

Intervening even earlier – An evaluation of Mellow Ready: a relationship-focused programme for at-risk and care-experienced young people in Scotland

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Abstract

Care-experienced and vulnerable young people is a cohort often identified as at-risk for developing a variety of maladaptive behaviours. Promoting healthy relationships in this cohort before transitioning into adulthood can be of vital importance for preventing future adverse outcomes. The aim of this study is to evaluate a group, relationship-focused early intervention programme – Mellow Ready (MR) – for adolescents experiencing or having experienced care outside their homes and for adolescents engaged with family support services, referred to as at-high risk to enter the care system. The evaluation of this pilot programme adopted a mixed method, pre- and post-group design across four delivery sites in Scotland. Preliminary results suggest that Mellow Ready has a positive impact on young people’s self-esteem and confidence. Findings about young people’s difficulties and pro-social behaviour are not conclusive. Themes emerging from qualitative data around sharing experiences, gaining confidence and the group facilitators are also discussed. Recommendations for future implementation of the programme are suggested.

Keywords: Early intervention; relationship-focused programme; care-experienced young people; at-risk young people

Word Count: 8,024

Introduction

Status Quo

Over 93,000 children in the UK are currently in care, a number steadily rising during the past decade (Bentley et al. 2016). Abuse and neglect are among the most prominent reasons for children entering the care system, with some continuing to experience harm each year from those responsible for their care (Biehal 2014). Those who experience sexual abuse prior to entering care are more likely to report it once in the care system and furthermore, the main sources of threats of abuse come from peers rather than staff responsible for their care (Gibbs and Sinclair 2000). In the UK, the most commonly reported form of victimisation for 11-17 year olds is peer and sibling assaults (Finkelhor, Ormrod and Turner 2009). Abuse from peers is also prominent in school settings as it is reported that approximately a third of 16 to 18-year old girls experience unwanted sexual touching at school (YouGov, 2010).

Existing literature suggests that young people with care experience represent a vulnerable population at risk for a wide range of less favourable short- and long-term outcomes compared to their counterparts who have not been in care. Involvement in the criminal justice system (Scottish Prison Service 2016), poor mental health (Green, McGinnity, Meltzer, Ford, & Goodman 2005), unintended pregnancy (Oshima, Narendorf, & McMillen 2013), low educational attainment (Stein, & Dumaret 2011), homelessness (Courtney, Dworsky, Lee, & Raap 2010) and unemployment (Morse 2015) are usually linked with long-term care-experienced youth. One of the main factors to underlie this association is the lack of continuity in the sources of emotional, social and financial support during transition to early adulthood, compared to what most young people experience (Cashmore, & Paxman 2006). Nevertheless, factors such as sense of security, enablement, belonging to social networks and supportive relationships, function as resilient factors that counterbalance the above adverse outcomes (Reilly 2003).

It is therefore of vital importance to intervene early to redirect the potential risk trajectories of care-experienced young people by developing evidence-based early intervention programmes with a focus on wellbeing and quality relationships.

Mellow Ready Project

Mellow Ready (MR) is designed to reach young people between 13 and 18 years old with care experience or who are at-risk to enter the care system (i.e. young people experiencing challenging family circumstances, or who are involved with family support services). MR is underpinned by the same theoretical basis all other Mellow Parenting (MP) programmes (i.e. attachment theory, social learning theory and cognitive behavioural therapy; for more information see: <http://www.mellowparenting.org>). MR has developed over the past two years (2014-2016) in an effort to address the alarming current situation (Bentley et al. 2016) and the Scottish Government's call to promptly challenge the negative cycle of deprivation (The Scottish Government 2016, p. 37).

MR is a group-based programme focused on relationships. The programme offers a two-hour session per week for eight weeks and aims to encourage young people to reflect on their relationships with their selves, family, friends, partners and wider community, and to consider transitions in relationships. Its primary objective is to equip potentially vulnerable young people with the ability to better establish and maintain healthy relationships and to improve their confidence and wellbeing, in order to prevent cascading negative effects.

It also applies the same 'Mellow values', in that facilitators are involved in the group as participating members, lessons are learned and intended outcomes of sessions are met through guided discussion and activities rather than didactic teaching (Puckering, Rogers, Mills, Cox, & Raff 1994; Puckering, Evans, Maddox, Mills, & Cox 1996).

Current Project and Hypotheses

With the implementation of a revised MR manual informed by feedback from previous pilots (Patterson 2015), this paper focuses on the evaluation of the third MR pilot programme. The aim of the programme is to educate young people on what may constitute healthy and unhealthy relationships in various contexts, engaging a broadened target group of youth with care experience or who are at-risk to enter care support. The hypotheses are that participants will show:

1. An improvement in their confidence and self-esteem
2. An increased level of mental and emotional wellbeing
3. An enhancement in the quality of their personal relationships

Methodology

Design

For the evaluation of the third MR pilot project a mixed method, multi-centre purposive sampling design was used.

