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KidsTime Southwark Evaluation Report

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Summary

KidsTime is a series of friendly, interactive, and social workshops to help families learn and talk about mental health. It was delivered as a course of 12-workshops to 38 families in Southwark, London over three years.

We spoke to people delivering KidsTime and to the families who attended the workshops. They told us that:

- KidsTime helped families to better understand mental health and how to communicate feelings and experiences with one another.
- Some families were anxious before the course started as they were not sure what to expect but this went away after they started the workshops.
- The workshops were flexible in terms of how they ran and what they covered. This meant that sessions could be led by the needs of the group, which helped families to engage, as did the inclusivity of workshops and the non-judgmental, safe environment.
- The blended approach was preferred by families, especially over an online only format, and online and in person workshops complemented each other, with online enabling greater engagement through ease of access and face-to-face enabling greater interaction and connection.
- One of the most important benefits of KidsTime was the opportunity to build connections with other people who have been through similar experiences.

Key recommendations based on what we heard from the people delivering the workshops and the families who attended them are:

1. It may be helpful when families are first referred to KidsTime and/or before the workshops get started for there to be more information available on what KidsTime is and what the benefits of attending might be to help address initial anxieties families might have.
2. Consider how to best engage neurodivergent children and young people and those outside of the core target age range (i.e., here under 5 and over 12); e.g., breakout learning sessions where different content is presented, less time sat in front of the screen during online workshops.
3. Particularly for parents/carers, it may be helpful to have other materials that they can engage with even if they cannot attend a parent/carer workshop, e.g., presentations they can read or watch in their own time.
4. Continued efforts to prepare families for the end of the KidsTime programme are recommended, e.g., a common theme across workshops could be that families are learning strategies they can use themselves after the course.
5. Ongoing opportunities for families to connect with other families with similar experiences above and beyond KidsTime sessions, in a safe and appropriate way, may strengthen the sense of community families develop over the course.

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1. Introduction

1.1 Background

About one in six adults in the UK population suffers from a mental health problem (Baker, 2020) and approximately 60% of these adults are parents/carers (Royal College of Psychiatrists, 2016). Therefore, mental illness does not only impact the life of adults, but also their children (Chowdry, 2018).

A child whose parent/carer has a mental illness has about a 70% chance of developing mental health problems themselves (Cooklin, 2006, 2010; Cunningham et al., 2004; Leijdesdorff, Van Doesum, Popma, Klaassen & Van Amelsroot, 2017). These children and young people are also vulnerable to developing a range of other difficulties, including lower levels of social skills and educational achievements. Additionally, many such families become isolated due to the stigma of mental illness (Murphy, Peters, Wilkes, & Jackson, 2017), and experience lower standards of quality of life and increased financial hardship.

Many parents/carers with mental health problems can give their children safe and loving care. However, some young people a) are repeatedly separated from a parent/carer who needs to go to hospital, b) live with a parent/carer who is very unwell, and/or c) are being bullied by others about their ill parent/carer. Even when these children have the right support, they may still feel upset, frightened, worried, or ashamed about their parent's/carer's illness. Some young people may also take on caring responsibilities for their parents/carers and siblings (Aldridge & Becker, 2003; Aldridge, 2006) leaving some of them vulnerable to potentially damaging and distressing situations.

KidsTime workshops offer a preventative and supportive multi-family group approach by educating families about parental mental illness and creating a community for them as part of their workshops. KidsTime workshops are currently delivered in various boroughs in the UK, with the majority being in London (<https://ourtime.org.uk/ourwork/kidstime-workshops/>). Although preliminary evidence exists that participating families find it acceptable and helpful (Martin et al., 2012; Wolport et al., 2015), so far, no research project has investigated more thoroughly if, how, and why KidsTime workshops might work for families affected by parental mental illness. The current study aimed to develop a better understanding of the experiences of families participating in KidsTime and the impact of KidsTime on families.

The KidsTime workshops currently provided by the OurTime charity can be described as a community-creating and educational event for parents/carers and children. The workshops run as monthly events lasting 2.5 hours after school, which parents/carers and children attend together for as long as they find the workshops useful, which can be years. The workshops are delivered by a core team of mental health and social care professionals, a drama facilitator and volunteers. Each KidsTime workshop begins with a short seminar for family members where different aspects of mental illness are discussed and explained. After that, children and parents/carers are divided into separate groups. The children play games and are encouraged to express their experiences with parental mental illness in drama exercises. The resulting short plays are filmed and later viewed by the families. At the end of each workshop families come together to have pizza and connect with each other.

KidsTime Southwark Model

This project explored what a fixed 12-session intervention could look like, as an adaptation of the original open-ended KidsTime model, and how this would be perceived by families

and practitioners. The KidsTime Southwark workshops were funded by the National Lottery Community Fund, led by the Mental Health Foundation and delivered in partnership with London Borough of Southwark. OurTime partnered with the Mental Health Foundation in this project. KidsTime Southwark was offered to three cohorts in a 12-workshop format over a duration of 6 months each. Workshops were delivered once every two weeks. This report summarises the findings from all three cohorts receiving the KidsTime Southwark model.

Cohort 1

Due to the onset of the COVID-19 pandemic in March 2020 the first KidsTime Southwark cohort was moved online, with all workshops being delivered via Zoom. Two separate 1-hour workshops were delivered (one per week), one being a 'family' session where children and parents/carers were invited to join and one being for parents/carers. Workshop plans had to be adapted very quickly from in-person to online delivery and additional support was provided to allow families to join from home, including the provision of tablets and data. The evaluation work was also moved online due to the pandemic.

Cohort 2 & 3

Cohort 2 and 3 took part from May 2021 to December 2021 and March 2022 to August 2022, respectively. Both were offered in a blended approach, where sessions 1, 6 and 12 were delivered in person, and all other sessions (child and parent/carer sessions) were delivered online. The in-person family sessions were delivered at a local school and lasted 1.5 hours and combined the family, parent/carer only and child only components of the original KidsTime model.

1.2 Aims and research questions

In response to the Covid-19 pandemic and the associated changes impacting the delivery of the KidsTime Southwark workshops, we adjusted the design of the evaluation accordingly. This was done in close discussion with the Mental Health Foundation for all three cohorts. We used a mixed-methods approach for all cohorts, using a combination of interviews, focus groups and surveys to assess families' and facilitators' experiences with the adapted KidsTime model (more detailed information is provided in the Methods section below).

