Mental Health Foundation

Young Mums Together

An evaluation of a peer support project to improve the wellbeing of young mothers and their families

THE BEST THING ABOUT BEING A PARENT?

Our Organisation

The Mental Health Foundation is the UK's charity for everyone's mental health. With prevention at the heart of what we do, we aim to find and address the sources of mental health problems.

We must make the same progress for the health of our minds that we have achieved for the health of our bodies. And when we do, we will look back and think that this was our time's greatest contribution to human flourishing.

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Young Mums Together – Project Summary

Young Mums Together is an innovative model of peer support for young mothers and their children. The project developed weekly drop-in groups which were designed to enhance wellbeing. The weekly sessions offered creative activities; opportunities for play; interactive discussions; and specialist guest speakers. The content of the sessions and the method of delivery was underpinned by psychoeducation and peer support, as well as mentalisation, person-centred and creative approaches. Incentives promoted regular attendance to the groups, such as providing lunch and refreshments, as well as outings and celebration events.

The current phase of Young Mums Together is a 3-year project (2015-2018) which developed 12 peer support groups across four London boroughs – Hackney, Haringey, Islington and Camden. The project reached 264 young mothers and 18 young fathers, as well as their babies and children, within a 27-month time period.

Peer Supporter volunteers were recruited and provided with training to support the delivery of weekly sessions. A total of fifteen Peer Supporter volunteers were recruited to the project from within local groups. The involvement of the volunteers enhanced opportunities for peer-to-peer support and facilitated recruitment and retention of parents to their local groups.

Weekly drop-in groups were developed in partnership with local service providers, such as children's centres. Each group was jointly delivered over an 8-month period. After this time, the Mental Health Foundation aimed to support local services to independently sustain the groups beyond the partnership phase of group delivery.

For further information about the Young Mums Together project, please visit: www.mentalhealth.org.uk/projects.

Executive Summary

Introduction
The Young Mums Together (YMT) project was designed as an innovative intervention to support young mothers and to improve their wellbeing. The project ran across four London boroughs and was centred on two core components – weekly drop-in sessions and a peer support approach.

Aims
The evaluation aimed to assess the feasibility and acceptability of the project. It also sought to determine the impact of the project on four outcomes: parental confidence, resilience, mental health and future prospects.

Method
The evaluation adopted a mixed-methods approach. For the qualitative component, interviews were conducted with young mums and a range of stakeholders, including facilitators.

Results
Across the three-year period, 51 mothers completed questionnaires at baseline and follow-up. Significant data limitations, including high levels of missing data across outcomes, meant that a quantitative analysis of the data was not undertaken.

The qualitative analysis from interviews with mothers demonstrated that participants felt that the groups helped to: develop parental confidence by reinforcing a sense of purpose; increase resilience through discussion among peers; improve mental health awareness through psychoeducation around risk factors; and encourage mothers' hopes about the future through practical advice and information-sharing.

The process evaluation highlighted key determinants of the groups' success, including group dynamics and resources. There were several recommendations, including the importance of co-production to inform all aspects of the evaluation (including data collection).

Discussion
The role of the facilitator and their ability to manage the interpersonal dynamics are integral to the success of the project, as are consistent attendance and resource availability. Given the target population, the recruitment of participants to the evaluation (and their retention) is a challenge and further thought needs to be given to engaging young mothers in future evaluations.

Conclusion
Positive effects on participants were identified, which may have been caused by the programme's focus on peer support. Projects such as YMT have the potential to improve wellbeing, though further evaluations incorporating the recommendations identified are required to establish their effects.

Definition of 'young mums': this study categorises young mums as 25 years or under at the time of pregnancy. Young adulthood is often described as ranging from 18 to 26 years old (e.g. Arnett, 2000; Stroud *et al.*, 2015; Patton *et al.*, 2016), although Sawyer and colleagues (2018) argue that an expanded, more inclusive definition of adolescence should be 10 to 24 years of age.

Background

Becoming a mum

Becoming a parent poses significant challenges for most new mums. A number of physical and psychological changes take place during the transition to motherhood, including the reorganisation of identity, roles and responsibilities (Knox, 2014; Slade *et al.*, 2005). For young mums, the challenges of becoming a parent are particularly heightened as they may take place within the context of disadvantage and adverse childhood experiences (Hillis *et al.*, 2004). These factors are associated with a range of adverse outcomes (Middlebrooks & Audage, 2008). These adversities may also have long-term consequences for the child – for example, children of teenage mothers may be more likely to have poor health outcomes (Koniak-Griffin & Turner-Pluta, 2001) or problems with delinquency (Pogarsky *et al.*, 2003). Parenthood can also act as a positive time of transformation for young mothers (Shea *et al.*, 2016), with young mothers demonstrating autonomy in shaping their lives and the lives of their child.

Difficulties facing young mums

Access to opportunities – employment, training and study
Young mums are at an increased risk of social and economic hardship (Arnold *et al.*, 2011) compared to their peers without children and when compared to women who become mums later in life (Edin & Tach, 2012). They are comparatively less likely to achieve high levels of educational attainment (Wellings *et al.*, 2016), and more likely to be unemployed and have lower salaries (Cook & Cameron, 2015).

Mental health
Mental health difficulties are common in the perinatal period, yet 60% of cases of perinatal anxiety and depression go undetected. In addition, many mothers with a diagnosed perinatal mental illness fail to receive evidence-based treatment (Gavin *et al.*, 2015). Young mums, who often experience socioeconomic adversity, face an even greater risk of parental mental

health difficulties. Maternal depression is a particular concern in teenage pregnancy, with heightened rates of the disorder in this population (30–60%) compared to the rate experienced in mums of all ages and their non-pregnant peers (Brown *et al*., 2012). Symptoms of depression among young mums are also more likely to persist well after the birth of their child (Boden *et al*., 2008). Young mums also face an increased risk of post-traumatic stress disorder (PTSD) (Kennedy & Bennet, 2006; Mitchell *et al*., 2010).

Young mums are less likely to seek support for their mental health for fear of their parenting skills being negatively evaluated (Brady *et al*., 2008). This is a particular concern for women who have histories of abuse, depression and PTSD (Lesser & Koniak-Griffin, 2000).

Social support networks

Young mums have been found to typically have inadequate social support (Brown *et al*., 2012), which is often associated with depression (e.g. Cox *et al*., 2012). Social connectedness and access to support networks in the community are important protective factors for young mums (Lee *et al*., 2012; DeVito, 2007; Logsdon *et al*., 2005; Logsdon & Koniak-Griffin, 2005). A supportive environment enables young mums to prioritise motherhood and have aspirations to return to education and employment so they can build a better future for themselves and their child, once their child is older (Anwar & Stanistreet, 2014).

Maternal confidence and parent–infant bonding

The exact mechanism of risk transmission between being a young parent and adverse outcomes for their children is unclear, and likely to be complex and multifactorial. The dominant psychological theory relates to parental confidence and the quality of the parent–infant relationship.

Although many young mums display highly sensitive and attuned parenting skills, teenage mums show less affectionate behaviour when interacting with their infant (e.g. stroking, kissing, patting) compared to women who become mums later in life (Chico *et al*., 2014).

Maternal depression influences parental confidence and the synchronicity of the parent–infant relationship (Cox *et al*., 2008). Crucially, maternal self-confidence affects infant development; specifically, positive parenting attitudes and self-efficacy are related to infant cognitive development and a reduction in behavioural difficulties (Coleman & Karraker, 2003).

Evidence base for supporting young mums

Most young mums express a desire to be a good parent and ensure their child leads a better life than they may have experienced (Edvardsson *et al*., 2011).

There have been many successful attempts to support young mums, each with their own benefits and limitations. A recent meta-analysis of eight individual and group intervention programmes for teenage parents showed that parenting programmes are effective in improving parent responsiveness to the child and parent–child interactions, both post-intervention and at follow-up. These interventions were conducted in a range of settings, including in family support centres and in the family's home, and through a variety of methods. The focus of the approaches varied according to parent need – for example, breastfeeding support or improving mood. There was a great deal of heterogeneity between interventions (Barlow *et al*., 2011), which makes it difficult to identify the mechanisms of change.