Recruitment

MP worked in partnership with local services and organisations that were previously engaged in MR pilots or had expressed interest in being involved. External facilitators (7 out of the 9 total facilitators) from Barnardo's (Bo'ness) and Intensive Family Support Service (Falkirk) were trained to deliver MR and were provided with manuals, with one group being delivered by MP staff at Rosemount Lifelong Learning (Glasgow). The young people in this MR pilot were recruited from the above services where they received some degree of support.

Participants

Four MR groups were recruited across 3 different sites. The groups consisted of 23 young people and 9 facilitators. As presented in Table 1, at the recruitment stage 16 of the participants were female and 7 were male. Eleven of the females and 2 of the males completed MR. The attrition rate for the female groups was 27% and 71% for the male group; an overall attrition rate of 49%. Participant age ranged from 13 to 15 years old. The groups were held in three services in Central Scotland: Bo'ness (1 female group); Glasgow (1 female group); and Falkirk (1 female & 1 male group). Participants backgrounds included experience of care, kinship care and other challenging family circumstances while living at home. The majority of primary caregivers were involved with social care services for a variety of reasons, including domestic violence, poor attachment, parenting issues and neglect.

Procedure

The groups followed the MP delivery model of separate gender groups. Sessions lasted 2 hours once a week for 8 weeks. Facilitators provided refreshments before the session, which fitted with the aim of the programme in nurturing participants. The sessions covered many aspects of different relationships in the lives of young people. The final session involved young people in planning a celebration where they had the opportunity to invite someone important to them to share their learning.

Assessment Tools

Quantitative outcomes

For the evaluation of this project, 3 self-report questionnaires were administered pre- and post-programme by group facilitators. The questionnaires used were: Rosenberg Self-Esteem Scale (RSES; Rosenberg 1965); Strengths and Difficulties Questionnaire (SDQ; Goodman 1997); and Warwick-Edinburgh Mental Well-Being Scale¹ (WEMWBS; Tennant, et al. 2007).

Qualitative outcomes

To capture qualitative outcome data, semi-structured interviews were used after the completion of the MR programme (see Table 1 in online supplementary material). The first two authors of the research team conducted interviews with the participants and group facilitators. Each interview had a duration of approximately 15 minutes. Interviews were audio recorded and transcribed.

Data analysis

Group means are presented in this paper with individual pre- and post-group scores available in the supplementary online material. Due to small sample size of this pilot study, the statistical significance of the changes was not calculated. Effect sizes were calculated for the changes. From the semi-structured interview transcriptions, key themes were drawn out relating to the participants and group facilitators experience of the group.

Ethical Considerations

Eligible participants were informed about the pilot project and were given an opportunity to ask questions before consenting. Participation in the research was voluntary and all young people were aware they could withdraw from the study at any time without participation in MR being affected. Appropriate written consent was obtained from participants who wished to take part. Written consent was also obtained from group facilitators.

Results

Quantitative Results

Well-Being

There was an improvement in wellbeing for 5 of the 8 participants who provided data, a reported decrease in wellbeing for 2 participants and the same recorded wellbeing score on the WEMWBS at the end of the group as at the start for 1 participant. As shown in the figure 1, the average wellbeing score increased from 46.5 before the group to around 52 after

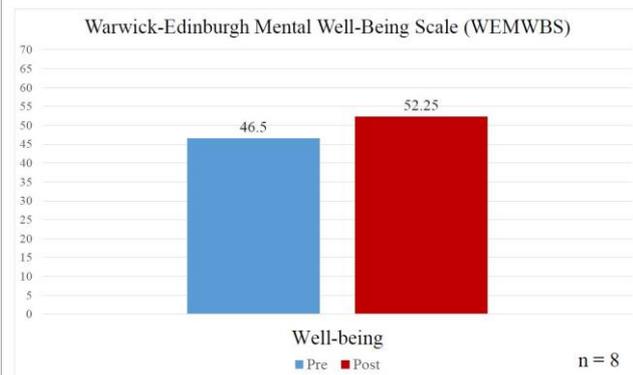


Figure 1: Group average scores on WEMWBS from pre to post group

the group (maximum possible score = 70). The effect size for this change is 0.46, which suggests a small to moderate effect on mental wellbeing.

Self-Esteem

On the Rosenberg Self-Esteem Scale, 7 of the 10 participants returning data reported an increase in self-esteem, 3 reported a lower level of self-esteem on the RSES at the post group point compared to at the start of the group. As illustrated in figure 2, the average self-esteem score has raised by over 2 points from 16.7 to 19. This represents an effect size of 0.51, which suggests a medium effect.

