Parenting and mental health:

A consultation to explore the views of parents with mental health needs about a new service in Kingston upon Thames

Final Report V.03 with Evaluation of the pilot services

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Kingston Parenting and Mental Health: Consultation and evaluation of a new service

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One of our volunteers, Anjum, taking part in one of the consultation events
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1 INTRODUCTION

Kingston Council Public Health Department commissioned Together for Mental Wellbeing to carry out this consultation and evaluation in December 2013. Kingston Council is developing a new service for parents with mental health needs. The role of Together for Mental Wellbeing is to consult with parents experiencing a range of mental health difficulties, from stress through to diagnosed mental health problems, in order to understand what parenting support they would find helpful. The consultation will inform and shape the design of the pilot service which has already begun to be delivered in an embryonic form by a number of local providers: Kingston WelCare, Kingston Carers Network and Home-Start. Together will then evaluate the pilot service towards the end of 2014.

The aims of this project are to consult with parents, service providers and other stakeholders to find out:

- What are the support needs of parents experiencing mental health difficulties?
- What local parent support services are available?
- What barriers parents are facing?
- What kind of service(s) they would find helpful?
- How and where the service(s) should be provided?
- How will we know it is a good service?

The consultants working on this project
Debbie Roberts and Alison Faulkner, consultants with lived experience working for Together for Mental Wellbeing. Both Debbie and Alison are experienced trainers and researchers who have worked with Together over a number of years.

Together for Mental Wellbeing
Together for Mental Wellbeing was founded in 1897 with the purpose of supporting people with mental health problems, complex or multiple needs. Our approach is person-centred, recovery-focussed and practice-based through service-user leadership.

We currently work with more than 4,000 service users in over 70 services each month across England. We provide 20 residential services to those with complex or multiple need, 15 supported accommodation, 11 floating support to those in their own homes, 14 community support services as well as advocacy, forensic advocacy and court liaison and diversion services.

Service user leadership is embedded at all levels of our governance and delivery, including at board and director level through our Service User Involvement Directorate and 3 Service User trustees.
The work of the Service User Involvement Directorate

The Service User Involvement Directorate (SUID) was formed in 2004 to develop innovative practice around service user involvement, leadership and peer led support. The work of the Directorate is service user led and the majority of staff and volunteers have accessed mental health services or experienced mental distress themselves.

SUID works across Together projects and in partnership with external organisations, including Primary Care Trusts (now Clinical Commissioning Groups), Councils, Foundation Trusts, private sector organisations and other third sector organisations. It provides a collective service user perspective on a range of issues relating to mental health and mental health services. This is in addition to undertaking consultations with service users and other stakeholders, developing and delivering training sessions and programmes, and providing specialist advice and consultancy services.

*Graphic from our volunteer session in February 2014*
2 CONSULTATION METHODS

The approach to this consultation mirrored the approach undertaken by Together for the Mental Health and Physical Activity project, in that local volunteers were recruited at the start to ensure service user leadership throughout the project. It was agreed that the experienced service user consultants working for Together would work alongside volunteers from the local community to undertake specific elements of the consultation. This established way of working aims to enable local volunteers/service users to develop their skills, knowledge, experience and confidence in undertaking similar work, and ensure the work is grounded and shaped by local user perspectives.

Preparation work
The first stage of the project entailed careful collection of contacts from a number of sources: Kingston Public Health Department, Mandy Chainey (Together for Mental Wellbeing – Physical Health project), the providers of the pilot parent services and through desk and telephone based research and building on contacts as connections were suggested by existing contacts.

We designed flyers for the project and to invite volunteers to come forward. These flyers were re-drafted a number of times, in response to feedback from volunteers and others, in order to try to ensure that the wording was as inclusive as possible of parents with a wide range of potential mental health support needs.

The first event held in Kingston was a Volunteer Information event, inviting people to come forward and volunteer with the project. This event was held on 11 February 2014 and was attended by four people, three of whom continued to work with us. A further two volunteers came forward during the course of the project.

Graphic from our volunteer session 11/2/14
Following this event and informed by the discussion with volunteers, we designed the questionnaire to be used in the consultations with parents. This questionnaire was piloted and amended and placed on Survey Monkey, an online survey facility.

The questionnaire for professionals and providers was designed in consultation with our volunteers and contacts at WelCare and piloted with a few people before amending it to put it on Survey Monkey.

The volunteer day also developed the proposed activities for the consultation in terms of shaping ideas for where and how best to engage with people locally.

