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## **Mellow Futures – an adapted parenting programme for mothers with learning difficulties in England and Scotland. Professionals’ views on the outcomes**

### **Abstract**

The Mellow Futures programme is a specially adapted parenting programme for mothers with learning difficulties that combines group work with home-based support. This paper reports on the findings of prospective and retrospective interviews with professionals who had referred mothers to the programme in England or Scotland between 2013 and 2015. The aim was to explore their perceptions of the programme as a whole, and its impact on the mothers they had referred to it. Mothers attending the Mellow Futures programme were invited to consent for a key professional to be contacted as part of the evaluation, generally those social workers who had referred the mothers to the programme. The ‘referrers’ were interviewed at the start and end of the programme. Thirty referrers contributed their views on the impact of the programme. Twenty-six were very positive about the impact of the Mellow Futures programme on the mothers: the programme was thought to have increased the mothers’ confidence and self-esteem; supported them to work through issues; and helped them strengthen their relationship-building skills. Four referrers felt that the programme had not had any impact on the mothers they were supporting. The Mellow Futures programme focused on relationships, rather than parenting techniques, and three fundamentally important relationships in the mothers and babies’ lives were targeted: the relationship/attachment between mother and baby; the supportive, on-going relationships between the mothers in the group; and the mothers’ more positive engagement with the professionals concerned with the welfare of their baby. The research confirms that, from the perspectives of referrers, linking group and home-based support can successfully help mothers with learning difficulties to care for their children.

**Keywords:** Child welfare, Parents with Learning Difficulties, Parenting programmes

**What is known about this topic**

- Parents with learning disabilities experience a range of practical and social disadvantages and are over-represented in childcare proceedings.
- The accessibility and appropriateness of parenting programmes for parents with learning disabilities is variable.
- Adapted parenting programmes using a combination of home-based and group activities are being introduced for parents with learning disabilities in the UK.

### **What this paper adds**

- An attachment and relationship-based group adapted for parents with learning difficulties can enhance parental confidence and self-esteem, help them to address personal health and social issues, and help them to engage more positively with their babies.
- The adoption of strengths-based approaches can further support the personal qualities, knowledge and skills of mothers with learning difficulties.

### **Introduction**

Parents with diagnosed learning disabilities (intellectual disabilities) or milder/borderline learning disabilities, often known as learning difficulties in the UK, frequently have complex needs that can impact on their ability to care for their children (Stewart & MacIntyre, 2017). They may struggle with literacy, everyday practical tasks and abstract concepts such as time; have an increased likelihood of depression or poor self-esteem; and may experience a range of social disadvantages including poverty, poor housing, social exclusion, and a lack of social support (Cleaver & Nicholson, 2008; Macintyre & Stewart, 2012; McConnell & Llewellyn, 2002; SCIE, 2005; Wade, Mildon & Matthews, 2007). This paper reports on an evaluation which mainly included parents with milder learning disabilities/learning difficulties, i.e. had an IQ of above 70. The literature used as context for this study, it should be noted, however focuses mainly on parents with a diagnosed learning disability. Parents with milder learning disabilities/learning difficulties are often not recognised as needing support nor are they the focus of research studies.

Families where a parent has learning disabilities are often over-represented in care proceedings in the UK (Cox, Kroese & Evans, 2015; Masson et al., 2008). The concerns for the children's welfare usually relate to neglect because the parents do not have the skills and knowledge necessary to parent effectively, rather than because of deliberate abuse (Feldman, 2004; Tymchuck, 1992). Fletcher (nd) recognised these parents can have difficulties developing a relationship with their baby. They may not recognise their child's true developmental level (seeing them as more or less able than they are and therefore not giving a sensitive response); they may have difficulties in recognising their own emotions and expressing them appropriately; and they may attribute 'challenging' behaviours in their child to external causes instead of considering the baby's emotional needs (Fletcher nd). Wilson et al. (2013) estimated that 40% - 60% of parents with learning disabilities have children removed from their care because the parents are considered to be unable to provide an adequate standard of parenting. However, Theodore et al. (2018), Malouf et al. (2017) and Tarleton (2007) note that these parents often have to meet stricter criteria than others to prove their parenting abilities.