The Family Nurse Partnership (FNP) is the UK's flagship psychosocial intervention to support the overall wellbeing of young parents. Randomised controlled trials in the United States show that the FNP is effective for both early child and maternal outcomes (Olds *et al*., 1997), although it does not have a particular focus on perinatal mental health. The FNP is a licensed, intensive home-visiting intervention. However, recent research suggests it is ineffective in improving outcomes and is extremely expensive to deliver due to its intensity (Robling *et al*., 2016). Therefore, alternative models of supporting young parents need to be considered.

The Mental Health Foundation developed the Young Mums Together (YMT) intervention in recognition of the lack of services for young mums, who often experience mental health difficulties. Services may often feel inaccessible or stigmatising to young mums, with a disproportionately high focus on mental health symptoms. Mothers may also feel that the services do not attend to social support needs, or do not specifically support the mother's developing relationship with her baby.

The initial pilot of YMT took place in Hackney in 2011 to 2013 and identified significant and multiple support needs of young mothers in the area. The current project was delivered across four London boroughs – Haringey, Islington and Camden. Haringey is an inner-London borough, which had a maternity rate of 9.1 per 1,000 mothers under 18 in 2015 (ONS, 2017), rates which are second only to Newham (9.2 per 1,000 women under 18s). The borough of Islington identified mental health as an area of particular concern in maternal and child health outcomes (Islington Clinical Commissioning Group & Islington Council, 2014). Similarly, Camden is a borough that has made improving maternal mental health a priority (Garry, 2016).

Given the high cost and the questions about the efficacy of existing interventions, we set out to develop and evaluate a new cost-effective peer support intervention, which we believe has the potential to inform wider policy change.

The Young Mums Together Project

Project development

Young Mums Together (YMT) is an innovative psychosocial approach to supporting young mums and their children by promoting maternal mental health through peer support.

1

A year-long pilot group in an East London borough was delivered, where 28 young mums who under the age of 25 years participated. Mothers were recruited through local marketing activity, social media and referrals via early help care pathways. Young mothers were also able to self-refer.

2

Qualitative interviews were carried out with five programme participants after six months of regular engagement with the programme.

"I think a lot of young women are scared of having their children taken off of them if they do have postnatal depression... because they don't know the system. They don't know what's going to happen."

"I feel like everyone is going through it the same time as me, kind of thing. Like, that's why I like young mums group, 'cause I feel like I'm not the only young mum."

3

A review of the literature was conducted to identify existing good practice and policy guidance on working with young mums.

"Poor outcomes were not inevitable if the needs of young parents were met with specialist tailored support" (Sawtell *et al.*, 2005).

4

Consultations with local services were carried out, including health visitors, the Family Nurse Partnership service, support and outreach workers and service leads across various sectors (e.g. early years, youth offending). This generated further understanding of the challenge of engaging young parents and meeting the needs of young parents' children.

The current YMT project has two core elements:

1. **Weekly drop-in groups** for mums and their children, facilitated by two practitioners.
2. The training and recruitment of young mums to volunteer as **peer supporters** in their group.

Through our development work, we developed a Theory of Change, which is underpinned by the project's five core themes.

Young Mums Together – Theory of Change

Figure 1: Theory of Change for YMT

RISK FACTORS

- Poverty
- Lack of social support and social isolation
- Multiple adjustments to identity and lifestyle
- Lower educational attainment and reduced access to employment
- Poor maternal nutrition/unhealthy lifestyle choices
- Higher % experience in social care
- Homelessness/housing difficulties
- Relationship breakdown
- Stigma and age-based discrimination
- Reduced help-seeking and negative perceptions of services

MODERATORS

- Engagement of local services to ensure sustainability
- Staff skill-set and approach to supporting families
- Choatic lives of young mothers (e.g. re-housed outside local area, domestic violence)
- Protected programme funding to maintain quality of delivery

INTERVENTION

Delivered in weekly groups in a welcoming parent-child venue by trained, knowledgeable and empathic staff

PERSON-CENTRED APPROACHES

Safe space to explore identity, adjustment to motherhood, emotional impacts of changes

Creating a safe, non-judgemental space

Delivering groups with a non-directive, curious stance

PEER SUPPORT

Peer-supporters facilitating groups

Open peer-led discussions

Group lunch - eating together (parents and kids)

CREATIVE THERAPY APPROACHES

Creative art and music activities, interactive games, and messy play

TUNING IN (MENTALISATION)

Modelling of mentalisation by group facilitators

Semi-structured play interactions with children

PSYCHOEDUCATION

The provision of informal, interactive, accessible information about mental health & parenting

Guest speakers from local services sharing information about mental health, career development, housing, finance and childcare support

CHANGE MECHANISMS

- Increased knowledge of mental signs and symptoms and where to seek support
- A sense of belonging and universality from the peer-led group setting
- Practical and emotional support from a new social support network of young mothers
- Normalisation of mental health and help-seeking behaviours from peers and professionals
- Awareness of routes to career progression, including childcare options
- Reinforcement and praise for tuned in parenting and increased access to parenting information
- Observation of mentalisation and positive relationships being modelled by facilitators

OUTCOMES

1. Enhanced emotional resilience
2. Improved understanding of mental health and increased willingness to engage with mental health services
3. More informed about future prospects and better able to engage with education, training and employment opportunities
4. Increased confidence in parenting abilities, including stronger bonding with children

LONG TERM OUTCOME

Break the intergenerational transmission of adversity and promote better mental health for children and parents.

Five core project themes

There are five core project themes that underpin the intervention:

1. Psychoeducation and coping skills
2. Peer support
3. Person-centred approaches
4. Creative therapies
5. Mentalisation (tuning in to baby)

Psychoeducation and coping skills

Psychoeducation is grounded in the belief that an individual will be better able to cope with mood difficulties and take steps to improve their wellbeing if they understand more about them. This will have a positive impact on their overall wellbeing (Han *et al.*, 2006). Evidence about the value of psychoeducational interventions to prevent or treat parental depression is increasing (e.g. Dennis & Dowsell, 2013; Phipps *et al.*, 2013).

Peer support

Peer support describes the mutual provision of support for those with similar or shared life experiences and challenges. Peer support can protect against developing postnatal depression, can reduce symptoms of stress and can relieve loneliness and isolation (Dennis *et al.*, 2009; Dennis, 2010). Young parents report finding peer support methods destigmatising, although the majority of the research evaluations of peer support intervention for young mums are related to breastfeeding (Meglio *et al.*, 2010). Additional peer support models have been developed in other countries, which have shown that informal sessions were more successful than formal education sessions (Mills *et al.*, 2012).

Person-centred approaches

Person-centred approaches are based on the theory and philosophy of Dr Carl Rogers, who proposed a non-directive approach that trusts in the tendency of all human beings to achieve the fulfilment of their potentials (Merry & Brodley, 2002). Holding young mothers in continuous positive regard is considered the key therapeutic mechanism that facilitates positive change. One of the largest UK prevention trials delivered by non-psychologists found encouraging results for using person-centred approaches to prevent postnatal depression (Morrell *et al.*, 2011).

Creative therapies

Creative or expressive therapies are particularly useful for the treatment of mood disorders and to strengthen the quality of the parent–infant relationship (Malchiodi, 2003; Riley, 2001). Creative approaches are highly participatory; their simplest forms can include cutting, gluing or painting. Using drawings and collages as visual representations of thoughts and feelings can complement verbal discussions (Newsome & Gladding, 2003) as they can facilitate the process of self-exploration (Gladding, 1992) and provide tangible experiences of self-discovery.

Mentalisation (tuning in to baby)

Mentalisation-based therapy focuses on building people's capacity to think about and pay attention to their own personal experience and that of others, and to understand the feelings, needs and desires behind behaviour (Slade, 2005).

When parents can mentalise specifically about their baby, they see the world from the infant's perspective and recognise the baby as an independent person with feelings, intentions and thoughts (Slade, 2005). This supports the parent–child relationship and infant socio-cognitive development, as parents' interactions become more sensitive and attuned (Fonagy *et al.*, 1996; Slade *et al.*, 2005).