**Consultation activities:**
We tried a number of different methods for consulting with parents in the borough of Kingston upon Thames, some of which were more successful than others. It was not easy to reach parents with mental health problems and we discuss a number of reasons for this in ‘Reflections on the methods used’. The picture below was taken from the consultation event held in New Malden leisure centre, and the following diagram summarises the various activities undertaken by the team in order to engage with parents and professionals in the consultation.

*Consultation event, New Malden 10/4/14*
Summary of consultation activities undertaken

- **29th January**
  - Visit to Welcare

- **6th & 7th February**
  - Leaflets & discussions with:
    - Tolworth hospital, Adult outpatient dept
    - Kids Unlimited Day Nursery - Teddington
    - Richard Mayo Centre - Kingston
    - Healthwatch Kingston
    - Kingston Childrens Library
    - Kingston Library
    - North Kingston Childrens Centre
    - Kingston Hill Childrens Centre
    - Kingston Carers
    - Norbiton Childrens Centre

- **11th February**
  - Volunteer day
    - Steering Group Meeting

- **18th February**
  - Visit Welcare - meet and discuss with a range of parents - 8 questionnaires completed
  - Adult Education Centre - Surbiton. Flyers and discussions with 20-40 members of the public/parents

- **5th March**
  - Playground opposite the adult education centre. 29 questionnaires given to parents - discussion with the majority.

- **11th March**
  - Mental Health Drop in Group - Norbiton, Cambridge Road Estate
  - Visit Tolworth Hospital CAMHS, FACT
  - Street Survey - Surbiton - 19 flyers given to people, 2 questionnaires completed

- **20th March**
  - Meeting with Liz Trayhorn, Commissioner
    - Flyer & Discussions with:
      - Richard Mayo Centre, Kingston
      - New Malden Health Centre
      - Waitrose New Malden
      - Street leafleting - Lidl New Malden (15 people given a flyer)
      - The Malden Centre - New Malden

- **26th March**
  - Physical Activity Launch - Flyers & questionnaires

- **10th March**
  - New Malden Centre - School Easter Holidays - 26 questionnaires completed and approx a further 40 parents spoken with

**Targeted packs sent to specific contacts containing individual packs for parents for the contacts to pass by hand to each person contacts including:**

- Throughout project general, wider email and social media circulation.

- MIND - Jo Chinnery, CEO - 6 PACKS
- Karen Williams RBK Parenting Lead - 20 PACKS
- Healthwatch Kingston upon Thames - 12 PACKS
- Steve Down - Community Mental Health Teams (CMHT) - 30 PACKS
- Jane Wildig - CMHT South - 3 PACKS
- Joanna Doumouchtsi, Midwifery - 10 PACKS
Reflections on the methods used

Despite considerable efforts, we struggled to reach our original target of 100 parents consulted for this project. We think that there are a number of reasons that made the task difficult.

A major factor that emerged was that parents with mental health problems were not easy to locate. This was made more difficult by the stigma that is felt by parents; even when we located people, the stigma was a major influence on the willingness of parents to come forward and talk about their mental health experiences. This came through in the responses of parents, many of whom had been affected by concerns about how they might be judged by others to be inadequate or bad parents. It seems that we are seeing a group of people affected by at least two sources of discrimination: mental health/illness itself coupled with the potential for being judged as a parent. This judgement is seen to come from school, family, from other parents and/or from GPs, mental health or social services and in its worst expression it makes parents fearful of how people will view their fitness to parent.

Parents are a diverse group of people and their children will be of different ages. We found that it was easier to find parents of young children and children of primary school age, as they could often be found at pick-up and drop-off times at schools, in playgrounds, in playgroups and Children’s Centres. Parents of children in secondary school and onward are less easy to locate, as there are less obvious gathering points. We worked creatively to try and identify different times, locations and ideas to reach parents of older children.

The availability of parents with young children is also limited; often when we were talking with people, their time and attention were limited because they were in the middle of going to pick a child up, keeping their eye on a little one running around or thinking about the next task on their to-do list. We had most success when we went to a leisure centre, the Malden centre, in the Easter holidays. A wide range of parents were using the centre and the children of mixed ages were being dropped off for various activities; once dropped off many parents stopped in the cafe bar for a short break and drink. Anjum, one of our volunteers, noticed that, after they had caught their breath, after 5 to 10 minutes or so, they appeared to twiddle their thumbs and this was when we had most success when we asked if they would like to be involved.

We also trialled a street survey with little success, as many people thought we were trying to sell something or ask for money; if we were lucky we were politely declined. However a number of people did show interest and quite a few took flyers, and we were able to do two full interviews with people. These two interviews were very valuable and were probably people that we may not have met or reached through any of our other methods.