There is a range of different types and styles of parenting programmes available that aim to improve parental effectiveness through the development of positive parenting skills and strategies. These include residential programmes, individualised parenting programmes, group work, combinations of home-based and group programmes. Residential parenting programmes provide intensive support in residential settings to families with multiple social, economic, health and behaviour problems. They often form part of Family Intervention Projects, developed out of the English Government's anti-social behaviour strategy which focused on tackling anti-social behaviour. To-date, there is no robust evidence of any sustainable success from the family intervention approach in relation to parenting skills (Crossley, 2017).

Parents with learning disabilities have been reported to respond well, generally, to individualised parenting programmes (Wade, Llewellyn & Matthews, 2008) and a number of these programmes have been developed and evaluated (Feldman, 2010). Such programmes aim to educate parents in accessible and practical ways through 'concrete' discussion, breaking down tasks using step-by-step approaches, the use of role play, games, videos, pictorial posters and manuals, and providing encouragement, corrective feedback and reinforcement (Feldman, 2010; Glazemaker & Deboutte, 2013).

Group-based parenting programmes developed rapidly in the 1990s in England. They mostly focus on helping parents to change their children's behaviour and/or trying to bring about more lasting changes in family relationships by improving the problem-solving capacity of parents, encouraging reflections about their own parenting approaches, and developing parental confidence and capacity. However, parenting groups have commonly been considered to be off-putting for parents with learning disabilities who may find it difficult to engage with a didactic teaching style, where information is taught to participants rather than learning developed with them, and for whom transferring the learning to a home environment can be challenging (Tarleton, Ward & Howarth, 2006). Some have been adapted for parents with learning disabilities to good effect, for example the Supported Learning Parenting Programme (Booth & Booth, 2003) and the Positive Parenting Programme (Glazemaker & Deboutte, 2013).

In 2018, Coren et al. conducted a systematic review of studies comparing parent-training interventions for parents with learning disabilities, with treatment as usual or a control group and concluded that there is some evidence that parent-training interventions for parents with learning disabilities may help them establish good parent-child relations. The authors stressed the need to adapt parent support programmes to the specific learning capacities and needs of parents with intellectual disability.

Mellow Futures (Tarleton & Puckering, nd), a programme which combines home-based and group programmes, has been introduced for parents with learning disabilities. Mellow Futures is one of a suite of parenting programmes developed and piloted by the Mellow Parenting organisation in Scotland (see: <https://www.mellowparenting.org/our-programmes/>).

### **Mellow Futures programme**

The Mellow Futures pilot programme comprised two key elements: 'closed' groups attended by mothers with learning difficulties referred to the group; and specially trained volunteer mentors who worked with mothers on an individual basis. The groups were intended to provide a safe and containing environment for mothers. The programme included: a pre-birth group for mothers between 20 and 30 weeks of pregnancy, and a post-birth group for mothers and their child. The pre-birth group was held for two hours a week, for six weeks and focused on maternal well-being, helping the mums-to-be get to know their unborn baby, and learning 'how important warm, positive interactions are to their development' (Mellow Parenting, 2014, p.3). The post-birth group was held for one day a week during school hours

for 14 weeks. The mothers attended with their babies, but the babies were looked after separately, only joining their mothers for shared lunch and play sessions. A typical day included:

- A personal group, where mothers learnt about how their own past experiences and current situations may impact on how they relate to their baby and ways to address this.
- A joint lunchtime, when the mothers, babies and facilitators eat together 'promoting interaction and encouraging mothers to think of mealtimes as positive experiences.'
- Joint play, where mothers and babies did activities together, such as baby massage. These activities aimed to promote attachment and encourage communication.
- Video feedback where mothers learnt more about communicating with their baby by sharing video clips of their own interactions with their baby. (This was similar to Video Interaction Guidance).