For further information about the delivery of the programme, please request the Programme Manual from the Mental Health Foundation: info@mentalhealth.org.uk

Methodology

Aims

This report describes a small-scale, multi-site project evaluation of a new psychosocial intervention: Young Mums Together (YMT). As it is an innovative intervention, the evaluation's main aims were to assess its feasibility by addressing the following factors and related research questions:

(a) Acceptability. What were young mums' experiences of the intervention? What were practitioners' experiences of delivering the intervention? What clinical or practical considerations arose from implementing the intervention?

(b) Preliminary outcomes. Within the context of a small-scale evaluation, what is the evidence that YMT is effective in improving its four clinical and social outcomes? These are:

1. Parental confidence. Increased confidence in parenting abilities and reduced levels of parental stress.
2. Resilience. Improved emotional resilience and perceived social support.
3. Mental health. Improved understanding of mental health and willingness to engage with mental health services.
4. Future prospects. More informed about their future prospects and better able to engage with education, training and employment opportunities.

Selection of participants

Participants from four North London boroughs (Haringey, Hackney, Islington and Camden) were recruited to the YMT project through a variety of routes, including through health visitors, midwives and Family Nurse Practitioners, all of whom were able to promote local services for mothers during pregnancy or soon after. Participants were also recruited through word of mouth and via events organised at children's centres and community centres. Recruitment for year one was focused in the first three months and remained an ongoing process; this way, in years two and three of the project, groups could start with little delay.

Design and procedure

The evaluation of the outcomes was based on a mixed-methods design whereby both quantitative and qualitative data were collected. Participation in the evaluation was voluntary; information sheets and consent forms were provided to mothers by the researchers prior to participation. All participants were assigned an individual participant code to protect their anonymity. All data were stored in accordance with the Data Protection Act 1998.

Participants completed a 10-minute questionnaire (see next section – Outcome measures), which was collected at two time points: baseline, at the start of attending the groups (T1), and follow-up (T2), which was three to six months after baseline. Additionally, individual semi-structured telephone interviews were conducted with a convenience sub-sample of eight parent participants at six months (post-T2) to understand their experience of attending and participating in the YMT groups. A process evaluation was also conducted to assess whether the methods employed in the project effectively engaged young mums in relation to the project outcomes and explored the project's sustainability and replicability. Nine stakeholders took part in telephone or face-to-face semi-structured interviews as part of this.

Outcome measures

The following outcome measures were used as part of the quantitative element, which correspond to the project outcomes:

1. Parental confidence. The Maternal Confidence Questionnaire (MCQ) (Parker and Zahr, 1985) was used to assess maternal confidence in parenting skills and ability to recognise infants' needs. It is a 14-item questionnaire answered on a Likert scale (1 = never; 5 = a great deal). A higher score indicates greater maternal confidence.

2. Resilience. The 14-item Resilience Scale (RS-14) (Wagnild, 2016) was used; it is an externally validated measure with reliable internal consistency (Damasio *et al*., 2011) and can be used to evaluate the levels of resilience in a range of study populations in different health and developmental stages (Scoloveno, 2017). It uses a seven-point Likert scale to assess five core characteristics of resilience: self-reliance, purpose in life, equanimity, perseverance and authenticity. A total score is calculated from each of the items; a higher score indicates greater resilience.

3. Mental health. Participants were asked to report their levels of comfort around discussing their mental health with professionals, family/friends, and the group, and were asked about the support they received previously; this was done using both tick-box and scale questionnaire items.

4. Future prospects. Participants were asked to rate knowledge and accessibility of career development opportunities, including increased access to work, study and childcare options.

For the qualitative component, topic guides were developed for the semi-structured interviews for both mothers and stakeholders, with open-ended questions structured around the four outcomes.

Data analysis

Across the four measures, between 33 and 46 mothers completed at least one measure in the quantitative questionnaire, which represents 12.5–17.4% of the total 264 participants across the project delivery. The quantity of data collected for each outcome varied greatly. Participation in the evaluation at T2 relative to T1 decreased by between 66.7% and 71.7%, depending on the measure. Though the evaluation of the YMT project initially intended to conduct a quantitative analysis to determine the effectiveness of YMT against its four outcomes, such significant levels of missing data across outcomes, low participation numbers, and a high participant drop-out rate from T1 to T2 greatly threatened the internal validity of the analysis. According to Early Intervention Foundation evidence standards (EIF, 2017), this renders the strength of the evidence to be low and means that a meaningful quantitative comparison between pre- and post-measures could not be conducted. A quantitative analysis of the data is therefore not included in this report.

The Framework Analysis approach (Ritchie and Spencer, 1994) was adopted for the qualitative analysis to systematically compare and contrast data by themes across multiple cases, while ensuring that the context of the individual views was not lost. The Framework Method is a flexible, rigorous approach to data analysis. A collaborative approach was used to systematically summarise and then code each interview transcript, develop a working analytical framework and then apply that framework to the interpretation of the data. Themes were identified both inductively, based on the content of each interview, and deductively, through previous literature and existing project outcomes. Once the transcripts were coded, the identified themes were compared with each other to help identify how they might be related. Researcher collaboration facilitated a critical analysis of each interview's content and discussion over patterns, themes, clusters, outliers, deviant cases and alternative explanations. This ultimately helped to identify and develop a map of the underlying themes.

Results: Quantitative

Though a quantitative analysis of the data was not conducted due to the low number of participants, the significant drop-out rate from T1 to T2, and high levels of missing data, the questionnaires nevertheless provided us with some valuable insights into the participants of the YMT project.

Participants

Participants were invited to take part in the evaluation via Young Mums Together (YMT) groups across four North London boroughs: Hackney, Haringey, Islington and Camden. During the 27 months of YMT project delivery, 264 young mums and 18 young fathers (as well as their babies and children) took part in the intervention. Fifty-one mothers completed at least one outcome measure at a minimum of one time point, representing 19% of the total sample. Of the participants, 39.1% were from YMT groups in Haringey (n=18), 28.3% were from Hackney (n=13), 17.4% were from Camden (n=8) and 15.2% were from Islington (n=7). Though the reasons why people did not participate in the evaluation were not consistently logged, some mothers had reservations around the measurements used in the questionnaires and others did not have time to complete the measures or were not interested in taking part in the evaluation.

Sociodemographics

Participants' ages ranged from 18–27[1] years old, with most young mums being in the 21 to 25 age group (68.6%, n=35). Almost a quarter of young mums were aged between 18 and 20 years (23.5%) and four (7.8%) were 26 years or older. Nearly half the participants (n=24) reported how many children they had. Of these, most had only one child (83%, n=20) and four had two children (17%). A large diversity of ethnicities was represented among the mums completing the evaluation. Forty-nine of the fifty-one (96.1%) participants' questionnaires included their ethnicity. Most were Black British, African or Caribbean (32.7%, n=16) or White British (30.6%, n=15). Twenty of the fifty-one (39.2%) young mums declined to indicate their living circumstances. Of those who completed the self-report questionnaires, most reported that they were living alone (60%, n=12). In our sample, 30% (n=6) of young mums were living with a partner and 10% (n=2) were living with their parents. Educational history was provided by 39.2% (n=20) of participants. Of these, 80% (n=16) had completed compulsory education. Four young mums had completed higher education. Employment status was provided by 88.2% (n= 45) of participants. Of these, most young mums reported that they were stay-at-home parents (75.6%, n=34). Eight young mums (17.8%) were in employment and three (6.7%) were studying.

Referral pathways

Nearly half of the participants were referred to the group through a health professional, while 41.9% learned about the group from various other sources, such as support workers or family outreach services. Other sources of initiating engagement with the group included via family/friends (4.7%, n=2)

[1]A small number of mothers were engaged with the YMT programme despite their age being over 25 years. The project did not exclude these mothers, either because they had first engaged with the project while being under the age of 25, or because they had become pregnant with their first child while under the age of 25; for these reasons, they were also invited to take part in the evaluation.

and self-referral (4.7%, n=2). Only 15 of the 51 mothers (29.4%) reported on their reasons for attending the groups. Of this small number, 12 young mums (70.6%) chose to attend the YMT group to socialise with other young mums.