We aimed to answer the following research questions:

1. How do families and facilitators experience the referral and delivery process of KidsTime?
2. How was KidsTime perceived to support families?
3. How could KidsTime be further improved?

2. Methods & Design

2.1 Overview

The KidsTime Southwark Evaluation project was conducted between June 2020 and December 2022 and consisted of three different cohorts. The employed methodology was adjusted for each cohort to account for changes made to the delivery of the intervention. An overview of the methods used in each cohort is presented in Table 1. All research activities were reviewed and approved by the Research Ethics Committee at the University College London (18683/001).

2.2 Research activities

2.2.1 Recruitment

All facilitators and families were invited to take part in the evaluation. Facilitators were contacted by the research team, who provided an online information sheet. All facilitators provided informed consent via an online consent form prior to each interview.

For families, the evaluation was introduced first by KidsTime Southwark facilitators. In cohort 1, this was supported by a short video introducing the evaluation project and team. During cohort 2, the evaluation team introduced the research to the families in the first and second face to face meeting. Families who returned an expression of interest form were provided with a link to an online information sheet as well as consent and assent forms. Following this, families were contacted by the evaluation team who explained the project in more detail and answered any questions the family had about the evaluation. A researcher went through the forms with the families and families provided their informed consent via an online form and through audio recording at the beginning of the interview.

2.2.2 Surveys

KidsTime facilitators completed a survey after each of the 12 family workshops to report on: a) topics covered in the workshop, b) perceived engagement of families during the workshop and the respective activities, c) what went well and what did not go well, and d) lessons learned from the workshop. Typically, two facilitators completed the survey, occasionally three facilitators took part. See Appendix A for an example of the facilitator survey questions.

The original evaluation plans included pre- and post-intervention questionnaires with parents/carers and young people to assess changes in participants' mental health and wellbeing. Due to unexpected changes caused by the COVID-19 pandemic a significantly reduced number of families took part, so that questionnaire data could not be used in a meaningful way. Therefore, questionnaire data was replaced with more in-depth interviews and focus group discussions.

2.3.2 Interviews

2.3.2.1 Facilitators

Facilitators participated in semi-structured interviews about their experience of delivering KidsTime, how they thought KidsTime supported families and what they thought could be done differently to improve KidsTime in the future. See Appendix C for interview topic guides.

2.3.2.2 Families, Children and Parents/Carers

Interviews were conducted with parents/carers and children in all three cohorts. The frequency of interviews differed by cohort. In cohort 1, interviews were only conducted at the end of the intervention. For cohort 2, where the blended approach was first trialed, the evaluation team conducted 2-3 interviews with families throughout the intervention phase to get more detailed and time-sensitive insights. In cohort 3 interviews were conducted at the beginning and the end of the intervention. Interviews covered the following topics: a) how families had been referred, b) families' expectations from KidsTime, c) families' experience of KidsTime, including the online / blended delivery, d) what elements were more or less helpful, and d) the impact of KidsTime. Interview topic guides are provided in Appendix C.

2.3.4 Public and Patient Involvement and Focus Groups

Due to the rapid changes to the delivery of the workshops in light of the pandemic, additional focus groups were conducted to gather insights from families on how KidsTime could be improved when it is delivered online. Families from cohort 1 were invited to take part in a 13th workshop to provide feedback on their experiences. The discussions focused on what families had enjoyed or found helpful, what could be done to improve the online version and what could be done to support families' involvement in the evaluation of KidsTime Southwark.

2.3.5 Analysis

Quantitative responses to facilitator surveys were summarised in descriptive statistics using IBM SPSS Statistics 25 (IBM Corp., 2017).

All interviews were audio-recorded and transcribed verbatim. Transcripts of the interviews, notes of the focus groups and workshops and open question survey responses were analysed in NVivo 12 (QSR, 2020). Data were analysed following the principles of thematic analysis, using a coding approach akin to codebook thematic analysis, but using a more reflexive approach where possible (Braun & Clarke, 2020; 2021). Topics were developed relating to the research questions, which helped to organise the initial codes (e.g., engagement, referral, impact), but we then used a bottom-up reflexive approach to organise those codes. Where possible, we developed 'themes as shared meaning', however for some topics we developed 'themes as topics', for example to represent the experiences around the blended approach, as this was a specific topic of interest. We were grounded in a realistic perspective and mainly used a semantic approach, primarily attending to what participants were saying rather than to underlying (latent) meanings.

Table 1: Overview of methodological approaches taken in all three cohorts.

		Cohort 1	Cohort 2	Cohort 3
Evaluation Period		Oct 2020 – May 2021	July – Dec 2021	March 2022 – August 2022
<i>Data collection: facilitators</i>				
Interviews	Time points	Post	Mid and post	Post
	Sample size	3	5	4
	Method	Semi-structured	Semi-structured	Semi-structured
Surveys	Time points	Workshops 1-12	Workshops 1-12	Workshops 1-12
<i>Data collection: families</i>				
Interviews	Time points	Post	Pre, mid and post	Pre and post
	Sample size	2 Families	9 Families	5 Families
		2 Parent/carer	9 Parent/carer	5 Parent/carer
PPI work	Sample size	9 Families	3 Children	6 Children
		9 parents/carers	-	-
		19 children		

3. Findings

3.1 Quantitative findings (facilitator survey)

The following table shows engagement and satisfaction levels from facilitators' perspectives for each workshop session per cohort. Higher scores indicate greater engagement/satisfaction. In all cohorts engagement and satisfaction ratings increased over time, possibly reflecting that facilitators felt increasingly more comfortable and confident in delivering the workshops. An overview of the topics covered and attendance rates in each workshop is presented in the Appendix B.

Table 2: Summary of facilitator feedback scores for the family workshops Cohort 1-3.