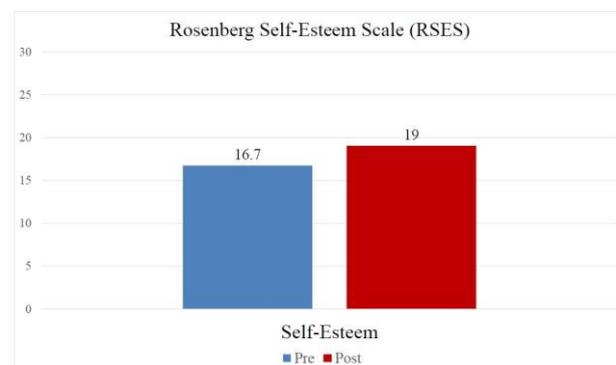


Figure 2: Group average scores for self-esteem from pre to post group

Strengths and Difficulties

Ten of the participants filled out the SDQ questionnaire before and after MR. There is no clear link between difficulties and prosocial behaviour as, at the moment, there is no emerging pattern of reducing difficulties and increasing prosocial ability within this sample. On an individual basis, only 3 of 10 participants reported a lower difficulties score at the end of the group, 6 of the 10 showed a higher difficulties score on the SDQ post group and 1 did not change. The mean difficulties score for the sample taking part in this programme increased from a score of 14.6 to 15.3 (figure 3), representing an effect size of 0.09. Prosocial behaviour decreased from a reported score of 7.3 to 6.8, which represents an effect size of -0.21. On the subscales we can see that higher levels of conduct and peer relationship problems were reported, there was no change in emotional symptoms and hyperactivity was seen to reduce slightly on average for the group.

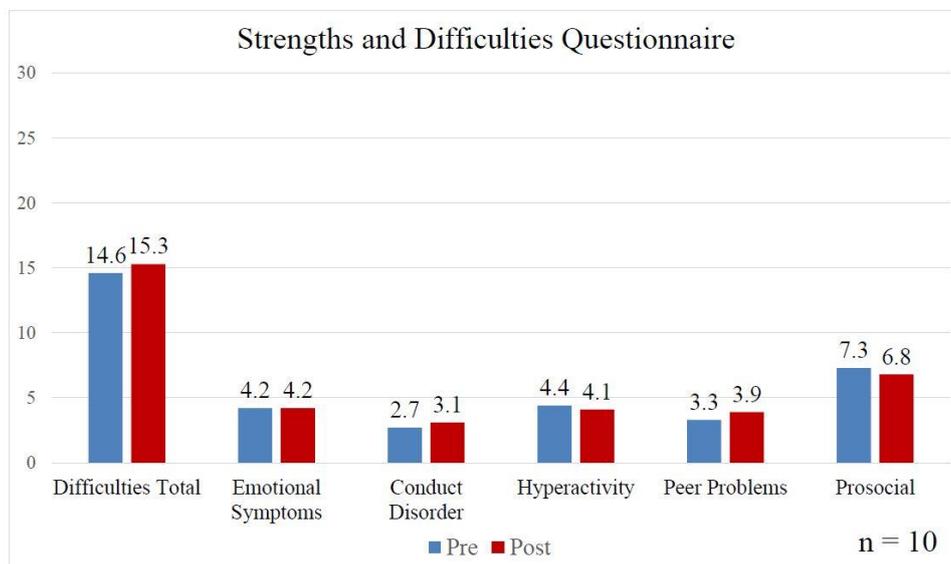


Figure 3: Group average scores for on SDQ subscales from pre to post group

Qualitative Results

Eleven of the 13 participants and 5 of the 9 facilitators consented to be interviewed after the completion of MR group delivery. Facilitators that were also MP staff and project developers were not interviewed due to conflict of interest.

A number of themes emerged across participants. The importance of talking, sharing experiences and hearing different points of view were consistently mentioned (Table 2). Other aspects such as timing of the day, confidence gained by the participants (Table 2) and the role of the facilitators in the group (Table 3) also came up for many of the participants. Of the activities spoken about in interviews, some were broadly enjoyed and some were mentioned as needing improvements, respectively, the Tea and Consent video and the daily Body Map. Participants and facilitators also provided overall feedback on the programme (Table 3). Some constructive recommendations are discussed.

Talking

One of the most common themes that emerged from participants was around talking. They mentioned the enjoyment and benefit they got from being able to talk about their situation and hear the experiences of others. Although some mentioned that certain topics were still difficult to talk about, the non-judgmental environment created in the Mellow group often made it easier to talk openly about things that were not normally talked about. Shared experiences seemed important for a number of the participants, an awareness of these came about through talking with others in the group. For some participants the group was also a testing ground of sorts, where they were able to talk and feel good about doing so. This encouraged them to open up with others outside of the group. In one instance, a participant credited discussion in the group with helping her to resolve an argument that arose with a friend while the group was ongoing.