'Have a go' activities - these activities provided a link between sessions and gave mothers a chance to practise at home what they had learnt, thus helping the transfer of new learning into the home environment.

A specially trained volunteer mentor met with each mother, on an individual basis, for one to two hours each week of the programme. The mentor supported the mother in transferring their learning from the group to their home setting by helping them with the 'have a go' activity and often developed close relationships. Some of the mentors also supported the mothers to access community resources.

The first Mellow Futures pilot programmes ran four times in England, twice in the north and twice in the south. The English pilot was funded by the Department of Health and the Scottish element via Mellow Parenting. It also ran once in three sites in Scotland. Full details about the pilot programme and its evaluative methods can be found in Tarleton & Turner (2015, 2016). A summary of the learning from the Mellow Futures programme is available in Tarleton & Turner (2016).

### *Referral criteria*

The Mellow Futures programme used the following definition of a 'learning difficulty' as the referral criteria for acceptance on the programme: '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 definition responded to the awareness

that many mothers who are in need of support, have a borderline/milder learning disability (intellectual disability) with an IQ of above 70. These mothers would not have a formal diagnosis of a learning disability or support from Learning Disability services.

## **Methodology**

A unique approach was taken to the evaluation in order to investigate not only the impact of the programme on the mothers and their relationship with their babies, but also to investigate whether the programme contributed to changes in Children's Services' (child protection services) level of concern regarding the babies' welfare. A longitudinal approach was developed with two parallel and interlinking strands i.e. the impact of the programme from the mothers' point of view and from the perspective of the professionals who had referred the mothers to the programme. These professionals provided their more 'objective' opinion regarding any changes in the way the mother related to the baby and could report any changes in Children's Services' level of concern regarding the welfare of the baby. This professional was usually the social worker responsible for the baby's welfare or, in a small number of cases, another professional who was closely involved with the family, such as a health visitor or family support worker involved with Child Protection Plans. For ease of understanding in this paper, these professionals are called 'referrers'. A wider context to the evaluation was provided by interviews with the Mellow Futures facilitators, the volunteer mentors and Local Authority managers and commissioners. These interviews focused on the more practical aspects of the programme, such as the role of the mentor etc. The combination of these methods, along with well-being scales completed by the mothers, was felt to capture a holistic picture of the parenting programme.

The focus on the referrers' opinions of the programme was innovative. No previous evaluations could be found that included referrers' opinions of the mothers' situations or which monitored Children's Services' level of concern for the babies. Most evaluations focus on the mother's views of the programme and changes in the mothers and babies' well-being. This new approach was very insightful and in one case revealed very different perspectives of the mother and her referrer. In this case, the mother reported a very positive picture of caring for her baby full-time, while the referrer reported that the mother did not care for her child full-time and that her attendance at the programme was to support the mother in developing the skills and understanding she needed when having supervised contact with her baby. This situation, which could be interpreted as the mother wanting to present an ideal situation, is discussed in Tarleton and Heslop (2019). A detailed understanding of the

mothers' views of the programme can be found in Tarleton & Turner (2015, 2016). This paper reports on the findings of prospective and retrospective interviews with the referrers.

## **Recruitment**

The evaluation was carried out during visits by the researcher at the start and end of each element of the Mellow Futures programme as well as by telephone interviews. The researcher usually visited twice at the start (the pre-birth stage) – once to explain the project and then a second time to ascertain if the mothers were willing to take part in the evaluation and, if so, to undertake the initial interviews with the mothers. If there were new mothers at the start of the post-birth stage, then the researcher made a second visit at the start of the programme. The researcher then visited the sites at the end of the pre-birth and post-birth programmes and in England, the follow groups around six to eight weeks after the end of the programme. During the interviews, the mothers also completed some well-being scales. The researcher undertook interviews with facilitators during these visits and was introduced to the mentors. The interviews with mentors were completed either during the visit where they met, or on the telephone. The interviews with the referrers are discussed below.

