

Evaluation Report

For the evaluation of the Kidstime Workshops (2010- 2011)

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Chapter 1 - Introduction

1.1 Executive summary

The evaluation of Kidstime was undertaken by the Anna Freud Centre, with funding from the City Bridge Trust. The purpose was to investigate the Kidstime Workshop experience from the perspective of young service users, their parents, and professionals involved in the referral pathway and workshop delivery. It followed workshops set up and running at Hackney and Camden and Islington in 2010 and 2011.

The Kidstime evaluation was carried out using a mixed methods approach including:

- research observations of Kidstime workshops
- anonymous parental and young service user feedback forms (n= 101 and 138 respectively)
- short qualitative interviews with young people (n=6), parents (n=5) and professionals (n=10)
- follow up with former service users (n=12).

This final report presents the findings from the Kidstime evaluation project. It aims to provide a useful evidence base to assist with the refinement and development of a training programme that will support national rollout of the Kidstime intervention, in voluntary and statutory settings.

1.2 Main findings

A summary of findings from this evaluation is outlined below.

Both young service users and their parents enjoy the Kidstime workshops, and find them useful

- Both report improved knowledge and understanding of mental illness.
- Both experience improved parent-child relationships, communication and understanding.
- Both experience reduced feelings of fear, stigma, and isolation, and reduced feelings of embarrassment and shame.
- Parents report increased confidence in relation to parenting skills.
- Children and young people report feeling more confident when talking about mental health, and more relaxed and accepting of their situations as a result of this.
- Children and young people value seeing their friends and spending time with them, and eating pizza.

Key aspects of the Kidstime approach felt to be most beneficial by young service users and their parents include:

- Learning about mental illness from professionals in a relaxed environment.
- Sharing experiences and perceptions with other families facing similar difficulties.
- Discussing issues and problems in non-threatening, non-judgmental surroundings (in a way that may not feel comfortable at home).
- Children being able to play and interact with peers.
- Children and young people being able to explore their experiences and express their concerns through group drama therapy.
- Parents being able to discover their children's thoughts and experiences of mental illness within the context of their families.

Key perspectives from professionals involved in the referral process and delivery of the Kidstime workshops include:

- High regard of the Kidstime workshop intervention for vulnerable families, which is seen to fill a gap in service provisions.
- Grateful for the opportunity that Kidstime provides for working collaboratively with professionals from different backgrounds.
- A key challenge for referrers is encouraging families to access external support services, like Kidstime, at times when a parent is in denial of mental illness.
- Key challenges for the workshop delivery team are the varied age range of children and young people that attend, and fluctuating membership of groups each month.

Development areas for Kidstime, as highlighted by the findings of this evaluation report include:

- Formation of a distinct adolescent Kidstime workshop, to better meet their age-specific needs.
- Adjustments to the system for introducing new families to established workshop groups (some longer term members find recurrent introductions too long and disruptive).
- Improvements to liaison with referrers, including progress reports, offers of response to difficulties, to further establish the role of Kidstime in the mental health and social care services.
- Training opportunities for professionals in the wider mental health and social care fields, to disseminate the principles learnt from Kidstime, and to encourage the development of similar projects in other areas.

1.3 Background

1.31 The burden of mental illness

It is difficult to accurately estimate the number of children and young people affected by a parent's mental illness; however aggregated data from a number of different studies suggests some one million young people under aged 16 years are currently being affected in some way across the United Kingdom (Albridge and Becker 2003).

Parental mental illness can affect children and young people in a number of ways. Some children and young people may experience difficult relationships with their parents due to the adverse impact mental illness has on parenting skills. For others, the burden is greater still, as they have to take on a role in caring for their parents. Some of the most severe risks associated with parental mental health, however, are those that link directly to a young person's otherwise healthy development. A child whose parent has a mental disorder has about a 70% chance of developing at least minor adjustment problems by adolescence, and with two mentally ill parents, there is a 30-50% chance of that child becoming seriously mentally ill (Cooklin, 2009, Cooklin, 2010). The presence of mental illness in a parent has been shown to negatively affect the cognitive and language development, attention and concentration span, educational achievement, and the social, emotional and behavioural development of children (Falcov, 1998). Some additional challenges found to be experienced by these children and young people include high levels of anxiety, a sense of personal blame and responsibility, and in severe cases, suffering from neglect or abuse from the mentally ill-parent (Weir & Douglas, 1999, Yule & Williams, 1990). In addition many such families become isolated through the stigma of mental illness - they experience a lower standard of living and financial hardship and the children are more vulnerable to rejection and bullying in school.

1.32 Breaking the cycle

There is evidence that children can sometimes overcome the effects of extreme adversity, provided they can understand what is happening to them (and as far as possible, why), and that they have at least one reliable and impartial adult with whom they can achieve a more objective perception of events (Schachnow, 1987; Falcov, 1997, 1998).

The first need of these children, therefore, is for a convincing and understandable explanation of what is happening to their parent, what is likely to happen and why, the possible impact on their own lives, and what part they can play in their parents' recovery. This takes priority over any suggested form of counselling or other therapy, which many children and young people actively oppose as they perceive this as placing them in a similar category as their ill parent/s. In addition, the children and parents may need specific help in how to manage their relationships, which may have been significantly distorted by parental mental illness. This is of particular importance for these children, because there is now good evidence that attempts to help a child, without positively influencing the child's emotional environment, often fail. In turn, the children's response can also have a significant positive or negative influence on the parent's mental state.

Thus relatively small and appropriately timed interventions for children when a parent suffers a mental illness can have a significant protective impact. Although there are now a growing number of 'Young Carers' groups (funded either directly by local authorities or non-governmental organisations) that offer after-school 'fun' groups where children can have time out from home worries, participate in

activities and talk to each other, these groups do not tend to involve parents, and are limited in regard to the specific needs of children who are affected by parental mental health.

The active, carefully designed interactive programme of monthly 'Kidstime Workshops' offers an alternative approach. Consisting of a series of innovative psycho-educational workshops which involve dramatisations of stories constructed by the children, which are often filmed, and parents groups', as well as joint seminars and review sessions' family support, Kidstime attempts to address the particular needs children and young people who have parents with mental illnesses, by bringing together children, as well as their parents, on the issue of mental health.

1.33 The Kidstime Workshop programme

1.331 Programme aims

Kidstime seeks to enable children and young people who have parents with mental illness to increase their confidence and coping skills, and reduce feelings of distress and isolation, by providing a safe environment for them to share experiences, receive information, and explore myths about mental illness. The workshops also aim to help support and enhance the parenting capacities of parents with mental health problems. The overall purpose of Kidstime is to reduce the likelihood that children of parents with mental illnesses themselves will develop emotional difficulties later on in life. Specifically, its aims are as follows:

- To help the children and young people benefit from understandable explanations of their parents' mental illness and the parental behaviour which may be associated with this.
- To address the children's various fears, confusion, and lack of knowledge about mental illness and its treatment.
- To help the parents who suffer from mental illness to find a medium within which the illness and its impact can be discussed between themselves and their children.
- To help the parents to access or rediscover their pride, confidence and competencies as parents.
- To help the children to experience their parents responding in a more positive manner.
- To encourage the children and young people to feel free to engage in pleasurable age-appropriate activities.

1.332 Operational model

Some key elements central to the Kidstime operational model are as follows:

- Strong focus on explanation of parental mental illness.
- A setting that brings children and parents together around the topic of mental illness (rather than professionals engaging with them separately, as they may have previously experienced). In this joint context, both the influences of parental mental illness on children and the effect of the children's responses on parents can begin to be discussed and addressed.
- A safe and welcoming environment that provides opportunities for developing relationships across families – both between children or adults of one family to the same age group in another, as well as cross generational inter-family relationships.

Although Kidstime is not designated as a 'therapy', its model is underpinned by a multi-family therapeutic approach, i.e., the bringing together of different families in a therapeutic context in order to work jointly to overcome each of their specific and very individual problems.

The use of a Multi-family approach has now become an effective and recognised intervention for relapse prevention in major mental illness and schizophrenia in particular. It provides a new social context for the family, and as a result offers new and positive ways in which family members think about and respond to the person with the illness. It also effectively addresses social isolation and stigma. (Leff, Berkowitz, Shavit, Strachan Glass Vaughn 1990; Leff Kuipers Berkowitz Liberlein-Fries & Studrgeon 1982; McFarlane, 1990, McFarlane, Link Dushay Marchal & Crilly.1995, Bishop et al., 2002).

The advantages of the multi-family approach for the 'Kidstime' group of families are:

- It provides a context in which shared mental health matters can be discussed without the necessity of any one parent or family being exposed.

- It allows individual parents and children to hear both positive and corrective responses from other families (both adults and children), which may be both more acceptable as well as more meaningful than comments emanating from professionals.
- It allows for creative alliances and 'comradeship' between the parents of one family and the children of another – without the guilt and/or conflict which may be associated with their own within family relations – as well as within-generational alliances.
- It allows for a whole range of activities and exercises, which maintain the 'party' atmosphere of the workshops.

1.333 Historical context

Kidstime workshops were originally called 'What Shall We Tell the Children?' and began in 1999, partly as a result of the experiences of similar workshops for adults and their relatives, over the previous 10 years (Bishop, Clilverd, Cooklin & Hunt 2002). Prior to this the predominate approach towards providing interventions for families of patients with mental illness were exclusively concerned with the adults. This often meant that the most vulnerable members of the family – the children – were largely ignored. More recently the workshops were named 'Kidstime' with both children and the parents participating in the production of one training film ('Being Seen and Heard: the needs of children of parents with mental illness', Cooklin 2004) and the children participated in an 'explanatory' short internet film (Cooklin and Njoku, 2009).

1.334 Overview of service provision

Kidstime workshops can best be described as 'a social and educational event for parents and children'. The workshops are run as monthly events lasting 2.5 hours after school, which parents and children together attend for as long as they find the workshops useful, which can sometimes extend to years. They are delivered by a core team comprising mental health and social care professionals, a Drama Facilitator and voluntary workers.

Workshops combine whole group learning with split group discussions for parents, and narrative drama opportunities for children. These are then videoed followed by joint discussions. They begin with a short seminar for the children and parents together, in which some aspect of mental illness, or questions about it, are discussed or demonstrated. This is followed by separate groups for the children and for the parents. The children's group starts with games and warm-up exercises, then the children tell stories about family life, perhaps prompted by the seminar. They are helped to dramatise these stories and the resulting plays are filmed. The parents and children then come together for the remainder of the workshop. They have pizza together and there is a group discussion of what the children have produced as well as issues raised in the parents' group.