Timing

The timing of the day was mentioned by most of the interviewees with some different changes to timing suggested. Timing was not an issue that was universal across all groups or across all sessions or activities. Most of those who noted that there was not enough time suggested that either sessions be made longer or more sessions were added to the existing eight-week programme. One participant noted that there was not enough time to get through all activities but proposed combatting this by reducing the amount of 'gossiping' that goes on at the start of the session or out-with activities. The facilitators of the same group spoke of feeling somewhat rushed for every session which affected their ability to go through each activity fully, particularly the body map at the end. Facilitators of another group suggested adding in extra sessions to allow more time.

Confidence

Several participants mentioned the gaining of confidence. Two young people said they felt confident before the group and were just as confident following the completion of the group however, a number of participants reported either feeling more confident in general or feeling more confident in talking with others. When asked what they had gained from the group, the most common answer given was confidence.

Tea and Consent

One particular part of the programme that was mentioned by the majority of participants and facilitators as being a highlight was the video titled 'Tea and Consent', from Blue Seat Studios. Using the analogy of offering someone a cup of tea, explains issues around gaining or giving consent for sex. Participants described this as being informative but also fun and practitioners saw it as a way of approaching what is often a difficult topic to open up discussion on. Participants and facilitators thought that the video explained consent in a way that was

accessible and understandable, even to younger children, while also bringing in an element of humour which people responded to well.

Body Map

The Body Map (BM) is written into the programme to be used in each session, at the beginning and the end, as a way to allow participants to reflect on the past session and then think ahead about what they are taking away from the current session.

The majority of participants either did not feel a benefit from this activity or did not fully understand what was to be done. One participant enjoyed the BM and saw it as an opportunity to 'vent'. However, she also suggested that a personal diary could take the place of BM. Another felt that it was good to log her thoughts and feelings but that it could have been better if it had not been as rushed.

The facilitators were also not fully able to explain BM, which may have affected its effectiveness. Participants found the BM annoying at times due to the frequency with which they were asked the same questions and often the activity was rushed due to timing issues with it being at the end of the session, therefore detracting further from the potential benefits.

[See Table 2].

Facilitator Skills

A number of comments in interviews highlighted the importance of facilitator skill. Having skilled facilitators was vital for building a cohesive and engaged group, also for spotting trouble early and managing participants. The way in which facilitators led but also took part modelled behavior to the group and their ability to build relationships encouraged participants to join in and feel safe sharing their own stories, thoughts and views. The importance of facilitator skill shows up in some quotes relating to the BM as they show that facilitators at times felt underprepared for this activity. Facilitator skill here may be thought of as the individuals own

personality and innate abilities that may predispose them to being successful in their chosen profession. However, there are also a number of learned abilities, an approach and a certain attitude to group working that a practitioner needs to adopt for a Mellow group. MR training must fully communicate this to facilitators.

Facilitator's Feedback

Interviews with facilitators focused on their comments on the content and structure of the programme, as well as their experience of delivering MR.

Overall, the facilitators enjoyed their experience of delivering the programme. They thought the content was relevant to their groups and that the programme flowed well from topic to topic. Facilitators also liked the materials they had to accompany their delivery. Some commented that the manual was well laid out, easy to follow and helped to ease their preparation and delivery of the group.

Describe Mellow Ready

When participants were asked to describe their experiences and thoughts of the MR programme, they all provided positive feedback. The majority of the participants recalled the group as a fun and constructive activity that enabled them to reflect on certain topics and in some of the cases helped them mature. Some also mentioned that they would recommend MR to friends, as they feel it would be a helpful and beneficial experience for them.

[See Table 3]

Discussion

The findings from this pilot project allow us to tentatively accept the hypothesis that participants see an increase in mental wellbeing following the completion of MR. There is evidence to support the hypothesis that there has been a positive impact on self-esteem for participants. However, there is no clear pattern in the changes observed in levels of difficulties

and pro-social skills. Therefore, at this stage we cannot empirically confirm whether there has been an enhancement of the quality of personal relationships.

