

Our Time – Written evidence (FFF0021)

INTRODUCTION TO OUR TIME

1. Our Time is a charity working with children whose parents have a mental illness. We support these young people in their families through community workshops, and in their schools through training programmes and educational resources. In doing so, we partner with a range of public sector organisations such as local authorities, NHS bodies and schools; charities such as carers groups; and grant-giving organisations and trusts. We also campaign on behalf of these children to raise the profile of this group, and improve service provision.
2. Around 1 in 3 children in the UK have a parent with poor mental health¹. According to analysis from the Office of the Children's Commissioner, in 2018 around 1.6 million children in England lived in a household where at least one adult has severe mental health problems². Our Time is the only UK charity solely dedicated to this issue. Our aim is to enable these young people to reach their full potential, despite the unique adversities they face.

SUMMARY

3. In "A critical juncture for public services: lessons from COVID-19", the House of Lords Select Committee on Public Services set out eight key 'principles for public services reform', including: "charities, community groups, volunteers and the private sector should be recognised as key public services providers, and given appropriate support to deliver services effectively"³
4. As a small, community-led charity targeting an under-represented and vulnerable group, we know that organisations such as ours have a key role to play in the provision of public services. We bring in-depth knowledge, connections, resources and experience where they do not already exist. Our Time's successful and close partnership with Westminster City Council and its Family Hubs has already been highlighted by the committee in its second report "Children in crisis: the role of public services in overcoming child vulnerability":
"Our Time explained that it was able to "form very strong relations" with Westminster City Council through its local Family Hub, where

¹ Children living with parents in emotional distress: March 2021 update, Public Health England

² Estimating the prevalence of the toxic trio - evidence from the adult psychiatric morbidity survey, Office of the Children's Commissioner, 2018

³ Children in crisis: the role of public services in overcoming child vulnerability, Lords Public Services Committee, 2021

the charity had trained two teams to help parents with mental ill-health.”⁴

5. We have numerous partnerships with different public sector organisations, and other charities, which demonstrate the unique value of our contribution. Put simply, in many cases, if Our Time had not helped to develop support for families where there is a parent with a mental illness, the intervention would not be there at all. Therefore, in this submission, we make the case for the better recognition and improved involvement of charities in public services, and answer questions relevant to this.
6. We make two recommendations on better embedding early intervention into public services: firstly, for comprehensive training relevant to identifying opportunities for early intervention; and secondly, for improved information sharing between agencies and professionals, again to create better opportunities for early intervention.
7. Further, by highlighting the range of partnerships we support, and the different ways we work with various bodies, we also demonstrate the need for this partnership process to be better streamlined and formalised. At present, the ad hoc nature of partnerships between charities and public services mean provision is patchy. A clearer pathway would make it easier to replicate successful arrangements, and bring the benefits of working with charities to more of the public sector.
8. Crucially, we state that a funding framework is an essential part of this. Too often charities, including Our Time, spend a significant portion of their time piecing together grant funding and donations to enable their work supporting public services to continue. If charities are to perform a public service, they need greater access to public funds to do so.
9. Finally, we recommend a centrally funded programme of evaluation of the public service interventions run or developed by charities in order to develop an understanding of “what works”.

QUESTION RESPONSES

9) Preventative and early intervention services can improve the ability of the public services workforce to respond to users’ needs. How might such services be embedded within any public services workforce strategy?

⁴ ibid

10. 68% of women and 57% of men who suffer with mental health difficulties are parents⁵. As set out above, 1 in 3 children in the UK have a parent with poor mental health⁶ - that's more than 4 million. The pandemic has had a catastrophic effect on adult mental health, so we can safely assume these numbers are now even higher.
11. Children whose parents struggle with their own mental health are three times more likely to face mental health difficulties themselves⁷. Living with mental illness in the family is one of the ten Adverse Childhood Experiences⁸, predisposing children not just to future mental health problems but physical ones too. Poor parental mental health is an official measure of vulnerability in families⁹, and its impact goes beyond physical and mental health. For example, according to research done by the NSPCC, mental health difficulties in parents were a factor in more than half of the Serious Case Reviews it analysed¹⁰.
12. Failing to address the needs of families where there is mental illness in a parent leads to significant problems further down the line. All of these consequences carry with them associated costs for the taxpayer – whether through healthcare costs, acute service provision, an inability to contribute to the economy, or other costs associated with vulnerable families.
13. Early intervention is the most effective and cost-efficient way of supporting these children over the long-term. Without it, this intergenerational cycle has the potential to not only become more serious, but significantly more expensive.
14. From our experience specifically, we believe there are two key strategies which would improve the capacity for early intervention into a public services workforce:
 - a) appropriate training
 - b) multi-agency cooperation and information sharing