Session	Cohort 1		Cohort 2		Cohort 3	
	Engagement (0-10)	Satisfaction (0-10)	Engagement (0-10)	Satisfaction (0-10)	Engagement (0-5)*	Satisfaction (0-10)
1	7.27	5.39	8.17	7.83	4.4	8.8
2	5.89	6.22	8.67	8.67	4.7	9.25
3	7.83	8.33	9.00	9.00	4.88	9.66
4	7.39	7.11	7.00	7.50	4.83	9.00
5	8.56	8.43	6.50	6.50	4.33	8.00
6	8.10	8.28	8.60	9.00	4.58	8.25
7	8.56	8.67	8.20	8.40	5	10
8	8.50	8.83	8.75	8.75	-	-
9	7.67	7.17	9.00	9.00	-	-
10	9.33	8.83	9.25	9.67	4.44	9
11	9.50	9.50	9.00	9.50	5.00	9.33
12	9.17	9.33	8.50	8.00	-	-

Note. Scores were averaged across the number of facilitators providing a response. * In discussion with the delivery team, the scale for engagement was changed in cohort 3, ranging from 1 (very low), 2 (low), 3 (neutral), 4 (high) and 5 (very high).

3.2 Qualitative findings

Of the 38 families in the three cohorts, 22 families consented to take part in the research. We asked these 22 families about their experiences with KidsTime. In this section, we present the qualitative findings for research question 1 and research question 2. Findings pertaining to research question 3 on how KidsTime could be further improved are provided in the reflection and suggestion sections following research question 1 and 2.

Research question 1: How do families and facilitators experience the referral and delivery process of KidsTime?

Theme 1: Referral process

Across all cohorts, families were referred to KidsTime through a professional (i.e., a community worker or mental health nurse) working in their local school or community and all via Early Help services: *"We were approached by the school to try and give me some help with the kids."* [Parent/Carer, cohort 2].

In cohort 1 the link to Early Help was described by facilitators as *"really crucial"* [Facilitator, cohort 1] because *"the way the referrals have come in has really focused on the ending"* [Facilitator, cohort 1] and ensuring continuity of Early Help support was planned. Indeed, families could still receive support from Early Help, especially when families were approaching the end of KidsTime. In this regard, facilitators felt it was important that the referrer relationship continued from the initial referral throughout the programme and after so that families would not be without any support once KidsTime was completed. In addition, in cohort 1 facilitators discussed how to promote KidsTime more widely in schools and mental health services, allowing more time for referrals to come in before the programme was due to start.

Facilitators in cohort 3 explained that although the referral process was slower in previous cohorts it had improved over time, as it was *"a bit tighter"* [Facilitator, cohort 3]. The referral team had also become more knowledgeable and effective in identifying suitable families who understood what KidsTime involved and were ready to engage in the program.

"the referrals came in a lot slower, there were quite a lot less of them [...] there were more families that didn't fit the criteria [...] quite a few referrals where the mental health difficulties with the child or the ages were not right." [Facilitator, cohort 3]

"We were a bit better at sifting out who was really ready to commit to it. Who really understood what they were getting involved with." [Facilitator, cohort 3]

Facilitators observed that families in cohort 3 were more similar in their needs which seemed to enhance their suitability. *"It felt that the families we did get this time really fitted and were all in more similar situations."* [Facilitator, cohort 3]. This was perceived to have had a positive impact on the delivery and overall experience with KidsTime.

Subtheme 1: Initial understanding of KidsTime

In all three cohorts most parents/carers mentioned that they had been referred to KidsTime to get support for their child's mental health and wellbeing. However, several young people and parents/carers also explained that they did not really know what KidsTime was for.

"She didn't explain it fully to me. She just said that it's a programme that [son] will enjoy." [Parent/Carer, cohort 2]

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Families also reported that they felt nervous and sceptical about joining KidsTime and that they were unsure about what to expect. This was also reflected in reports from facilitators who perceived some families as anxious and partly apprehensive. Some parents/carers shared that they had believed KidsTime sessions were like counselling sessions and worried that they will have to share sensitive, personal details about their illness with others, or that they wanted to protect their children from their illness by keeping it to themselves instead of sharing it in a group.

Some parents explained that they were hoping for their child to be assessed by the workshop facilitators which would then help them to get better support for their child.

In cohort 3 most families seemed to have had a better initial understanding of what KidsTime would involve and felt more positive and certain about joining the workshops. Parents/carers described that they understood that KidsTime would provide them with an opportunity to spend time with their children, a space for respite and to meet other families in similar situations: *"[They] explained that it's about spending time with your children"; "Just kind of recreation"* [Parent/Carer, cohort 3]. Families also understood that KidsTime would help children and young people to: understand mental health better; understand that they are not alone in having parents/carers who experience mental health difficulties; help them talk openly about mental health with their parents/carers; and meet other children and young people from similar backgrounds.

"[They] explained that it's about [...] seeing if the kids can meet other people, other children and stuff, they're like similar ages, and like taking part in activities in the centre and then at home as well." [Parent/Carer, cohort 3]

Our findings show that families' understanding of KidsTime increased over time and that their motivation to engage with the program was influenced by how well they understood it, which was also facilitated by the expectations set by the referrer.

Theme 2: Experience with different delivery forms

Sessions for Cohort 1 were delivered solely online, whereas sessions for Cohorts 2 and 3 were delivered using a blended approach of online and in-person meetings. The subthemes below are participants' reflections of the advantages and disadvantages of both approaches as well as their preferences.

Subtheme 1: Online format

Most families felt that the online sessions were easier to attend as it removed the need for travel and were easier to fit in with their schedules. The online format also helped shy participants in reducing certain anxieties, as they could turn their camera off while still being able to take part. Additionally, facilitators emphasized that online sessions allowed young people to be more independent of their parent/carer's illness, as they could take part even if a parent/carer was not feeling well or able to attend the workshop.

"People whose lives are busy or a bit chaotic or where they're not feeling well a lot of the time, I think it sits really easily into what they're doing" [Facilitator, cohort 2].

Participants in all cohorts thought that the online sessions were engaging, interactive, and inclusive: *"To my surprise, they did an extremely good job"* [Parent/Carer, cohort 3]. Facilitators were perceived by families to keep young people engaged and active with activities that required moving around the house.

However, several disadvantages were also raised with the online sessions. This included logistical challenges such as limited access to appropriate devices (e.g., tablets) or stable internet connection. Some young people reported that they found the sessions *"a bit more boring"* [Young Person, cohort 3], too short (compared to longer in-person sessions), and more distracting (people talking over others or loud noises in the background). The online format was perceived to be harder to engage with for younger children and neurodivergent children, e.g., *"He doesn't realise that the people on the screen are actually people"* [Parent/Carer, cohort 3]. Similarly, facilitators reflected that while KidsTime workshops were very inclusive in terms of different age groups, it was more challenging to prepare the online session for groups with a wide age range.