The workshop delivery team meets before each session to discuss the workshop theme and any concerns or issues brought forward from the last session. If appropriate this may include updates on families currently attending the workshops. This is also the time when the team learns about new families joining the workshops including a brief history of their current situation and a report on the mental illness of the parent and why they have been referred. At the end of each workshop the team meets to debrief each other and discuss any successes and challenges experienced and to brainstorm plans for future workshops from any issues that may have arisen.

1.335 Target group

Children and young people who attend Kidstime are predominately aged between 4 and 16 years, though sometimes both older and younger children and young people have been included. Adult attendees are parents from the local area with mental health problems, ranging from severe and persistent psychotic disorders such as schizophrenia, Bipolar Disorder or personality disorders through chronic depression and anxiety disorders. A few have dual diagnosis or problems such as substance misuse in addition to their primary diagnosis.

There are some families who attend where both parents have a mental illness and in some families spouses (or 'the non-ill partners') without mental illness have also attended. However, the majority of attendees are lone parents, most commonly single mothers. Typically, attendees represent the socio-economic and ethnic backgrounds of families living within the locality of workshop delivery.

1.336 Referral and selection pathway

Referrals to Kidstime are encouraged when it is felt that a family may benefit from the opportunity to meet others in similar situations in order to share experiences and learning. Referral of suitable families may be from any source, but particularly (in order of common frequency); mental health workers, children's social workers, voluntary workers (particularly those concerned with 'young carers'), psychiatrists, family therapists and psychologists, general practitioners, and by recommendation from other families who have attended.

Referrers are encouraged to attend Kidstime with their client family, for at least the first workshop, to help them settle in. However not all referrers will agree or be able to do this— particularly because the workshops are held after normal working hours. In these cases, a more detailed discussion of the referral between a Kidstime worker and the referrer takes place, to ensure that the referrer fully understands the aims, objectives, and methods used by Kidstime, and that this has been appropriately explained to the client families.

Whether or not a referrer is able to accompany families to their first workshop, new families are always met prior to the start of group workshops in order to discuss the goals of attending and to explain the format of the workshops. They are given the opportunity to discuss and clarify all aspects of the workshops and any concerns they may have. This is also an opportunity to agree a level of disclosure they feel happy with.

Families who are referred are assessed for their suitability to take part and if they meet the criteria are invited to the next meeting. Workshop facilitators will maintain the contact details for a family's referrer or key worker throughout their period of attendance, in case a concern is raised during the workshop which may require action by the involved agency.

The nature of Kidstime as a family workshop means that parents should attend with their children so requests for only the children to attend are rarely considered. Families with parents who are currently too unwell are invited to join workshops at a later date. However most parents do attend even if they are unwell, and they are welcome to do so as long as they feel comfortable and their difficulties do not cause too much disturbance to the functioning of the workshop or likely to cause distress to others.

1.337 A typical workshop structure

Sessions begin with a 5-10 minute warm up and introduction session during which light refreshments such as tea, coffee and biscuits are available.

The warm up session is followed by 15-20 minutes of whole group learning in the form of an informal seminar on a mental health related topic. Topics are covered in accessible terminology and attendees are able to ask questions for further clarification should they wish to do so. Games and interactive exercises may also be used as a way of introducing non-verbal aspects of learning.

At the end of the seminar session the parents and children split into two groups for approximately an hour:

- *Parents* - spend the time discussing experience and concerns of being a parent or partner of parent with mental health issues. Topics usually revolve around the sharing of experiences, concerns and solutions with each other. The lead clinician or family therapists usually facilitate and guide these discussions and are also there to answer questions about support services if they arise.
- *Children* - spend the hour in another group; the specific format of how this group is run can vary depending on how many children are there and what topics have been raised. However the session for children usually starts with a warm up game and then moves on to an exercise in which they develop a theme or story around mental health as a group. The children's group usually culminates in the production and filming of one or more dramatisations based on issues

and topics covered. There is a degree of flexibility built into the drama sessions as occasionally children may not want to act out the theme they have been discussing. In these cases children may choose to speak directly to the camera, there may be one or two children who are happy to represent the group as a whole whilst some may choose to operate the camera.

Following the separate sessions the parents and children reunite for the last half hour to eat pizza and watch the children's film together. After the film has been shown, there is a discussion period about issues raised in the film during which there is also input from the parent's group about issues that arose during their earlier group discussion. The degree and level of participation can vary and can depend on the topics covered in the children's video and topics covered during the parent's session.

1.338 Topics that may arise in a typical session

Once the warm up and icebreaker sessions are over, the clinical lead usually introduces a topic that will act as the theme for the session. However sessions are dynamic and interactive, topics covered often lead on from earlier sessions and are frequently based on topics attendees have expressed interest in or feel are most relevant to them. Some examples of themes which have been covered during the workshops are:

- Worried about each other.
- How do we talk about it?
- Recognizing other's feelings.
- Disturbed and disturbing communication and behaviour.
- Spoken and unspoken anxieties.
- Thinking and talking about our feelings and those of others.
- How any expression of feelings could be misinterpreted as coming from a 'crazy person' rather than just an opportunity to blow off steam, as with every normal person.
- Dealing with helplessness and mental disorder.
- How kids sometimes feel responsible for looking after parents and making them better, in a role reversal that was not always appropriate for their age or status as a child.
- Worries that families could not help their children with their education because of their language difficulties.
- Experiences of loss and how this affects relationships within the family.
- Parents need to own anxiety as their own, letting kids know that it did not belong to them, and that they were not responsible for what parents were feeling or to make them better.
- Experiences of being bullied at school.
- Fear of 'catching' the illness.

1.339 Costs

The average annual cost of running a monthly workshop in each site is around £14,000 per year. This cost includes drama facilitator and family worker hours, venue hire, transportation costs for families who require taxis and refreshments including pizza for all those who attend.

1.34 Evaluation Purpose

The purpose of this evaluation was to investigate the Kidstime Workshop experience from the perspective of young service users, their parents, and professionals involved in the referral pathway and workshop delivery. By exploring the value of the workshops for all those involved, and identifying areas for improvement, this evaluation sets out to provide a foundation from which to assist with the refinement and development of a training programme that will support national rollout of the Kidstime intervention, in voluntary and statutory setting, as well as to establish a basis for further research.

1.35 Evaluation Scope

The evaluation of Kidstime followed workshops set up and running at Hackney and Camden and Islington from May 2010- April 2011.

Chapter 2: Evaluation Methods

2.1 Overview

The evaluation of Kidstime at the Camden and Islington site and the newly established Hackney site, was carried out through a mixed methods approach including:

- research observations of Kidstime workshops
- feedback forms
- short qualitative interviews with young people, parents and professionals
- follow up with former service users.

A full description of these methods are outlined here:

2.2 Research Observations

Participant observations at the Kidstime events were conducted from May 2010 to April 2011 in order to obtain detailed understanding of the issues raised and discussed by young people during Kidstime workshops. Field-notes were documented for each workshop observed.

2.3 Feedback Forms

Feedback forms designed to find out about service user views in relation to perceived helpfulness and attitudes towards the Workshops, were provided to parents and their children at the end of each workshop between May 2010 and April 2011 (appendix 1). Anonymous feedback forms were used to allow attendees to feedback without fear of identification with the expectation that this would encourage the reporting of honest opinion.

A total of 101 parental feedback forms, and 138 young service user forms were collected across both workshop sites over this period (figure 2.1).

| | Camden and Islington | Hackney |
|---------------------|----------------------|---------|
| Parents | 81 | 20 |
| Young People | 34 | 7 |
| Children | 75 | 22 |

Figure 2.1: Number of Feedback Forms Received by Site and Attendee Group

In order to further protect anonymity, and as generally responses showed no significant differences between workshop sites, feedback form data was aggregated from the two workshop sites. One exception to this is in the review of attitudes to learning. The feedback here is presented in a site by site format due to significant differences in the feedback responses of children and young people. Possible explanations for such differences are discussed later in this report.

2.4 Interviews

The focus of qualitative interviews by interviewee type was as follows:

- *For young service users* – to understand their views and experiences of the Kidstime workshops and their life context outside the workshops.
- *For parents* – focused on their experiences of parenting and experiences of attending Kidstime events.
- *For professionals (delivery team and those involved in the referral pathway)* – to explore their understanding of the background and rationale of Kidstime, and learn about their involvement, hopes, aspirations and concerns for the programme.

Interviews were semi-structured, recorded and transcribed verbatim. Appendix 2 contains the topic guides for each qualitative interview type. Those with professionals were carried out face-to-face, whilst most of the interviews with parents and children and young people were carried out over the phone (to encourage the number of willing interviewees). There was also a focus group style interview with a parent and an unrelated young person who had attended workshops as a child. The number of interviews carried out during the evaluation period is given in figure 2.2.

| Parents | Children and Young People | Professionals |
|---------|---------------------------|---------------|
| 5 | 6 | 10 |

Figure 2.2: Number of interviews conducted

2.5 Follow up with Former Service Users

Consultation with former service users about their experience of the Kidstime workshops and reasons for ceasing attendance was undertaken to gain insight into any barriers experienced in relation to access to or to the content of the Workshops. In total, 10 former service users were identified as having attended up to two sessions across both sites, of which contact was made with five, by means of telephone interview. Telephone interviews were also conducted with two service users (one from each site) who had attended Kidstime for a considerable period of time before dropping out. Appendix 3 contains the semi-structured template used as a basis for engaging with former service users.

2.6 Analysis

Thematic analysis of the observational data, text sections of the feedback forms, interviews, and former service user follow-up was conducted in order to gain insight into the successes, challenges and experiences of parents, children and professionals involved in the Kidstime workshops.

Descriptive analysis was conducted on the quantitative data gathered from the feedback forms in order to ascertain if workshops were felt to be a helpful service for parents, children and young people, whether they were likely to return, if they felt they were learning about mental health and if the workshops helped them to discuss issues related to mental health with their families. For reasons of anonymity and the relatively small sample, quantitative feedback was aggregated across sessions and across sites unless otherwise stated.

Chapter 3: Findings (Part 1) - The Kidstime experience from the perspective of parents and children

This section details the attitudes towards and experiences of Kidstime Workshops as perceived by children, young people and their parents.

3.1 The process of taking the first step

For most families, the decision to attend Kidstime for the first time was an anxious experience for a variety of reasons (box 3.1). Some of the initial concerns and uncertainty reported by parents range from fearing stigmatisation and having concerns over what other attendees would be like, through to issues related to the parent's illness such as motivational problems or anxiety. Children were more likely to report general shyness and worry related to fear of the unknown and not knowing what to expect. However once at the workshops, most families report settling in quite soon and find the workshops a positive and useful experience.