Wellbeing

Changes in wellbeing could be attributed to a variety of reasons. Due to the design of the study, we cannot say with confidence that improvements are a direct result of the programme. However, we can examine these results alongside interview data in order to identify some potential mechanisms of change. A number of participants raised talking and sharing experiences as being a beneficial element of the group, this sharing is one of the main facets of Mellow programmes. All those who raised this theme, identified talking as beneficial. This highlights the importance for young people to talk, and specifically in a way that relates to their feelings and experiences. For young people in care, establishing supportive networks and enhancing their sense of belonging – through encouraging engagement with peers in a similar situation – may help lower their risk of adverse outcomes (Reilly 2003). Furthermore, the benefits of talking therapies have been well documented (Barth, et al. 2013; McLaughlin, Holliday, Clarke, & Ilie 2013; Hofmann, Asnaani, Vonk, Sawyer, & Fang 2012) and although MR is not intended as a psychotherapeutic intervention, a major part of the programme revolves around encouraging participants to share thoughts, feelings and experiences while making sense of their stories and carefully considering relationships in their life. Everything raised in the group is intended to be contained by the facilitators, who in turn are also expected to share their own experiences and opinions. This open and honest sharing is vital as it builds a relationship and sense of trust between practitioners and participants, which is required in order to allow them to begin to talk about issues. Ultimately, these relationships are able to improve communication and help (Cossar, et al. 2013) for care experienced or at-risk young people.

This study provides promising initial suggestion that MR has a positive impact on young people's mental wellbeing. As more MR groups are facilitated and more data is collected, it

will become possible to conduct statistical analysis on the sample, allowing comments on the statistical significance of the changes in wellbeing to be made.

Self-Esteem

Self-esteem is important in care-experienced or at-risk young people as it may be considered as one of the building blocks of resilience, stemming from positive attachment to caregivers (Howe 1995). Furthermore, self-esteem gained from being part of a group at school or a club, for example, can give young people the personal strength required to examine previous relationships (Daniel, Wassell, & Gilligan 1999). Boosting self-esteem in this way is crucial as the programme is delivered with the intention of allowing those taking part time and space to reflect on past and current relationships with friends and family, and how they have changed. Time is given to look forward to future relationships, which individuals the young person values and would ideally have in their social networks. As all relationships are considered during MR, there is also a session with a focus on the young persons' relationship with their self. The aim of this session is to increase the participants' awareness of their self, allow them to consider who they are and their coping strategies. The product of boosting self-esteem, developing a positive sense of identity and better knowledge of self may be the promotion of resilience (Gilligan 2001). In turn, resilience may relate to the future outcomes of that young person leaving care. Whether or not their experiences have enhanced their resilience may be a factor in determining if they flourish in their independence or develop complex needs (Stein 2008). Furthermore, qualitative feedback from the participants during interview highlighted an increase in perceived confidence for many of those who completed the programme. Facilitator feedback also suggested that participants experienced an increase in confidence as they progressed through the programme.

An increase in self-esteem and its associated benefits may lead to improved later outcomes for the young person. Hence, follow-up and longitudinal studies are required to fully capture the lasting impact MR may be having on the lives of young people.

Strengths & Difficulties/Friendships & Relationships

Although participants reported an average reduction in hyperactivity, to have participants report higher levels of peer problems and lower levels of prosocial behaviour following a programme intended to enhance relationships is somewhat concerning. However, there may be an explanation this change. One participant, when asked to describe the programme, stated that 'If you want to grow up, then just go to Mellow Ready'. In this case, the young person felt his friends were immature but having gone through the programme, he felt that he had become more grown up. On the other hand, his friends had not completed MR and so it would seem he no longer shares the same desire to act in the same way as many of his friends. Between the ages of 14 and 18 resistance to peer influence begins to increase (Steinberg and Monahan 2007). As this participant was within that range, it could be the case that we are seeing the beginning of this resistance. While it might be that growing up caused some differences and problems with friends, not all participants reported this phenomenon and so we cannot possibly assume that this was the case for anyone else.

For another participant a change in attitude and more confidence to have difficult conversations with a partner meant that they were able to break up with someone with whom it was 'not working'. This participant was able to identify when a relationship was not in their best interests and end the relationship due to discussions and changes that occurred during the programme. Although the initial loss of a relationship may cause some upset, in the longer term this could be a positive step as the young person is able to remove their self from a relationship that they did not feel was right for them.

In addition to this, one participant at interview mentioned she had fallen out with a friend outside of the group during the programme. She saw conversations in the group around ‘family relationships and falling out with your friends’ as helping her to ‘be pals with her again’ as she recognised what the argument was about, that it was not worth arguing over so she apologised and was able to move on in the friendship. A number of participants reported either having made friends in the group or now finding it easier to make friends, further suggesting that participation in the group has had a positive impact on the social lives of young people.

The Tea and Consent video shown in the group during a session that centres on relationships with partners was remembered positively by both participants and facilitators. A poll commissioned by End Violence Against Women found that 40% of 16-18 year olds said they either did not receive or could not recall any lessons on sexual consent from teachers at school. It also found that 24% had never been told by teachers that unwanted sexual touching, sharing of sexual pictures or sexual name-calling was unacceptable (YouGov 2010). Furthermore, a government report highlights the prevalence of sexual harassment among school age children, as well as the apparent normalisation of sexual violence and harassment. It recommends that sex and relationships education (SRE) should become statutory subjects (House of Commons Women and Equalities Committee 2016, 36-37). The report recognises the education currently provided is inconsistent and insufficient but that effective SRE can help to reduce sexual harassment and sexual violence (34). MR provides support and education out-with mainstream education to care experienced or at-risk young people thus providing a much-needed intervention for vulnerable young people in our communities. While an argument can be made for statutory relationship education for all, in its current state the MR programme takes the position as a targeted intervention designed to reach and help those who are in need of additional support.

