

# KidSTime Workshops

Making a difference for children and families affected by parental mental illness

Data Snapshot March 2019



Our Time

Helping young people affected by  
parental mental illness

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# Introduction

Our Time is a charity that campaigns and provides interventions for children and young people whose parents have a mental illness (COPMIs). The case for intervention is strong, with an estimated 3.4 million children and young people in the UK living with a parent with a mental illness (Ernst & Young).<sup>1</sup> The Children's Commissioner Vulnerability Report (2018) states that, in an average classroom, eight children (25%) will have a parent with mental health problems.<sup>2</sup> This is projected to rise to 4.5 million by 2021 (Ernst & Young).<sup>3</sup>

The presence of mental illness in a parent can negatively impact all aspects of a child's development: cognitive, language, educational, social, emotional and behavioural.<sup>4</sup> Consequently, without timely support and intervention, 70% of these children are at risk of developing at least one minor adjustment problem by the time they are teenagers. With two ill parents, there is a 30-50% chance of the child becoming seriously mentally ill.<sup>5</sup> EY analysts predict that, by 2021, this could amount to 3.1 million COPMI developing mental health problems themselves, at a huge human and economic cost. For example, if a quarter of these young people develop depression by 2021, Ernst and Young projects a cost to government of £470 million<sup>6</sup>.

Our Time aims to tackle this problem head on through its campaigning and interventions. The charity works in partnership with other organisations and agencies responsible for children and young people's well-being to deliver two main interventions:

- Community-based, multifamily interventions, known as 'KidsTime Workshops';
- Awareness raising, specialist training and provision of resources in schools, known as 'Who Cares?'

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<sup>1</sup> Ernst & Young, 'Sizing the Problem – analysis by EY,' commissioned by Our Time

<sup>2</sup> Children's Commissioner Vulnerability Report, 2018

<sup>3</sup> Ernst & Young, 'Sizing the Problem – analysis by EY,' commissioned by Our Time

<sup>4</sup> Research from Rutter, 1966, Cooklin, (2018). Promoting children's resilience to parental mental illness: engaging the child's thinking, BJPsych Advances; Children's Commissioner Vulnerability Report, 2018; Welsh Adverse Childhood Experiences (ACE) study, Public Health Wales, Centre for Public Health, Liverpool John Moores University, 2015.

<sup>5</sup> Rubovits, P. C. (1996). Project CHILD: An intervention programme for psychotic mothers and their children

<sup>6</sup> Ernst & Young, 'Sizing the Problem – analysis by EY,' commissioned by Our Time

These are relatively low-cost, with KidsTime Workshops costing approximately £2,000 per family per year. In contrast, a single CAMHS assessment costs £700 per child before any intervention takes place. Further information about these interventions is available at: [www.ourtime.org.uk](http://www.ourtime.org.uk).

We are also including links to the following background information:

- [Our Time's Evidence Paper](#)
- [Key Facts & Figures](#)

This report provides a snapshot of Our Time's operational KidsTime Workshops in March 2019. The findings of this report include basic quantitative data about the children, young people and families participating in the workshops, in addition to rich qualitative data, including testimonials and case studies, which serve to illustrate the impact of Our Time's interventions on children and families.

## Background information

KidsTime Workshops are multifamily workshops for families where a parent has a mental illness. They take place once a month after school, for two and half hours, and can generally accommodate up to 15 families taking part at each workshop. The workshops are 'non-treatment' educational sessions which encourage families to discuss mental illness and help to diminish the social isolation, stigma, confusion and fears which a child of a parent with mental illness may experience.

The workshops offer a fun, protected space where young people can express themselves, interact socially, share experiences and learn about mental illness through discussion, games and drama. Trained staff explain mental illness and its effects to young people in a way they can understand and help them to articulate and tackle concerns or challenges. The workshops also provide adults with an informal, intimate space, where they have the opportunity to share experiences and discuss their role as parents, rather than patients.

The workshops harness three protective factors identified by international research as key to building resilience in children and young people:

- Having a clear explanation
- Knowing you are not alone
- Having a trusted adult to talk to

### KidsTime Workshop structure

#### **Part 1: Seminar**

Families (children and parents) come together for a collective discussion or activity, facilitated by the workshop lead, who will usually be a family therapist or trained mental health professional. This is an opportunity for families to collectively discuss issues relating to mental illness, using games and other methods. The topics of discussion are identified by the children and their families themselves, for example, side effects of medication, hospitalisation, or managing things like homework, home-life and school holidays when a parent has a mental illness.

#### **Part 2: Drama / Parent Group**

In the second part of the session, the children and young people and adults are split into separate groups. The children create a drama sequence based on the Workshop topic or theme for that month, facilitated by a drama lead, which is filmed. The dramas serve as an effective channel for young people to express their experiences and fears about mental illness, but also enable them to differentiate from their parent's mental illness and explore the subject from an outside perspective. Whilst this is happening, the adult group meet to share and discuss some of the challenges involved in parenting with a mental illness, and provide peer support and encouragement to one another, supported by the workshop lead.

#### **Part 3: Wrap-up session**

In the final part of the session, the parents and children come together to eat pizza and watch the short film that has been created by the young people. This is an opportunity for families to collectively understand and reflect on the impact of parental mental illness on the whole family, and for parents to show pride in their children and to recognise how much their children know about mental illness.

### Referrals, participation and engagement

Any agency or organisation can refer a family to a KidsTime Workshop. The referral will be discussed with the referrer by the workshop coordinator or workshop lead to ensure it is appropriate, and a visit will normally be arranged with the family to encourage them to attend a workshop.

What is unique about KidsTime Workshops, in comparison to other interventions, is that families can attend as many workshops as they wish to, so there is no 'cut-off' point, or penalty for non-attendance. The rationale for this is to reflect and be sensitive to the realities of living with a mental illness, which can fluctuate over time, and is not necessarily something that can be 'cured'. Families may or may not require support at different junctures, however, KidsTime Workshops are a place they can return to when they need it.

### The current picture

There are currently 11 KidsTime Workshops operational in London and the UK, and these are listed below:

- Barnet
- Bedfordshire
- Brent
- Camden and Islington
- Hackney
- Haringey
- Plymouth
- Newham
- Sutton
- Westminster
- Wirral

### Funding

The existing workshops are all funded differently, with some workshops part-funded by separate partners working together. Several workshops are entirely funded or part-funded by the local authority (Children's Social Care), Child and Adolescent Mental Health Services (CAMHS), charitable organisations, such as Mind or Family Action, or by trusts and foundations. These workshops, however, are usually attached to a service and not fully integrated within the local family services. Therefore, to ensure the sustainability and longevity of workshops in the medium to longer term, they will need to be commissioned locally, under license from Our Time. The charity is campaigning at both a national and local level, as well as developing its delivery model, to support this.