I felt shy, I wondered what it was going to do, what it was about. Now I know. It is about having fun and mental illness so when mum or dad get ill, you can help them.

Young attendee

The first time when I was going you know, even I got that past, I've still got that prejudice, as though oh my god I'm going to go there, there are going to be mad people if somebody, if I'm going to get upset, but there actually, there is, they're more like me.

Parent Attendee

Box 3.1: Young Attendee and Parent Attendee separately discuss what it was like deciding to go to Kidstime for the first time

3.2 Why families decide to join the Kidstime Workshops

Caring for children when having a mental illness can be a great strain on a parent. Some will also recognise that from time to time their illness may impact on their parenting style. Several of the parents talked of having a sense of guilt over the burden their illness can place on their children in terms of them having to worry about their parent, the stigma and the bullying they may have to endure. A few also reported the distressing concern that because of having a mental illness their children may be at increased risk of developing a mental illness themselves.

In addition to managing parental responsibilities with their mental illness, parents may also be going through additional stressful life experiences such as divorce, separation, loss of job, or loss of economic stability as a consequence of their illness which may also adversely impact on the children. It was this guilt and this concern that seemed to be a key decision behind a family taking the first step and accepting a referral offer to join Kidstime (box 3.2).

I'm going back a bit now. I was worried about my children, I thought my children didn't really understand much about mental health and I was worried about what my ex-partner might be saying to them, because I thought he might be encouraging them to be prejudice against people with mental health problems. I worried about the attitude of the people that they might meet at school and in the community.

Parent Attendee

I was worried about myself so I thought maybe it's good for my child, so we're going so that's what made me go, like think okay for kids, there's something for them if it makes them feel better, you know.

Parent Attendee

Box 3.2: Parent Attendees separately discuss why they decided to take family to Kidstime workshops

Children living with parents with a mental illness will often have to grow up needing to take on responsibilities from an early age, especially during periods when parents are going through a period of relapse or hospitalisation. Families reportedly attend Kidstime with the hope that the workshops will be able to help address these fears, anxieties, difficulties and that the children in particular will benefit from some positive support and input (box 3.3).

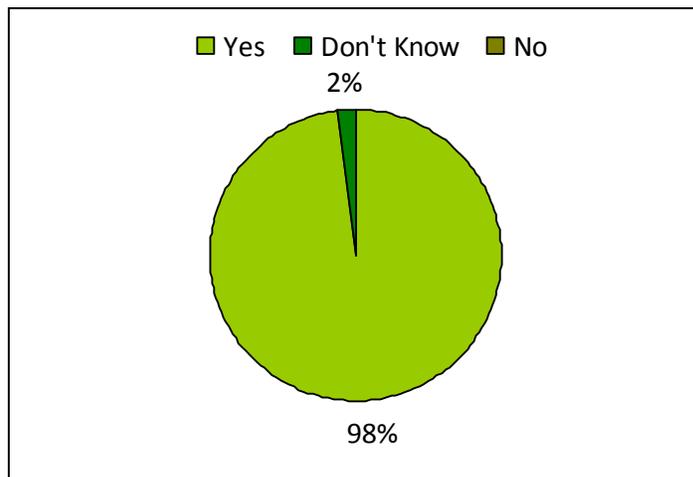
They could take on the role of becoming a young carer and have sort of somebody that has mental illness and all of that responsibility falls on them for emotional support, there's one family that I worked with who the Mum is really depressed and [has a] personality disorder and goes to her daughter for support and asks her questions and advice, her daughter is ten years old, so the daughter effectively that takes on the role of being a parent in that household

Referrer

Box 3.3: Referrer reflects on some of the difficulties faced by families that may lead to them suggesting a Kidstime referral

3.3 What families find useful about the Kidstime Workshops

Information gathered from feedback forms indicates that a significant majority of parents (98%) found the workshops helpful across both workshop sites, with not one feedback form demonstrating a negative response (figure 3.1). Two per cent of parental feedback forms indicated they were unsure.



The question I asked has been answered it was useful

I find it useful to talk to other parents

I find the most useful things the children and adult talks together

Box 3.4: Some parental responses to the feedback form question 'what did you find most useful in today's workshop?'

Figure 3.1: Aggregated parental response to: 'Did you find today's workshop useful?'

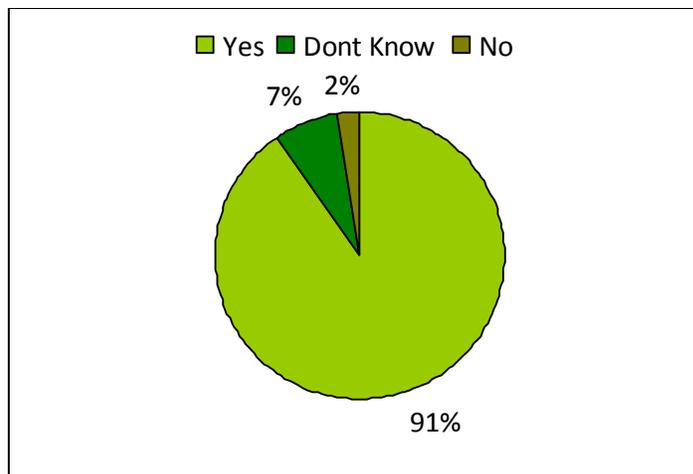
Aggregated response taken from parental feedback forms collected from Camden and Islington and Hackney between May 2010 and April 2011. Total N = 101 (Yes= 99, No=0, Don't Know=2)

Parents reported some of the most useful aspects of the workshops to be encouraging and enabling them to learn from professionals and other parents (box 3.4).

Similarly, almost all young people aged over 11 years across both workshop sites also reported finding the workshops to be useful, with only 1 out of 41 responses indicating they did not find that particular workshop useful (figure 3.2).

Young people reported encouragement of discussion and development of their knowledge, as being the aspects they found most useful (box 3.5).

Younger children aged under 11 years were not asked this question because of the possibility that the meaning might not be fully understood. They were asked instead if they had liked the workshop and this will be looked at later on in the report.



I enjoyed talking about things I wanted to answer for

Discussions

Learning how the brain develops

Box 3.5: Some young people's responses to the feedback form question 'what did you find most useful in today's workshop?'

Figure 3.2: Aggregated young person response to: 'Did you find today's workshop useful?'

Aggregated response taken from young people over 11 year's old feedback forms collected from both Camden and Islington and Hackney between May 2010 and April 2011. Total N = 41 (Yes= 37, No=1, Don't Know=3)

The remainder of this chapter will focus on how and why the Kidstime model is felt to be so beneficial by those who attend. It will close with a look into what aspects of Kidstime could be improved, from the perspective of service users.

3.4 Sharing experiences

For several families, mental illness may not be explicitly discussed at home despite the likelihood that it would be having a significant influence on daily life for both parents and children. Parents commonly report trying not to discuss their illness with their children for fear of overwhelming them or through fear of eliciting responses or questions they may feel unable to manage or answer. For most attendees, one of the most useful aspects of the workshops is that they provide a safe environment for parents and children to discuss issues and problems in non-threatening, non-judgmental surroundings (box 3.6). This allows both parents and their children to share experiences and feelings with each other that may be too uncomfortable to discuss one to one in the home.

I go there and I feel better actually I feel good but then you know I can go away and, but I think [my child] understands a bit better and they are not that worried or scared about me as they used to be
Parent Attendee

We come to Kidstime and we talk about it, talk about our problems
Young attendee

Box 3.6: A parent discusses benefits of workshops for themselves and their child and Young attendees talk about shared experiences

Parents also find the workshops give them the ability to put their experiences and feelings into context by enabling the families to share in and listen to the experiences of other families in a similar situation (box 3.7). Having input from professionals who are there to facilitate discussions without passing judgment on parenting skills or dictating treatment plans is also felt to be an extremely helpful and vital aspect of the workshops for them.

I know I'm not the only one that's got the, the illness and there's other people that's got the same complaints. So it has helped you know, to talk to other people about it.
Parent Attendee

Box 3.7: A parent discusses benefits of being able to share experiences of mental illness

3.5 Gaining insight and knowledge about mental illness

An important aspect of the Kidstime workshops is the opportunity they provide parents and children to learn about mental illness in an accessible, informative way. By educating on as well as discussing

the underlying causes of mental ill health, parents and children are better equipped to understand how and why mental illness affects them the way it does. This in turn helps the parents and children better understand and cope with the effect it can have on relationships and on everyday life. The delivery of information and teaching makes for a relaxed and informal learning environment which is appreciated and enjoyed by parents and children.

Children and parents report that they feel part of the success of the psycho-educational aspect of the workshops is that the delivery of information and teaching makes for a relaxed and informal learning (box 3.8)

I'd say, this is a bit silly but I like, I quite like the games and like the easier way of understanding it.
Young Attendee

So I just felt like I wouldn't necessarily, after learning about the illness I felt like I wouldn't necessarily become mentally ill, so it's okay for me to express myself.
Parent Attendee

Box 3.8: A parent and young attendee separately discussing how workshops have helped develop their knowledge and understanding of mental illness

Feedback forms indicated that parents generally felt that each monthly workshop had taught them something about mental illness they had not known before (figures 3.3-3.8). Children and young people however were less likely to indicate they had learned something they did not already know about mental illness at the end of each session.

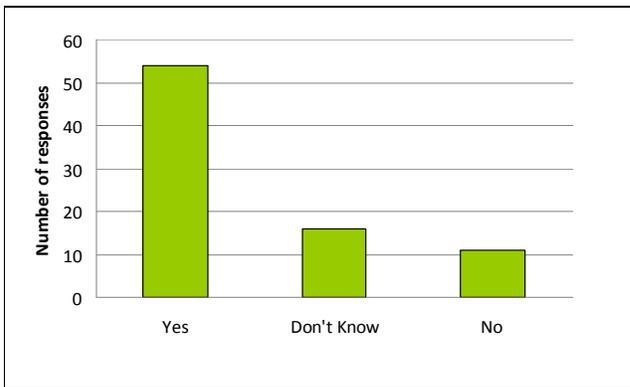


Figure 3.3: Aggregated response from parents at Camden and Islington - 'Did you learn anything about mental illness you didn't know before today?'