Qualitatively the evidence suggests that the programme has had a positive impact on the personal relationships of participants. However, quantitative evidence does not support this. At this stage, the questions we have asked and the data gathered has not been sensitive enough to identify reasons for the changes seen in behaviour as measured by SDQ. As we conduct further testing of the programme, particular attention will be paid to the results obtained from the SDQ and interviews with participants, we will hope to unearth more information about how both peer and familial relationships may have changed following the programme.

When seeking to gather data in real-life social contexts, the use of mixed methods allows for additional reflection as qualitative and quantitative data are considered side-by-side, this synthesis of different perspectives provides a fuller view of complex situations (Lund 2012). When conducting evaluations MP seek to use mixed methods wherever possible and practical. In the case of this study, it may be that a questionnaire measures an outcome immediately following the end of the group and shows a decline in certain domains. However, as MR seeks to help young people to create *healthier* relationships, a truer test of success is if future or continuing relationships the young people maintain are more positive than past ones. Thus, mixed methods combined with longitudinal study wherever feasible would construct as full a picture as possible of the lasting impact we have in the complex real-life social worlds of the individuals we work with.

Attrition Rate

The overall attrition rate for the groups involved in this pilot study was 49%. The attrition rate for the three female groups was 27% and for the one male group was 71%. One reason for the high attrition in the boys group was due to difficult dynamics that emerged during the group. One member of the group created some difficulty for the facilitators; he was noted as having a bad influence on the other members of the group. A facilitator reported that he was disruptive

in the group. Some boys stopped attending due to his behaviour and when he stopped attending the group, some friends stopped too. This raises issues for the programme going forward.

With clear referral criteria for the programme and a more careful selection process, individuals who are not suitable for the programme or who are not willing to engage will not reach the point of attending the group. Facilitators are instructed to seek referrals for vulnerable or at-risk young people who they believe would benefit from relationship education. Furthermore, as with all Mellow Programmes, the way referrers present the programme to potential participants is important. Individuals should be invited to the group with the final choice of whether to attend residing with them. The result is participants who are informed, invested and have decided for themselves that they are willing to participate in the programme. In addition to this, training MR facilitators receive and whether it leaves them adequately equipped for challenges that may arise in the group must be given due consideration. Although this case of very high attrition for the boys group may have been unavoidable, the training provided should prepare facilitators as comprehensively as possible.

Changes To The Programme

The timing of sessions emerged as an issue for some groups. It was noted that there was often not enough time in the session to cover all of the intended material. However, not all groups mentioned timing as a problem. This suggests that the issue of timing may be group specific rather than an issue for the programme as a whole. While two hours may be enough time to cover the content of the programme, this may not include enough time to accommodate breaks, chatting or eating that tended to go along with groups. Group size could be a factor that influences this, as naturally it will take longer for more people to have the time they require to talk and feel heard.

The Body Map could be utilised more effectively. The BM is intended to track progress of participants and keep a note of their take-away messages. Participants reported thinking the activity was rushed and utilised too often. Facilitators reported that it was, at times, used less frequently than recommended in the MR manual and that it was not fully understood by the group. However, some participants did find value in their BM. Young people involved with child protection or mental health organisations often have trouble focusing on and communicating their thoughts and remaining in control of their feelings, they have limited social skills as well as difficulty staying present in the moment (Hansen 2006). In addition to this, young people may have problems listening, paying attention, and discussing their thoughts and feelings (Coholic 2011). Some participants in the groups described the BM as an opportunity to ‘vent’ or ‘log’ their feelings suggesting the BM may be a suitable way to allow participants to focus on, take note of and communicate their feelings. However, there have been some barriers to its implementation. By reducing the frequency with which BM is used, by ensuring the activity is fully explained and understood by practitioners during training, we would hope to see that the effectiveness of the activity and the way participants receive it improves while continuing to maintain its intended purpose of tracking progress and learning.