Of the eight young mums who took part in post-intervention interviews, seven were first-time parents and three were in education or employment. The stakeholders interviewed included the Mental Health Foundation project manager, group facilitators, centre managers, family nurses, outreach workers and family support workers.

Mental health

Young mums indicated moderate levels of comfort talking about their mental health with professionals at baseline, and just under half of those that responded (44.7%, n=21) said that they wanted support with their wellbeing. Of those mums who reported that they already received support for their wellbeing, the most prominent source of support at baseline was their family (42.4%, n=33).

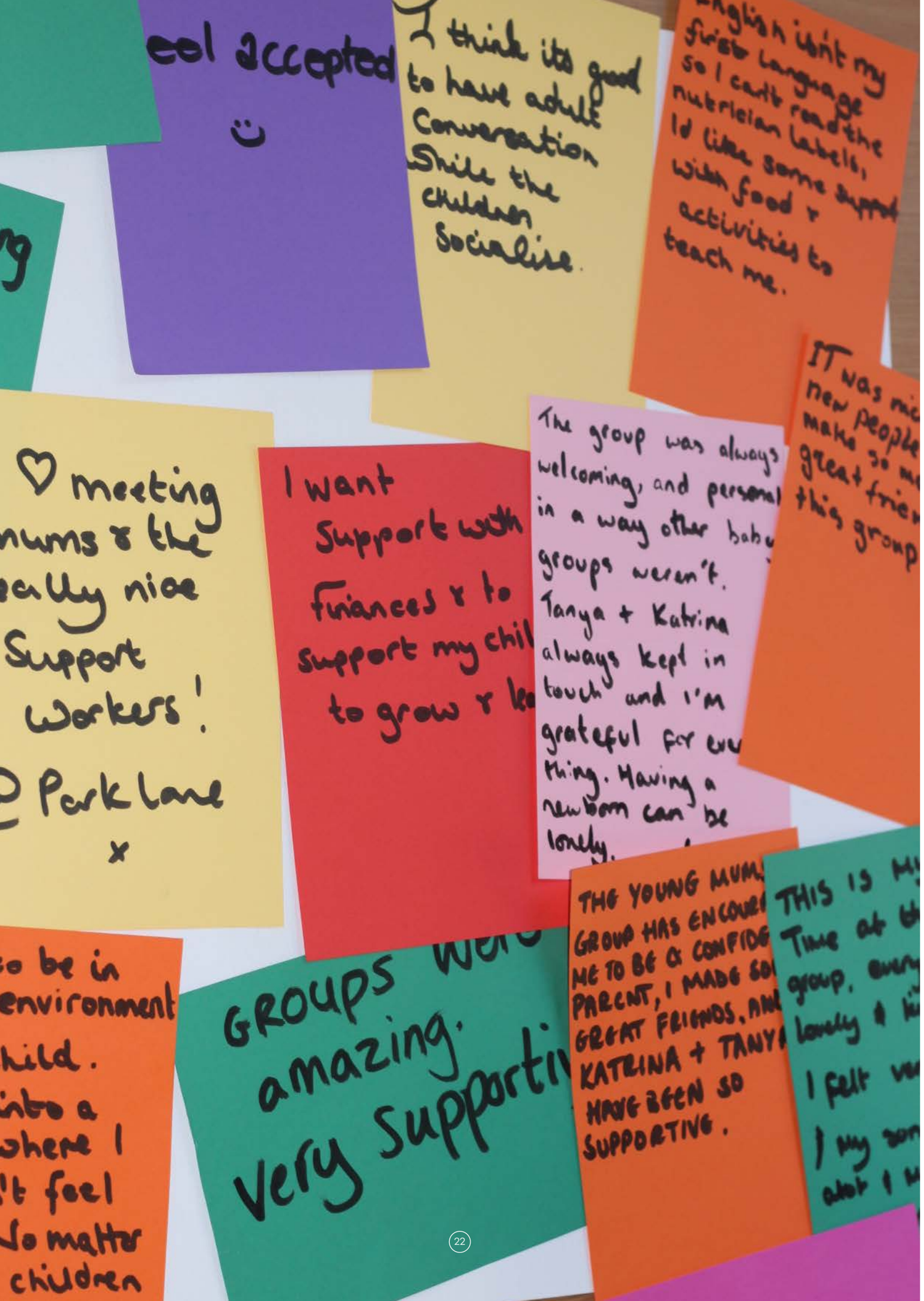
Results: Qualitative Interviews With Young Mums

The qualitative analysis outlined in the table below describes five core and interrelated themes, which are linked to the four project outcomes.[2] Each theme is described separately and supported with a key quote for reference in the main body of analysis.

Table 1: Summary map of qualitative themes from interviews with young mums

Theme	Subthemes
Connectedness *"You get the parents bonding, like nobody felt left out"*	Structured but informal sessions; peer support; a nurturing space to problem-solve; group size; sustainability in the community.
Parental confidence *"I think you have to grow as a parent"*	Transformed view of life; coping with stagnancy and stigma; self-compassion; maternal instinct; societal perception versus internal perception.
Resilience *"If you can't run then walk, if you can't walk then crawl but whatever just keep moving"*	Determination to move forward; psychoeducation; emotional awareness; coping with challenges.
Mental health *"Time for me"*	Psychoeducation around risk factors; normalisation; self-care; additional support; fear of being judged.
Future prospects *"It has made me become more assertive of the dreams that I have"*	Managing household budgets; life 'on hold'; negotiating multiple demands; close, practical support.

[2] The five core themes related directly to the proposed project outcomes, although 'Resilience' and 'Connectedness' were separated out in the analysis as this is how the themes emerged.



Connectedness

The identified theme of connectedness had five subthemes: structured but informal sessions; peer support; a nurturing space to problem-solve; group size; and sustainability in the community. Connectedness was defined as: feeling part of a group; an expression of closer emotional connections; a sense of belonging; increased social interactions; a community of people with similar interests and values; and new friendships or sustained connection with parents beyond the group.

The **structured but informal approach** to sessions was felt to be integral in facilitating connectedness and integration; time spent working with arts and crafts materials was particularly enjoyed by mums and supported retention. The discussion topics provided a platform to enable open conversations between young mums.

"At the Young Mum Group everyone is just quite relaxed and it's quite a nice atmosphere to be able to talk and to see where your kid's at and to ask any advice. I just feel that it was really laid back and it wasn't like the other group because it felt a lot more formal if that makes sense, the Young Mum Group was more informal."

Peer support was found to be an attractive feature of the project, and facilitated connectedness among the group. Young mums felt that peer support had a range of positive implications for engagement. Peer-to-peer relatability seemed to provide a validating and nourishing context in which to pose questions and problem-solve in a manner that did not increase anxiety.

"I just needed to know how the other mums are dealing with their kids, looking for some advice sometimes."

It seemed that this process of providing a **nurturing space to problem-solve** with peers who faced similar challenges positively impacted on participants' sense of parental competence. Indeed, the theme of parental identity was explored among participants, some of whom felt that spending time on the group activity helped to develop and strengthen this sense of identity. This allowed the young mums to form a protected space around them, where they could take time to develop themselves without feeling guilty.

"I used to feel guilty doing things for myself and not doing things for my son. And it was like the group was doing things for myself but it was still orientated with my child so I didn't feel too bad."

Participants highlighted the importance of **group size** and its impact on mums' expectations of what they hoped to gain from the group. One young mum voiced that she was disappointed by the small number of attendees when she participated in the group. There was an expectation that the group was a way to meet peers, and therefore attending a smaller group that did not offer mothers the opportunity to meet any new peers was disappointing.

"I thought there would be more young parents, get to meet people, but it was me and my friend and it was kind of like, if I wanted to meet up with my friend every week we could just do that; we wouldn't have to go to the group to do that."

Despite this observation, it appears as though connections that were developed between peers in the group were **sustained in the community** in many cases.

"We are still communicating with the group, we have our phones to each other, WhatsApp, they are asking everything with the flat blah blah, no we are still communicating."