## Data collection - Purpose, objectives and approach

In January 2019, Our Time carried out a 'data snapshot' of the operational KidsTime Workshops. The purpose of this was to capture the **basic data and information** about children, young people and families that are currently supported.

A data collection template was sent to each workshop coordinator with a request to submit this data within a two week timeframe. The data requested included:

- The number of children, young people (abbreviated as 'CYP' throughout this report), and whole families, currently registered with the workshop
- Age and gender of the children and young people
- Information about the different parental diagnoses
- Families' ethnic background
- Number of referrals into the workshop and referral sources;
- Attendance/participation data
- The workshops were also asked to provide a case study of a family where there had been a noticeable, positive change for that family as a result of coming to KidsTime Workshops

Data was received from all of the workshops, with the exception of Camden and Islington, and Newham, and five out of 11 Workshops provided case studies.

Alongside this, interviews were carried out by Our Time staff and workshop leads across three workshops to capture the experience of children and families coming to KidsTime Workshops.

## Data quality

Whilst every effort has been made to ensure the data is as accurate as possible, there are some limitations to this report which has identified gaps and inconsistencies in the data. The organic and localised nature of the workshops, their different funding sources and reporting cycles, and pressures on local capacity and resources, have all resulted in diverse practices and approaches to data collation. Our Time acknowledges that this is problematic, and is taking steps to move towards a licensed model with clear standards of practice and impact measurement. In the meantime, the report's findings should be considered a glimpse or 'snapshot' into the reach and impact of workshops at the date of this report.

Moving forward, Our Time will be looking at different data collection methods. As of March 2019, Our Time is piloting Upshot, a performance management software solution, to manage and monitor the data and impact of its Barnet KidsTime Workshop, and some of its other workshops. Our Time is trialing Goal Based Outcomes as its methodology for measuring impact. This is an established measure used in young people's mental health services, where goals are identified by the individual at the beginning of an intervention and progress towards those goals is regularly monitored throughout the intervention by self-evaluation. This approach was chosen over other methodologies, as it gives individuals the opportunity to set their own goals specific to them and their situation, which is more empowering and sensitive to the contexts of the different families we are working with. Furthermore, the goals set by families will be analysed to identify trends, which could be used to inform more specific impact measures and performance indicators in future. This approach to impact measurement will be evaluated in September 2019.

# Findings

## Key findings

Below is a summary of the key findings:

- A total of 228 children and young people, and 156 families are currently supported by a KidsTime Workshop. This does not include data from Camden & Islington or Newham, where Our Time estimates at least a further 20 families registered, bringing the estimated figure of children and young people to approximately 250.
- The most common age group of attendees is 6-10 years (54%).
- The gender split of child attendees is equal (50% of children and young people are female, and 50% are male).
- While there is a diverse range of the diagnoses of parents attending the workshops, depression is the most prevalent among these (37%).
- Most families and young people were referred to KidsTime Workshops by their local authorities (59%).

The following pages will explore and analyse this data more fully, and provide a comparison and possible hypotheses for the apparent differences between workshops.

## Total number of CYP and families

From the data snapshot, it can be seen that there are a total of **228 children and young people and 156 families** currently registered in KidsTime Workshops (across the nine workshops that submitted data). The table below provides a breakdown of these figures:

<b>Number of registered CYP/families by workshop</b>		
<b>KTW</b>	<b>No. of CYP</b>	<b>No. of families</b>
Barnet	20	11
Bedfordshire	34	17
Brent	22	7
Hackney	48	25
Haringey	12	8
Plymouth	33	20
Sutton	13	5
Westminster	10	17*
Wirral	36	36**
<b>TOTAL:</b>	<b>212</b>	<b>147</b>

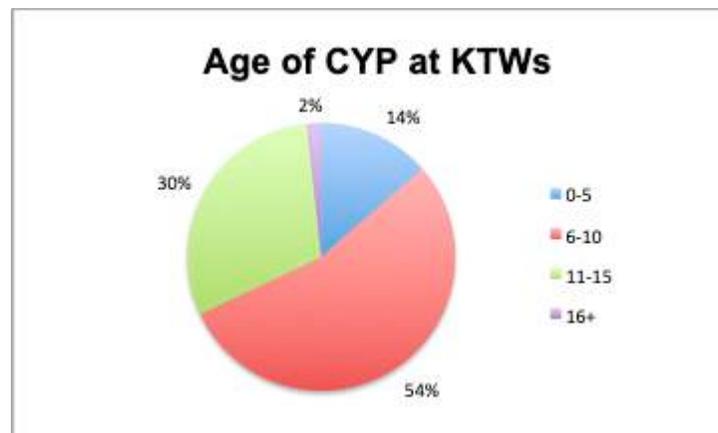
\* There is a slight discrepancy with Westminster's data. Whilst 17 families are registered and were referred, only 10 CYP are currently attending. The workshop coordinator estimates that around 4 to 5 families are regularly participating in the workshop.

\*\* Whilst the assumption here is that each parent attends with only one child, this is fairly unlikely, as many of our families have multiple children in the household who also attend KidsTime Workshops.

The workshops vary in size, with Hackney being the largest in terms of number of attendees. The smallest workshops are Westminster, Haringey, Brent and Sutton which all have 13 or less children and young people attending.

### Age of children and young people

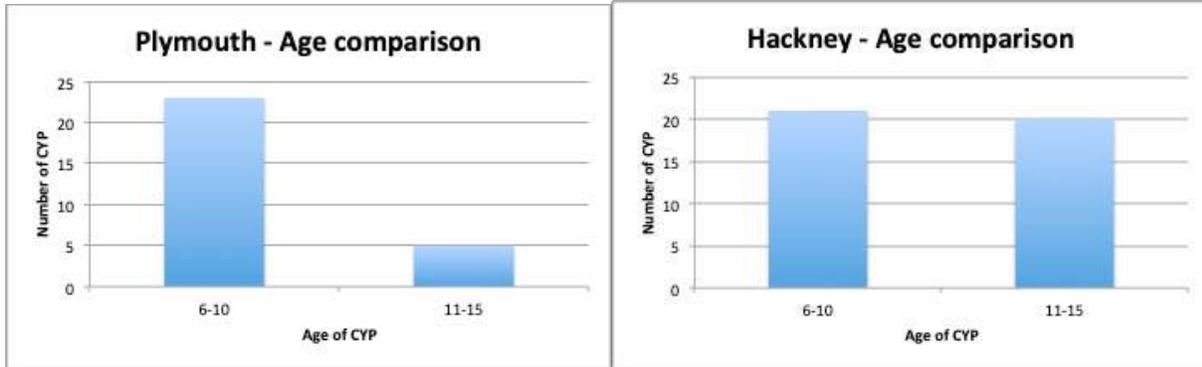
The ages of the children and young people can be broken down as follows:



Based on this data, we can see that the biggest proportion of children and young people that attend KidsTime Workshops are aged between 6 and 10, with 124 children out of 228 falling within this age group (54%).