During the second meeting with the mothers, when consent for their participation was sought, the mothers were also invited to provide consent for their referrer and mentor to be invited to take part in interviews where the mother would be discussed. All the information about the research was provided to the mothers verbally, as well as through easy read information sheets and consents forms. There were opportunities for questions during both visits. Mothers could have felt that they 'should' take part as the Mellow Facilitators were supportive of the evaluation and that they 'had' to agree to their referrer being contacted. The researcher stressed that mothers definitely could refuse to take part in the evaluation and monitored the mothers' body language throughout the interactions. A number of mothers did refuse to take part, while other mothers would not allow their child's social worker to be contacted but provided an alternative professional that they agreed could discuss their situation. The ethical issues involved in engaging mothers in this study are discussed, in depth, focusing on the power relationships in Tarleton and Heslop (2019).

At the start of the mothers' engagement with the programme, semi-structured telephone interviews were conducted by the researcher with two thirds of the referrers, with the mothers' consent. In Scotland, questionnaires instead of telephone interviews were completed by referrers at the start of the evaluation. The interviews/questionnaires collected information about the reason for the mother's referral to the programme; their diagnoses and

support needs; the nature of concerns about the mother's parenting; information about the wider family; their living circumstances; the support available to them; and their service use. The referrer was specifically asked to report Children's Services' level of concern regarding the welfare of the baby.

At the end of the mother's attendance at the Mellow Futures programme, interviews with referrers were conducted by the same researcher. The interviews covered the referrers' opinion about the mother's current situation, including any changes that had taken place during the programme; the mother's ability to care for her baby; the impact of the programme on the mother; the level of concern about the baby's welfare recorded by Children's Services; and what had influenced any change in their level of concern. The referrers were also asked for their opinions of the Mellow Futures programme itself and about any improvements that were needed to the programme.

As with the interviews with the mothers, the referrers could have felt 'obliged' to take part in the research as the mother they worked with had already engaged. It was made clear to the referrers that participation was voluntary. All the referrers responded to the researcher and were willing to book times for telephone interviews and then were contactable at the agreed time or returned the questionnaire within a reasonable amount of time. Referrers could easily have avoided contact with researcher if they had felt uncomfortable, refusing consent to take part. The interviews were transcribed and anonymised immediately after the data-collection period.

Trajectory analysis (Grossoehme & Lipstein, 2016) was used to track changes over time in relation to the mother's situation and parenting ability, and the level of concern about the welfare of the baby. Each interview was read and 'factual details' retrieved such as whether the mother had a diagnosed learning disability or other diagnoses, whether the mother had other children, if these children were in their mother's care, and what their living situation was etc. These details were entered into a summary document along with the referrer's comments regarding the mother's understanding of their baby's needs and Children's Services' level of concern for the welfare of the baby. After the second interview, changes in the mother's living situation were added to the document as well as the current level of concern regarding the welfare of the baby and the referrer's views about the mother's understanding of and engagement with their baby. The before and after situations and level of concern were then compared for individual mothers as well as at the group level. The changes at group level in the level of concern regarding the welfare of the babies and changes in the mothers' relationship with their babies are discussed below.

The qualitative material in the trajectory analysis tables and other interview/questionnaire response was analysed using thematic analysis (Boyatzis, 1998). Each section of material was read and notes made of particular items of interest. The material was then 'coded', all the parts of the material discussing the same topic were given the same label. Themes were then developed by grouping the labelled comments and developing a representative theme name.

The study received full ethical approval from the University of Bristol School for Policy Studies Research Ethics Committee.