Parental confidence

Under the theme of parental confidence, we identified five subthemes in the interviews with young mothers: transformed view of life; coping with stagnancy and stigma; self-compassion; maternal instinct; and societal perception versus internal perception. Parental confidence was defined as: internal emotions and feelings about any challenges faced; emotional strength; decision-making capabilities; and coping skills.

Young mums reflected that having a baby provided them with a sense of purpose and that motherhood led to a **transformed view of life**.

"It feels nice to have someone that is depending on you other than yourself, because if it was only you most stuff wouldn't be relevant. But when you have someone that is calling you Mama, because he changed my life."

Despite this, young mums described a sense of **coping with stagnancy**, of feeling stuck. This feeling among participants, however, was largely resolved as the baby grew up and was replaced by a trust in one's own judgement and future thinking, which was associated with positive self-regard.

"After the baby has turned a year or is two, you feel good in yourself to know that there is something that basically you know what is your next step and you are not stuck somewhere that you're like 'What am I going to do next?'. You don't have to like sit and question yourself, because in your inner self you know what's your next step, what's your next move, what you want to do next and all of that."

Interviews with young mums revealed a transition in the way in which they sought validation. Initially, they expressed doubts regarding making their own decisions and sought feedback externally. This changed, however, as they developed greater assurance regarding their own decision-making abilities. Through participating in the groups, many young mums developed **self-compassion** for dealing with and accepting uncertainty in a non-judgemental manner.

"I actually reflected back on myself and I thought 'No, I am doing the right thing,' but it was nice in a non-judgemental way and, like with everything, you can just ask something and it's not as if you are asking professional advice. It's opinions really and it's nice to just openly discuss things."

Young mums felt that attending the Young Mums Together (YMT) groups encouraged them to align more with their own **maternal instinct**. This led not only to a positive impact on the wellbeing of the mums, but participants also discussed witnessing improvements in the perceived wellbeing of their child.

"To be honest, I had more concerns of my parenting. I just feel like I was failing my son because his behaviour was out of control. I don't know whether it was down to his dad being absent. I don't know, but attending the groups I just became more calm and more patient and more understanding. I think his behaviour seems to have simmered. He still has the odd four-year-old tantrum and it is like, it seems the worst thing, but it only lasts about five minutes... I think you have to grow as a parent."

The participants' meta-perspectives about the societal perception of young mums indicated perceptions of negative stereotypes and stigma, as demonstrated in the quote below. However, this contrasted greatly with their own internal view about young mums, whom they held in high positive regard, indicating a conflict between their views **on societal perceptions of young mums versus their own internal perception of themselves**. They generalised that young mums were no different to mums of all ages.

Resilience

Under the theme of resilience, there were four subthemes: determination to move forward; psychoeducation; increased emotional awareness; and coping with challenges. Resilience was defined as: the ability to improve; to surmount and overcome challenges. It is indicated by an assurance in the self and in an individual's response to challenges faced, such as challenges related to parenting.

Participants' inner drive was commonly referenced in the interviews. Young mums spoke about having an unwavering sense of **determination to move forward** in all aspects of life. This inherent sense of optimism was often passionately expressed:

"Just to go out there and just chase whatever you want to do yourself, just go after it."

The **psychoeducation** given in the groups helped the young mums to reflect and respond to their psychological health, including subtle changes in their bodies as a response to stress, anxiety or other difficulties. The young mums spoke about being able to translate this learning into improved self-care.

"But I think the main thing was learning to learn about me, noticing my signal for stress and stuff like that and how much I can take on."

The group encouraged **increased emotional awareness** among participants and improved skills in processing distressing emotions. The informal structure of the group invited discussions around personal histories and experiences. This format encouraged young mums to reflect on their own experiences and **cope with challenges**.

"Some topics made me feel a bit emotional when we were talking about relationships because obviously I am a single mum and the relationship with the father didn't work out and stuff like that and his dad's not involved, but I think it helps me to address those issues."

The interviews revealed that young mums identified that parenthood was not straightforward. The young mums felt that being a mother posed its own unique challenges, and this was normalised within the group context with peers.

Mental health

The theme of mental health was discussed in interviews, and five subthemes were identified: psychoeducation around risk factors; normalisation; self-care; additional support; and fear of being judged. Mental health awareness and willingness to seek support was categorised as a general feeling about one's own mental health, or self-reflective opinions about mental health and comfort discussing the topic of mental health.

An important aspect of the groups was **psychoeducation around risk factors** for mental health difficulties. In confronting relevant topics, the groups reduced the associated shame about issues that are typically not discussed openly. Empowerment was developed through improving awareness of relationship conflicts and using that knowledge to positively change behaviour.

"The information that she relayed back to me, it seemed so obvious, but because I hadn't even thought about that and I never spoke about that sort of thing before, I didn't think differently about it if that makes sense. So now, yes, I feel I would do probably do a bit better because it has opened my mind up a bit about it."

The inclusion of topics related to mental health in the group helped young mums feel at ease to ask questions and get helpful advice from the facilitator. The **normalisation** of discussions around mental health within the peer-to-peer context provided a validating avenue for communicating about mental health:

"We had a visitor from the Mental Health Foundation... I could ask her anything and she would give me the best advice and the other thing is, she made us feel comfortable to talk about everything with her, so I found that very good."

"It was nice to be able to speak to young mums and actually everyone feels like that once in a while."

Incorporating mental health into the content of the groups on an ongoing basis encouraged the young mums to practise **self-care**. The group provided reminders for participants to focus on their own wellbeing, which was necessary as the young mums were not always aware of the importance of maintaining their own wellbeing.

"It just helps me refocus because we can often forget, so it helps me refocus on me and my mental health and not just his. So, it is like good little reminders and I actually need that."

The sessions helped to identify particular times in a young mum's journey when **additional support** might be needed. One participant reflected that having support and being able to speak to someone in the early postpartum period in particular relieved feelings of isolation and stress.

"So, for me, it helped a bit to speak to someone and in the first, when I had the baby, I did feel a bit stressed and I did feel a bit alone and it did help."

Young mums spoke about a **fear of being judged** by an unknown professional. Though there was a consensus among participants that the groups had led to normalisation and a reduction in shame when discussing mental health, the young mums reported that they had an expectation that they would be judged negatively by external speakers. Young mothers expressed concerns about negative consequence as a result of disclosing a mental health problem, such as a visit from social services, which presented a barrier to open conversations.

"Another barrier with bringing a guest speaker in, it is quite hard because they automatically think that they are going to get judged or, someone will kind of knock on the door."

Future prospects

The last theme from the interviews was around the young mums' future prospects. Four subthemes were identified: managing household budgets; life 'on hold'; negotiating multiple demands; and close, practical support. Future prospects were defined as hopes about future education or employment.

The young mums felt that the topics covered in the YMT group that concerned managing money were particularly helpful in supporting them to manage **household budgets**. They could apply this learning to their own lives, and the young mums reported that they became autonomous in developing budgets:

"We had someone come in from the Money Advice Team and I know how to manage my money and I know how to budget but it's nice to have someone come in and be like... I pulled out the sheet a couple of days ago and it said how to work out how much you are getting per week and it's quite obvious."

Participants felt that **life was currently 'on hold'**, with ambitious plans delayed.

"I found my job last year... so I was hoping to have started last year with work and to go to university this year but it didn't work out that way so I am having to wait a whole year."

In addition to this feeling of life being temporarily suspended, **negotiating multiple demands as a parent**, specifically in relation to managing childcare with employment, was a challenged faced by young mums.

"Quite a lot of places don't want just part time or hours that suit you, but I think if the group continued then maybe they would be able to help me if I don't go back to my old job because they would be able to sort out jobs that would be tailored for the young mums' needs and timescales."

Some participants also expressed that, through the group, the **close practical support** provided to help participants identify and follow career pathways was useful in mobilising action towards goals.

"When I told [staff member], she told me it was a great idea because I wanted to do nursing, so she told me that it was a great idea and she called, she made some appointments ... to get them to come and see you and it really helped."

Results: Process Evaluation With Stakeholders

The process evaluation sought to assess the functional aspects of the YMT project, including overall stakeholder experience, challenges, barriers and mechanisms influencing the success of running the groups. The following themes and subthemes were identified, and some quotes are given to illustrate key points.