Whilst the 11 to 15 age bracket is the second largest in terms of the number of children and young people (30%), this is largely a result of Bedfordshire and Hackney having an almost equal number of 6 to 10-year-olds (15 and 24) and 11 to 15-year-olds (15 and 20) represented at their workshops. Meanwhile, Plymouth, which has a similar number of 6 to 10-year-olds as Hackney (23), has only five 11 to 15-year-olds.

## KidsTime Workshops - Data Snapshot 2019



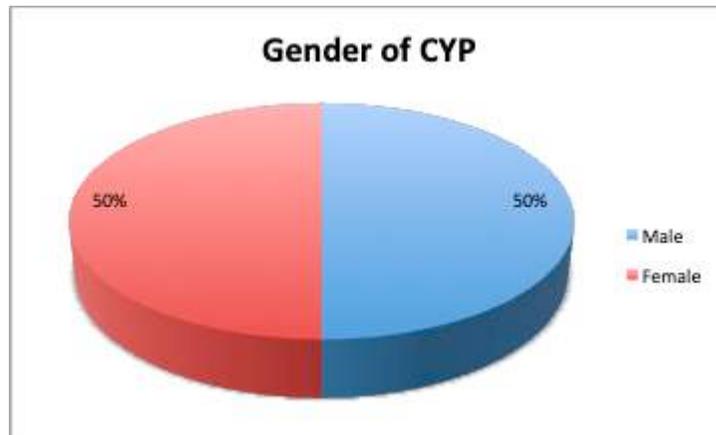
There are currently only four 16-year-olds registered with a KidsTime Workshop, and these are in Brent, Hackney, and Sutton.

Below is a further breakdown of the differences between these two age categories across all workshops:

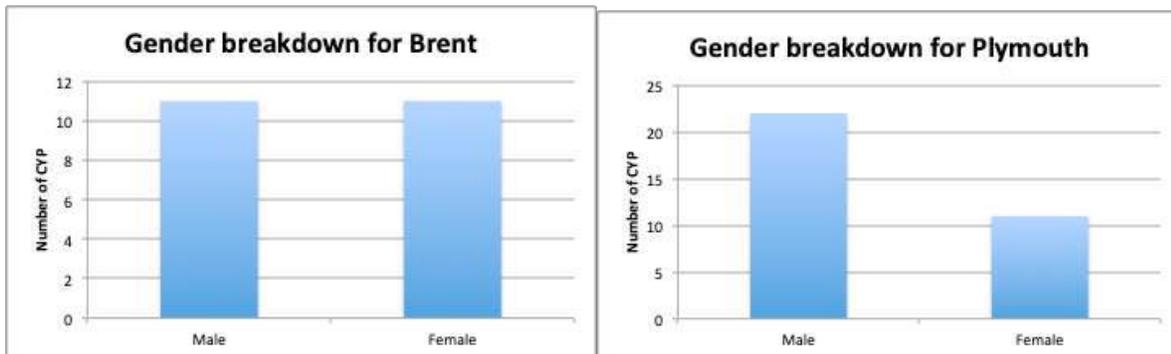
<b>Comparison between age groups (6-10 and 11-15)</b>		
<b>KTW</b>	<b>6-10</b>	<b>11-15</b>
Barnet	10	8
Bedfordshire	15	15
Brent	12	2
Hackney	21	20
Haringey	6	5
Plymouth	23	5
Sutton	7	3
Westminster	5	2
Wirral	25	9
<b>TOTAL:</b>	<b>124</b>	<b>69</b>

## Gender of children and young people

There is an equal split between the number of male and female children. There are 114 boys and 114 girls currently registered.



There were some variations in gender, for example in Brent there is an equal split, whereas in Plymouth there are twice as many male CYP as female CYP.



Plymouth and Barnet were the only workshops where there was a higher proportion of male CYP to female CYP - all other workshops either had more female attendees than male attendees, or an equal number of both.

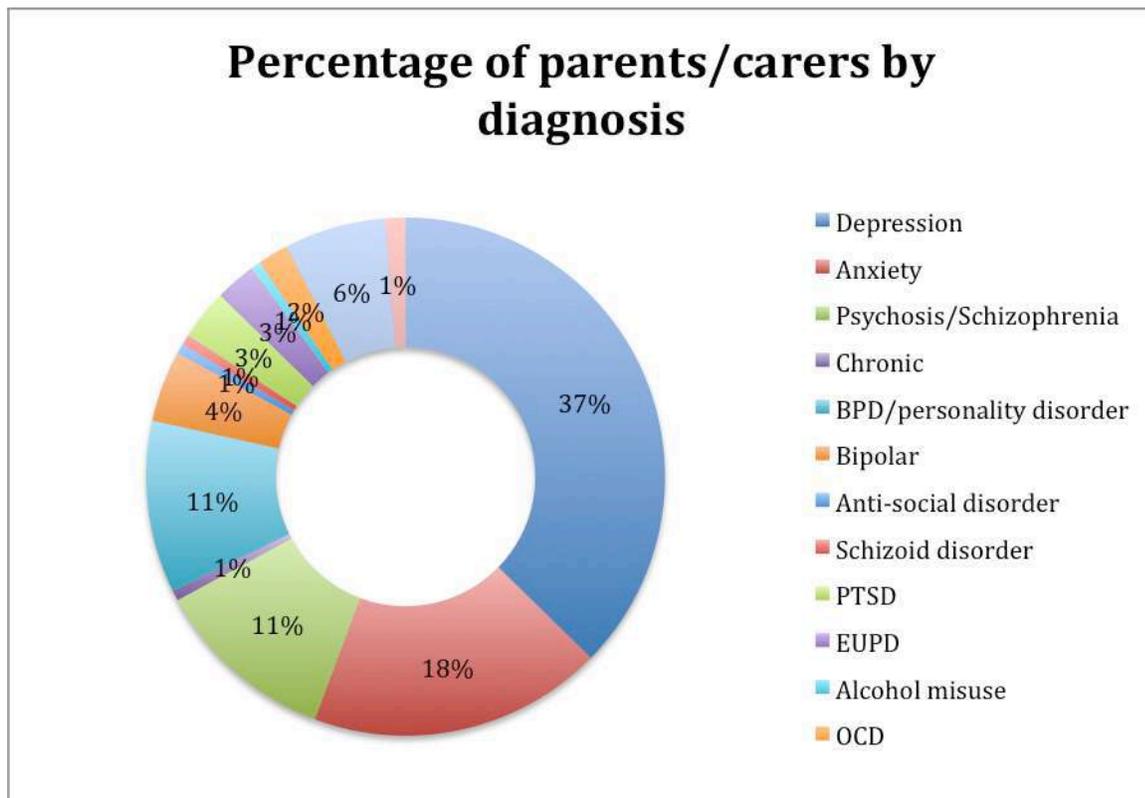
<b>Gender breakdown</b>		
<b>KTW</b>	<b>Male</b>	<b>Female</b>
Barnet	11	9
Bedfordshire	17	17
Brent	11	11
Hackney	24	24
Haringey	5	7
Plymouth	22	11
Sutton	6	7
Westminster	4	6
Wirral	14	22
<b>TOTAL</b>	<b>114</b>	<b>114</b>