### **The sample**

All the mothers who attended the programme were invited to take part in the evaluation. Thirty mothers, out of the total of 36 mothers who attended the programmes, took part: eighteen of the 24 (75%) mothers from the English programme, and all 12 (100%) of the mothers in Scotland. Twenty-six of the mothers (87%) were under the age of 30. One mother had a diagnosed learning disability and one was described as being on the autistic spectrum. The other mothers met the referral criteria for the programme, as discussed above, and had milder learning difficulties that resulted in them 'struggling with everyday life'. In addition, the referrers also discussed other diagnoses and issues that the mothers had, including mental health conditions, eating disorders, Attention Deficit Hyperactivity Disorder (ADHD), anxiety, low self-esteem, or problems with addictions or with controlling anger. Four mothers were reported as being victims of domestic violence. Twenty-eight of the mothers (93%) were unemployed when they became pregnant. One was in paid work and one undertook voluntary work. Half of the mothers had some family support and a partner, but 28 of the 30 had no contact with other new mothers when they joined the programme. Nine of the mothers had previously had children removed from their care by social services.

Thirty-one referrers took part in the evaluation overall. In all but one case, the same professional was interviewed before and after the programmes. The majority of the referrers were the children's social worker responsible for the baby's welfare. Eight had other roles such as health visitor, family support worker or adult learning disability social worker. The referrers had known the mothers for variable lengths of time, some for many years. At the start of the programme, all had been involved with the family since pre-birth concerns about the baby's welfare had been raised. The referrers had a detailed understanding of the

mother's situation, were able to report the level of concern for the baby's welfare and were knowledgeable about measures being taken to support the mother and her child.

## **Findings**

Twenty-six of the 30 referrers, spoken to at the end of the programme, were very positive about the impact of the Mellow Futures programme. The key themes within the referrers' responses were that the programme had increased the mothers' confidence and self-esteem; supported them to work through issues; helped them to interact with other mothers and professionals; and helped them to engage more positively with their babies. It should be noted that most of the referrers felt that the mothers would require on-going support in order to maintain the noted improvements, and the majority of the mothers had been referred to children's centres or other support providers at the end of the programme. There was, however, one contrasting theme: Mellow Futures had no impact on four of the mothers' ability to care for their children. The referrers were not critical of the content or presentation of the programme, rather they spoke of the mothers not being able to take on board the content of the programme. The final theme discusses the Changes in Children's Services' level of concern regarding the welfare of the babies.

### *Improved relationships between the mothers and their babies*

The first main theme drawn from the referrers' comments related to the impact of the Mellow Futures programme on the mothers' relationship with their babies. Most of the referrers (24) noted that there was improved bonding and interaction between the mothers and their babies. One referrer commented: 'I see an excitement in her about the child that wasn't there before' (R 18).' Another said:

'But, you know, she's looking at her, you can see the emotional warmth there now, there's a bond there, she's changing her nappy, she's looking at her cues, she's reading her cues properly. And she just wasn't interested at first, she wasn't actually interested, because she was nervous.' (R 22)

A third referrer stated:

'It's definitely helped with her interaction, playing with the child and all those different areas she didn't really do much of to begin with.' (R 15)

Two mothers, who also had older children about whom concerns had previously been raised, were noted to be engaging more interactively with their new baby. One referrer commented:

'Her older children have problems speaking and things ..... [but] we can see she is interacting really well with the baby.... Myself and the health visitor were able to say there were no concerns at all about her interaction with [baby]...' (R 14)

The other mother with an older child about whom concerns had previously been raised was regarded by her referrer as having 'much better attachment' and being 'really engaged with her baby' (R 13). The referrer said that nursery workers had also recognised that the mother was far more engaged with the baby and more confident and engaged with them. The referrer felt that the mother had:

'A much better understanding of what the needs of the baby are, more aware of what she should be doing ... her whole interaction with baby is better, she is enjoying her more, she is more aware of the things she should be doing like singing and talking, things like that.' (R 13)

Another mother who was considered to have 'anger problems' was felt to be calmer, which has a positive impact on her baby. The referrer explained:

'I think her being calmer had a positive effect on the baby, the baby was picking up, because she was losing her temper so often that the baby was quite fraught. I think we could see an improvement during the course in both of them.' (R 22)

#### *The impact of the programme on the mother herself*

The second main theme drawn from the referrers' comments related to the impact of the Mellow Futures programme on the mothers themselves. The referrers noted improvements in the mothers' confidence and self-esteem, that mothers had worked through their 'issues', benefitted from relationships with other mothers, and were engaging more positively with professionals.