Theme	Subthemes
Recruitment and attendance *"Sometimes I find it is very hard to recruit them and to retain them"*	Challenges of recruitment, attendance and retention; dedicated member of staff; variety of motivations for attending the group; benefits of consistent attendance.
Group dynamics *"The diversity in that group was quite broad"*	Factors related to the mothers within the group (backgrounds, diversity, interpersonal relationships); logistical factors (resources, location); language barrier; group size; children of varying ages.
Role of the facilitator *"It is definitely sympathy and just going that extra mile and making sure that you have that connection with parents"*	Personal qualities; managing group dynamics; mediating the relationship between external speakers and mothers; tailoring session content; positively framing mental health; multidisciplinary collaboration; consistency of delivery staff.
Project outcomes *"I could really see how they have built their confidence and found a way of, you know, being comfortable around professionals, being comfortable around their children"*	Improvements in maternal confidence; increased help-seeking behaviour; unique project approach – focus on the mothers' needs.
Sustainability *"Having high turnover of staff... really impacts the group's sustainability because parents build trust and relationships with staff members"*	The impact of funding on incentivisation; staff resources; partnerships with external organisations; promotion through credible sources; the challenge of maintenance.

Recruitment and attendance

Recruitment and attendance of young mums to the project was a key theme in the interviews, with four subthemes: challenges of recruitment, attendance and retention; dedicated member of staff; variety of motivations for attending the group; and benefits of consistent attendance.

Most stakeholders involved in the YMT project referred to the **challenges of recruitment and attendance**, with many finding it difficult to spread awareness and get participants through the door at the onset. Even when participants were recruited, the **challenge of retaining participants** was mentioned:

"I find it is very hard to recruit them and to retain them just to make sure they keep coming."

In some groups, there was a **dedicated member of staff** who was able to secure time each week to individually reach out and befriend young mothers in her locality.

"She wouldn't stop. She wouldn't give up. If they didn't answer their phone, she would continue to persevere with that engagement. And that really ensured that the numbers came in. There was real hand-holding happening."

This staff member's ability to tactfully pursue and encourage everyone to participate positively impacted on recruitment by fostering a sense of safety and inclusivity that made each mum feel comfortable joining the group. Spreading awareness about the project via flyers, word of mouth and professional recommendations worked over time; however, a more intensive promotional period, prior to the start of the project, may help facilitators focus less on spreading awareness and more on fostering relationships with the mums from the onset.

"Normally, we promote the group when we start the group... so it feels in the beginning like we are trying to do as many things as possible and at the same time you want to build relationships..."

Interviews with stakeholders also highlighted the **variety of motivations for attending** the group. While some participants were coping well and simply looking for additional support from the group, others were working through more difficult parenting situations, including legal guardianship, visitations and counselling. The personal circumstances for each mum varied, at times widely, within the groups. It is perhaps unsurprising, then, that the benefits of participating in the group differed for participants based on their individual context:

"Well we had quite a few parents who were on plans, and we had a few parents who were going through domestic violence as well, so for some of them it was part of their plan that they had to come to a group and this was the best group for them. Others were coming sort of voluntarily, and you know were enjoying the structure of the group. Quite a few of them took part in training, so we did some training sessions with them in terms of training them up to be volunteers themselves..."

In addition, it was noted that many of the mums were socially isolated within their communities and in search or need of contact with other parents.

"Most of them didn't have any confidence. I think that was why some of them were referred to the group, because most of them were isolated in their own communities, lacking confidence and things like that."

Regardless of what motivated or compelled each mum to attend the group, multiple stakeholders observed the **greatest improvements in confidence, openness and connectivity in the mums who attended the groups on a consistent basis**.

Group dynamics

The theme of group dynamics was discussed in stakeholder interviews, with five subthemes identified: factors related to the mothers within the group (backgrounds, diversity, interpersonal relationships); logistical factors (resources, location); language barrier; group size; and children of varying ages.

Each group had a different dynamic based on a number of factors, from those related to the **mums within the group** – their backgrounds and the diversity within the groups, which impacted the influence of interpersonal relationships within it – to more **logistical factors** like the location of the groups and the resources available.

"When we are in different boroughs, we cannot just transfer the knowledge that we have from a pre-existing group. We just have to then start again and find out: What are the other services in this borough? What are the needs in this borough? What are the demographics of parents?"

Further to this, many groups struggled with a **language barrier**, making group engagement difficult, especially when the activity involved self-reflection or discussion of intangible topics.

"So part of the group work that would involve sort of more like reflecting on mood and mental health and like empowerment and things like that was quite difficult to access for some of my non-English, quite a lot of our non-English-speaking clients and that is obviously an issue with any group they attend, the language barrier."

Group size also influenced the nature of each group, with many stakeholders suggesting that smaller groups foster better connections and make it easier to build on what was discussed in previous meetings.

"The bigger the group, the harder it is to use some of those discussions, so it takes longer to get that message in."

The dynamic when **children were of varying ages** and mums were in different stages in their parenting journeys was, at times, challenging for facilitators to manage across all groups.

"Running a group when children are in the same room has a big impact on what outcomes are achievable and how long it takes to reach that outcome."

Despite logistical challenges, the group dynamics facilitated a forum for discussion. Often, participants would share parenting advice, tactics, challenges and successes, highlighting the benefits of the peer support model.

"As they start to get to know each other... those dynamics kind of tend to die down and they sort themselves out and parents tend to support each other with the children's behaviour and helping to look after each other's kids and that improves their bonding experience as well, between each other."

Role of the facilitator

The role of the facilitator was discussed comprehensively in the process evaluation, under which seven interrelated subthemes were identified: personal qualities; managing group dynamics; mediating the relationship between external speakers and mothers; tailoring session content; positively framing mental health; multidisciplinary collaboration; signposting or service referral responsibilities; and consistency of delivery staff.

The importance of the facilitator possessing **personal qualities like empathy, compassion and patience** was emphasised as integral to fostering a safe environment for everyone to participate.

"You always have to have compassion for parents and to sympathise... and just going that extra mile and making sure that you have that connection with parents. It really helps in being able to make the groups successful and meaningful to the parent so that they actually want to be there and want to build on themselves and their child's development."

At times, the dynamics within the group did not settle and tensions between some of the mums arose. However, these scenarios proved to be an opportunity for the facilitators to mediate and **manage group dynamics**, ultimately establishing their leadership role.

"We have had some of the mums that didn't get along and it was knowing when to intervene or when not to intervene, but yes, a bit of patience as well with other people's kids."

With the introduction of external speakers, which many cite as a positive asset of the group, it was the role of the facilitator to **mediate the relationship between the external speaker and the mothers**, so that the environment remains non-threatening and cohesive.

"You would have people coming in and doing sessions on nutrition or whatever and you can see that the way that they were engaging with the mums could start erring on the patronising. So the role of a good facilitator is to mediate that."

Along with managing personal relationships both within and outside the group, facilitators were challenged with **tailoring the content of each session** to whatever group turned up on a given day.

"You don't know who is coming through the door on a specific day, so you just have to adapt to who walks through the door, which I suppose has its challenging aspects sometimes."

Particularly when approaching the topic of mental health, it was important for facilitators to **positively frame each session discussing mental health** in a non-threatening, relatable way.

"We use pictures and games and quizzes and things like that to kind of get people talking a little bit about themselves... what affects our emotions, do we want to feel this way, what do we do if we want to feel differently and getting them to share some strategies that they have used."

Engaging participants in the topic through activities was shown to facilitate discussions in an approachable way. While some remained fearful that discussing their mental health may lead to further scrutiny and even some kind of formal mental health assessment, many were amenable to discussing wellbeing once it was established that the purpose of the group was not to evaluate the mums' mental health but rather to facilitate open discussions about it.

"In terms of the mental health of the parent, it seems to be quite a common subject that they are happy to talk about but they don't really like the label of mental health."

While the role of the facilitator is hugely important in ensuring the successful management of each group session, **multidisciplinary collaboration between partner services and the group volunteers or facilitators** is of equal importance, particularly regarding the following aspects:

"Making sure that everything is agreed beforehand is really important, so how safeguarding concerns are dealt with, how reflections are recorded and who they are shared with and who is responsible for what."