Aggregated response taken from parental feedback forms from Camden and Islington workshops, May 2010-April 2011.
 Total N = 81 (Yes= 54, No= 11, Don't know =16)

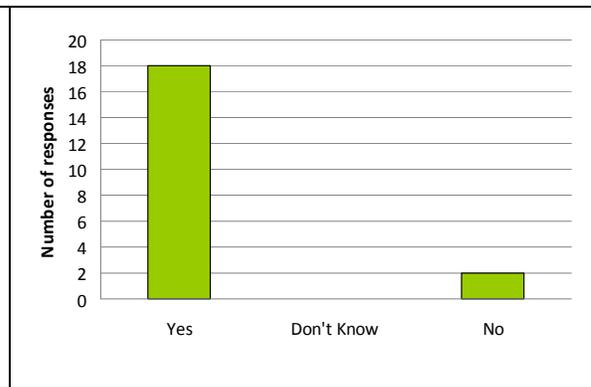


Figure 3.4: Aggregated response from parents at Hackney - 'Did you learn anything about mental illness you didn't know before today?'

Aggregated response taken from parental feedback forms from Hackney workshops, May 2010- March 2011
 Total N =20 (Yes= 18, No= 2, Don't know =0)

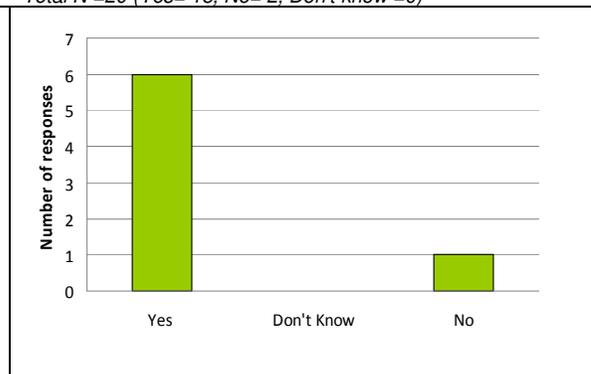
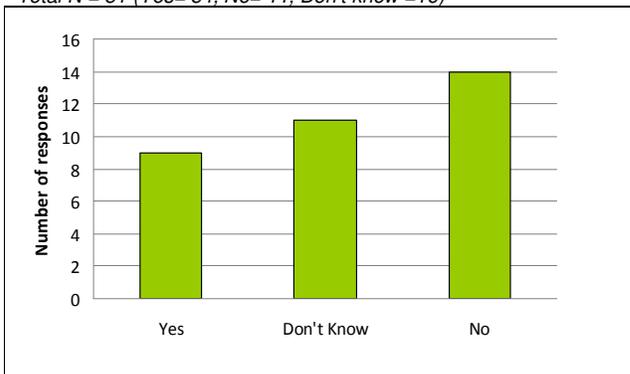


Figure 3.5: Aggregated response from young people at Camden and Islington - 'Did you learn anything about mental illness you didn't know before today?'

Aggregated response taken from young people (age 11+) feedback forms from Camden and Islington workshops, May 2010- April 2011. Total N =34 (Yes=9, No=14, Don't know =11)

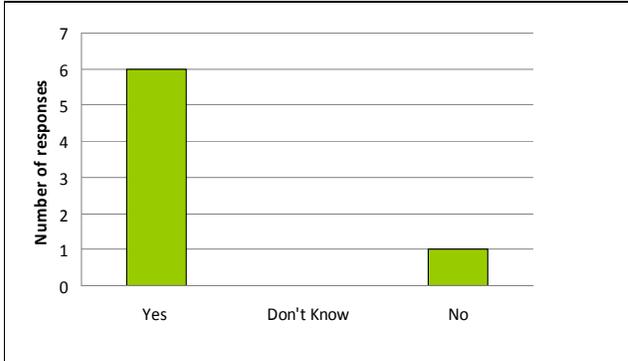


Figure 3.6: Aggregated response from young people at Hackney - 'Did you learn anything about mental illness you didn't know before today?'

Aggregated response taken from young people over 11 feedback forms from Hackney workshops, May 2010- March 2011. Total N =7 (Yes= 6, No=1, Don't know =0)

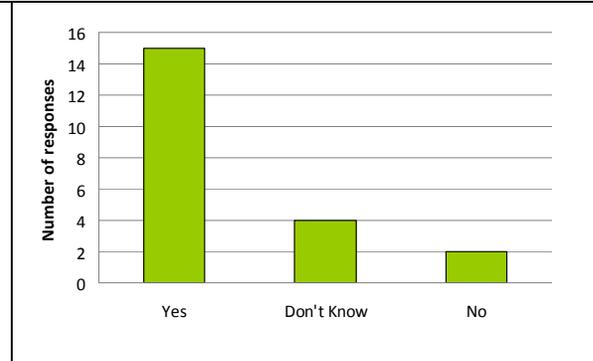


Figure 3.7: Aggregated response from children at Camden and Islington - 'Did you learn anything about mental illness you didn't know before today?'

Aggregated response taken from children's feedback forms from Camden and Islington workshops, May 2010 - April 2011. Total N =75 (Yes=28, No=23, Don't know =24)

Figure 3.8: Aggregated response from children at Hackney - 'Did you learn anything about mental illness you didn't know before today?'

Aggregated response taken from children's feedback forms from Hackney workshops, May 2010- March 2011. Total N =22 (Yes=15, No=2, Don't know =4, Missing=1)

As can be seen in figures 3.3-3.8, there is some variation in the percentages of children and young people who felt they had learned something new, depending on the workshop site attended. This may be a reflection of the fact that the workshop at Camden and Islington has been running for a longer time and several of the children and young people at this site are regular attendees some of whom have attended for a year or more. As educational topics may be revisited for newer families attending workshops it could be that negative responses correspond to times when these sections of the workshops do not introduce topics that haven't already been covered in previously attended workshops.

An alternative explanation is that the difference in workshop size may also help to generate the differences in attitudes to learning. The workshops at Hackney are newer and, therefore, currently have fewer attendees than Camden and Islington. The smaller group setting may increase the ability of the professionals delivering the workshops to make the learning activities a more interactive experience for all the children and young people who attend in a way that would not be possible in a larger group setting.

In addition to these possible explanations, the children and young people attending workshops at Camden and Islington have established strong friendships with each other over a longer period and it is possible therefore that for them the focus of the workshops is meeting up with their friends rather than the educational aspects of the sessions.

However, despite the differences in attitudes to the learning experience, a significant number of the children and young people at both workshop sites acknowledge their enjoyment of the drama sessions. These sessions are used to help them develop knowledge and learning from each other as well as explore their feelings and emotions through sharing, communication, play and group work. This style of learning may not be as familiar to them as more traditional learning techniques so it is also possible that their interpretation of the question partially influenced their response. Despite the mixed message from the children's feedback, parents have reported they have noticed a difference in their children's knowledge and attitude towards mental illness (box 3.9).

He just explains how, or why people get a bit, why some people get mental illness and he says that the brain controls everything and sometimes the brain can get a bit... confused when it has a lot of things going into it, and some of us don't know how to control those impulses entering into the brain, so they get, so they start acting weird. ... Its child friendly and normally a child will draw the brain

Parent Attendee

Box 3.9: A parent discussing the child friendly interactive learning

3.6 Improving relationships, communication and understanding within families

Parents and young people were all asked to rate the likelihood of the workshops having a constructive effect on family dialogue surrounding mental health at the end of each session. Children under 11 were not asked to comment on this to prevent the meaning of the question not being fully understood.

The significant majority of parents surveyed felt that Kidstime workshops would help them discuss issues related to their illness with their families, only 1% of parents and 5% of young people over eleven felt that this would not be the case after one of the workshops (figure 3.9).

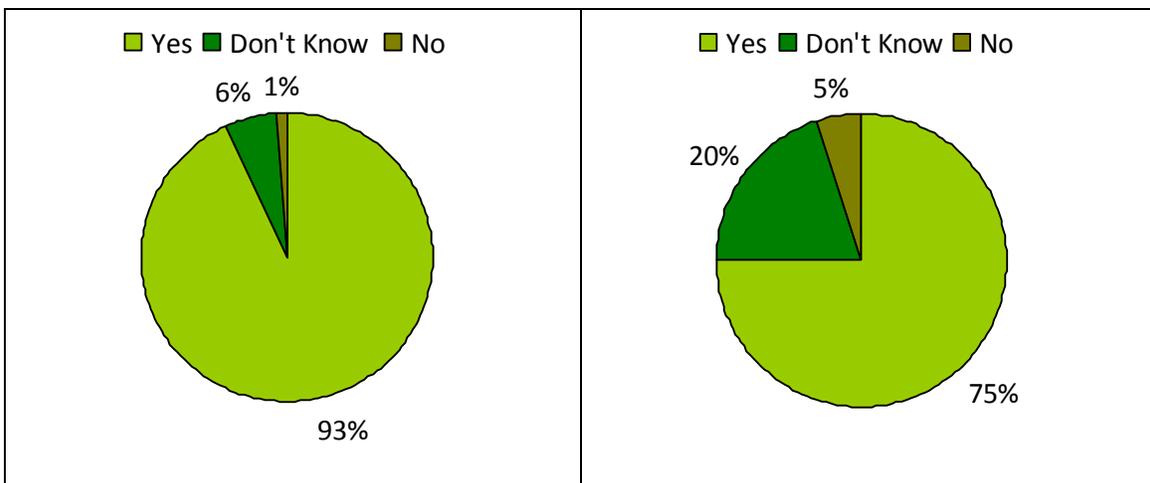


Figure 3.9: Aggregated response from parents at Camden and Islington and Hackney – ‘Do You Think today’s workshop will help you Talk about mental illness with your family?’

Aggregated response from the Camden and Islington and Hackney workshops - parental feedback forms between May 2010 and April 2011. Total N =101 (Yes=92, No=1, Don't know =6, Missing=2)

Figure 3.10: Aggregated response from young people at Camden and Islington and Hackney – ‘Do You Think today’s workshop will help you Talk about mental illness with your family?’

Aggregated response from the Camden and Islington and Hackney workshops young people over 11 taken from feedback forms between May 2010 and April 2011. Total N =41 (Yes=30, No=2, Don't know =8, Missing=1)

By sharing experiences and encouraging more open discussion, the workshops help attendees to share a common understanding of the parent’s mental illness. This can help to facilitate discussion of topics that are often avoided at home which in turn helps to reduce some of the strain and tension born out of misunderstanding or misinterpretation that may negatively impact on the parent - child relationship. This seems to be particularly effective in helping children and young people to understand their parents’ behaviour (box 3.10).

It's like they're helping young children to like just understand why their, their parents get ill.

Young Person

I've learned a few more names of illnesses and I've learned some side effects of illnesses and how to know the difference between if a parent is, stropky to know the difference if it's ill stropky or normal stropky.