Three quarters (23) of the mothers were reported by the referrers as being more 'confident', while it was also noted that many mothers had improved self-esteem. Terms used to describe the change in the mothers included that they had 'lit up' and were now 'motivated'. One referrer commented:

'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.' (R 15)

Another referrer said: 'Mellow was really good for her self-esteem, with her addiction issues and everything she had really low self-esteem.' (R 21)

Two-thirds (20) of the referrers commented that the mothers were 'doing much better' or being 'in a better place' or a 'good place', after having been able to work on specific issues in their lives on the Mellow Futures course. Mothers were reported as 'making better choices and decisions' and being 'more in control' of their lives. One referrer reflected that the mother was now:

'Able to reflect on things from her own childhood and link things from her own childhood to things happening in her children's childhood... she felt able to make changes.... and informed choices for her and her children.' (R24)

Another referrer, of a mother with an eating disorder, said that the mother was beginning to eat during the programme. One referrer noted that a mother had become 'more open in sharing thoughts and feelings' (R 19) with the programme practitioners – this mother had written a letter about her feelings from the past, which the practitioners discussed with her privately and then ensured that the key issues were covered in the Mellow Futures group sessions. Her referrer noted:

'She is much more able to cope with her emotions when daughter kicks off, which is less often. She is confident enough to apply for work and is progressing in a way she hadn't before.' (R 19)

The programme was also felt to have contributed to another mother's determination to come off drugs. The Mellow Parenting practitioners had specifically worked with the mother about her drug habit, and the referrer reported:

'One of my mums had a serious drug habit and her baby was taken into care.... she's still on methadone programme but hasn't touched any other drugs and she eventually got her baby back so that was fantastic news'. (R 29)

*Relationships with other mothers*

All but one (29) of the referrers noted the benefit of Mellow Futures' programme in helping the mothers to develop relationships with other mothers. Many of the referrers reflected that the mothers had been socially isolated and had benefitted from the emotional support of the group. By being in the group they had also developed their social skills through watching other mums and mixing with other mums. One referrer commented that the mother:

'Absolutely loved the social aspect of the group and she was one of the most vulnerable ones socially - she would have done anything for anybody, to be their friend. She was fine in a group like Mellow, it was well monitored but in other situations that would be risky for her.'  
(R 11)

After the programme finished, the mothers were in contact using social media (Facebook) and meeting up with each other if they lived near enough.

*Improved engagement with professionals*

Referrers recognised that the supportive environment of the Mellow Futures activities had allowed approximately half of the mothers to develop trust in professionals and services that might not have been apparent previously. They commented that some mothers involved with Children's services were engaging more with them and no longer 'fighting'. One referrer said of a mother who had usually responded angrily in Child Protection meetings in the past:

'She was very calm, she listened, she looked relaxed, she listened and responded. And the Chair, had known her through her last two children ending up [in others care] said there was a difference there, that she seemed more confident and calmer'. (R 13)

Another referrer commented that a mother was 'Now accepting and embracing all the help that is going... [she] is in a better place to ask for and accept help' (R 3) whilst a third reported that involvement with the Mellow Futures course had 'helped us to help her to engage in counselling and to address past trauma, helped her get to the point where she can reflect.' (R 7)

*Mellow Futures made no impact*

Four referrers felt that the programme had not had any impact on the mother's ability to care for their baby, as the mothers were not in a position to integrate the content into their lives. One referrer commented that there were too many issues in the mother's life for the programme to have an impact:

'At this point in time, you know, I don't think that [mother] is able to kind of make those changes, in a relatively permanent way that you would want. There's too much gone on in her past, and there's too much about her that she needs to change ... Before she can take on, you know, something else' (R 20)