## Parental diagnoses

It is standard practice for the workshops to capture the parent's diagnosis. However, information about diagnoses was not available for two of the workshops at the time of this exercise, so the data below can only give an indication based on trends from the other workshops, and does not represent the full picture.

A number of different diagnoses were reported across the workshops. Out of the 158 diagnoses recorded, the most prevalent were depression (59 parents); anxiety (29 parents), followed by psychosis and schizophrenia (18 parents) and borderline personality disorder/BPD (17 parents). In all workshops, apart from one, the most common parental diagnosis was depression. In that workshop, there were more parents with a diagnosis of psychosis/schizophrenia (5) and personality disorder (5) than depression (4). This was also the only workshop to not record a diagnosis of anxiety.

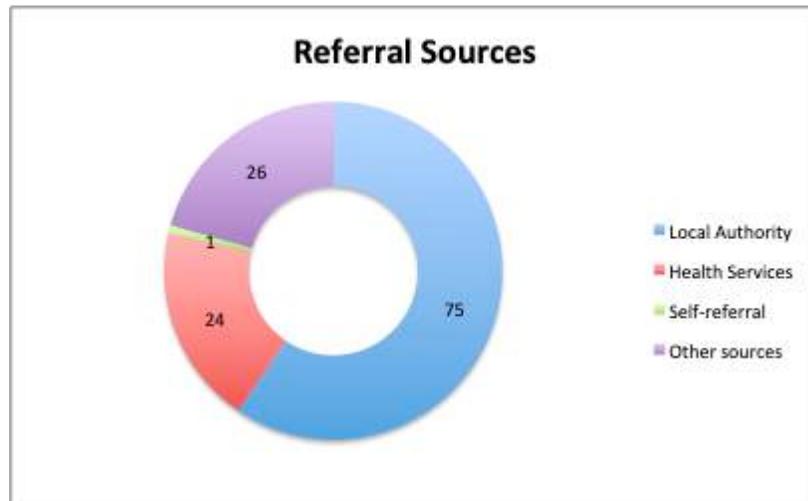
Some parents reported no diagnoses - this could be because they were attending the workshop alongside, or in place of, the other parent who has a mental illness.



## Referrals

A total of 142 referrals were received across the nine workshops that provided data over the last 12 months. The majority of referrals came from local authorities, followed jointly by health services, and then 'other' referral sources, including children's centres, Place2Be, schools, and Young Carers. There was only one self-referral reported across the nine workshops. The table below gives a breakdown of the number of referrals received per workshop over the last 12 months:

<b>Number of referrals received over the last 12 months</b>	
<b>KTW</b>	<b>No. of referrals</b>
Barnet	Approx 2 referrals per month since restarting the workshop in November 2018 - with 11 families attending workshops.
Bedfordshire	34
Brent	19
Hackney	13
Haringey	7
Plymouth	8
Sutton	5
Westminster	17
Wirral	15
<b>TOTAL</b>	<b>142</b>



\*Not including data from Barnet which is approximately 2 referrals per month

## Attendance/engagement

There are too many gaps in the current attendance data to give an accurate overall picture, but the data received shows that, on average, each of the workshops listed below was attended by the following numbers of children and young people:

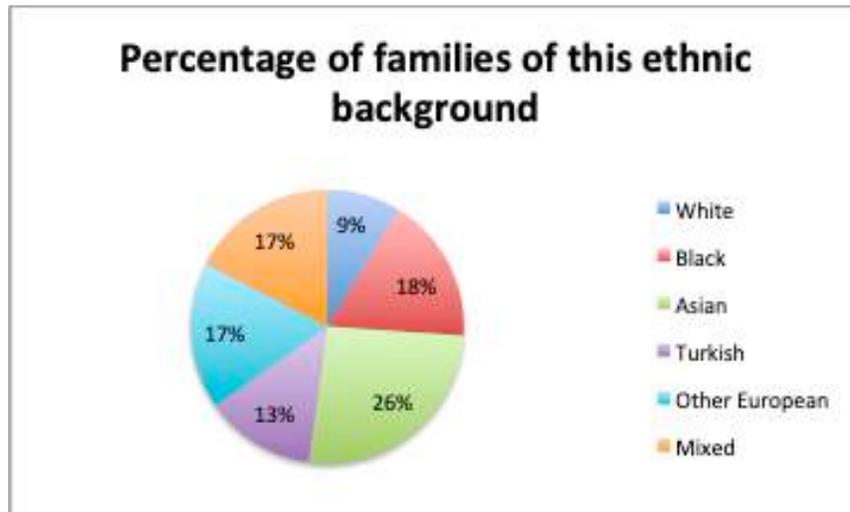
- Nine out of 13 CYP per workshop – Bedfordshire
- Six out of 10 CYP per workshop – Westminster
- Six out of 12 CYP per workshop – Haringey
- Six families attended each workshop - Westminster
- Four CYP on average over 12 workshops - Sutton
- Four to eight families attended per month - Barnet
- 11 families consistently participated over the course of 12 months - Wirral
- 19 families on average attended the 11 workshops run in 2018 - Hackney

## Ethnic background

Out of the 156 families that attended workshops, information on ethnic background is only known for 76 of the families. Only five workshops (Barnet, Hackney, Bedfordshire, Plymouth and Sutton) collected data on ethnic background so, as such, it does not reflect the overall picture.