Young Attendee

Box 3.10: Young people separately discussing how the workshops help them understand their parents better

Although figures for young people over aged 11 years seem to suggest fewer feel workshops help to improve family discussions (figure 3.10), it is worth noting that there are far fewer respondents in this category. In reality only two out of the 41 respondents indicate they do not feel the workshop they had just attended would help them discuss issues relating to mental health with their family. In addition, parents have suggested they have noticed a difference in how they and their children interact even if they do not have explicit discussions about mental illness in the home (box 3.11).

I've known that somewhere in there they sort of had the reinforcement of this explanation... I think it's had an impact even though you don't go home and think right, and find the time to discuss it, but obviously we answer questions from each other from time to time

Parent Attendee

Box 3.11: A parent reflects on how workshops help make communication and discussion of their mental illness with their child more likely

Verbal reports also suggest young people who have attended regularly over a period of time are more likely to feel comfortable talking about mental illness even if it is not an explicit discussion with their mentally ill parent (box 3.12). They may be more likely to discuss their parents' mental health with siblings.

When we know she's becoming ill, we kind of bring up strategies and things, you do this, you do that, and if you don't do this she's going to ... you know, we have to talk about it, yes, definitely. So we're both happy to talk about it, but talking about it to my mum

Ex-attendee young person

I feel like I can talk about it easily, talk about mental illness without feeling embarrassed or feeling ashamed, because I now know that it's common, yes. If I didn't go to that project I wouldn't know that other people do have that illness, I don't feel scared or embarrassed to talk about mental illness

Ex-attendee young person

Box 3.12: A young person reflecting on how workshops helped them and their sibling to discuss and manage their parent's mental illness

Feeling more able to talk about mental illness was reported as being associated with becoming more comfortable and less embarrassed about it. This is probably associated with the impact of the Kidstime Workshops helping to reduce fears and stigma by developing a more understanding and tolerant attitude towards mental health. Previous attendees have reported that workshops have helped them to feel they are able to educate and inform friends about mental illness and help to dispel the commonly held myths surrounding it (box 3.13).

A close friend of mine in secondary school, we were so close, we both had parents with mental illness but we didn't know, her mum had schizophrenia, my mum had bipolar depression, we didn't know at all. The only difference is, she never had any of these projects that she used to go to, so she would never speak about it...I can't even go and tell her that I know your mum has schizophrenia, because you know, she didn't tell me that, it was the head teacher who told me.

Ex-attendee young person

Box 3.13: Young person reflecting on differences in communication and coping skills between them and young people who did not attend workshops

3.7 Reducing fear and isolation

The majority of parents who did attend the workshops were lone parents. They often reported feeling isolated and having no-one to discuss their fears and concerns, as a consequence of their illness. Attending the workshops brings these adults into contact with other adults and families in similar situations, and therefore can contribute to reducing feelings of isolation. Parents report finding that the workshops give their experiences and feelings perspective, when they realise they are not the only ones looking after children and living with mental illness (box 3.14 and 3.15). Input from facilitators, without passing judgment on parenting skills or dictating treatment plans, is also reportedly felt to be an extremely helpful and vital aspect of the workshops.

I know I'm not the only one that's got the, the illness and there's other people that's got the same complaints. So it has helped you know, to talk to other people about it.

Parent Attendee

Box 3.14: A parent discusses benefits of being able to share experiences of mental illness

It does help because...I feel a bit normal, sometimes I do not feel good, I'm strange, I'm different it makes me feel normal and it makes [my child] more relaxed.... .it makes us more relaxed about me, because when as well when [my child] just started to realize that I have some problems they were very scared because it is scary if you don't know what you deal with and somehow they put it in the normal perspective, normal like sort of it's okay.

Parent Attendee

We go and we speak to other people who've got mental health problem, and we talk about mental health problems a lot and the way that it's presented, children as well as playing they're learning to understand about mental health problems and with lots of mental health professionals who've got positive attitudes towards dealing with mental health, you know about mental health, it's a positive environment.

Parent Attendee

Box 3.15: Parents separately discussing how workshops help reduce the fear and isolation their mental illness can cause for themselves and their children

Children and young people can also feel scared and isolated from their peers; afraid of the stigma that having a mother or father with a mental illness may bring. They may also be afraid of changes in their parent that they may not understand or experience a sense of helplessness at being unable to help their parent. Having contact with other children their age who are going through similar experiences and who treat each other in a non-stigmatising way helps the child to feel more relaxed and accepting of themselves, their parents and their situation (box 3.16).

We play games and we just talk about life and then if someone has an idea and then we talk about that

Young attendee

Home was sad, Kidstime was fun . That's what I looked forward to. I looked forward to having fun, you know being a child. But at home you have to be an adult, look after yourself, look after mum, look after the house, give her medication; at Kidstime you've having fun. You're being looked after and you're not looking after others. ...there are people there who are paying attention to you and you can go and speak to because you probably can't speak to your mum because you know she's not well she probably won't understand. But Kidstime was time for the kids; I think that's why it's called Kidstime.

Ex-attendee Young Person

Box 3.16: Young attendee and ex-attendee separately reflecting on how attending workshops helped them to enjoy a break from their worries

3.8 What is the best part of Kidstime and what could be improved?

There were very few aspects of the workshops attendees felt could be improved and most of the responses to being asked what they liked least about the workshops were 'nothing I like everything'.

However, there were some of the more regular attendees who found the warm up session at the beginning of each workshop difficult (box 3.17). A few children also indicated that they would prefer not to be videoed as they found it embarrassing or difficult; however they always have the option of not being in front of the camera if they choose not to be.

I know they have to know our names but we can just introduce ourselves, you don't have to spend 30 minutes going round in a circle and telling our names. I'd prefer just um sort of like just do it in our own time like when, the workshop is taking place and just go up to them and say our names

Young Attendee

Sometimes I get a bit, you know when we have to say our names but that's normal, .it's not that I don't like it, I just get sometimes fed up of "say your name, you need to say where you are from" but then there are new people and they need to know and maybe, maybe it's good in the end really, because it's not a very big deal is it, sometimes if I'm a bit anxious and restless

Parent Attendee

Box 3.17: A parent and young attendee separately reflecting on how difficult they sometimes find having to introduce themselves at the beginning of workshops

Some expressed criticism that workshops tended to be geared more towards the younger children than the teenagers. This meant that older children sometimes felt out of place, which may well have deterred them from attending (box 3.18).

I would like more people my age around

Young Attendee

The only downside, what I was going to say before but I didn't want to say anything, was that, I felt more attention was paid to the younger kids than to the 15, 16 year olds.

Ex- Attendee – Young person

Box 3.18: Young people separately reflecting on the downside of the large age gap between younger children and adolescent attendees

Contact was established with seven out of the ten families who had stopped attending in order to gain insight into why they stopped coming to the workshops.

From these follow-ups some older children reported that they did not feel they had anything in common with the predominantly younger children. In one family there was also concern over the suitability of the interactive nature of the workshops for their child with learning disability. Some complaints in respect of the organisation of transport to the workshops were also reported. Finally, one parent described feeling overwhelmed by the size of the group, and reported feeling too vulnerable to manage the level of interaction in the presence of so many new people.

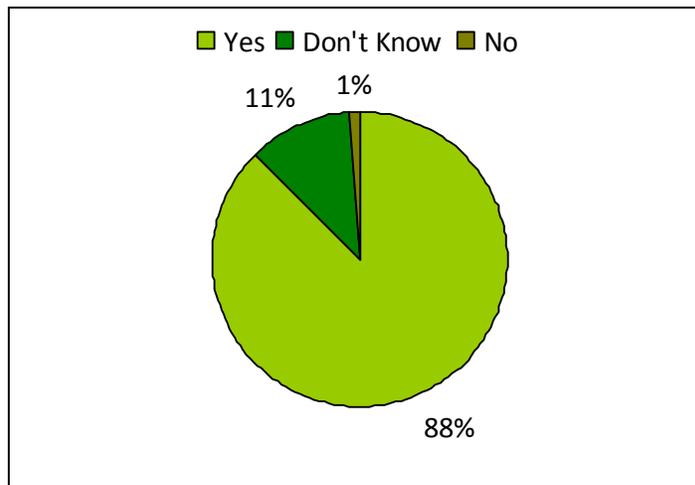
Regarding longer term attendees, one parent reported deciding to stop coming to the workshops with her family after it had been suggested to her by another service that she should try and mix more with people without mental health issues.

Although the decision to cease attendance was largely personal and individual to each family, reasons for non-attendance by the seven former service users broadly fall into one of the categories illustrated in figure 3.11.

| Reason | Number of respondents (out of 7) |
|-----------------------------------|----------------------------------|
| Not suitable for our family | 2 |
| Transport issues | 1 |
| Not acknowledging need | 1 |
| Unable to manage time commitments | 1 |
| Other | 2 |

Fig. 3.11: Former service users reasons for dropping out of Kidstime

In general, comments about Kidstime were positive, with the most commonly identified aspects of the workshops enjoyed by the children and young people as having the opportunity to play with other children, meet their friends as well as the drama activity sessions (box 3.19). The pizza towards the end of the workshops was also highly appreciated by the majority of children and parents alike. As can be seen in figure 3.12, despite there being a need for improvement or reconsideration of some aspects of the workshops, the majority of those who attended really liked the workshops. Figure 3.12 illustrates some of the positive feedback from Kidstime’s youngest attendees.



Listening to other people’s opinions of what they think about Kidstime

Young Attendee

Fun positive atmosphere lots of families come together as one big one

Young Attendee

Box 3.19: Young people reflecting on what they feel are some of the best aspects of Kidstime

Figure 3.12: Aggregated response from all children to: ‘Did you like Kidstime today?’

Aggregated response taken from the Camden and Islington and Hackney workshops - children’s feedback forms between May 2010 and April 2011. Total N =97 (Yes=85, No=1, Don’t know =11)



Figure 3.13: children under aged 11 years feeding back on what they feel are the best aspects of kidstime

The aspects of the workshops that were particularly favoured by the children, such as the drama sessions and playing with friends, were also the aspects of the workshops that parents identified as being helpful for their children (box 3.20). They reported that one of the most enjoyable aspects of Kidstime for them was seeing the pleasure their children get out of attending, in the light of the hardships often experienced by the children. Older children also found the plays one of the most helpful and enjoyable aspects of the workshops, but also enjoyed the opportunity to discuss topics and share ideas during whole group sessions (box 3.20).