Some facilitators found managing this relationship challenging at times, with collaborative efforts varying between centres due to time constraints, local priorities and financial resource limitations.

"Another challenge is working in partnership with quite a few different children's centres and working with different staff who have different skills and different times that they are able to commit to supporting the group."

In addition to stronger collaboration with the partner services, many facilitators expressed their desire for training or information on some of the topics covered in the sessions so that they can better manage any **signposting or service referral responsibilities**.

"Training of the staff who are running the group would be something I would be keen to do – around mental health, around adolescence, young parents, young people in general to make me more confident in running the groups and being able to support the young parents in the right way."

Finally, **consistency of delivery staff** was integral when establishing a level of trust and togetherness between group members and group facilitators.

Project outcomes

The theme of project outcomes yielded three subthemes: improvements in maternal confidence; increased help-seeking behaviour; and the unique focus on the mothers themselves. Though the first two subthemes correspond to a project outcome (parental confidence and mental health respectively), the third subtheme arose organically from the conversational aspect of the interviews.

All stakeholders expressed marked **improvements in parental confidence** as well as increased connectivity with other parents and a general willingness to participate in the groups as the comfort level with one another increased.

"You can really see this major transformation from like three weeks in; you just see this different side to this person, really blossoming in confidence ... where at the beginning they maybe wouldn't say a word or they were reluctant to just take part in a game."

Such observable improvements were also encouraging and rewarding for the facilitators to witness, as this sometimes led to **increased help-seeking behaviour** and higher levels of comfort with professional services.

"[They have a] bit more confidence in knowing where to go and how to seek help I think and then obviously like having built a relationship with somebody that has facilitated a group gives them the confidence that they might be able to build another relationship with another professional that they can talk on the same level as them and not be intimidated."

Most of the stakeholders from partner services commented on how this group differed from the usual parenting groups, as YMT emphasises the role of the mums with discussions around parenting skills and self-esteem. The **unique approach of this group** proved to be a pleasant departure from the norm, as many expressed the importance of understanding the dynamic relationship between parenting needs and the health and wellbeing of their children.

"Other services, they start to see us as a different type of service and relax more. I think that helps their [the mums'] confidence as well, as they realise that we are actually for them, we have not set up this group to take away their children or tell them what to do. We have set up this group to promote their wellbeing... it gives them a chance to share with each other what they have learnt, their life experiences."

While it was the primary interest of the partner services to ensure the health and safety of the children, many found the group's focus on the parents to be new and refreshing.

Sustainability

Sustainability was the last theme discussed in the interviews, with five subthemes identified: the impact of funding on incentivisation; staff resources; partnerships with external organisations; promotion through credible sources; and the challenge of maintenance.

One of the primary objectives of YMT was to establish community-based groups that could self-sustain through trained volunteers who work alongside local professional facilitators. Providing some of the mums with the opportunity to train as group volunteers was motivating to participants and beneficial for the daily management of each group.

"So we then did the training, which also brings the group together but also kind of starts preparing people for the idea that the group is going to be run by peers as opposed to a facilitator."

An important mediating factor to consider, however, is the **impact of funding on group sustainability, particularly on incentivisation**. Indeed, many facilitators expressed that incentivisation in the form of food, activities and group outings is "an essential part of the session". Once the groups become self-sustaining, many of them struggle to find the financial support that would allow them to continue offering the same level of activities and resources, as was offered during the partnership delivery stage of each group.

Incentivisation beyond food was through group activities and group outings, including swimming and trips to the local farm, and these reinforced participant interest. Similarly, **staff resources** both in terms of staff availability and dedicated staff time were important in the sustainability of each group. Challenges relating to staff resources included being able to:

"Maintain the momentum when a group is new and convincing services who are very stretched and very tightly resourced that it [the group] is worth continuing despite the low numbers or despite the challenges because they have to be very strict with their allocation of time, especially staff time."

Volunteers supported the delivery for all groups after, and sometimes during, the eight-month partnership delivery phase. Success factors influencing group sustainability included **partnerships with external organisations** (e.g. local businesses) and **promotion through credible sources** (e.g. health professionals, family support workers). **Maintenance** beyond the initial eight months of partnership delivery, however, has been a challenge. This may be due to low referrals from local authorities, which may have been impacted by high staff turnover or service changes. In addition, low attendance rates and diminished resources (e.g. food and crafts) may have provided further barriers to maintenance. Future research efforts should seek to explore factors influencing long-term and short-term group sustainability.

Qualitative analysis notes

Facilitator and other stakeholder experiences varied, at times significantly, with all interviewees providing rich accounts of their experiences with the project. To that end, a concerted effort was made to represent all varying opinions in this analysis, as it was often observed that the stakeholders provided concise, generally positive accounts of their time working on the project, while facilitators often provided extensive, constructive feedback on their experience with the project. This section reflects the amalgamated findings of their feedback.

Discussion

The Young Mums Together (YMT) group is an innovative new psychosocial intervention that aims to enhance the wellbeing of young mums and their children by addressing issues facing this section of the population. This evaluation sought to explore the acceptability and feasibility of delivering the project alongside how well the project met its aims of improving its four clinical and social outcomes of confidence in parenting; emotional resilience; understanding mental health; and knowledge about future education, training and employment opportunities. The evaluation results indicate that the YMT project is acceptable and valuable to young mothers but that the evaluation protocol to collect outcome data was not feasible, with high drop-out rates and missing data.

Recruitment and retention

The sample of mums recruited to the evaluation was found to be representative of young mothers in the general population in terms of their sociodemographic factors, such as educational status and living arrangements (ONS, 2016). Most of the young mums indicated that this was their first child, they were living alone or with immediate family, and were currently stay-at-home parents. There was a diverse representation of ethnic backgrounds throughout the different delivery groups. There were high rates of attrition and a drop-out rate of participants in the evaluation between T1 and T2 ranging from 66.7% to 71.7%, depending on the outcome measure. It is therefore impossible to gain a full and accurate understanding of the project's impact. Indeed, challenges around engaging individuals in research and managing drop-out rates are well-noted among disadvantaged populations, including teenagers (Asheer *et al.*, 2014) and older people suffering from dementia (Innes & McCabe, 2007). The eight qualitative interviews, however, served to contribute to our understanding, highlighting the strong sense of connectedness that developed within the groups and the impact of the project on the four outcomes. The parent interviews were further supported by the interviews with stakeholders, which highlighted key themes around the challenges of recruitment and attendance; group dynamics; the integral role of the facilitator; the project outcomes; and the sustainability of the project.

Acceptability to stakeholders

Overall, consistency was highlighted as a key theme for YMT stakeholders, with consistency of attendance being a challenge given the nature of the drop-in session format, and the consistency of facilitators being a key factor in ensuring successful delivery. Generally, it was observed that attendance and resource availability had some of the most significant impacts on feasibility during and following the conclusion of the project. The role, skills and qualities of the facilitator were considered central to the success of the groups, as the facilitators managed the running of the groups as well as the interpersonal dynamics of group members. One challenge often faced by the facilitators was how to cope with language barriers both between themselves and also between participants, particularly when facilitating discussions around topics like mental health or emotional wellbeing. It is a challenge faced in all mental health interventions to effectively communicate ideas about mental wellbeing developed predominantly in western, English-speaking environments (Brisset *et al.*, 2013). Creative communication methods – including the use of pictures that help express emotions – and technological aids (e.g. translation apps) were used by facilitators in the YMT group in order to help address such barriers.

Acceptability to young mums and preliminary outcomes

The rest of the discussion integrates the evaluation's findings into the context of the four project aims.

Parental confidence

The qualitative and quantitative responses indicated high levels of parental confidence among participants at the beginning of the intervention, with many of the mums expressing a strong sense of purpose in their new parenting role. The safe group environment fostered the sharing of advice without fear of judgement. This experience helped to foster self-compassion and understanding among participants, who learnt that parental skills are constantly developing. The experience also enabled participants to more closely align themselves with their maternal instinct, encouraging them to trust in their own decision-making skills, which had a positive impact on the wellbeing of participants and their children. Previous literature has suggested that teenage pregnancy is associated with a number of negative stereotypes (Smith-Battle, 2013); however, many participants reported high levels of confidence despite existing stereotypes.