Another of the four referrers noted that the programme was a 'drop in the ocean' in relation to dealing with the complexity of the family's needs but that it 'gave an understanding of parenting norms and opportunity to be with other mothers' (R 6). The third of the four referrers described the mother as being able to give 'textbook answers' (R 10) when discussing parenting but not able to put this understanding into practice with her baby. The final of the four referrers felt that the mother was not really engaged with the programme as she felt she 'knew how to be a parent' (R 12). The circumstances in her life had improved, resulting in the positive changes noted in her and the reduced level of concern regarding her baby.

#### *Changes in Children's Services' level of concern regarding the welfare of the babies*

Referrers noted that Children's Services' level of concern regarding the welfare of the baby had been reduced during the course of the Mellow Futures programme for 17 of the 30 babies: eight babies were no longer subject to a Child Protection Plan and were now considered a 'child in need', four were no longer considered to be a 'child in need', two had been returned to their mothers' care, two were no longer of significant concern, and one for whom the plan had been adoption remained with their mother. The level of concern by Children's Services had remained the same for nine of the babies, although all these referrers reported improvements in the mother's relationship with, and care for, their baby. There was an increased level of concern by referrers for the welfare of four of the babies whose mothers attended the Mellow Futures programme and, in one case, the programme was reported to have helped the mother to realise that she couldn't care for her children. This was regarded as a very positive outcome.

## **Discussion**

All but four of the referrers reported feeling very positive about the impact of the Mellow Futures programme. The programme was regarded as contributing to more positive and responsive relationships between most of mothers and their babies and a reduction in

Children's Services' levels of concern for half of the babies. For the other four mothers, their referrers felt that they were not able to change, or their complex life situations were too overwhelming for the programme to have any impact. These four referrers, however, still made positive comments about the programme content and the relationships the mothers had developed with their peers and the programme facilitators.

The significance of a strong relationship between a mother and her baby is well-known. Attachment theory, which originated with Bowlby (1969) suggests that from birth to two years of age is a critical period for children to develop attachments with a main caregiver. There is very strong evidence that a baby's emotional and social development is strongly affected by the quality of their attachment with a key caregiver (Winston and Chicot, 2016).

Attachment theory is central to the 1001 Critical Days agenda (Durkan, et al., nd), in England, which highlights the importance of access to specialist services which support interactions between parents and their babies, and that antenatal classes should discuss the emotional as well as physical aspects of the baby's well-being. It is one of the guiding theories in a range of interventions which aim to improve the sensitivity of parents, provide increased security of relationships for the child and improve the family's circumstances, such as the Family Nurse Partnership (FNP) projects in England. This is a voluntary home-visiting programme, by nurses, for first-time young mums, which has apparent good effect (see: <http://fnp.nhs.uk/our-impact/evidence/>).

FNP projects use attachment theory in conjunction with the human ecological theory and self-efficacy theory to guide their work. Human ecological theory 'emphasises the impact of the social context and environment on human development' (<https://www.fnp.nhs.uk/about-us/the-programme/>), which draws on Bronfenbrenner (1979) elements of 'ecological' systems, which show how a mother and baby's relationship is embedded within the wider systems of our family and community and culture (Bubolz and Sontag 1993). Each of these environments (e.g. family, community, culture) can contain protective and risk factors which could improve a child's life outcomes or place them at risk of adversity. These initiatives therefore consider ways to strengthen protective factors and reduce any risk factors. Self-efficacy theory is also used to support parents in understanding why their actions are important and to develop the confidence they need to make more appropriate choices. The nurse's relationship with the young parent is key to supporting this growth.

Mellow Futures therefore can be seen as aligned with the 1001 Critical Days agenda. The 'standard' Mellow Babies programme is recognised in the 1001 Critical Days Manifesto as

Tier 2 intervention for parents who need some specialist support, and as working in a similar way to the Family Nurse Partnership projects.