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Table 1. Demographics

No.	Group	Sex	Age	Status	Service Involvement	MR Completi n	Pre- Measures	Post- Measures	Interview
1	B	F				✓	✓	✓	✓
2	B	F				✓	✓	✓	✓
3	B	F				✓	✓	✓	✓
4	B	F			<i>Service unable to share information with MP</i>	✓	✓	✓	✗
5	B	F				✗	-	-	-
6	B	F				✗	-	-	-
7	B	F				✗	-	-	-
Fac.1	B	F	-	-	-	-	-	-	✓
Fac.2	B	F	-	-	-	-	-	-	✓
Fac.3	B	F	-	-	-	-	-	-	✗
8	G	F	15	At home	Social work & general family support.	✓	✓ 1	✓ 1	✓
9	G	F	13	At home	Family (mum) in refuge.	✓	✓ 2	✓ 2	✓
10	G	F	14	At home	Family support.	✓	✓ 3	✓ 3	✓
Fac.1	G	F	-	-	-	-	-	-	✗ 4
Fac.2	G	F	-	-	-	-	-	-	✗ 4

11	Fa	F	14	Previously in care, currently at home	Involved with SW to improve parenting, housing situation and the rehabilitation of child back home.	✓	✓	✓	✓
12	Fa	F	15	Foster care	Mother involved with SW to improve parenting, child out with parental control. Child will not be returned to family home.	✓	✓	✓	✓
13	Fa	F	13	Residential care	Mother and step-father involved with SW to improve parenting, child out with parental control. Child will not be returned to the family home.	✓	✗	✓	✓
14	Fa	F	15	Previously in care, currently at home	Mother involved with SW to improve parenting, child out with parental control.	✓	✓	✗	✓
15	Fa	F	15	Living with a friend	SW and intensive family support involved with parental mental health, child protection issues and child mental health. – Stopped attending sue to gaining employment.	✗	-	-	-

Fac.1	Fa	F	-	-	-	-	-	-	✓
Fac.2	Fa	F	-	-	-	-	-	-	✓
17	Fa	M	14	At home with mother	Involved with SW due to poor attachment, domestic violence, parenting issues.	✓	✓	✓	✗
18	Fa	M	14	At home with mother	SW involvement due to chaotic lifestyle, neglect, no boundaries and poor parenting.	✓	✓	✓	✓
19	Fa	M	13	At home with mother	SW and intensive family support involvement because of parent's health and drug use, young offending. Deemed out-with parental control.	✗	-	-	-
20	Fa	M	15	At home with mother	Intensive family support and SW involvement due to poor parenting.	✗	-	-	-
21	Fa	M	14	Residential care	SW involvement due to poor parenting, parental mental health issues and child offending.	✗	-	-	-
22	Fa	M	14	Foster care	SW involvement due to domestic violence, parental alcohol abuse and poor parenting.	✗	-	-	-
23	Fa	M		<i>Service unable to share information with MP</i>		✗	-	-	-

Fac.1	Fa	F	-	-	-	-	-	-	✓
Fac.2	Fa	F	-	-	-	-	-	-	✗

B: Bo'ness; G: Glasgow; Fa: Falkirk; Fac.: Facilitator; F: Female; M: Male; MR: Mellow Ready; SW: Social Work ¹ WEMWBS was not completed; ² SDQ only was completed; ³ SDQ pre- measurement deemed inaccurate (selection of one extreme edge to all questions), therefore scores were not included in analysis; ⁴ Interviews were not conducted due to the group facilitators being MP staff; -: item not applicable

Table 2. Quotes of Participants and Facilitators on the Themes *Talking, Tea and Consent* and *Confidence*

Talking	Tea and Consent	Confidence
<p>‘I got advice on relationships with my family, just general information and stuff like that, and like somebody to talk to.’ (2)</p>	<p>“The Tea video – that was quite funny. And it was informative too... we learned a lot.” (1)</p>	<p>“I’ve changed my attitude to relationships... I’ve learned how to break up with somebody and talk, be confident to talk to them, like “This is</p>
<p>‘Learning about their experiences and sharing my experiences that I couldn’t share with my carers.’ (2)</p>	<p>“I especially liked the consent part because – not just for me because I’ve got</p>	<p>not working”.” (2)</p>
<p>‘It was good to like talk about it and let things out, you know... It was good to let it out... if you were to talk about it with your friend at school you would feel really awkward about it but in the group it just felt like it kind of flowed and it was fine.’ (3)</p>	<p>quite a good understanding of that – but for the younger people, with the tea video... I loved how it described it as that way because, I don’t know, I just thought it was really well done.” (14)</p>	<p>“Yeah, I gained the confidence to talk about sex, and I think to talk to my parents, my carers and that. And I gained confidence to be honest and tell that I’m seeing somebody.” (2)</p>