One factor that may apply to these engagement activities is needing the help, support and signposting of existing services, groups and organisations to reach as wide a population as possible. Overall we had very good support from other services, groups and organisations.
For example, Healthwatch Kingston were particularly helpful in distributing the information, without which support we would have been severely limited. However, we did note some reluctance in distributing the information; occasionally one of the services, groups or organisations seemed to feel that the people they were in contact with would not be parents. This assumption meant that our information would not reach certain parts of the community.

What our findings and previous engagement work has shown is that it is hard to predict where the people we are looking for will be reached; often people receive the information second or third hand and so this wide distribution of information is vital to success. Some organisations were concerned about the amount of information they sent to people they were in contact with and therefore also restricted sending our information on. This is very understandable and ‘information overload’ is never our intention and so we worked hard to try and ensure our information was as timely and concise as possible. We also had instances where people within organisations were concerned about whether they had the authority to distribute our material. Even with checking and authority gained, there remained anxiety in some places; this maybe more of a reflection of the culture within some organisations and the tensions they are managing internally. This kind of difficulty can be helped by early groundwork to establish links and permissions.

In summary we tried different methods across Kingston upon Thames, and the people who took part have found our information in different ways and we met with a variety of people face to face. We hope therefore that our findings will show a diverse set of voices and lives and hopefully shed some light on the common themes emerging. Although we recognise that there are some gaps, we trust that we have given voice to recommendations for what is needed next to improve or add to the services that are available now for parents in the borough.
3 THE PARTICIPANTS

The following is a brief summary of the participants who have responded so far. For the full report, we shall include tables and charts to show their demographic distribution and some of the results graphically.

3.1 Parents:
We received a total of 83 responses. Currently the analysis includes 77 responses; three were excluded as they contained very minimal information and three were received after the deadline. Some of the 77 were completed online; seven were completed on paper whilst at WelCare premises, two people were interviewed on the street in Surbiton, and 26 were completed at New Malden leisure centre day in April - either self-completed by participants or undertaken as an interview with one of the team.

Demographics:
- **Gender and sexual orientation:** The majority of the respondents were female (91.5%) and heterosexual (97%). The gender of participants, in particular, does leave us with some questions about the absence of fathers from our consultation.
- **Age:** Although most of the parents fell into the 35 to 44 age category (54%), there was a fairly even spread across the younger and older categories.

![Pie chart showing age distribution](chart.png)

- **Ethnicity:** We reached people from a range of different ethnic communities in Kingston. Of the 69 people who answered this question, 69% were white British and the remaining 31% from: Asian, mixed White/Asian, White European, White Irish, Indian, Pakistani,
Black African, Korean, mixed White/Caribbean. Between 2001 and 2011, the proportion of Kingston's population that came from Black, Asian and Minority Ethnic (BAME) groups rose from 15.5% to 25.5%. The Greater London Authority (GLA) expects this proportion to rise to 28% by 2023.

www.kingston.gov.uk/info/200249/kingston_data_observatory/198/equalities/3

- **Mental health and disability**: Few of our respondents (3) declared that they had a disability. In answer to the question ‘Do you have personal experience of mental health problems?’, only 35% said Yes. However, this response may need to be understood within the context of stigma and discrimination, as some people may not wish to label or recognise their difficulties in this way, as we discovered through their responses to some of the questions. Many parents who did not report experience of mental health problems described struggling with issues causing them considerable distress.

- **It should also be added that a significant minority of respondents (at least 12) were parents of children with special needs.**

![Pie chart showing Q22: Do you have personal experience of mental health problems?](image)

**3.2 Professionals:**

We received a total of 23 responses from local professionals, two of which were received on paper, the rest online. The professionals represented include the following:

- Health visitors (4)
- Clinical psychologists (3)
- Therapists (3)
- GP (1)
- Specialist midwife (1)
- Health link worker (1)
- Voluntary sector (4) (*mental health, carers*)
- School (2)
- Children’s centre (1)
- Students’ services (1)
- Local authority (3) (*children’s services, inclusion and wellbeing, substance misuse*)
4 FINDINGS ONE: The Parents

4.1 What are the problems?
Most of the respondents described the familiar demands of being a parent, worrying about children and juggling the demands of parenting with home and partner, work or other responsibilities, leading to stress. Lack of sleep was a common problem, and many mentioned having no time to themselves or time with their partner. Several mentioned financial problems and the difficulty this raised for finding cheap or free activities for their children.