Listening to other people who understand express things I have tried to say before but no one understood and watching the video of what my son was doing and how much fun he was having
Parent Attendee

It helps [my daughter] because she's meeting other kids that, you know, and just talking to them and she likes the drama facilitator
Parent Attendee

Box 3.20: Parents separately reflecting on how workshops have helped their children

Perhaps one of the truest indications of how much the workshops are enjoyed, valued and appreciated by all family members who attend is that the majority of parents and children reported wishing to, and in fact do, keep returning to Kidstime each month (figure 3.14). Free text taken from the feedback form suggests this is due to both the parents and the children who attend experiencing a sense of belonging, where they can relax, be themselves, discuss topics that are important to them and learn about topics that are relevant to them (box 3.21).

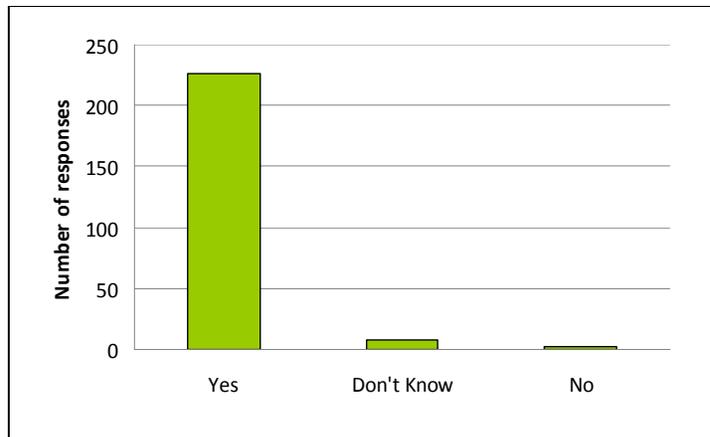


Figure 3.14: Aggregated response from all attendees at both sites to: 'Would you like to come to Kidstime again?'
 Aggregated response taken from all feedback forms from Camden and Islington and Hackney workshops between May 2010 and April 2011. Total N =239 (Yes=226, No=2, Don't know =8, Missing=3)

'It changes my whole expression'
'Talking about things and knowing my problems weren't going to be forever'
'I enjoyed all of it'
Young Attendees

Box 3.21: Attendees responses to the feedback form questions what they enjoyed most or what they found most useful about today's workshop

Attendees consider the strength of the professionals who run Kidstime to be a major factor behind its success. They appreciate the accessible and safe nature of the workshops as described in box 3.22.

That we all feel equal with them, we all feel, you know, you just all feel, well, not, obviously we're coming from different places, but we all feel respected I think, and easy to talk to them
Parent Attendee

They just behave like normal, they don't seem to use many tactics because I used to go to therapy and I still go, there's always some sort of tactic that they try to work around, these people are more like, I don't know, have a very nice approach, very relaxed approach and I like to be relaxed because I'm not often relaxed
Parent Attendee

Box 3.22: Parents separately reflecting on the support of the workshop facilitators

Chapter 4: Findings (Part 2) - The Kidstime experience from the perspective of the professionals

This section details the knowledge, experiences and perspectives of professionals involved in the referral pathway and delivery of Kidstime Workshops.

4.1 The rationale for developing and becoming involved in Kidstime Workshops

Projects designed to counter the individualistic and exclusively patient-centred approach to mental health treatment offered by the majority of mental health providers, have generally still failed to engage the most vulnerable members of the family; the children. Family Therapy approaches in relation to adult mental illness, have often continued to exclude the children, or if are included there has remained the danger that they would feel that were part of the parent's problem. By the utilisation of a multi-family 'non-treatment' approach the Kidstime Workshops were set-up to address the needs of children in a way which could avoid those dangers (boxes 4.1 and 4.2).

Family therapy has not got a very good history of it's engagement of children actually so I was always very keen ... engaging families, through the child rather than children tending to be treated more as kind of observers or commodities in family therapy.

Kidstime Delivery Team

It's really a wonderful opportunity to be able to do anything that might help support [children] find ways for them to find strengths in themselves,

Kidstime Delivery Team

Box 4.1: Kidstime delivery team reflecting on their decision to become involved in Kidstime

[Kidstime is] a chance for my clients to meet other parents and kids who've had similar experiences and talk about it and perhaps feel a bit more confident about talking to their children about it but as importantly for the child herself to participate in the workshops and the activities there. I was quite impressed with Kidstime, the presentation they did so I thought that my, my client would benefit from this.

Referrer

I was interested in working with parents with mental health difficulties and also how it impacts on the children and it seemed to me like a very creative group. It feels so nice seeing the children smiling and doing the drama it's such a nice group to be in really and the time just goes so quickly. That was my motivation to work with parents with their mental health difficulties and their children really.

Referrer

Box 4.2: Kidstime referrers reflecting on their decision to become involved in Kidstime

4.2 Who do they hope to reach with Kidstime and why?

Professionals view Kidstime as a place for parents with a mental illness and their children to be able to reflect on and discover how they influence each other. They recognise the benefits of workshops as a safe place for families to talk, ask questions and enhance understanding of each other (box 4.3).

Professionals involved in Kidstime have a lot of experience of working with families living with parental mental illness and have seen first hand the everyday challenges and issues they face. They are aware that parents in this situation often face additional challenges because of the shame, stigma and isolation that often accompany a mental illness. Referrers also recognise the need families in this situation have for some additional support (box 4.3).

Crucially, both the Kidstime delivery team and referrers to the workshops recognise the benefits of the Kidstime format associated with placing children at the centre and focus of attention, rather than the parent or the parent's illness (box 4.4).

[Parents have] a terror of losing children, so a whole lot of issues about...being judged as a parent, being seen as not being good enough, judging yourself as a parent ...sometimes reading everything that children do in terms of your own failure as a parent and then getting jolly cross with them because of that,

Kidstime Delivery Team

There are issues for the kids and of course it varies you know with the severity of the problem and kind of attachment. Generally speaking it's emotional, psychological and developmental issues for the kids, sometimes fears, sometimes just trying to understand and get to terms with it, sometimes young kids become carers without realizing it. Some parents are struggling to be effective caregivers, struggling with the symptoms of their mental health issues and trying to be there for the kids, brining up kids is not an easy job.

Referrer

The other one is the kind of issues that parents face when they're lacking energy and they're finding it very hard to get up in the morning, get their children to school, if they are volatile maybe kind of reacting very strongly to um quite small things and I think along with that sometimes leading very chaotic lives

Kidstime Delivery Team

Box 4.3: Kidstime delivery team members and a referrer reflecting on difficulties faced by parents with mental health difficulties

They are more the focus of everybody's attention, the reason I think the drama is so brilliant is that it kind of reverses the process that happens a lot in children's lives when their parent has a mental illness, which is that the child is often the observer, sometimes quite helplessly so, to the parents drama, so when you think about the effect of a parent witnessing a drama the child is involved in, even though it's a different kind of drama, I think that's very powerful at that level it's a very brilliant concept.

Kidstime Delivery Team

I would describe it as a series of supportive/therapeutic workshops to help parents and children, primarily children who have parents with a mental health problem, need or illness.

Referrer

Box 4.4: Kidstime delivery team and referrer reflecting on the success of Kidstime resulting from children being at the centre of attention

Children living with parents with mental illness are also at risk of identifying too closely with their parent/s pattern of behaviour. This can lead towards the development of unhealthy levels of preoccupation, particularly when they are in a caring role. Members of the Kidstime delivery team are aware that the dramatisation sessions are a means of helping children to objectify their parent's illness, in order to reduce unhealthy levels of preoccupation and identification with their parents (box 4.5).

They take care of the parent but you can see that they are very highly identified...so part of the goal of Kidstime is to help them diminish their identification and the goal of the explanation and the reason we try to objectify it, even over objectify it, is to help them distance themselves from their identification with the parent.

Kidstime Delivery Team

Box 4.5: Kidstime delivery team member reflecting on difficulties faced by the children

It is not unusual for adults with mental illness to struggle when faced with the task of managing everyday parental responsibilities, such as taking children to school and maintaining discipline. Regulation of behaviour and parenting style can be particularly hard to achieve during a relapse or acute episodes. The impact these difficulties can have on their children varies, with some left feeling responsible for their parent and guilty if they feel happy themselves. Others may feel very unattached or even angry and resentful of their parent and their illness. Children can also become very scared and ashamed of their parent's behaviour and may find it difficult to understand and manage living with a parent who can be extremely volatile (box 4.6).

I think it's really important to remember that parents can be very scary, because I think sometimes if you are in a very volatile state, one small thing will set off a great kind of cascade of accusations, rage, ranting, and children have to kind of manage that and have to kind of find a way of thinking about where's the edge between a parent being ill and a parent being accountable for bad behaviour.

Kidstime Delivery Team

There is one family that I have worked with where the parent [has dual diagnosis] and goes to their child for support and asks them questions and advice, the child is ten years old and effectively takes on the role of being a parent in that household. This also restricts them from going out with friends sometimes because they feel they need to be available for their parent.... it causes them to mature a lot quicker because they take on more responsibility than another child of their age

Referrer

Box 4.6: Kidstime delivery team member and referrer reflecting on their experiences of working with parents that have mental illness

4.3 Challenges associated with providing Kidstime Workshops to a vulnerable population

Referrers describe repeated difficulties when attempting to encourage families to attend Kidstime for the first time (box 4.7). An initial reluctance to attend Kidstime by new families may happen for a variety of reasons, often linked to a parent's fear or anxiety about receiving additional support. However, once a family has agreed to attend the first session they usually continue to attend for several sessions.

Sometimes that can be difficult, trying to encourage people and families to go to things like Kidstime as well can be really difficult because they don't want to be seen as having an illness necessarily, some families don't want to be out there with other people talking about what's going on in their home some families where there is mental illness they don't want to acknowledge again that there is an illness period in the family or that it's having any type of impact at all so trying to address some of the concerns that are raised can prove to be challenging at times when a parent is in denial.

Referrer

Box 4.7: Referrer reflecting on the difficulties faced in engaging parents and families in external support services

As Kidstime Workshops are meant to be a relaxed and beneficial service for families, they are not compulsory and once referred, families are allowed to attend one month and not the next or have several months break in between sessions before coming again. Whilst this is an approach that generally works well it also means that month to month numbers in attendance can vary, with new members coming and going quite frequently. This can be disturbing for some of the more regular attendees (box 4.8).

Kidstime has quite a fluctuating membership and sometimes that's a bit of a problem, sometimes the parents get a bit frustrated at having to say who they are over and over again, that's one of the disadvantages of an open group as opposed to a closed group,

Kidstime Delivery Team

Box 4.8: Kidstime delivery team member reflecting on a disadvantage of the fluctuating membership patterns

Another challenge discussed by the professionals was the varied age range of the children and young people who attend (box 4.9). This could sometimes cause difficulties in the drama sessions making age appropriate activities hard to design and carry out. This seems to be particularly true when children are too young to fully participate in a dramatisation, or as teenagers are much older than the rest of the group. A dedicated group of adolescents and their parents is called for.