<b>Ethnic background</b>	
<b>Family ethnic background</b>	<b>No. of families</b>
White British	50
Black	5
Asian	7
Turkish	3
European	6
Mixed	4
Other	1
<b>TOTAL</b>	<b>76</b>

Out of these workshops, Hackney is the most diverse, with both Plymouth and Bedfordshire reporting all families as having a White British ethnic background, and Sutton reporting one family identifying as 'White Other'. Below is a breakdown of ethnicity at Hackney's workshop:



# Case studies and testimonials

## Overview of case studies

Each workshop was asked to provide a case study of a family, where the workshop lead has observed, or the family has reported, a positive difference as a result of coming to KidsTime Workshops.

Case studies were received from seven workshops, some of which have prioritised the child's development, and others which have focused more on the parent. As a result, the case studies differ slightly in their content, format and style. In order to aid comprehension, the case studies have been grouped under the following headings:

1. Knowing you're not alone, and having someone to talk to.
2. Understanding mental illness.
3. Promoting young people's mental health and wellbeing, and increasing their confidence and self-esteem.

As well as case studies, we have also collected some shorter testimonials from young people and parents that have attended workshops. These include short quotations on their experience of KidsTime Workshops and the impact it has had on them and their families. These testimonials have also been categorised according to the headings above.

Furthermore, we have pulled out the key information, and found that the case studies and testimonials generally focus on the following themes:

- Improved self-confidence among children and young people
- Improved relationships
- Increased parental openness
- New friendships made
- Increased knowledge of mental health

Below is a table detailing how many case studies featured each theme:

<b>Themes of case studies</b>	
<b>Theme</b>	<b>No. of case studies featuring this theme</b>
Improved self-confidence among children and young people	6
Improved relationships between the young person and their parent/s	7
Increased parental openness	4
New friendships made	3
Increased knowledge of mental health	4



The school recognised this, and made a request for a family worker, which resulted in a request to KidsTime Workshops being made via the family worker.

Initially, the mother was hoping for parenting strategies, a break from the children, and help with behavioural management of her children. She presented herself as edgy, cross and loud. The children were incredibly shy, anxious and did not want to engage. All of these early presentations could be considered as strategies to protect themselves in a new and potentially scary environment. For the first few sessions, the mother maintained her focus on parenting skills and did not mention her mental illness. She did not engage with other families, conversations about their mental illness and the impact on the family. However, she did connect with other members when parenting skills and strategies were inevitably discussed within the themes of discussion. As well as being useful, this enabled her to become a 'group member'.

Soon after the fourth session, the workshop leaders began to notice a change. The children began to **engage more confidently** in the activities and **allowed their voices to be heard**. The **relationships between the children and their mother seemed less hostile and warmer**. All family members joined in with discussions, games and activities. They physically positioned themselves closer to the rest of the group and were more involved in the seminars. It was as if the reason they were attending somehow suddenly clicked into place. **The mother began talking about her illness** and issues connected to it, along with other group members. **All family members were beginning to form alliances and potential friendships with other group members**. The boundaries put in place in KidsTime Workshops sessions enables a level of emotional safety which leads participants to feel protected. This is what happened with this family, who have now warmed up to the process and are beginning to embark more fully on their KidsTime Workshops journey.”

### Case study 2 – Mother and daughter relationship

This case study describes how the relationship between a parent and a child has benefited from KidsTime Workshops. In the case study, the child is referred to as 'J' and the parent as 'Mum'.

'Mum' and J began attending KidsTime Workshops in January 2018. 'Mum' has a diagnosis of bipolar disorder, and J has a diagnosis of ADHD and autism. J lives with 'Mum', their stepdad, and two young half siblings, and they also have regular contact

with their father. The referral was made with the aim that KidsTime Workshops would be able to support J in understanding Mum's mental health.

When J and 'Mum' initially started attending KidsTime Workshops, 'Mum' was very reluctant to open up about her mental health in the group and with family. **She has grown in confidence since attending the group and is able to share her experiences and thoughts in the group. 'Mum' and J have attended as a pair, and this has given them a rare opportunity to spend some one on one time together. J has also grown in confidence in the group and engages well; she has built up friendships and made a huge improvement in how she expresses her emotions.**

When J and 'Mum' first started attending the group, their relationship was at times tense. From conversations with J, it seemed that she felt like a bit of an outsider at home as 'Mum' had remarried and had two children who were a lot younger than J. J often witnessed 'Mum's' bad days and she seemed constantly worried about 'Mum' when she was not in the room. She would repeatedly ask staff when 'Mum' would return, which also had an impact on J in school. **As J's understanding of 'Mum's' mental health has grown, she has relaxed in the group and is now quite comfortable being away from 'Mum'. We know that outside of the group, J is much more settled at school and this has made a hugely positive impact on her education. 'Mum' is much more comfortable talking to J about her bad days and this has strengthened their relationship.**

### Case study 3 – Mother and son learning together

Case study 3 is about a young person, who will be referred to as L, and it describes how he was able to develop both his awareness of his mother's mental health issues and also increase his own self-confidence.

L is 10 years old and a young carer. He attends KidsTime's monthly workshops with his mum who is diagnosed with a mental illness. Below is some feedback from L's mum.

**"He is more aware of my mental health issues due to this group and he understands that he is not the cause of it. He also sees that we are not the only family affected by mental health issues** and the problem is 'normalised' for him. **We've learned that it's OK to talk.** I think a lot of people, especially myself, when I was first diagnosed with mental health problems... **I was scared to talk.** Knowing that I'm a mother and that your

first instinct is to protect your children and it's hard sometimes to reach out, knowing that you are going to be judged. **But it's okay to talk - actually there are people who will listen**, and I think you can feel quite isolated, you know, dealing with the demands of everyday motherhood.

**KidsTime has helped me by being with a group of people who have experienced or are experiencing mental health problems** and having that **space to discuss things that are going on in a friendly and more of an informal manner**, but **knowing that you have support and that you're not alone and that other people can relate to you**. I think that's a big thing for me. **KidsTime Workshops have helped myself and my son to learn about my mental health together**. It's somewhere where we come and get great support from different agencies. **There's a great understanding of how they can help us, how they can help myself, how they can help my child. And also it's a place that you are accepted to have mental health (illness) and for it to not be a stigma.**

**For the first time you can talk about what any of your issues are, any of your concerns**, and there are people there who can if not help you directly, can help you get hold of the agencies who can help you.”