<p>‘Aye, that was good like because you got talking about, you know, like how you felt and that.’ (10)</p>	<p>“The girls were saying, as well, you know, it got the message across pretty well in a kind of fun, humorous way.’ (F. A1)</p>	<p>“I think I feel a little more confident speaking around some people.” (9)</p>
<p>‘Aye, it helps with talking about things and that and other people that are in a situation like you.’ (13)</p>	<p>‘And the tea and consent, I still laugh every time I watch it... The two at the end, they mentioned that they’d particularly</p>	<p>‘My confidence is a little bit higher... the group has helped my confidence.’</p>
<p>‘We’ve been through some of the same stuff so we can kind of talk about it and, like, it would help us a wee bit... just talking about everything that’s going on in your life with somebody else.</p>	<p>enjoyed that, the two of them said they’d really enjoyed that bit and they thought it was really helpful, particularly for</p>	<p>‘One of the girls who was really quiet and, you know, she says she doesn’t leave the house, she doesn’t have a</p>
<p>‘We talked about family relationships and falling out with your friends and stuff and I did fall out with my friend so like, I think that did help me to kind of be pals with her again... I just mellowed</p>	<p>themselves but, you know, younger aged children as well, that’s how they explained it. So it’s really, it was good, it’s a nice way to explain it to them, that was good.’</p>	<p>social life, she’s the one that wants to meet up again with the girls... she’s got that confidence to even ask for that.’ (F. A1)</p>
<p>down and then I was like, just said sorry for everything that happened.’ (12)</p>	<p>(F.B2)</p>	

For participant’s reference number see Table 1; A: Group 1; B: Group 2; C: Group 3; D: Group 4; F: Facilitator

Table 3. Quotes of Facilitators and Participants on the Themes of *Facilitator Skill, Describe Mellow Ready and Facilitator's Feedback*

Facilitator Skill	Describe Mellow Ready	Facilitator's Feedback
<p>'The adults started doing another topic so we were all just chatting and then I turned into a conversation between us... It was quite good because normally when you talk about that stuff with adults it's all jumping to accusations... but, you know, they were just sharing stuff in general.' (1)</p>	<p>'It's a good laugh... It's good meeting new people.' (1)</p> <p>'You should try it because I liked it a lot... If you want to grow up, then just go to Mellow Ready... A fun group where you just sit, just share your – just talk to them, somebody that you can sit, talk, just share your, like, stuff you can get off your chest, just get it off your chest and then they can support you and give you advice.' (2)</p>	<p>'I liked the fact that there was a different topic every... I think the topics are good' (F. A1)</p> <p>'I thought the content was good, it was relevant to the girls we were working with ... It was a good flow throughout the course.' (F. B1)</p>
<p>'They will laugh with you, like, because at school when you're having a joke with your friends and you know someone says something and the teacher's there, they'll shout, the teacher will shout at you but then here, it's just like the adults are all banter and they get it... and</p>	<p>'Well my friend actually did ask about it a couple days ago and I just said "Yeah, definitely go for it..." it's really fun, it gives you that extra push that you need.' (3)</p>	<p>'It flowed very well, I felt it flowed really well... They were good activities... you could</p>

they're laughing more with you... You can just be yourself.' (3)	'It is really good. I just don't know how to explain it.' (8)	generate good conversation from them... I think it's a cracking programme... I love the content of it.' (F. B2)
	'It's [Mellow Ready] just perfect to them [friends]'. (9)	
'It was like talking to your pals... Like fun and that.' (10)	'I'd just say it was like a fun activity, that you get to express yourself and that and then you get to do relaxation at the end of it and it's good.' (10)	'They were able to relate to a lot of it which we were quite surprised at initially, but the conversations that were coming out and the different tools we were using were great... I've loved the whole thing. I loved how it was laid out and delivering it'. (F. D1)
'They weren't bossy; they were nice... Well usually in class the teachers will stand at the front of the class and talk about it but [they] actually done activities to actually teach us about it so we could understand it and that.' (11)	'It was good. And I'd like tell them what things you would cover in it like – I wouldn't tell them what you would cover in the group because they'd have to do that if they were to be put in it, but like I'd tell them the bits you cover and it would make it easier for them.' (11)	
	'It's useful. I don't know, it was just really, it helped me through everything really... I would tell them to go to it. I	

‘Just listening to each other and making sure that everybody’s got a chance to talk, which was an important one.’ (F. A1)

would just say that it would probably help them like with any issues that they had or if they just wanted to talk to somebody about something. I’d say that they should go to it.’ (12)

‘It [timeline activity] actually went quite well with them and it’s because workers were doing it alongside them. And I was drawing mine and the other worker was drawing hers... and we got to high school and... “high school wasn’t very great for me” and stuff like that... so their bits, they were able to share, so it actually went better than I thought it was going to go... we always took our turn.’ (F. A1)

‘It was all right like. It was – well it was better than sitting in the house all day! But aye, it helps, like, with talking about things and that and other people that are in a situation like you.’ (13)

‘I’d just say it’s like a group to give you an understanding in life and kind of encourages you to take care of yourself and others’. (14)

For participant’s reference number see Table 1; A: Group 1; B: Group 2; C: Group 3; D: Group 4; F: Facilitator