Training

15. Staff across multiple public sector workforce need targeted, relevant training in how to spot the need for early intervention support in a child or family. If the need can be identified early, it can be addressed before it develops into a more significant problem requiring crisis intervention. From our own experience of training professionals to be alert to the signs of parental mental illness, we

⁵ Mental health statistics: Family and parenting, Mental Health Foundation

⁶ Children living with parents in emotional distress: March 2021 update, Public Health England

⁷ Mental health of children and young people in England, NHS Digital 2017

⁸ Adverse childhood experiences: What we know, what we don't know, and what should happen next, Early Intervention Foundation 2020

⁹ Improving lives: helping workless families indicators 2020, Department for Work and Pensions

¹⁰ Parents with a mental health problem: learning from case reviews, NSPCC Learning 2015

know practitioners can often be unaware of the indicators that a child is struggling. This is evident in the feedback Our Time has received from the Future Learn CPD course we run with University College London *"How to Support Young People Living with Parental Mental Illness"*.

"A lot of professionals should take this course so as to recognise the little signs, no matter how small, as they could be key to helping those children and young people"

"The most valuable piece of learning this week was knowing some of the COPMI (children of parents with a mental illness) indicators and also learning different ways on how you can help them."

"It is hard to know that I may not have given the most appropriate support to young people previously who have been suffering like this, but I know better now."

16. Therefore, appropriate training is key to identify the need for early intervention for children living with parental mental illness. Such training should be provided across a range of public sector professionals – in effect to any professional who would have an opportunity to identify a need for support.
17. Through Our Time Schools, amongst other work, we provide this training for teachers and other school staff, enabling them to spot the signs a child is dealing with parental mental illness. Our programme also provides guidance on how to offer support to these young people before the challenges they face escalate into something more serious.

Cooperation and information-sharing

18. If professionals are trained to identify vulnerable families or children, they must also be enabled to pass that information on to other relevant practitioners. To use the example given by Dr Joy Shacklock, Safeguarding Clinical Champion at the RCGP, in the committee's previous report - *"there might be a mild mental health issue with one of the parents and you start to have some worries, but ... it does not reach a threshold for safeguarding... professionals should be allowed to share minor concerns to get information from other agencies ... rather than having to wait [for a crisis]"¹¹*
19. There needs to be a more coordinated and proactive approach to data-sharing between professionals even over information or incidents that seem relatively minor in isolation. Safeguarding

¹¹ Children in crisis: the role of public services in overcoming child vulnerability, Lords Public Services Committee, 2021

should not be the threshold. By improving information-sharing in this way, more opportunities for early intervention would be created.

12) How might voluntary and private sector workforces be involved in the delivery of integrated public services?

20. Our Time works with a number of different public service organisations to develop community-based, whole family interventions where there is mental illness in a parent - our KidsTime Workshops. Currently there are 18 KidsTime Workshops running in the UK - mostly in and around London, with some in the South West. The first KidsTime Workshop is due to open soon in Scotland. Three more workshops are currently in development.
21. We are not primarily a delivery provider ourselves, so are dependent on partnering with either local authorities (Children's Services or Early Help) or NHS bodies (via CAMHS), or other charities such as carers' organisations - or sometimes a combination of these - to establish our workshops. Funding may come in full from one of these partners, or may be from a combination of sources including grants. Last year Our Time licensed its KidsTime Workshop model so our partners can integrate it into their existing provision, with ongoing training and support from Our Time. Five licences are currently in place and we hope to move more workshops to this model.
22. We have learnt to be flexible and to adapt to the needs and structure of public services in each area. At the core of what we provide is our evidence-based model of intervention, the KidsTime Workshop. As part of this we provide full training for staff running the workshops, a full set of resources, ongoing oversight, advice and guidance. In addition, we provide recruitment and other administrative support where necessary, and support on funding negotiations and bids. Again, we adapt to the circumstances of the local area, and the needs of our partners.
23. We have also partnered with schools in London (Newham and Ealing) and Plymouth to deliver PSHE lessons and training to promote a whole-school culture of openness about mental health, including awareness of parental mental illness and its impact.
24. It was noted in the committee's previous report that "*voluntary sector organisations were often better placed than statutory services to identify and respond to needs, and to co-design services more effectively*"¹². Our partners value our in-depth knowledge of the

subject of parental mental illness, our effective and evidence-based practice model and resources, and our wider network.