You can literally have very young children running around you know, just playing and not being able to participate, non-verbal often and then sort of older young people, up to maybe 15-16 and... .. I wish sometimes that there could be separate sessions for those age appropriate groups and often, the older ones, if there is too much distraction from the younger ones, they don't invest and they're not as likely to divulge as much or be taking any risks, in that mixed group.

Kidstime Delivery Team

We've been talking for years about having an adolescents group, you know, and somehow it's not happened, but I think it would be great if we could think how to do it.

Kidstime Delivery Team

Box 4.9: Kidstime delivery team members reflecting on the disadvantage of the large age range of children and young people

Differences in referral patterns and attendance between the two workshop sites were found to exist, most likely because of the length of time each had been established. For Hackney, which was established more recently, one major challenge was overcoming the barrier of encouraging local mental health professionals to think of Kidstime as a resource to refer families to (box 4.10). Referrals had been received but not all had been suitable. The lack of suitability was largely due to parents currently being too unwell to attend or due to the referrals being requests for children only to attend. Consequently sessions tended to be much smaller than those in the locality where Kidstime is more established.

Well, I can mention the challenges that I've seen so far with the workshops, bearing in mind I have only, really, started very recently, and we have only carried out 5 or 6 workshops, the challenges that I've seen so far, first of all, it's about being able to maintain a momentum with Social Services and getting referrals.

Kidstime Delivery Team

Box 4.10: Kidstime delivery team member reflects on maintaining flow of referrals at newly established workshop

Due to Kidstime's innovative approach in working with families, it can prove challenging to ensure workshops are maintained and properly funded. Although the cost of Kidstime is only around £14,000.00 a year, funding for the workshops has to compete with several services for local budgets. Ensuring that Kidstime is seen as a priority is crucial, as without it, many vulnerable families would be let down by being unable to access a service they have come to rely on. Having seen the difference it can make to the lives of families who attend, members of the Kidstime delivery team have expressed the need to maintain the workshops as an intervention (box 4.11).

I think it should be just funded, properly funded, there shouldn't be boroughs quibbling about who should be paying what where and how, it should be funded because it's such a brilliant resource but as I say I don't get involved in all that, fortunately for me, with this project, I know how funding is a nightmare generally speaking, so I think that's a weakness, a challenge to the model.

Kidstime Delivery Team

Box 4.11: Kidstime delivery team member discusses funding concerns

The tight budget also means that the professionals running Kidstime workshops feel they are not able to provide a service for all families who would benefit. These difficulties seem to be compounded by the common practice of having splintered services where the more holistic approach to mental health support which is favoured by Kidstime is difficult to achieve (box 4.12).

The biggest issue for professionals is not being about to have a holistic, having splintered services, I mean services that create boundaries they make it much harder to think of the family as a whole... I think it is a huge difficulty, I think for the child based workers there's often a lack of certainty about how to approach the parent, they may sometimes find if they want to work with the children they found the parent is so needy that they don't know how much they should focus on the parent, how much on the child, that can make workers sometimes feel quite judgemental towards parents

Kidstime Delivery Team

[It can be difficult] working with families in general, specifically the families where there is mental illness because there might be a Community Mental Health Team involved and [there is] the issue of a professional to professional relationships, a lot of the time there's a lack of communication between adult services and children's services and any other agencies that are involved

Referrer

Box 4.12: Kidstime delivery team member and referrer reflecting on how poor integration of services may impact on service delivery

4.4 The benefits of providing Kidstime Workshops for a vulnerable population

Despite the challenges that can arise, the professionals involved regard Kidstime as a very positive and valuable service for the families involved as well as for themselves. This is partly due to the way it enables professionals to come together and work in a more holistic and flexible manner where they can learn from each others' experiences and working perspective (boxes 4.13 and 4.14).

I enjoy working with all the different professionals I work with because their commitment and their talent and skills and experience so I learn from them as well,

Kidstime Delivery Team

Box 4.13: Kidstime delivery team member on benefit of working in multi skilled delivery team

Professionals involved in the delivery of Kidstime consider its unique role in offering support to the children of adults with mental illness is a major determining factor in its success (box 4.14). The distinctive inclusion of the whole family and the positive fun approach to support is successful at engaging children and therefore encourages them to come back time and again.

It's systemic in the sense that it includes not only the person who suffers from mental health problems but the children as well and ...I have a sense that this doesn't happen in mental health services like community mental health services for adults and the focus is mostly on the adult rather than their familyso I think, it's inclusive, the kidstime workshop and I think it's non stigmatizing because it's, the context is having fun, it includes positive activities for children and I think this is good to in the sense of engaging children and motivating them to go back

Kidstime Delivery Team

Box 4.14: Kidstime delivery team member on beneficial aspects of Kidstime for children

As Kidstime is essentially designed with children in mind, the drama sessions are regarded as one of the most important aspects of the workshops. Children and the professionals look forward to this section of the workshop in particular, as it gives the children the opportunity to enjoy the freedom to express themselves with the support and facilitation of the professionals. It is usually the part of the workshop with the most structured format, although even this is flexible and able to be adapted according to the ages of those present and the topics they want to cover.

Professionals regard the drama sessions as one of the key successes of Kidstime because they are able to see the immediate benefits during the exercises and during whole group discussions when videos are played back to parents at the end of each workshop. Those who have been involved in the delivery of Kidstime for several years have also been able to appreciate the successes of Kidstime through observation of the long term benefits for service users. Watching regular attendees develop into independent adjusted young adults despite the difficulties of their family circumstances (box 4.15) is a rewarding illustration of what the workshops can accomplish.

When I started the Kidstime project, I felt like I couldn't really express myself, because I know that people often thought that because my mum had mental illness I may have mental illness, so I didn't want to say anything, because I didn't want to seem odd or say anything inappropriate, so I kept to myself. So when I started coming to this project, you realise that, not necessarily, because when you know that other people have the same problem as you, and they look normal, they seem normal, that's its okay to come out and just, you know, express yourself a bit more. So I just felt like I wouldn't necessarily, after learning about the illness I felt like I wouldn't necessarily become mentally ill, so it's okay for me to express myself.

Ex-attendeé Young Person

Box 4.15: Young person reflecting on how beneficial Kidstime has been for them

Chapter 5: Summary of findings and recommendations

5.1 Summary

Kidstime is an innovative approach to supporting families where the parent or parents have a mental illness. The standard practice in mental health service provision for adults is to focus largely on the person who is mentally ill and not include the children or other family members living with them who are affected by the illness on a daily basis. Kidstime takes a different approach and focuses on supporting and nurturing the family as a whole with particular attention paid to the children, who are affected by living with a parent who has a mental health problem.

Children and young people who attend are given the chance to shine, become the focus of attention and share experiences in a way that even family therapy does not cater for. Children also become a source of pride for their parents who report enjoying being able to witness their children's ability to understand and cope with their situation. Kidstime also enables children to make friends whom they feel understand their family situation and will not judge them. This reduces the fear of stigmatisation through the social experiences of play and interaction with peers. The children are also given the opportunity to express their concerns and experiences through group dramatisations which often successfully facilitates the divulgence of experiences and questions that would be hard for them to otherwise express. A key aspect of the workshops that makes this possible is that the dramatisations facilitate the exploration and consideration of feelings about mental illness without the need for any individual child or family to be exposed, focusing instead on the shared and generic experiences of the group. The sharing of experiences and concerns helps them realise they are not alone and in a sense acts to normalise their family life.

Workshops are advantageous for parents too as they benefit from meeting others struggling with raising a family, whilst living with, and managing mental illness. Group discussions with other parents help to reduce their sense of isolation and addresses concerns related to parenting and the effect their illness has on their and their children's daily life. The psychoeducational aspects of the sessions also help them to understand their illness and for some it is the first time they had the opportunity to learn the basic underlying causes of their illness. A deeper understanding of why they sometimes feel the way they do helps them better understand themselves and their behaviour. Several participants reported that the group discussions and psycho-educational aspects of the workshops made discussion of (continuing onto the next page) mental illness at home easier. Improved understanding of parental behaviour for the children, and of the perspective of the child for their parent, was also reported. Partners without a mental illness who attended reported benefiting from sharing experiences and developing their knowledge and understanding of the illness.

Whilst there are few complaints and suggestions made by those who attended on how workshops could be improved, it is not known why some families choose not to return to subsequent workshops. One possible explanation could be that they felt that the activities and focus of the workshops were geared towards a younger age group than was appropriate for them. This is an aspect of Kidstime that needs some attention and reconsideration as currently there is a lack of adequate provision for adolescent attendees. An adolescent group is now planned.

All those involved in the delivery of Kidstime are passionate about their work and the difference they are able to make to children and families living with parental mental illness. They hope to be able to introduce the initiative to other areas by offering training and the development of a manual to inform and support those who are willing to set up their own workshops. The evaluation has found that the workshops make an important contribution towards improving the quality of life for families and children who attend, and that many more families could benefit if the Kidstime approach was employed within other localities.

5.2 Strengths and weaknesses of methods used and possible next steps

This evaluation aimed to gain insight into, and establish, what aspects of the workshops work well for those who attended, and which aspects did not, in order to inform future workshops which might be set-up in other sites. The specific impacts of attendance at workshops for parents or children could not be directly evaluated. However, good insight into the benefits of these workshops for those who attended was elicited. One of the key strengths of the evaluation is that data was collected from

parents and their children in ways that felt natural and comfortable for them. It is recognised that this approach will also bring its own limitations due to the type and amount of data collected.

Due to the vulnerable nature of the client group, participation in the evaluation was undertaken on an opt-in rather than opt-out basis, resulting in a smaller sample size than otherwise might have been achieved. In addition, the young age of the children involved placed some limitations on the researcher's capacity to interview a larger number of children and young people.

As more interviews were conducted with parents than children, quotations within this evaluation may contain more insights from the parent interviews than the child interviews. It is worth noting, however, that several of the parental quotes also report their children's experience of the workshops, not just their own. The use of anonymous feedback forms at the end of each session for children, young people and parents alike went some way to addressing this issue by allowing attendees to give qualitative and quantitative feedback of their experiences.

The evaluation team have sought to represent the views and opinions of young service users, their parents and professionals as accurately as possible. However, some degree of bias will always be inevitable within our findings because we have only been able to gather the views of those individuals that chose to share their perspectives with us.