In cohort 1 and 2, facilitators found the online sessions more challenging than the in-person sessions, especially for delivering content and discussing sensitive topics. For example, facilitators worried that children might feel uncomfortable acting on screen with children they did not know and that this could result in a negative experience for children. Additionally, facilitators found it harder to build relationships with family members on screen. Sometimes, children were too distracted to do the drama or psychoeducational activities, as one facilitator from cohort 2 reported: *"The session was noisy and chaotic at times, but in a positive way as everyone was having fun, but the psycho education aspect of this session was lost somewhat"*.

However, facilitators reported that with time, they felt more confident facilitating the programme online and found effective ways to manage the challenges. This increase in confidence was reflected in cohort 2 and 3 where facilitators underlined many of the advantages of the online format.

"There are still challenges doing it online. I just think that I personally have gotten used to the challenges and maybe accepted the challenges because there's no way out of them. And maybe because you know at some point you're going to see them again." [Facilitator, cohort 2]

Regarding the advantages, facilitators in cohort 2 and 3 highlighted how the online format made it easier for parent/carers to join the session without feeling pressured to actively participate in the session. In addition, across cohort 1 and 3, facilitators felt it was simpler to organise sessions online as they were more informal, and they could deliver the psychoeducation materials in a *"bite size-y easy to kind of access way"* [Facilitator, cohort 3] which was easier for young people/children to learn. The online format also encouraged young people/children to share and discuss more challenging topics compared to the in-person sessions, as the space online was smaller and young people/children felt more comfortable opening up to each other.

Subtheme 2: In-person

Families reflected positively on the in-person sessions. Families felt there was better interaction when seeing people face-to-face and that it made it easier to talk with others: *"You have that personal connection"* [Parent/Carer, cohort 2]. Young people enjoyed being more active and the physicality of the games, as well as getting out of the house. Facilitators reflected that the in-person sessions motivated families to leave their house to meet other people physically, consequently improving their mental health. Parents/carers also thought in-person sessions were a better option for children as they were more inclusive and kept the whole family engaged, especially for those who struggled with the online sessions: *"Physically meeting up is always a better option"* [Parent/Carer, cohort 3]. The few

difficulties raised were that some young people were nervous in new environments and the location for meetings was not always consistent.

Some participants felt in-person sessions had more impact or they *"got a lot more out of it"* [Parent/Carer, cohort 2]. Facilitators also felt they witnessed a greater impact of the in-person sessions on families; for example, in-person sessions allowed families to socialise more with other families who had similar experiences or who lived close to each other and could therefore develop a stronger bond with each other. Facilitators reported that the in-person sessions allowed them to establish closer relationships with families and gain further insight into how family members interact with each other.

In line with that, facilitators observed that families felt more comfortable to have more open and explicit discussions about parental mental illness. Overall, facilitators described the in-person sessions as *"richer"* and allowing them to *"bring out so much more in them [families]"* [Facilitator, cohort 2].

In cohort 2, facilitators described how in-person sessions required less facilitation than online sessions, as parent/carers seem to take more *"ownership"* of the space and how they wanted to make use of the time. Indeed, facilitators pointed out how parent/carers in cohort 1 were more cautious and waited for facilitators to guide the conversation online, whereas parent/carers in cohort 2 interacted more with one another possibly because they had the time and space to get to know each other better in the in-person sessions. In cohort 3, facilitators highlighted how drama activities were easier to manage and how families had more time to explore these activities which were more complex compared to the simpler activities carried out online.

"I think for drama to really get somewhere with it, you have time. You know, they have to rehearse something, they have to plan something, they need to have a bit of space away to just think it through. So online that's kind of been a barrier to it" [Facilitator, cohort 3].

Facilitators highlighted that the in-person session allowed parent/carers and children to have a break from each other, allowing both to get out of their comfort zone whilst experiencing some relief when fully engaging with the drama activities.

Subtheme 3: Blended approach

Cohort 2 and 3 had a blended approach of delivering KidsTime online and in-person. While most families in cohort 2 and 3 preferred in-person sessions, most families in cohort 3 reported that the blended approach worked well and that both formats were fun and engaging. Facilitators also felt it was positively perceived and valued by families.

"I thought they [online sessions] were exactly the same than the ones in person. I liked them both" [Young Person, cohort 3].

The blended approach was perceived to help keep families engaged, and families felt that attending biweekly sessions in-person would have been harder to balance with other commitments and more stressful to get everyone out of the house.

Parents/carers expressed a preference for keeping the adult sessions online but acknowledged the difficulty of finding a time that suited everyone.

Facilitators felt that the blended approach may suit people in different ways, and thereby allow them to recruit a broader range of participants. They explained how one approach enhanced the experience or potential impact of the other; for example, the online sessions

seemed to improve attendance at the in-person sessions, whereas in-person sessions improved engagement and sense of comfort during the online sessions.

"I think, the hybrid of doing both of them is you have that personal interaction. You have that warmth. You have that togetherness and that kind of everybody feeling like a team and safe. You have that, so, therefore, when you go online, people do feel together and part of a group, but it's easier to do topics" [Facilitator, cohort 3].

Theme 3: Engagement in the workshops

Families' overall engagement in the workshops was rated positively by facilitators, which is reflective of what families shared. While engagement levels generally seemed high and increased over time (based on facilitator surveys), facilitators and families also mentioned lower engagement levels at times and various factors that may have influenced this, which are discussed in the subthemes below.

"Families appeared interested, open to speak and enthusiastic about the session." [Facilitator, cohort 2]

"Two brothers were dipping in and out. Another boy was distracted by playing a computer game." [Facilitator, cohort 2]

Subtheme 1: Families' attitudes towards KidsTime

Different beliefs, feelings and expectations influenced how engaged families were at KidsTime. At the beginning of each cohort, many families shared that they had been unsure about what to expect from KidsTime and what the programme would involve: *"Everything was kind of like a surprise"* [Parent/Carer, cohort 3]. For some families, this meant they were less able to engage as they felt more nervous about it, while others were engaged and curious about what would be involved. Some families reported that they initially felt reluctant to join, as they either had not wanted or were afraid to meet new people and disliked the idea of *"bashing on about mental health"* [Parent/Carer, cohort 3] for one hour with people. However, other parents/carers thought it would be good for their children to meet new people. With time most participants described feeling more comfortable.