25. From our experience as a charity working with partners to provide public services, these arrangements work best when:

- A charity can offer specific input, expertise or resource that is not readily available within existing services
- Public service partners are open to collaboration, co-working and co-designing with a charity
- Funding is provided, at least in part, by the public service partner
- Clear arrangements are in place for ongoing involvement of the charity, along with other relevant parties ideally in a steering group
- Licensing an intervention model is an effective way of working in partnership
- Good awareness locally of the service developed with the charity, to ensure appropriate referrals and full use is made of the intervention.

26. Beyond this, we feel there are additional elements which would further support such partnerships, and ensure their value is maximised:

- Public sector organisations should actively seek out charities and other VCS groups to co-design services
- The expertise and knowledge charities bring in their particular area should actively be called upon to provide public sector training, beyond the design or delivery of a particular intervention
- The expansion of Family Hubs provides an ideal opportunity for co-working with charities, and for their services to co-locate with other statutory and non-statutory provision

13) a) What are the barriers to achieving better workforce integration (including integration with the voluntary and private sectors), and how can any such barriers be overcome?

27. In our answer to Q12, we set out our experience as a charity of working with public sector and other organisations, and what we have learnt from that. There is significant variation in the partnership arrangements we maintain in order to co-develop and support our KidsTime Workshops in different areas. As stated above, we are flexible in adapting to different circumstances and structures, and feel fortunate to have very positive working relationships with our partners. Their openness to working with a charity is

¹² Children in crisis: the role of public services in overcoming child vulnerability, Lords Public Services Committee, 2021

fundamental to this. We also hope that by offering our model under licence, partnering with us can be as straightforward as possible.

28. However, the lack of a more streamlined pathway for public sector organisations to partner with charities in general, is a barrier to better and broader workforce integration. We would like to see a clearer framework setting out how these partnerships can be developed and maintained. One solution to this would be to embed such a pathway into the rollout of the Family Hubs programme, and utilise a licencing model.
29. We have also already described the variation in funding arrangements we work with, and how funds often need to be combined from various sources. There needs to be a more consistent approach to the funding of public service provision with charity partners, with a designated central funding stream to support such arrangements.
30. Lack of comprehensive evaluation of interventions developed or delivered by charities is another barrier to integration. Public services rightly only want to provide interventions that can be shown to work. But comprehensive evaluation is costly, and often beyond the reach of small VCS organisations. We agree with the comments from the Early Intervention Foundation in the committee's previous report which stated that an "*understanding of what works*" in early intervention required "*a sustained focus and considerable national investment¹³*" in evaluation. For public services to benefit from the value charities can bring, there needs to be a centrally-funded, rolling programme of evaluation of their input.

b) Are there any examples of best practice?

31. Set out below are three of our current partnerships through which our KidsTime Workshops are running. We believe these are all excellent - but different - examples of how such partnerships can work, and the benefits they bring both to our partner organisation and to the families they serve. However, the variation in structure and administration does speak to the need for a more clearly defined pathway as we propose above. As well as a brief outline of each project, we have included comments and feedback from our public sector partners on co-working with Our Time as a charity.

Westminster

32. Our Time has partnered with Westminster City Council since 2016 when its first KidsTime Workshop was established. Initially this was

¹³ Children in crisis: the role of public services in overcoming child vulnerability, Lords Public Services Committee, 2021

grant-funded and administered by Our Time, with the local authority providing the venue in kind, as well as a link into one of its Family Hubs. In 2020, as the grant was coming to an end, Westminster City Council decided to integrate the model under licence within their existing provision, and also developed a second workshop linked to their North Westminster Family Hub. A steering group provides governance and oversight and ongoing support and consultancy is provided by Our Time.