#### Case study 4 – A father's perspective

The following case study is taken from interviews with a father of a child whose family attends KidsTime Workshops. The family started attending due to the mother's mental health problems, but since regularly participating in the workshops, the whole family benefited and became increasingly open.

“We've been here from the very beginning. My wife has been here every single month and she's never missed it, and it's not so much the help and support, it's just sitting in the room as it is. **It's lovely to see my wife, I wouldn't say normal, but come to terms with everything. Even my eldest, she comes to terms with everything and I'm scared that it (KidsTime Workshops) will go away.**

First of all it was just my wife. I suffer from insomnia, so I don't ever sleep; my brain doesn't switch off or anything. Here, I found there are a couple of other people. **I thought I was on my own, my wife thinks she was the only one and she's not. It was pretty much my family was in denial until we came here. When we came here it just opened up and it's looked up.** We've just been strength after strength after strength.

[In terms of how my children have been affected by our mental health, I would say] with [me], not so much... because my one is about sleep and my children love me having this, because at night time if they're disturbed or need anything they know I'm going to be there. **With my wife it was a totally different thing.** It was Jekyll and Hyde, from lovely, warm affectionate, to go away, leave me alone, real scrooge, so it was more for my wife. But since here, it's been two years, **we've become totally different people.** Literally. **At KidsTime [things have changed because] none of us deny it. We know exactly what's wrong. We know how to build the bridges** that she's knocked down and everything else, and she gets help to build the bridges. **Plus the social networking with other people with the same disorder, which you can't put money on [the value of this].**

[The] influence of actually coming here and [things] being at my son's level [meant he] started to bring him out of himself. He could say "Dad", he was pretty much sounding, he did a lot of sign language. We thought he was autistic. He came just underneath the category, but at KidsTime we sat back, and they invited us in, made us warm, made us happy, made us cocoa and he just settled down. He is really a lot better. **My daughter, she was very quiet, would sit in her room all the time and now because of KidsTime we can have half hour – 45 mins family time** and ask how has your day been, and we can get a nice polite response. If anything does affect her, she can open up and get it off her chest and if we can help, we can help. Now KidsTime is back, thank goodness. **We don't have no secrets, no nothing except family time which this place has taught us. We never used to have half hour, 45 mins or even an hour family time as it used to be separate time. Now we're all together which is wonderful.**

**"[KidsTime Workshops are] one of the best things that has happened to my family. If it wasn't for KidsTime I don't really know where I'd be and you're never alone. There's always someone out there whose been there, done it, got the t-shirt. Not told what to do, but just guide you, this is how I do things, meet in the middle.** It does work. I really recommend KidsTime to anyone and everybody."

## Case study 5 – A family perspective

This case study refers to a family that has multiple differing needs. The mother has a diagnosis of schizophrenia and severe depression and has been under the care of mental health teams for many years. Her daughter was under a Child in Need Plan and her social worker hoped that the group would help the daughter feel more confident and talk about her experiences of her mother's mental health issues, and also help the

mother to cope with being a parent when stressed by mental health problems. As the mother's mental health affected the whole family, all of the family members were invited to attend their first KidsTime Workshop together. The father later told the workshop leaders that he was initially suspicious about the workshops as he had been to a number of groups in his life. But he changed his mind over time, voicing on a number of occasions that KidsTime Workshops have had a big impact on the whole family. Over the last few months, he even decided he might fundraise for KidsTime Workshops.

The father has often raised how the group **helped them as a family to discuss issues which seemed too difficult to talk about before they began attending the group**. He said, **as a result, the family has started communicating more with each other about other difficult issues**. The mother hardly spoke a word in the initial parenting groups and the son, who has a significant speech and language delay, only spoke a few words. Over the first six months, **the mother felt more and more confident and it was interesting to notice that she paced less and less and even felt safe enough to participate in group activities**.

**In one game that involved both the children and adults, the mother said that a difficult thing in her life was to talk about her problems, and the son, who was in the middle of the circle, looked up to her and said the word "Talk", a boy who hardly used any words obviously noticed the significance of this interaction. His speech has improved significantly in this last year and his behaviour also improved since he has been able to talk more.** Meanwhile, **the daughter has been contributing a lot to the group and has increasingly found her voice in the teen group**. She has mentioned in a discussion between adults and teens that **she now feels it is not her fault that her mother has mental health problems**.

## Testimonials

Young people and parents talking about their experience of KidsTime Workshops

### Young people

"It feels **nice to talk** to other people that understand you." (Teenage girl, KidsTime)

**“I just asked [my mum] one day, like, when we were coming out of KidsTime, why we were here, what we were doing, and why things were so difficult, and why she kept asking to ‘take 5’ (minutes); so then we had a chat on the way back from KidsTime, and we had a chat about it.”** (Young girl, KidsTime)

“KidsTime means to me **somewhere where I can go and talk to other kids that might be in the same situation as me** and **know how it feels** when that someone you love so dearly is, has, something wrong with them or just something is happening that you know is not right. So, **it’s nice to finally like meet people that know how like it feels**, especially, like in school, barely anybody would have the same situation, but **when I come to KidsTime, there’s all these people around me that have similar situations to my family and me**. After going to all this stuff my confidence built up and **I’m now more confident in myself, like I’m going to be performing a song soon, and I’ve made more friends, and approached people instead of just hiding**, and I love doing drawings and all that fun stuff.” (Young girl, KidsTime Workshop)

“It was good because **I met other people that have issues in their family** and I liked it.” (Young boy, KidsTime Workshops)

“Because **it’s somewhere where you can go to be with somebody that you know understands how you feel, and they might have the same situation too, and they just cheer you up**, so it’s a great place to go. Sometimes your parents are on medication or there is something wrong, so this just is a place to come to to calm you down.” (Young girl, KidsTime Workshop)

## Parents

“Since we’ve been coming here for a year and a half they (the children) get to see other children with parents with mental health (problems), and there’s other families in the same situation, so **they don’t feel so alone because I think before they thought our family was really strange. They’ve seen other people the same as us.**” (Mother, KidsTime Workshop)

**“The adult group, I find it so helpful, because there are other families who may be going through similar situations.** It’s like a ‘mother’s meeting’ really, and we’re all able to access information from each other which you wouldn’t normally get, and obviously

KidsTime, **they tell you things as well that maybe social services or other people wouldn't be able to tell you.**" (Mother, KidsTime Workshop)