"The reason I was a bit scared at the beginning was because I did not know anyone and I did not know what we were going to do, and I thought it was going to be something I would not enjoy and I would feel left out. But then, when we started, I started to feel like I shouldn't be scared anymore because it was okay and it has just got better and better, and now magnificent." [Young Person, cohort 1]

Some young people shared that they had thought it might be *"boring"*. Some parents/carers explained that past, negative experiences with other programmes had initially affected their willingness to join the group.

In all three cohorts, adults mentioned that they thought KidsTime was primarily to support their children and not aimed at parents/carers or the whole family, which may explain lower attendance rates at parent/carers groups and that some parent/carers felt KidsTime was not helpful for them.

"It wasn't really for me, it was just for the children." [Parent/Carer, cohort 3].

Many parents/carers also reported that they were happy for their child to learn about mental health, which made them think more positively about joining KidsTime.

"It's good to be able to try and have new ways of explaining how you might be okay physically, but inside I'm not actually okay." [Parent/Carer, cohort 2]

Subtheme 2: Format and content suitability

Most participants rated the content and format of KidsTime as highly inclusive and child friendly.

"You know, with children, they've done it very well. They speak about OCD in a simple way, not complicated, not making the children scared or frightened about this mental condition. So, it was good." [Parent/Carer, cohort 2]

However, several families also described difficulties for their child to engage in KidsTime. They explained that the session content and activities were less suitable for teenagers and young children under five years. This is in line with some facilitator perspectives, who explained that it can be challenging to cater to a wide age range, especially online. Facilitators explained that they had adapted the content for children aged 8–12 years, as this was a primary referral criterion, which meant that not all activities were equally engaging for all age groups. The online format was also considered to be less suitable for younger children and neurodivergent children, who seemed to struggle more with sitting still, listening and being in front of a screen.

While some young people voiced that they would have liked more participants of a similar age, others reported feeling more comfortable with younger children as they felt less judged, highlighting that group and age composition might impact engagement levels. Facilitators also discussed the role of the size of the group and commented that engagement levels improved in smaller groups and allowed quieter children to get involved. Occasionally, facilitators reflected that discussions could have benefitted from a larger group.

Facilitators highlighted the importance of taking a more flexible approach during the sessions in order to increase engagement levels and to be receptive to the group's needs. This included allowing time to go off schedule, changing the pace and spending more time on games or icebreakers. Facilitators also allowed families to engage however they wanted (whether they wished to talk). These strategies were described as creating a more relaxed environment and allowed for better discussions.

"We don't mind stopping and missing an activity out if one child is suddenly sharing something that's really important. Our agenda might go out of the window if we're getting from families something really amazing and special." [Facilitator, cohort 2]

In addition, facilitators underlined how by providing a mix of drama activities and other playful activities, participants felt more comfortable taking part in sessions as the environment was more inclusive of their diverse needs.

"We did drama in the in-person, but then we had to still remember that we had a lot of different characters and some very anxious, some very shy, and some where drama just was not their thing [...] doing it online changed that aspect of it. So, therefore, we couldn't expect, when we met in person, that it was just all going to be drama and they were going to love it. Some did, and that was fine, and some weren't comfortable with it, so we [...] kept art a big aspect of it because that's what a lot of them felt comfortable and felt a way of being able to express themselves" [Facilitators, cohort 3].

Subtheme 3: Positive experiences

Engagement was enhanced by families' positive experiences of KidsTime. Most families described the programme as enjoyable and fun, especially the activities and games: *"I experienced mostly happiness at KidsTime"* [Young Person, cohort 3]. Children enjoyed being active and parents/carers liked that the games helped children *"think outside the box"* or improve their time management skills. Parents/carers were happy that children were engaged and enjoying themselves. The fact that food was provided was appreciated, as it helped families financially and practically, but it also helped to create a sense of community. Meeting new people was frequently noted as people's favourite part of KidsTime. Both children and parents/carers liked being able to share their thoughts and parts of their lives with others without the fear of being judged.

"What I did like was when they all did the pizzas, when we were all together and we all sat down and the kids were talking and they had their pizzas together. [...] It was just nice to have that community feeling I suppose." [Parent/Carer, cohort 2]

Subtheme 4: Staff facilitators

The fun and happy atmosphere was frequently attributed to the staff facilitating the sessions. Families described them as being engaging, enthusiastic and energetic. Families also saw them as welcoming and inclusive, sensitive, supportive, positive and child friendly. They appreciated facilitators' abilities to treat everyone equally and non-judgmentally, and in turn felt valued, supported, and listened to. These factors may have helped to create a safe, welcoming space for the families, increasing engagement.

"They're just so happy and joyful." [Parent/Carer, cohort 2]

Similarly, facilitators reported that their fellow colleagues *"just know what they're doing, they're committed to it. They're very thorough, very professional"* [Facilitator, cohort 3]. Facilitators also underlined that their increased confidence in delivering sessions, particularly online, contributed to making participants feel comfortable to participate in sessions:

"I think, when you're quite confident in a space, straight away you make people at ease in that space" [Facilitator, cohort 3].

In addition, facilitators highlighted the importance of having the same facilitators guiding the sessions to provide consistency to participants and encourage their continued engagement with KidsTime.

Subtheme 5: Reliable support

Families across cohorts mentioned how KidsTime gave them something to look forward to. Families commented positively on the consistency of the KidsTime sessions and that the structure and reminders provided added stability to families' schedules.

"We are already used to, every Tuesday [...] knowing that you're going to dance, you're going to jump up, you're going to do crafts, you're going to do this and all that. He can't do all that now, so we have to start looking for something to fill the time." [Parent/carer, cohort 3]

Many participants said they were sad or upset about KidsTime ending, and in cohort 1 and 2 it was mentioned that some had preferred to be better prepared for this.

Similarly, facilitators highlighted how the consistent and similar structure of KidsTime and the smaller group numbers encouraged families to return which in turn contributed to the feeling that the support provided was reliable.

Personal issues and other commitments

Parents/carers described that their attendance was impacted by other obligations including childcare or caring for their partner, work, or health care appointments.

Some parents/carer reported not knowing about the sessions or found out late and felt nervous about joining. A few of them mentioned timing being an issue, but they acknowledged that it would be hard to find a time that suits everyone.

"It [parent/carer meetings] was just a difficult commitment" [Parent/Carer, cohort 3].