Mellow Futures programme responded to the specific access needs of mothers with learning difficulties, while focusing on relationships and on building attachment, rather than parenting techniques. It had a positive impact on three fundamentally important relationships in most of the mothers and babies' lives: the relationship/attachment between mother and baby; the supportive, on-going relationships between the mothers in the group, the majority of whom had been socially isolated; and the mothers more positive engagement with the professionals concerned with the welfare of their baby. These changes were facilitated in a number of ways: the programme's shared lunches and play activities specifically focused on understanding the importance of attachment and modelled communication between the mother and baby. In the 'personal group' mothers learnt how their own past experiences and current situations might impact on how they relate to their baby and were supported to think about how they could improve their situation. It could also be said that the Mellow Futures programme demonstrated a positive model of relationships within all its activities. Such a 'social learning' approach appears to have enabled the mothers, some of whom had felt 'forced' to attend, to engage more positively with the professionals concerned with the welfare of their babies. The Mellow practitioners and mentors' trusted relationships with mothers empowered and supported them to advocate for themselves in a positive way, similar to how key workers and advocates in other specialist services for parents with learning difficulties work (Tarleton et al., 2006; Tarleton & Porter, 2012).

### **Strengths and Limitations of the Study**

The reflections of the referrers about the impact of the Mellow Futures programme on the mothers and babies who attended, form part of the descriptive evaluation of the programme. This was not an experimental study, and there was no comparator group, which are some of the limitations of the work. In addition, for a few of the mothers, the programme was only part of the package of support offered to them, so it is difficult to isolate the impact of the programme in relation to the outcomes for these mothers and their babies. Further in-depth evaluation is needed of the Mellow Futures programme, including a randomised control trial with cost benefit analysis that includes a focus on the social benefits over time. This would add to the initial indication that such support for parents with learning difficulties is cost effective and beneficial in supporting positive outcomes for their children (Bauer, 2015; Bauer et al., 2015).

The strengths and originality of the programme were that it: tried to put into practice the key themes advocated by the detailed literature discussing individualised parenting programmes for parents with learning disabilities (Feldman, 2010; Rao, 2013); provided evidence about the need to tailor approaches and role model appropriate behaviour for people with learning disabilities; and highlighted the mothers' need for social support and engagement (Gustavon & Starke 2017; Llewellyn & McConnell, 2002; Tarleton et al., 2006). The findings, to a large extent, reflect similar themes to evaluations of the Mellow Bumps and Mellow Mothers/Babies programmes in which mothers reported improvements in their well-being, self-esteem and care for their babies (Puckering & Breustedt, 2013; White et al., 2015). They are also similar to the finding of Glazemaker & Deboutte's (2013) evaluation of the adapted Positive Parenting Programme (often known as Triple P; <http://www.triplep.net/glo-en/home/>) where socially-isolated mothers were engaged, made friends and found the material presented in a concrete, slower way, appropriate to their learning needs.

What this research contributes is that an attachment and relationship-based group for mothers with learning difficulties, using a mixture of reflective and practical techniques and linking group and home-based interventions, can allow mothers to address their personal challenges and the challenges they face with their children, successfully. It was also stressed by referrers that mothers would need ongoing support to ensure the impact is maintained and to support mothers in responding to their babies changing needs.

## **Conclusions**

The reflections of the referrers about the Mellow Futures programme suggest that the programme was aligned to the 1001 Critical Days movement and achieved many of the key components of successful innovations in social work with families, as described by the Children's Social Care Innovation Programme in England (Department for Education, 2018). These include enabling staff to do skilled direct work; multi-disciplinary practitioners working together; high intensity and consistency of practitioner input; and having a whole family focus (Department for Education, 2018).

Although some mention was made by referrers about the use of a strengths-based practice framework (see SCIE, 2015), the growing interest in, and adoption of, strengths-based approaches to delivering social care may offer a promising way to develop the Mellow Futures programme further, to effectively support the personal qualities, knowledge and

skills of the mothers.

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