"Since the beginning. **I've made friends with everybody** and they're friends outside the group as well and they all ring me up, and all messaging me the other day, asking, 'Are you coming on Monday? See you on Monday' **We've become like a little community.**" (Mother, KidsTime Workshop)

**"It's nice to share experiences with people who suffer similar mental health issues,** and it is good to realise you are doing okay. **It relieves the build-up of stress, making for a happier mum which then reflects on my children.**" (Mother, KidsTime Workshop)

"It is clearly giving people **a safe place to share.**" (Parent, KidsTime Workshop)

"I find my children **opening up more.**" (Parent, KidsTime Workshop)

"My family and I are realising that **we are not alone** and it's helping my kids understand me more and my illness." (Parent, KidsTime Workshop)

## Understanding mental illness

### Case study 6 – A mother's experience

The below case study is about one mother, who will be referred to as X and her unique circumstances. X experienced civil war when she was a child that led to traumatic experiences and further physical injuries. X had an arranged marriage and came to UK many years ago giving birth to two children. X later experienced domestic violence from this marriage and eventually divorced her husband. X then remarried, and went on to have five more children. X experienced postpartum psychosis and periods of depression after births of her last two children. She continues to experience auditory hallucinations and persistent low mood daily. Her husband remains very supportive and with support from her mental health team has learnt about his wife's illness.

"Over the years X has struggled with her mental health. Her children have observed her talking to herself and leaving the room in tears. Two of her children have been identified as having special educational needs and having difficulties at school.

For several years now, X and her children have been faithfully attending KidsTime Workshops. In fact, her younger children have grown up coming to KidsTime Workshops. It is a regular monthly event for the family, and even if X does not feel like attending, **the children insist upon it and encourage her to do so.**

The children have matured a significant amount since attending the workshops. **The older daughters take on responsibility for their younger siblings to support their mother.** The boys, both known to children's services, have **developed in confidence and will speak out in large groups without prompting.** They have taken more of an active role in the drama and enjoy playing characters. **When engaged in conversation about mental illness, the children (especially the older ones) recognise their mother's symptoms and know how best to support in a crisis.**

X identifies the support from KidsTime Workshops as important. **She describes the workshops as being like a family, and finds the culture of openness and support a great comfort to her and the children.** X is an expert by experience and will support other parents who have had difficult experiences or their own or challenges with parenting their children. X intends to continue coming to workshops and is a reliable participant.”

### Case study 7 – “My kids now know it’s not anything they’ve done” - A mother’s account

The following case study is taken from an interview with a mother of attendees of the KidsTime Workshops. The mother suffers from bipolar and has experienced domestic violence. Due to several suicide attempts, the children do not currently live with the mother, but they see each other at KidsTime Workshops.

“To them, they would probably explain to you that mummy’s brain works differently to everybody else’s, ummm, which is quite funny. **They say to me, ‘have you taken your tablets, Mum?’, if they see me having an episode or a moment. They do understand and since they’ve been coming here, I find that their understanding is a lot better especially the younger ones as they’re only six and seven. Since we’ve been coming here for a year and a half, they get to see other children with parents with mental health (problems), and there’s other families in same situation, so they don’t feel so alone, because I think before they thought our family was really strange** because

obviously in their school, you know all other mums and dads are hunky dory, but it's not quite how life is sometimes. **They've seen other people the same as us.**

Obviously some people advise me 'don't tell the kids', but you know what, they should know because if Mummy's not feeling well they might start taking it personally and feel that I'm shouting at them or Mummy's not acting herself, Mummy's sad, why's Mummy crying, or have I upset Mummy. No it's not because of you, that's just my thing because with bipolar I can be happy at one point, I can be sad the next and I can be screaming my head off, and ranting and raving, and be angry. **My kids now know it's not anything they've done. That's the good thing they teach them as well, not to take it personally.** That this is a condition. That's why it's helped quite a lot. There's someone else telling my children that it's not Mummy and it's not your fault. Do you understand? At first they used to think that it was their fault."

## Testimonials

### Young people and parents talking about their experience of KidsTime Workshops

#### Young people

**"It basically gets us to understand what, what, what Mummy can't do, and stuff.** So she can't go out in big places like the mall and things like that. And she can't talk to just random people that are on like the, random people, just to say... she can say good morning if they say, 'good morning', but she can't like, if she sees someone she kind of recognises, normal people might go over to them and say, maybe like, 'I recognise you', or something, or, 'have I met you before?', but my mum doesn't do that, because of how like the mental illness she's got." (Young girl, KidsTime Workshop)

**"I have learnt new skills like how to speak in public.** I have learnt how to take photographs and look for interesting pictures. **I have learnt how to help someone if they are feeling low.**" (Young girl, KidsTime Workshop)

#### Parents

"My eldest one (child) who is 12, she's in the adolescent group, so they do little movies, little plays and reenact bullying or situations, whereas my little ones will draw me

pictures. And they're being spoken about, and they do cute pictures of the human body and ask: Where does Mummy hurt? Where does it hurt on Mummy? And, whenever it comes to the brain, as I said, my children tell you, **Mummy's brain doesn't work like everybody else's and she takes tablets. So yeah, they're starting to understand**, and they see other children saying, 'Yeah, that's the same as my Mum, that's the same as my Dad.' I think they find it more comfortable." (Mother, KidsTime Workshop)

"I do worry that it's going to affect the kids as in like are they going to have the condition I've got. Is it hereditary? Are they going to start having my characteristics? Are they going to start behaving in the way I behave? So I do find it hard in that way because bringing up children you do want the best for them. You want them to be good and obviously my issues I have I can't help the way I act but I just don't want it to rub off on them so you know **this has helped as people are explaining to them that mummy isn't well.**" (Mother, KidsTime Workshop)

## Promoting young people's mental health, wellbeing, confidence and self-esteem

### Case study 9 – A young girl's journey

The below case study describes how a young person, known as R in this case study, has benefited from attending the sessions regularly for over a year. Since attending KidsTime workshops R has been able to **speak at public events, present at an exhibition, and give her own personal testimony** at an award night. She has expressed an interest in developing skills as a peer educator, and of supporting new young people who join the projects.

"As a result of the workshops, R's **confidence and self-esteem visibly improved**. Her mum fed back that she loves coming to the sessions. As well as **developing new and positive relationships with other young people** within the group, she also began to do so with workers, building trust. Over time she was able to access one-to-one support time and began to **open up and talk about her personal issues**. During one session, she made disclosures which raised safeguarding concerns which were fed back to her social worker. Over time, and with further support, she made a full disclosure about sexual abuse that had happened to her, and that has since resulted in an ongoing police investigation.

