitable for a volunteer, due to the mother's complex needs and life situations, and issues relating to sharing information about this. Services were also felt to have '*less power*' over a volunteer to ensure the role was fulfilled appropriately. Provision of the role, by a member of staff was felt to provide continuity to parents who were already involved with the services which were providing the Mellow Futures programme and allow sharing between different members of staff. However, it was also felt that there could be some confusion, for mothers, regarding the role when they already knew the staff member who was in the role of mentor.

The mentor's role was guided by their mentor manual. When the mentor was a member of staff, they appeared to work in a team with the facilitators, tackling issues together. The staff mentors discussed some issues with regard to having two roles, such as lack of time, but enjoyed the mentor role which was '*lighter*' than their usual role supporting vulnerable families.

Additional clarity is needed regarding how best to provide the mentor role..

Impact of the programme

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 enjoyed being with each other in the Children's Group. Virtually all the mothers reported making friends and having more social support. Most of the mothers were engaged with support services in some way after the end of the programme, this was seen as particularly beneficial.

The mentors and Mellow facilitators also reported the mothers' increased confidence and their enjoyment of supporting the mother and seeing their skills and confidence increase. The volunteer 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 particularly beneficial to the mothers. The staff mentors had enjoyed the '*lighter*' role, were also pleased to see improvement in the mothers confidence and child care.

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 and self-esteem. Most 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 of the majority of the babies. The programme was also felt to have less impact on mothers who were pregnant again and focused on their current pregnancy.

Level of concern regarding the children

During the Mellow Futures programme, over half (17) of the children's 'classification' with regard to involvement with children's services had been reduced while the level of concern had raised for 4 babies and remained the same for 9. When the baby's 'classification' remained the same, the referrers reported improvements in the mother's relationship with and care for their baby for most of the mothers. The mothers' situations were complex and other factors were also noted, in particular in relation to increase in concerns.

Increase in level of concern

- One mother, who also had older children, made the decision that she could not care for her children. It was reported that this decision would have been made by Children's Services if the mother had not come to this realisation herself. Mellow Futures was regarded as having supported the mother in developing memories through the '*positive family interaction*' during supervised contact during the Mellow Futures sessions. The mother's realisation that she could not care for her children was regarded as a positive outcome for the programme.
- The other mother had split up from her partner while being assessed at a residential centre and the baby had been placed with the father who did not have learning difficulties and had a high level of family support. The mother was reported as caring very well for the baby.
- One baby was now considered a 'child in need' as the mother was no-longer living with her partner who had been considered a 'protective factor'. This mother was pregnant again.
- The mother who was not involved with Children's Services but about whom there were concerns regarding her standard of child care was now involved with Children's Services. It was felt that mother could not cope with the new baby in addition to older children.

Same concern with regard to child protection

The same level of concern was expressed, at the end of the programme, regarding 9 of the babies. At the end of the programme, there were:

- Two babies about which there were still no concerns.
- Four of the babies remained on a child protection plan,
- Two grandmothers continued to have parental responsibility for the baby, one of these babies was still regarded as a 'child in need'.
- One mother was still supported under an Early Help Assessment (EHA).

Whilst the 'official level of concern remained the same, the referrers noted improvements in the mothers' child care.

Level of concern reduced

The level of concern was reduced in relation to welfare of 17 of the babies:

- Two babies had been returned to their mother's care, one of these babies was subject to a child protection plan and one was classified as a 'child in need'.

- One baby, for whom the plan had been adoption remained with their mother on a supervision order.
- Five babies were no longer subject to a child protection plan and we now considered to be a 'child in need'.
- Three babies were no longer subject to a child protection plan and there were no concerns about their welfare.
- There were no concerns regarding 4 babies who had been considered a 'child in need.'
- There were no concerns regarding 2 babies whose mothers had been assessed under a 'Maternity Assessment framework' (MAF) due to pre-birth concerns.

Both Maternity Assessment Framework (MAF) and Early Help Assessment (EHA) are similar to a CAF (Common Assessment Framework) assessment. In one pilot area, support was provided to mothers if needed after a MAF or EHA.

Psychological measures

The Adult Wellbeing Scale (Snaith et al, 1978) was completed by the mothers at outset (pre-birth or post-birth Mellow if mum did not participate in the pre-birth group) and end of the programme. The Neo-natal Perception Inventory (NPI - Broussard and Hartner, 1970) was also completed by the mothers at the start and end of the post-birth group.

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

The **Neo-natal Perception Inventory** (NPI - Broussard & Hartner, 1970) included the Average Baby Perception Inventory (6 items) and the Your Baby Perception Inventory (6 items). The difference between these gives an indication that the mother regard her child as better than, equal to or worse than the average baby.

