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**CHILDREN'S
SOCIAL
CARE**

EMMIE SUMMARY

Mellow Parenting

November 2018

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The What Works Centre for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. Our mission is to foster a culture of evidence-informed practice. We will generate evidence where it is found

to be lacking, improve its accessibility and relevance to the practice community, and support practice leaders (e.g. principal social workers, heads of service, assistant directors and directors) to create the conditions for more evidence-informed practice in their organisations.

About CASCADE

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EMMIE summary: Mellow Parenting

This evidence summary is based on the following systematic review

Angus Macbeth, James Law, Iain McGowan, John Norrie, Lucy Thompson, Philip Wilson (2015). Mellow Parenting: systematic and meta-analysis of an intervention to promote sensitive parenting, Developmental Medicine and Child Neurology

What is the intervention?

Mellow Parenting (MP) is a parenting programme that originated in Scotland in the 1990s. Parenting programmes are used widely to promote child and family wellbeing. Leading models such as the Incredible Years and Triple P parenting programmes have been shown to be effective in helping parents manage difficult behavior, but fewer parenting programmes target other aspects of parenting. The principal aim of MP is to promote sensitive parenting and improve attachment through developing sensitive mother-child relationships.

MP is a group-based approach for parents of children up to the age of eight who are at high risk of adverse outcomes. It is more flexible than many other parenting programmes and incorporates practical measures, such as help with transport, designed to maximize engagement. MP has been modified for use with different target groups. As such, a range of programmes with different names have been developed (e.g. Mellow Fathers, Mellow Babies).

It has received widespread support and been recommended both the UK guidelines for evidence-based parenting programmes and the California Evidence-Based Clearinghouse for Child Welfare. However, much of the existing evidence for MP comes from small studies. This narrative is based on a systematic review and meta-analysis by Macbeth and colleagues (2015). This assessed the effectiveness of MP on improvements in a) parental mental health and b) child behaviour.

Which outcomes were studied?

The review looked at two outcomes that MP seeks to improve: parental mental health and child problem behaviour. Most studies focused on the main Mellow Parenting intervention (aimed at children aged 1-4) although two focused on Mellow Babies (aimed at children aged under 12 months).

Results were based on five studies, giving a total of 154 parent-child dyads and a comparison group total of 55 dyads¹. The studies included in the meta-analysis all used measures of parental depression and childhood problem behaviour, so the authors were able to derive standardized scoring for these measures that allowed them to analyse the data collectively.

Effectiveness: how effective is Mellow Parenting?

The review found MP had a medium positive effect for families at high risk of adverse outcomes. Improvements were observed in both maternal mental health ($d = -0.67$) and child behavioural problems ($d = -0.40$). However, the authors add a note of caution because the data set they used is heterogeneous and there was evidence of methodological bias within the studies.

Heterogeneity in the sample weakens the analysis and means that we cannot be as confident in the results as we could if the data set was homogenous. With a lot of variability in the types of data from different studies, it becomes difficult to draw firm conclusions about how an intervention works or its effectiveness.

The finding that MP has a medium positive effect on the outcomes studied should therefore be interpreted as a positive indication that the intervention may be effective for children and families. It also helps build a case for larger, more robust studies of its effectiveness.

Moderators: who does it work for?

Heterogeneity in the sample also poses challenges for exploring the moderators, mechanisms and implementation of interventions. MacBeth and colleagues did not analyse moderating factors, and subgroup analyses were not possible due to small sample sizes. They noted that one study found that MP would be unlikely to benefit children with reactive attachment disorders.

The studies included in the review originated from Russia, Scotland, New Zealand and Northern Ireland (not included in the meta-analysis). However, these were not compared, and more evidence from the UK would help us understand how MP works in a local context.

¹ There is an inconsistency in the text regarding the total number of parent-child days. The correct figure, noted here, was confirmed through personal correspondence with the lead author.

Mechanisms: when, where and how does it work?

An underlying assumption of MP, and the review by MacBeth and colleagues, is that programmes with a focus on parental mental health and parental sensitivity will lead to improved outcomes for childhood psychological development.

However, little was provided in terms of explanation of findings or identification of causal pathways. Moreover, the authors suggest future evaluations of MP develop greater specification of the nature of outcomes expected, for example by considering the types of childhood outcomes that should be tested (giving the example of language acquisition).

Implementation: how do you do it?

A basic description of the implementation was provided, but the authors did not explore how MP was implemented across different studies or discuss in detail the facilitators or challenges of implementing MP. However, use of video feedback and interactive tasks were identified as key enablers to programme delivery.

Moreover, the fact that MP can be delivered by non-specialists who then work to accreditation as a practitioner gives the programme greater reach.

Economics: what are the costs and benefits?

No economic analysis is included in the study and the cost-effectiveness is not mentioned.

What are the strengths and limitations of the review by Macbeth et al (2015)?

The review presents a comprehensive assessment of the effectiveness of MP on important parent and child outcomes linked to child development. It attempts to develop the evidence base around MP by adding a degree of methodological rigour to an approach already promoted in national guidelines. Analyses used in the review does not suggest there is publication bias or small study effects, but various methodological limitations in the studies reviewed increase the likelihood of bias. For example, it was not always possible to ascertain how outcomes data were collected.

Taken together, the methodological limitations, the heterogeneous nature of the studies, and the small sample sizes mean results should be interpreted with caution. There is a clear need for more high-quality research in this area.

Regarding MacBeth et al's review, the paper would be improved by a more transparent and extensive search strategy – for example including Cochrane databases. It is also good practice in systematic reviewing to publish a protocol, and no such publication was produced in this case.

Summary of key points

- MP appears to have a medium positive effect on parental and child outcomes for parents and children at a high risk of adverse outcomes
- This effect applies to both outcomes studied: improved parental mental health and child problem behaviour
- However, most studies have been small and methodologically limited, and the data set used in this review was heterogenous
- More research is needed on how MP might be implemented, and the causal pathways linking the intervention and the effects observed
- We do not know about the costs and benefits of MP programmes so future studies should examine these

Implementation information

Studies from which implementation information on the website was extracted, were:

- Penehira, M., & Doherty, L. (2013). Tu mai te oriori, nau mai te hauora! A Kaupapa Māori approach to infant mental health: Adapting mellow parenting for Māori mothers in Aotearoa, New Zealand. *Pimatisiwin*, 10(3), 367
- Puckering, C., Connolly, B., Werner, C., Toms-Whittle, L., Thompson, L., Lennox, J., & Minnis, H. (2011). Rebuilding relationships: a pilot study of the effectiveness of the Mellow Parenting Programme for children with Reactive Attachment Disorder. *Clinical child psychology and psychiatry*, 16(1), 73-87
- Puckering C, McIntosh E, Hickey A, Longford J. Mellow babies: a group intervention for infants and mothers experiencing postnatal depression. *Couns Psychol Rev* 2010; 25: 28–40
- Puckering, C., Rogers, J., Mills, M., Cox, A. D., & Raff, M. M. G. (1994). Process and evaluation of a group intervention for mothers with parenting difficulties. *Child Abuse Review*, 3(4), 299-310
- [Southern Health and Social Care Trust. Mellow Parenting Evaluation 2010–2011. Portadown, UK: Southern Health and Social Care Trust and Public Health Agency, 2011](#)

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