Further reflections and suggestions

Recommendations from facilitators and families relating to the structure of KidsTime included better communication of the benefits of taking part, particularly during the referral process. Facilitators highlighted the importance of identifying families who would specifically benefit from KidsTime and being clearer with families of the commitment KidsTime entails to maintain families' engagement in the programme. Families reported a preference for sessions to be longer (online and in-person) and the whole programme to run a bit longer; they also requested more work leading up to the last session to prepare families for the end of KidsTime. Similarly, facilitators felt it would be beneficial to some participants to have sessions run more than twice a month.

Some participants would have liked a bigger pool of children so that more ages could be represented, although one participant thought a bigger group would be more challenging due to social anxiety. Another participant felt that with enough ages, children could be separated into subgroups: *"The stuff that they're [teenagers] dealing with at the moment is completely different to how a 5 or an 8-year-old is dealing with"* [Parent/Carer, cohort 3]. Families also noted considerations such as healthier food options and a fixed location for in-person meetings. Facilitators added that a good location would include a welcoming environment and be easy access via public transport.

Other recommendations were specific to what KidsTime could tailor or additionally provide for families. Parents/carers thought the content or games could be better adapted for different age groups, particularly teenagers and under-5s. Psychoeducation or tools on specific topics, such as emotion regulation and anger management, were suggested. Materials to help parents/carers support children at home were recommended, such as notes from the session to take home (e.g., as a PowerPoint) or handouts. As parent/carer meetings were attended less frequently, it was suggested that the programme could engage parents/carers by providing resources or reading material to access online/in their own time. Some participants would have liked to see an example of children who are doing well in the programme to have as a reference point or target, or to otherwise have a way to track their child's progress. Another suggestion was to take the children to outings or events, like the theatre. Facilitators recommended that the sessions consist of more of a mix of creative approaches so that the programme is inclusive of people with different needs and interests.

Additionally, some facilitators expressed the importance of having facilitators who are willing to break down the stigma around talking about mental health as well as ensuring that families feel comfortable engaging in the programme.

Finally, other facilitators suggested that KidsTime could be embedded in a government offer and could cater for diverse groups such as: families who do not speak fluent English; people who are deaf and/or blind; people who have specific mental health issues such as multiple personality disorder or schizophrenia or people who have engaged in criminal behavior.

Research question 2: How was KidsTime perceived to support families?

Theme 1: Learning new skills

KidsTime was perceived to increase families' understanding of mental health, how it impacts the family and their ability to talk about personal mental health difficulties. As a result, some children mentioned they were able to approach their parents/carers more easily and not "walk on eggshells" [Young Person, cohort 3]. It also helped them understand that they are not responsible for their parent/carer's difficulties. Learning about feelings was thought to be helpful for both parents/carers and children in understanding and communicating their feelings to each other.

"I love the fact that sometimes they would relate feelings to weather and colours, and stuff like that. It broadened even my understanding of how to communicate how I feel to them." [Parent/Carer, cohort 3]

Parents/carers spoke about the benefits of being able to learn more about their children from observing them in sessions or watching how facilitators work with them, e.g., how children follow instructions or deal with their emotions. They also reported learning from facilitators and other parents/carers in terms of parenting advice and tips. Families also learned about different sources of support through facilitators' signposting.

Theme 2: Social connection

Subtheme 1: Connecting with others

Parents/carers and young people described finding it helpful to meet new people, as some of them lack a good social network, and this helped them feel less alone.

Many families highlighted that the social aspect and being part of a community was one of the most important aspects of KidsTime and that speaking to others who are in similar circumstances helped them to feel less stigmatised or ashamed.

"Somewhere to make you feel like, "No, you're not weird. You're not weird. Mental health can affect you, even though you're a child. This is how you can deal with it." Which they talk about in KidsTime because it shows how you can deal with it, it doesn't make you strange." [Parent/Carer, cohort 1]

Facilitators acknowledged that families who are impacted by parental mental illness are more vulnerable to become socially isolated and agreed that KidsTime facilitated social connection for families.

"I see that to have a mental illness, a secondary symptom of that is that you do become more isolated because of the fact that you are managing a very difficult illness. [Facilitator, cohort 2]

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Parents/carer mentioned that sharing experiences with other parents/carers allowed them to support and learn from each another. This was also noticed by facilitators who suggested that being part of a group increased families' confidence levels and self-esteem.

Building new trusting relationships within the group also seemed to have helped families to enhance their social skills and feel more confident in social interactions. Some families explained that they had learned how to make friends or socialise again. Being able to build new relationships was often attributed to the non-judgmental atmosphere that was created within the group as well as the games and activities, which made it slightly easier for families to connect with each other.

"At the first session of KidsTime I felt frightened and worried because I did not know how to express my feelings and I did not know how you guys would act. But now I feel more confident about myself, and I can talk to you guys [the group] more and I have you guys [the group] to trust. [Young Person, cohort 1]

Facilitators described that compared to cohort 1, families seemed to have bonded more with each other in subsequent cohorts. Facilitators reflected that families were able to exchange contact details in cohort 2 and 3 – allowing them to connect with each other outside of the programme – which may have contributed to families being able to maintain their new social connection beyond the programme.

Subtheme 2: connecting within families

Both parents/carers and children reported more family bonding since doing KidsTime. They talked about playing more games at home, including ones learned at KidsTime, and felt that communication within the family had gotten better. One parent/carer noticed that their child, who had struggled showing their emotions, had become more affectionate.

Facilitators also observed that family members connected more with each other and were able to show more understanding of how another family member might feel. As mentioned in the previous theme, learning about feelings and parental mental health may have contributed to families talking more openly and being more understanding. Some parents/carers explained that the psychoeducation had helped their children to understand them better.

Facilitators also noticed that families started to *"identify their families' strengths"* [Regular Facilitator, cohort 2] more over time and were able to think more positively about themselves and each other.

"I think there was a lot of appreciation of the children by the parents. Like they feel like their children are quite resilient." [Supporting Facilitator, cohort 2]

Theme 3: Positive and supportive experiences

Many children and parents/carers talked about KidsTime making them or their children feel good and described it as a *"precious time of being happy"* [Parent/Carer, cohort 2]. KidsTime provided a distraction from their day-to-day life where they may feel lonely or struggle with daily challenges.