Finally, without a comparison group it is not possible to judge the impact of Kidstime as against other interventions or approaches. Consideration should be given to mount a randomised control trial.

5.3 Conclusions and recommendations

Kidstime provides a safe and non judgemental environment for children and their parents to learn more about mental illness and each other. Workshops encourage them to share experiences and perceptions of mental illness with each other in ways they may not do at home. In addition parents benefit from having a regular event that they can attend and share with their children where they know they will not be judged and where they gain strength from the knowledge they are not alone. Children also look forward to the monthly workshops because they are given the opportunity to meet up and play with friends they have made there. It gives them an opportunity to discuss and learn about their parent's illness in a way that is inclusive and accessible. Perhaps most importantly it gives them the opportunity to be heard and for them to share their worries, fears and experiences.

Kidstime workshops are uniquely positioned to provide a range of social, emotional and educational benefits to children and families who experience difficulties arising from parental mental illness. On the basis of the findings contained within this evaluation report, we would recommend that the intervention is rolled out more widely, in an effort to improve the prospects for more children and families affected by parental mental illness.

6 Acknowledgements

We would like to thank all those involved in the delivery of Kidstime workshops at Camden and Islington and Hackney, for allowing us to attend and observe their workshops. We would also like to thank the parents and children who attend the workshops for allowing us to share their experiences of the workshops and hear their stories. Finally, we are most grateful to the City Bridge Trust for funding this pilot project.

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Appendix 1

i.i End of session feedback forms for children

Kidstime workshop feedback form for children under 11 years

1. Did you like Kidstime today?



Yes



Not sure



No

2. Did you learn anything new about mental illness?



Yes



Not sure



No

3. Please write your favourite thing about today's Kidstime in the box:



4. Please write your worst thing about today's Kidstime in the box:



5. Would you like to come to a Kidstime workshop again?



Yes



Not sure



No

THANK YOU!

i.ii End of session feedback forms for parents

Kidstime workshop: feedback form for adults

Before you leave, please take a few minutes to complete this form.

1) Did you find today's workshop useful?

Yes No Don't Know

2) Did you learn anything you did not know about mental illness today?

Yes No Don't Know

3) Do you think today's workshop will help you talk about mental illness with your family?

Yes No Don't Know

4) What did you find most useful in today's workshop?

.....

5) What did you find least useful in today's workshop?

.....

6) Would you like to come to a Kidstime workshop again?

Yes No Don't Know

Thank you for your time!

i.iii End of session feedback forms for young people over 11

Kidstime workshop feedback form for young people over 11 years

Before you leave, please take a few minutes to complete this form.

1) Did you find today's workshop useful?

Yes ☺ No ☹ Don't Know ☹

2) Did you learn anything you did not know about mental illness today?

Yes ☺ No ☹ Don't Know ☹

3) Do you think today's workshop will help you talk about mental illness with your family?

Yes ☺ No ☹ Don't Know ☹

4) What did you most enjoy in today's workshop?

.....

5) What did you least enjoy in today's workshop?

.....

6) Would you like to come to a Kidstime workshop again?

Yes ☺ No ☹ Don't Know ☹

Thank you for your time!

Appendix 2

ii.i Topic guide for interviews with parents

Kidstime study: topic guide for interviews with parents

1. How long have you been in Kidstime for?
2. How did you hear about Kidstime?
3. How often do you go to Kidstime?
4. What led you to participate in Kidstime?
5. Do you think it helps? And why?
What things you like about Kidstime?
6. What things you don't like about Kidstime? And why?
7. What helps you attend Kidstime?
What things make it easier for you to go to Kidstime?
8. What gets in your way of attending the workshops?
9. How would you describe Kidstime to a friend or relative?
10. What do you think would be helpful for parents in similar situation to you?
Do you think Kidstime could help them? And why?

ii.ii Topic guide for interviews with children and young people

Kidstime study: topic guide for interviews with children (under 11 years)

1. Tell me about Kidstime, what is it?
How you would describe Kidstime to a friend of yours?
2. What sort of things do you do in Kidstime?
3. What things do you like about Kidstime?
What is your favourite thing about Kidstime?
4. What things you don't like about Kidstime?
What is your worst thing about Kidstime?
5. Is it easy/difficult for you to go to Kidstime?
6. Would you like to continue going to Kidstime?
7. Who do you think should go to Kidstime?
Who would you recommend it for?

ii.iii Topic guide for interviews with facilitators and clinical leads

Interview topic guide for Kidstime professionals

I. Introductory questions: professional background (qualifications, training, experience)

1. **Could you talk to me a bit about your professional background?**
 - a. *What qualifications and training do you have?*
 - b. *Do you have any specialist qualifications/or training around working with children –or with children with emotional needs?*
 - c. *How many years of experience do you have overall/in current post?*
2. **Could you talk to me a bit about your involvement in Kidstime?**
 - a. *When and how did you first become involved in Kidstime?*
 - b. *What motivated you to become involved?*
 - c. *What is your main role in Kidstime (main duties & responsibilities)?*

II. Main questions: the Kidstime workshops approach (what, why and how)

3. **What are the Kidstime workshops?**
 - a. *How did they come about?*
 - b. *Who are they for?*
 - c. *Could you describe (what happens in) a typical Kidstime workshop?*
 - d. *What strategies do you employ in order to address participants' needs?*
4. **What are the challenges for families living with parental MI?**
 - a. Children
 - b. Parents
 - c. Professionals working with these families
5. **What do you think are the strengths of the Kidstime approach in terms of addressing the challenges you mentioned?**
 - a. *Weaknesses?*
 - b. *What strategies used in Kidstime do you consider most/least helpful in terms of addressing the needs of the participants?*
6. **In your opinion, what would constitute success in the context of Kidstime?**
 - a. *Could you mention some examples of positive outcomes for children, parents, professionals?*
 - b. *Could you mention examples of what you would consider to be a successful Kidstime workshop?*

III. Closing questions: personal evaluation & comments

7. **What have you most enjoyed about working with the Kidstime approach?**
 - a. *Was there anything you have not enjoyed in your work with Kidstime?*
 - b. *Have there been any specific difficulties that have arisen from doing your Kidstime work?*

ii.iv Topic guide for interviews with referrers

Interview topic guide for Kidstime professionals

I. Introductory questions: professional background (qualifications, training, experience)

- 1. Could you talk to me a bit about your professional background?**
 - a. *What qualifications and training do you have?*
 - b. *Do you have any specialist qualifications, or training around working with children – or with children with emotional needs?*
 - c. *How many years of experience do you have overall/ in current post?*
- 2. Could you talk to me a bit about your involvement in Kidstime?**
 - a. *When and how did you first become involved in Kidstime?*
 - b. *What motivated you to become involved?*
 - c. *What is your main role in Kidstime (main duties & responsibilities)?*

II. Main questions: the Kidstime workshops approach (what, why and how)

- 3. What are the Kidstime workshops?**
 - a. *How did they come about?*
 - b. *Who are they for?*
- 4. What are the challenges for families living with parental MI?**
 - a. Children
 - b. Parents
 - c. Professionals working with these families
- 5. What do you think are the strengths of the Kidstime approach in terms of addressing the challenges you mentioned?**
 - a. *Weaknesses?*
 - b. *What strategies used in Kidstime do you consider most/least helpful in terms of addressing the needs of the participants?*
- 6. In your opinion, what would constitute success in the context of Kidstime?**
 - a. *Could you mention some examples of positive outcomes for children, parents, professionals?*

III. Closing questions: personal evaluation & comments

- 7. What have you most enjoyed about working with the Kidstime approach?**
 - a. *Was there anything you have not enjoyed in your work with Kidstime?*
 - b. *Have there been any specific difficulties that have arisen from doing your Kidstime work?*

Appendix 3

iii.i Kidstime workshop – DNA audit manuscript/ prompts

Note:

- Black text indicate notes for person undertaking interview
- Blue text denote suggested prompts

It would be helpful if the person undertaking audit interview could also provide the following items of information to help us undertake a meaningful comparative analysis, however this information should not be asked for from former service-users at any point during the calls:

Gender: Male / Female

Role: Parent with mental illness / other parent / carer

Number of children attending kidstime: 1 / 2 / 3 / 4 / 4+

Age and genders children attending: M/F _____ / M/F _____ M/F _____ / M/F _____

Approximate length of kidstime involvement (months):

Hi my name is _____ I'm calling from the Kidstime workshop team in _____(location).

We are reviewing the Kidstime experience to see what changes we need to make to improve the workshop programme. Part of this task is finding out why some families didn't come back after a meeting. Our records show that you stopped coming to the workshops a little while ago, so I was wondering if it would be ok to chat for a couple of minutes to find a bit more about what you thought about the workshop and why you decided to stop coming?

OK great let's start with what you thought about the workshop when you did go:

1. Review of usefulness

1a. Looking back on coming to Kidstime did you think it was useful to you and your family?

If yes then why:

If no then why not:

That's great, thanks for this information, really helpful to know, etc etc. Now I would like to move on to your reason for dropping out (refer to anything previously mentioned in Q1 if relevant to reason for dropping out)...

2. Reason for dropping out

There may be many reasons why people don't want to come again

2a. Can we check with you what the reasons were for you? (provide detail)

If need prompt can say...Some of the feed back we have already received from people that still attend Kidstime workshops is that some people find the changes in group membership from workshop to workshop a little disruptive, others did not like the videotaping, and others have told us that the big range in age groups attending the workshop can make some of the activities feel a bit irrelevant.

(2b) Did any of these things ever bother you?

If yes: provide detail, also refer to earlier part of conversation as relevant:

(2c) Other possible prompts to consider

Note, if you require prompts, you may wish to read through the following list of categories and ask them to let you know which are true, then provide extra detail as relevant (please tick reasons as appropriate):

| | |
|--|--|
| I was too busy or was ill so could not come | |
| I started going to a different support group which I found more helpful (if so give details) | |
| I did not think the workshops were relevant for me anymore (provide details) | |
| I was not able to arrange transport | |
| I forgot | |
| My children didn't want to go anymore (provide details) | |
| Other (provide details) | |

Notes:

Thank you for this information, this is really helpful for us to know. I have one final question to ask if that's ok with you?

3. Suggestions for Improvement

3a. Do you have any suggestions on how the workshops could be improved?

4. Anything else?

4a. Is there anything else you want to let me know about?

Ok, thank you for your time. The information you have provided will help us improve the Workshops for future service users so we are very grateful for your help. If you do want to come back to Kidstime at any point, you can just let us know, we would be happy to see you again!