Scales were not completed by all participating mothers for a variety of reasons. Results of the 18 mothers (7 English, 11 Scottish) who completed the Adult Wellbeing scale and for the 14 mothers (10 English, 4 Scottish) who completed the Neo-natal perception inventory (NPI) are reported in the next section. The data is available from the researchers upon request.

2.1. Adult Wellbeing scale.

Statistical analyses were not carried out as small numbers mean that they would have been were under-powered. The mean subscale scores at pre and post intervention, with the exception of Depression scores (M=5.05), 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) did not indicate any major changes between pre and post intervention. Interestingly, while on average the subscale scores were in normal range, there were large standard deviations for two subscales in particular (e.g. outward directed irritability and inward directed irritability) for both time periods. These are of concern as they clearly indicate large variability in participants' responses. Some are in the clinical range.

Generally, the data show that the psychological profile of the 18 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=5.05 pre and M=5.33 post intervention). Aggregate data in relation to anxiety, inwardly and outwardly directed irritability were 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 including mother-child observations are needed to reach firm conclusions pointing to the need for more research with this vulnerable group of participants.

Neo-natal Perception Inventory (NPI)

Both pre and post intervention scores were in the positive direction (M= 4.5 pre and M=5.71 post) implying mothers' positive perception of their own infant as being less difficult than the average baby. More important in this context is the 1.5-point increase in the mean final score at post-test indicating mother's increased (positive) perception of their own baby. While statistical analyses could not be undertaken (due to small numbers and therefore being under-powered) this seems to indicate the positive effects of the Mellow parenting programme on mothers' perceptions of their infant; however, more data from a variety of sources are needed to further support this pattern.

The mothers' journey during Mellow Futures

This section introduces seven mothers who attended the Mellow Futures programme. It discusses their situation at the start of the programme, their views of the programme and their 'referrer's' view regarding the impact of attending the programme on the mothers and the outcomes for their babies.

Jennie

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

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

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

She spoke of knowing more about tantrums and child abuse:

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

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

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

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

She was:

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

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

Angela

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

Angela joined the Mellow Futures programme to:

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

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

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

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

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

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

'Definitely helped with her interaction, playing with the child and all those different areas she didn't really do much of to begin with. It gave her confidence, it really increased her

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

Mary

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 spent most of her days with her mother and had 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 reported missing during 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 struggled to get out of the house.

Mary found the facilitators '*tactile, friendly and supportive*'. She struggled with trusting people but learnt to trust the facilitators and other mothers in the group and shared her personal history. She felt she had '*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. 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.

Mary would have liked the programme to have continued as there are not any other baby groups that she considered 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 had reservations about talking to professionals about these questions lest they interpret them to mean that she isn't a good mother.

Laura

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

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

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

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

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

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

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

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

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

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

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

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

Abi

Abi had a diagnosed learning disability 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 the post-birth stage 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 reported 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.

Louise

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 come'* 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. The nursery her older child attended noted more positive interactions between mother and child. It had also been recognised that she was talking more to her baby and her baby was more verbally responsive than 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, had been substantially reduced. It is recognised that Louise will always need support.

Kylie

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 have been using alcohol. Kylie has two older children who live with family and her baby's social worker indicated that the plan at the start of the programme was to have the baby adopted.

Kylie went to the pre-birth group because her social worker told her she had to go. While 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 developed positive relationships with the other mothers, especially a 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.

Conclusion

The Mellow Futures programme pilot appeared to be beneficial to mothers with learning difficulties and their babies. 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, by the mentors, with their personal issues. Some of the mentors supported mothers to access the community.

Formal measures did not reflect the same positive changes noted by the parents and referrers. It may be that the measures used are inappropriate for people with learning difficulties or unresponsive to change.

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 in order to maintain the improvement in their understanding and child care and to support mothers in understanding the subsequent stages of their baby's development (DoH and DoE, 2007, IASSID 2008, Kroese et al. 2002, Tarleton et al. 2006).

References

Bauer, Annette and Williams, Gemma (2015) *Costs and economic consequences of parent pioneers, a pilot Mellow Futures programme for mothers with learning difficulties* PSSRU Discussion Paper, 2903.

Personal Social Services Research Unit, London School of Economics and Political Science, London, UK.

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.

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.

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

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.

Tarleton B and Turner W (2016) *Mellow Futures. Scottish Pilot Evaluation*. Bristol, University of Bristol, Norah Fry Centre for Disability Studies.

Tarleton B and Turner W (2015) *Mellow Futures. Parent Pioneers project evaluation*. Mencap, London
<https://www.mencap.org.uk/sites/default/files/documents/Parent%20Pioneers%20Final%20Evaluation%20Report.pdf>