She was also struggling with her emotions, and the separation of her parents. She felt unhappy that her relationship with her father was at risk, and this was affecting her anxiety. She also disclosed that she wasn't sleeping well, and that she had flashbacks regarding the domestic violence she witnessed between her parents. With consent, this too, was fed back to her social worker who was able to speak with parents. R has also been able to access Response counselling services. She has been offered some additional one-to-one with the worker from CYD to explore healthy and unhealthy relationships.

There has also been an **improvement in her mental health and well-being**. Although she is still experiencing mental health issues, she is receiving consistent support from both NHS children and adolescent mental health services (CAMHS), Response, and also from a key worker. She has been able to talk about managing her self-harm and finding other ways to deal with her emotions. **R's natural creativity has thrived, and she has particularly enjoyed the visual arts and photography, and has become fully absorbed in the activities of the project.** R has also agreed to do some additional work with youth workers to explore healthy relationships."

## Testimonials

### Young people and parents talking about their experience of KidsTime Workshops

#### Young people

"It's good because **we get to play games and parents get to go upstairs** and we get to stay downstairs and **have some fun.**" (Young girl, KidsTime Workshop)

"KidsTime is a good place to go because you get to **play games, run about, have fun and have pizza.**" (Young girl, KidsTime Workshop)

"It's somewhere where you can go to be with somebody that you know understands how you feel, and they might have the same situation too, and **they just cheer you up,** so it's a great place to go." (Young girl, KidsTime Workshop)

"Sometimes your parents are on medication or there is something wrong, so **this is a place to come to calm you down.**" (Young boy, KidsTime Workshop)

“My confidence was very low at the beginning. **I found it difficult to go to new situations due to my anxiety. I feel more confident about going to new places now and meeting new people. The project has taught me how to believe in myself** more and speak in public.” (Young girl, KidsTime Workshop)

## Parents

“With the experience I had with my wife we found symptoms in my daughter. **We’ve analysed it, we caught it very very quickly and now she feels better.** She went very suicidal but secretly. It just came out with one of the KidsTime Workshops and we had a discussion when we got home and it’s playing out really nice. CAMHS are involved as well. I don’t think they’re doing a very good job. I’m not just saying this, my daughter gets more help here, **it’s not just talking about the problems it’s interacting one to one and I think that’s a better therapy** than just talking about one thing like a psychiatrist. It doesn’t work in my family. You have to mix play and business at the same time.” (Father, KidsTime Workshop).

## Conclusion

The findings of this data snapshot show that Our Time is currently supporting around 250 children and young people through its KidsTime Workshops. The research has shown that, at the time of this report, the workshops support an equal proportion of male and female children, with 6 to 10-year-olds being the most represented age group at 54%. In terms of parental diagnoses, there were over 158 recorded, with depression being the most common at 37%. It was also found that families that attend the workshops have been referred from numerous sources, with over half (59%) referred by their local authorities.

## Impact

The feedback we have received from young people and families reinforces the key principles behind the workshops, which are:

- Knowing you are not alone
- Having a trusted adult to talk to

- Having a clear explanation

Parents report becoming more open with their children, which has had a positive impact on the parent-child relationship. They also talk about how much they value being around other adults and parents with a mental illness, who can relate to and understand what this feels like, and who will listen and provide support without judgement.

Meanwhile, for children and young people, the workshops represent a place where they can socialise and talk to other children in the same situation, and recognise that they are not alone. The workshops also provide a fun and safe space where 'kids can be kids', and where, for a couple of hours the children do not need to worry about their parents or other responsibilities, which is reflected in the testimonials - especially amongst the younger children. At KidsTime Workshops, young people are listened to and are free to talk and express themselves, without shame or fear of stigma and isolation, and they are able to learn about mental illness. Whilst they are recognised as experts in their family situation, it is explained to them that their parent's illness is not their fault, and they are supported to develop a more objective view of their situation. As a result, children and young people feel more empowered and gain confidence and self-esteem.

Most importantly, following the workshops, both parents and children celebrate that they are able to talk more openly as a whole family about mental illness and its impact.

## Areas for improvement

### Older teenagers

As well as providing useful information about the impact, the data has also helped to highlight some potential areas for improvement. The findings of this report suggest that more could be done to reach children and young people in the 16 plus age group. Out of the 228 children and young people that were recorded as attending workshops, only four were aged 16 and over. Our Time recognises this as an important challenge, and is launching a Young People's Advisory Group in Spring 2019, made up of young ambassadors for Children of Parents with a Mental Illness (COPMI), who will focus on improving engagement with young people through a range of creative content and projects.

### Cultural and ethnic diversity

Whilst the data on ethnic background is only available for half of the families (49%), the findings suggest there is a need to improve engagement with families of different ethnic backgrounds. Of the 76 families whose ethnic background was recorded, 50 were listed as White British. Cultural and religious barriers are a likely contributing factor, due to the stigma associated with mental illness, however, this could be tackled by further outreach to organisations representing different religious and cultural groups to promote participation, and understand the challenges and barriers people might face in accessing support. This could be taken forward as part of the overall workshop development and training.

### Fathers

Details of the individual family composition were not captured in this exercise, but it is clear from the case studies and testimonials (and from workshop staff) that it is predominantly mothers that attend workshops alongside their children. This is a common theme and challenge faced by services and organisations working with children and families. Our Time is looking at ways to attract more fathers in its campaigns, promotion and workshop outreach.

## Ambitions for the future

It is Our Time's ambition to have a KidsTime Workshop in every local authority in the UK. In order to achieve this, there needs to be a recognition of children of parents of mental illness at the national policy level and allocation of funding for this group. Our Time continues to campaign for acknowledgement of this group in the national and local government arena, and has commissioned [research](#) to strengthen the case for investment prevention and early intervention. In addition to this, and as highlighted in this report, Our Time recognises the importance of demonstrating the impact of its interventions, and is developing a consistent approach and methodology for doing so, which it is implementing with selected KidsTime Workshops from March 2019. This will enable the charity to move towards a licensed model which can be effectively commissioned by local authorities and other agencies in the future.

## Thank you

Our Time would like to thank all of its workshop leads and coordinators, as well as a number of families, that have contributed to this report. We would not have been able to collect this data without their support and cooperation. We are grateful for the feedback from workshop attendees. It references the supportive and trusted relationships with the staff involved, which is a testament to the commitment, hard work and dedication of everyone involved in the workshops.