33. Bridie Collins, Interim Early Help Service Manager, Westminster City Council

We've worked in collaboration with Our Time for several years now. Parental mental illness is significantly represented in many of the cases being referred into Westminster Children's Services and we wanted our local offer to help address the needs of this cohort. ...Our Time has worked with us closely, guiding us and sharing their learning and the learning from other areas, at every stage of our development of the KidsTime Workshops. The programme is well established and having access to a quality programme and quality training, has allowed us time to focus on the strategic and operational development around the offer. The charity is a passionate advocate for children and young people and this is evident in their commitment to supporting local areas to develop their offer. From assisting us to obtain some initial funding, to attending our regular Steering Group meetings, the charity is proactive in driving change.

34. Jayne Vertkin, Head of Early Help (until 2021), Westminster City Council

We wanted the opportunity to bring parents suffering from mental illness together in a group with their children to explore and share feelings. We realised that Our Time has the expertise and model to do this and their approach is driven by compassion, which fits well with the systemic and trauma-informed approach that drives our work. We have learnt so much from Our Time in the planning of the Kids Time workshops and welcome their knowledge, flexibility and guidance.

Barnet

35. A KidsTime Workshop has been running in Barnet since 2017. Initially the workshop was developed as a pilot in partnership with Barnet Mind which also provided funding. Our Time provided training and resources in kind, in addition to a one-off grant fund provided

by CAMHS. Continuation funding came from the local authority plus two other grants secured by Our Time, with CAMHS providing the clinical lead in kind. Our Time continues to be involved through the community of practice as well as providing training and support to the delivery team.

36. Conny Kerman, Systemic Family Psychotherapist Lead, Barnet CAMHS

The partnership has been running for 5 years now and works very well - Our Time is very well organised and managed, and supports us a lot, bringing in-depth knowledge, resources, literature, and session plans. It has also helped us negotiate funding and write bids. Our Time provides training and also networking opportunities, which was very useful especially during the pandemic so we could see what other workshops were doing, and learn from each other. For the families involved, the workshops are very important. One mum told me it was the only time she saw anyone outside her family. It has also become more than a community service. Families have had opportunities to meet the mayor, and take part in media interviews – all of this helps them to realise they are part of a bigger community of families – even internationally – who are all facing the same challenges.

37. Tina Read, Trust Wide Service Lead, CAMHS, Barnet, Enfield and Haringey Mental Health NHS Trust

We wanted to work with Our Time because we saw it had developed a fantastic model to support families where there was a parent with a mental illness. Our Time could bring something we didn't already have, and we could learn from them. Barnet, Enfield and Haringey Mental Health Trust is committed to the THRIVE framework for supporting the mental health of children, young people and families, and working with VCS groups such as Our Time is very much the direction of travel. As Our Time sits in the preventative area, it's offer is perfect for the "Getting Advice" and "Getting Help" stages of THRIVE.

Wandsworth

38. The KidsTime Workshop in Wandsworth has been running for 3 years. It's run in partnership with the local authority, and the steering group is set to re-start this year with representatives from across Children's Services. It's part-funded by a grant secured and administered by Our Time. The workshop is supported by in-kind

contributions from the local authority in the form of the two lead staff members and the venue.

39. Kathryn Ferguson, Social Worker, London Borough of Richmond and Wandsworth

Working with OurTime enabled us to set up a new project from scratch, by being provided with a model for a workshop, having access to training materials, practical training and project management support. The links to the charity also enabled us to have access to a network of other workshops as a source of advice and good practice, in particular as the global pandemic started. I think we would not have been able to continue operating through the pandemic without this support. The workshop has benefitted a wide range of families in the borough. The funding provided through Our Time applying for a grant on behalf of the workshop has been invaluable as this has enabled the families to have support with transport to workshops that otherwise would not have been available to them. We could not have set up this workshop in our Local Authority without the significant support provided by Our Time both in guidance, project management, funding and ongoing network peer support.

40. Paul Angeli, Assistant Director of Families and Communities, London Borough of Richmond and Wandsworth

Wandsworth were attracted to the KidsTime Workshop model because we know many children who have parents with mental health difficulties can be confused and anxious about them. They also can be very isolated and lonely. They may not know or understand why their parents may become unwell. KidsTime Workshops are one of the very few group programmes that offer a whole family approach to helping children and parents together. Having received feedback about our Wandsworth programme, it is evident that this programme helps children with their worries, helps them to become more confident, supports parents who often feel very guilty about their condition. It is a great offer for the families of Wandsworth and we are very pleased that we have been able to set this up.

28 February 2022