YMT offers a complementary and possible alternative to home-visiting services, such as the FNP, to support young mums to meet peers and improve family wellbeing. Furthermore, many of the stakeholders of the YMT group reflected positively on the group focus on maternal wellbeing, as often parenting groups focus on child's needs first.

Resilience

The qualitative analysis indicated the project's positive impact on participants' levels of emotional resilience, largely due to the groups providing a validating space in which mums could discuss difficult experiences with their peers. This finding is consistent with the benefits identified in Repper and Carter's (2011) literature review on peer support in mental health services. In addition, participants expressed a sense of hope for their future, which has been identified as having a dynamic and reciprocal relationship with coping in difficult times (Folkman, 2010). This is an encouraging finding given that young mums are more likely to face various challenges outside of the parenting realm (Borkowski *et al*., 2007).

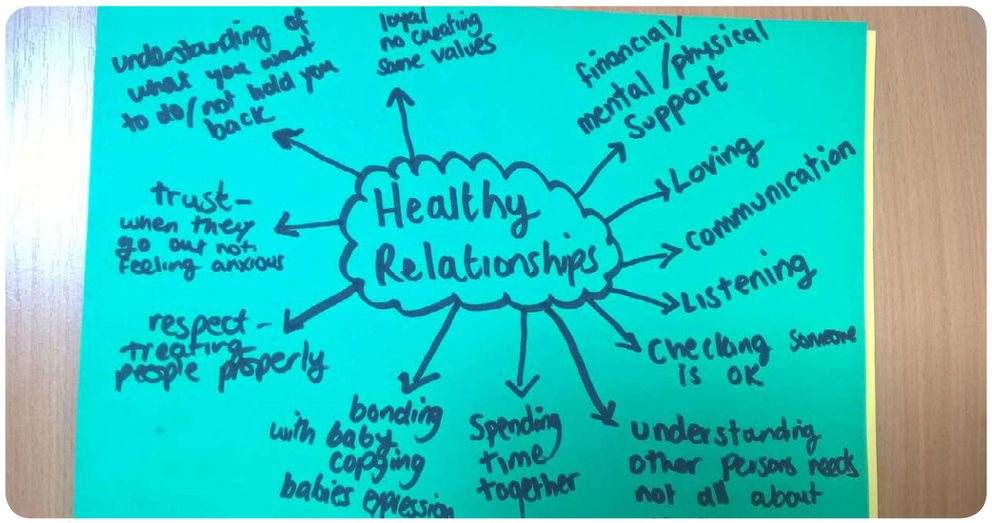
Mental health

The quantitative data suggests that while many of the mums may desire support with their mental health, they feel most comfortable seeking such support from informal sources or in informal settings, such as through family and friends, or in a group. This was also supported through the qualitative interviews, where many felt open and willing to engage in discussions around mental health, as the groups provided a normalising experience, free from stigma or shame. Within the groups, the mums were encouraged to self-reflect and to prioritise their own wellbeing, which, when coupled with open discussions about mental health, fostered greater wellbeing.

Interviews with the young mums highlighted that they found it more challenging to talk openly about mental health in the group when speakers visited; this was for fear of judgement or negative consequences. The groups intended to include external speakers to increase young mothers' access to information and support options within a safe, nurturing environment. Though the presence of a mediating facilitator served to alleviate the mothers' initial mistrust, facilitators found it challenging at times to mediate the perceived stigma from some external professionals. Observations from stakeholders and literature suggest that young mothers are less likely to seek support with their mental health due to a fear of their parenting skills being negatively evaluated (Brady *et al*., 2008) and a mistrust of mental health professionals (Herrman, 2006; Redwood *et al*., 2012).

Future prospects

The qualitative analyses showed that the young mums found that managing childcare and employment was a challenge, although close support to work towards career goals was useful. Many of the mums aspired to continue education or employment in the area of helping others, which was inspired in a large part by their experience as young mums and empowered through their involvement with the group. However, many also felt that their life had been put on hold after becoming a mum; this is a sentiment often shared by new mums (Laney *et al*., 2015).



Limitations of the evaluation

There were a number of limitations to the evaluation of the YMT project. First, the low numbers of pre- and post-questionnaires meant that a meaningful quantitative comparison could not be conducted. This may be due to a variety of reasons, including:

- The nature of the target population: parents who are less likely to access services may be less likely to complete forms that require them to divulge personal information as they fear the negative consequences of doing so.
- The phrasing of the questions, which may have negatively impacted on engaging mums to participate, as it was not always clear, particularly around the types of support participants had access to.
- The number of questionnaires, which may have been perceived as too burdensome and time-consuming for some participants.

The lack of a control group was a limitation to the evaluation, as it meant that we were not able to identify the causal impact of the YMT project. Having a credible counterfactual or control group would have afforded us insight into how participants' wellbeing would have changed if they had not participated in the project, which would inform our understanding of the project's impact on participants across the four outcome areas.

Other limitations to the evaluation include the potential issue of selection bias, which would arise if the participants in the quantitative and qualitative components were not representative of all the participants or stakeholders involved in the project. If there were underlying differences between those mothers that participated in the evaluation and those that did not, then the findings of this evaluation would provide a biased perspective.

Outcome measures for participants were not collected after follow-up, which means that the longer-term impact of the project on participants cannot be determined. There was also a lack of clarity about the number of sessions required to facilitate positive change, and the data collected on participants did not attempt to measure this.

The qualitative analysis helped to provide a broader, more nuanced picture of mothers' experiences in the groups. Though the qualitative interviews with young mums and stakeholders sought to gain insights into different aspects of the project, it would be useful to employ purposeful sampling or create different topic guides to ensure each outcome was explored in greater detail with stakeholders. We have identified multiple recommendations for carrying out evaluations with young mothers or for similar projects:

- Plan for a member of the research team to have a more active presence at the groups (with the support of the facilitator) from the beginning of the project to enable participants to become familiar with them and the idea of the research.
- Provide training to peer facilitators about research procedures so they can encourage engagement with the evaluation and support with the collection of information. This could be through the inclusion/recruitment of trained peer researchers who are parents that access the YMT groups.
- Ensure that co-production can inform the methodology, including the type of measurements used.
- Given that this population may be less likely to fill in lengthy questionnaires, explore alternative methods of data collection that do not require the use of forms. Where validated scales are needed, short-form versions are recommended.
- Give substantial consideration to the ways in which young mums can be more effectively engaged to participate in the evaluation (e.g. through creating a WhatsApp group or reaching out using various social media channels).

Recommendations for project development

The following recommendations are specific to future YMT project delivery and reflect the findings from the process evaluation.

- Ensure full involvement of early help services in referrals pathways to maximise on the close bonds established between some service providers (e.g. the FNP) and young mothers.
- Intensive promotion is needed prior to the start of a new YMT group via service providers and other sources of word-of-mouth recommendations.
- Social media (especially WhatsApp) is highly effective for engaging young mothers, providing a space for continued peer support beyond weekly sessions and enhancing young mothers' access to the project and facilitators.
- Flexibility in terms of the session plan is necessary for facilitators to be able to respond effectively to the needs that arise in any given week.
- An 'Assessment of Readiness Checklist' could be used prior to implementing a new group, which will support consistent, long-term delivery. Ensure consistency of delivery is possible, including the availability of funding, staff time and other resources. Explicit working agreements can support good partnership-working across services and sectors.

Conclusion

YMT had positive effects on participants who engaged in the evaluation, which can, in part, be attributed to the project's focus on peer support. Given that young mothers are at greater risk of mental health problems (Boden *et al.*, 2008), projects like YMT have real potential to promote higher levels of wellbeing among this population group through the peer support model, which can help to foster a sense of connectedness and allow for effective knowledge-sharing among mothers. However, given the limited evidence base from this project's evaluation, it is essential that further evaluations ensure the above recommendations are taken into account in order to identify whether the programme is effective and to identify mechanisms of change.

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