Facilitators explained that they tried to create a positive place where children could *"be free of whatever responsibility or whatever heaviness they live in, to just have fun"* [Regular facilitator, cohort 2].

"predominantly it starts with the children. It starts with them being happy and having fun."
[Facilitator, cohort 2]

Families perceived KidsTime as a positive and supportive environment, which was facilitated by "fun" games, non-judgmental discussions, and shared meals. Families described feeling listened to, validated, and supported in their journey and that an inclusive and welcoming "safe space" had been created for them.

"If I ever did share anything, I got loads of support on it. No matter what it was, I felt like I got loads of feedback, loads of advice, and I just really felt validated. There was like an understanding there." [Parent/Carer, cohort 2]

Connecting with other families, being able to speak about their experiences and receiving support from others was perceived as helpful by parents/carers and made them feel more connected and less lonely.

"It was amazing, you know, just to have other people going through similar situations and just talking about it. Speaking about the elephant in the room without fear or, yeah, fear of judgement or worry that you sound stupid or something's wrong with you" [Parent/Carer, cohort 3]

Facilitators explained that they tried to be positive and encouraging of everyone's perspectives and aimed to help families focus on their strengths more: *"We praise them a lot because we can see their strengths"* [Facilitator cohort 2]. This included encouraging children to make their voices heard, allowing them to share their perspectives and validating their feelings, which helped them to become more confident.

"It focuses on the kids. Hearing the kids' voices, seeing things from their perspective."
[Facilitator, cohort 2]

Theme 4: Observed changes and perceived impact

Facilitators described how KidsTime positively changed parent/carers' beliefs and helped them understand their mental health better, which in turn may have improved their wellbeing and everyday life: *"They don't want to be unhealthy, they don't want to be ill, they don't want to be contemplating, you know, or having dark thoughts. Yeah, so it is what it is I suppose, it's just a good thing to not have those ideas in your head, and be more positive thinking and contributing to life"* [Facilitator, Cohort 3].

Parents/carers and children also shared how KidsTime enhanced their ability to express and manage their feelings and emotions.

"I think now she [child] has the vocabulary to express [...] Now I don't have to prompt her as much to talk about her feelings" [Parent/Carer, cohort 3]

Both from a parent/carers' and a child's perspective, it was shared that they felt they had become more confident over the course of the programme: *"I think it's encouraged her [daughter] to come out of her shell a lot more and be more outspoken"* [Parent/carers, cohort 3]. Some even felt more confident outside of KidsTime, such as being able to leave the house more or travel with the family, whereas others talked about feeling able to connect with other sources of support. Young people shared how KidsTime had enhanced their social skills and helped them to interact more with others.

"They've changed how I talk to people. [...] I don't really talk to anybody [and now] I do talk to other people." [Young Person, cohort 2]

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Facilitators also reported an increase in parents/carers' and children's confidence. Participants attributed the growth in confidence to the facilitators, who would encourage children to feel positive about themselves, be attuned to their needs and provide an inclusive space for reflection and participation. Confidence and empowerment were also perceived to be supported through feeling valued, listened to, supported, and feeling part of a community.

One facilitator reported that there were a few cases where they did not see any changes in the family. Facilitators also explained that it was difficult to determine the real impact of KidsTime from their perspective alone. However, one facilitator reflected that participation in and of itself could be considered a positive outcome for families: "the *experience is an achievement.*" [Facilitator, cohort 2]

Further reflections and suggestions

As social connection was a main aspect of support that KidsTime provided for families, some parents/carers wished for a reunion or a way to stay in touch with other families from KidsTime. Similarly, facilitators in cohort 1, where sessions were delivered solely online, mentioned the challenges of facilitating social connection offline. While some families in the programme exchanged contact information organically, KidsTime may want to provide a structure for connecting families outside of KidsTime. Given that social connection was such a prominent benefit mentioned by families, facilitators may want to consider this when preparing families for the ending of KidsTime. Related to this, many families were sad to end KidsTime and wanted to continue with the programme, meaning additional preparation for bringing families to the end of KidsTime may be necessary to help offset anxieties.

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5. Appendix

Appendix A: Facilitator Survey

Appendix B: Topic overview and attendance per cohort

Appendix C: Interview Topic Guides

Appendix A: Facilitator Survey

Date

Group nr

Workshop nr

1. What themes or topics were covered, including anything that was suggested by families? [text]
2. Number of families?
3. Nr of participants?
4. How would you rate (1-10) the engagement of the following and why [text]:
 - a. Icebreaker
 - b. Drama/games/creative activities
 - c. Psychoeducation
5. What went well [text]
6. Where there any challenges with delivering the workshop? [text]
7. Is there anything you would do differently if you had to deliver this workshop again? [text]
8. Were there any specific events that you would like to mention? [text]
9. On a scale of 1-10 how satisfied were you with this workshop?

Appendix B: Workshop Topics per Cohort

Topics covered in the family workshops in Cohort 1

Workshop	Group 1 (n=families)	Group 2 (n=families)	Group 3 (n=families)
1	Family (4)	Family (3)	Family (3)
2	Emotions & Feelings (3)	Emotions & Feelings (4)	Emotions & Feelings (4)
3	Depression/Difficult feelings (4)	Confidence (4)	Negative feelings (4)
4	Depression/life changes/anxiety/OCD (4)	Confidence (4)	Welcome back (4)
5	Confidence & self-esteem (4)	Anger/losing control (4)	Impact of Lockdown (4)
6	Impact of Lockdown (3)	Fun session (5)	Anger/losing control (5)
7	Anger/feeling overwhelmed (4)	OCD (4)	Impact of stress on mental health (5)
8	What is mental health (3)	Talking about mental health (4)	What is mental illness (4)
9	Stigma (4)	Sleep and healthy habits (4)	Stigma (3)
10	Healthy habits (4)	Stigma (3)	Healthy habits (4)
11	Survival (4)	Caring for someone with mental health difficulties (4)	Mental health & resilience (4)
12	Reflections & Achievements (4)	Reflections (4)	Reflections (4)

Topics covered in the family workshops in Cohort 2

Workshop	Group 4 (n=families)	Group 5 (n=families)	Group 6 (n=families)
1	Welcome/Family (5)	Welcome/Family (4)	Welcome/Family (5)
2	Feelings (3)	Feelings (3)	Feelings (3)
3	OCD (4)	OCD (5)	
4	Confidence & self-esteem (5)	Confidence & self-esteem (3)	-
5	Anger (3)	-	Anxiety (2)
6	Anxiety (5)	Anxiety (4)	Anxiety/stress (4)
7	Depression (3)	Depression (1)	Depression (5)
8	Looking after our physical health to support our mental health (5)	Looking after our physical health to support our mental health (2-3)	Looking after our physical health to support our mental health (5)
9	-	-	Stigma & mental illness (4)
10	Caring for someone with a mental illness (5)	Caring for someone with a mental illness (5)	Caring for someone with a mental illness (4-5)
11	Reflection (4)	Reflection (3)	-
12	Celebration & reflections (2)	Celebration & reflections (2)	-

Topics covered in the family workshops in Cohort 3

Workshop	Group 7 (n=families)	Group 8 (n=families)
1	Introduction/Feelings (3)	Introduction/Feelings (4)
2	Emotions and Feelings (3)	Emotions and Feelings (4)
3	Anxiety (4)	Anxiety (3)
4	Confidence & Self-esteem (2)	Anxiety (4)
5	Stress/Anger (3)	Stress/Anger (4)
6	Depression (2)	Depression (3)
7	What is mental illness (3)	What is mental illness (4)
8	-	-
9	-	-
10	How do people get mental illness (3)	How do people get mental illness (4)
11	Mental Health & Resilience (3)	Mental Health & Resilience (4)
12	-	-

Appendix C: Topic Guide Interviews

Cohort 1 – Parent Post Interview Topic Guide

1. Can you share what has led up to you starting the KidsTime workshops?
2. Can you tell me about your family?
3. What role does mental health or mental illness have in your family? How does mental illness affect your family life?
4. What has changed in your family since taking part in KidsTime?
5. What changes have you seen in your child/children since taking part in KidsTime?
6. Did the KidsTime workshops meet your expectations and offer you the support you wanted?
7. If you needed support, where would you go for support? Why?

Cohort 1 – Child Post Interview Topic Guide

1. Can you tell me about your family?
2. Is there anything that has changed in your family since taking part in KidsTime?
3. What did you find helpful about the workshops?
4. Is there anything that you would have liked to change about the workshops? What / why?
5. If you needed more support, where would you go for support? Why?
6. What sort of things make it fun and enjoyable in your family? What are your favourite things to do with your family?

Cohort 2 – Parent Post Interview Topic Guide

1. Last time you had just started with KidsTime, now that you have done the whole programme. Can you tell me about how you found the KidsTime sessions you have joined over the past months.
2. Did you and your children enjoy taking part in KidsTime? Why?
3. Facilitator 1 and facilitator 2 were doing the KidsTime workshops with you. If you think of them and what they were like, what would be important for you when we look for other facilitators in the future?
4. Is there anything that you would have liked to change about the workshops? Or anything you would like to be different? What / why?
5. Last time we spoke you mentioned X to me, this was when you had just started with KidsTime, is this still like this? (Expectations)
6. Have you noticed anything change in your family since taking part in KidsTime?
7. Overall, did you find the KidsTime sessions helpful?
8. If you needed more help after KidsTime, where would you go to?
9. Have you had a chat with Facilitator 1 & 2 about things to do or getting other support after KidsTime?
10. Is there anything else you would like share with us about your experience of taking part in KidsTime that might be helpful for us to know?

Cohort 2 – Child Post Interview Topic Guide

1. Last time we spoke you had just started with KidsTime, now you have done the whole programme and I was wondering how did you find the KidsTime sessions?
2. Is there anything that you would have liked to change about the workshops? Or anything you would like to be different? What / why?
3. Last time we spoke, you had just started with KidsTime and you told me X, is this still like this? Did this change? (Expectations)
4. Have you noticed anything change in your family since taking part in KidsTime?
5. KidsTime hopes to help you learn about mental health and to help you understand more about when your mum/dad or a family member are feeling unwell or having a difficult time.
 - Can you tell me something you learned about mental health during KidsTime?
 - Is there anything you have talked about during KidsTime that you found helpful? How was that helpful?
6. Overall, did you find the KidsTime sessions helpful?
7. If you needed more help or you wanted to talk to someone if you were upset or worried about something, where would you go after KidsTime?
8. Is there anything else you would like share with us about your experience of taking part in KidsTime that might be helpful for us to know?

Cohort 3 – Parent Pre-Interview Topic Guide

1. How did you hear about the KidsTime workshops?
2. Based on what you have been told about KTW, what do you think it is?
3. What are you hoping to get from the taking part in the KidsTime workshops?
4. What are your expectations about joining KidsTime?

Mental Health and family

5. One of the key features of KidsTime is that it is for the whole family. Can you describe your family?
 - a. What are your family's strengths? / What is your family good at?
6. As you may know from conversations with KidsTime, they aim to support families with parent mental illness. Can I ask what role mental illness plays in your family and how it affects you?
7. Do you talk about mental health in your family? (*ask for examples*)
8. Do you talk about your / your partner's mental illness with your children? (*ask for examples*)

Support

9. Do you or your children go to any other groups or are you part of a community outside of KidsTime? (*examples, church, youth or community centre, sport clubs*)

KidsTime (if applicable)

10. How have you found the first session(s) of KidsTime?
11. How was it to have the first session in person? / How does the in person session compare to the zoom session?

Cohort 3 – Parent Post Interview Topic Guide

General experience of KidsTime

1. Last time you were interviewed, you had just started with KidsTime. Now that you have done the whole programme, can you tell me about how you found the KidsTime sessions you have joined over the past months?
2. Was there anything that could have made the workshops better? What / Why?
3. Facilitator 1 and 2 were doing the KidsTime workshops with you. If you think of them and what they were like, what would be important for you when we look for other facilitators in the future?
4. Last time we spoke you mentioned X to me, this was when you had just started with KidsTime, is this still like this? (Expectations)
5. How do you feel KidsTime compares to other support you and your family have been offered?
6. How do you feel about KidsTime ending? Why?
7. Have you had a chat with Facilitator 1 and 2 about things to do after KidsTime or getting other support after KidsTime?

Family and mental health

1. Have you or your children learned anything in KT that you/they didn't know before?
2. Have you noticed any changes in your family since taking part in KidsTime?
3. Is there anything else you would like share with us about your experience of taking part in KidsTime that might be helpful for us to know?