*Sleep deprivation. Excessive crying. Not keeping on top of household chores. Money troubles.*

*Lack of sleep. I can cope with broken sleep but really need more total amounts of sleep.*

For some people, these concerns at times became overwhelming; the word ‘relentless’ was used by a few. Several parents mentioned isolation and loneliness, crying, anxiety about being a bad parent.

*The relentless nature of parenthood - no time for relationship or energy for things that were previous interests, e.g. reading-going out randomly. Pressures of financial hardship and never-ending juggling.*

*Lack of sleep! Worry and anxiety related to baby's sleep and other aspects of parenting (Am I good enough? Am I doing it right? Why doesn't it happen like the books suggest?)*

For many of these parents, their distress were focused on aspects of their children’s behaviour at different ages or stages or concerns about their welfare.

*Coping with two children, disciplining appropriately, dealing with tantrum in public, conflicting priorities - managing a home, finances and children.*

Some were parents of children with special needs, which gave these anxieties a particular meaning; they worried about managing the child and their different difficulties in life and school, about communications with services and school and about their future.

*My son has autism and is very difficult to manage. I am not able to work as his school placements keep collapsing, he has endless appointments and so on. I am very isolated.*
What prompted you to seek help?
Just over half of the respondents (53%) had sought help outside of their immediate friends and family. There were some powerful common themes in these responses. People talked of being unable to cope, of losing control, feeling overwhelmed, reaching breaking point.

*Feeling out of control, unable to resolve the problem myself, wanting to talk to someone outside the problem/situation*

*Just overwhelmed with the day to day responsibilities and overload of responsibilities*

Several people used the word ‘depression’. Two people talked of having suicidal feelings. A few people mentioned problems with their spouse or partner or going through divorce. A couple of parents mentioned several life events occurring at once, leading to them feeling overwhelmed or desperate. For some people, breaking point was reached as a result of being unable to cope with their child’s behaviour or different aspects of looking after a child with special needs.

*Crying lots and being angry all the time – this is not what parenting should be about*

*Wanting to die, thinking my son would be better off dead than to be at the mercy of terrible adult services and a hostile world when I’m dead.*

*A series of extremely stressful situations at home and work occurring closely together including threat of redundancy, terminal cancer diagnosis of close relative and buying out ex-partner.*

4.2 Seeking help
Respondents were asked where they had sought help, how helpful it had been and whether they had ever sought help but been unable to find what they needed. (For most of these questions, 45 people responded.)

In answer to the first of these questions, more than half of the respondents (58% or 26) had contacted their GP when in need of help; 20% (9) contacted the school and 20% (9) the mental health services. (See diagram for Q5 below).
Those who responded with ‘other’ gave the following responses:

- Family support services (2)
- Children’s centre (2)
- Church/prayer (3)
- Health visitor (1)
- Alternative therapies (1)
- Women’s centre (1)
- Enhanceable (a service for children with additional needs) (1)
- Telephone helpline (1)

**How helpful was the support you received?**

Most of the parents who had sought support had found it either somewhat (45%) or very helpful (34%). People referred to the value of being listened to, getting support and strategies for managing stress.

Those who had not found their support helpful cited reasons such as: long waiting times, only being given medication when they wanted counselling, being offered group therapy when one-to-one was wanted, and the support being too expensive (e.g. private counselling).

A couple of people who expressed heartfelt despair at the lack of support were parents of children with special needs. Here are the words of a mother of a disabled child who took part in this survey:

> The appalling part was a stage when I was suicidal and got too close to step in to River Thames taking my wheelchair user child. I was surrounded by services but it...
seems you should cry aloud about your own troubles. I never could do it. I am personally lost my trust in any service around. And I am not alone.

Have you ever sought help but not been able to find it?
22 respondents (half of the 44 who answered this question) said they had sought help unsuccessfully at some time. Several had wanted practical help and advice with managing their child or aspects of understanding child development and parenting. Others had really wanted some form of counselling but had been unable to find it, access it quickly or afford it.

Education about antidepressants and how they work and affect my wellbeing - lacking Counselling - limited number of sessions and too expensive to pay for it privately.

The health visitor was very kind and supportive but didn't actually give me any practical advice. Someone with specific training would have been better.

What might prevent you from seeking help?
The answers to this question reveal some of the profound difficulties underlying this whole area of public health. Fear of some kind of judgement was a common response, whether it was the fear of being seen as unable to cope, of being seen as a bad parent or the fear of being labelled in some way. Shame, pride and embarrassment were also barriers. A couple of people feared the involvement of social services, and one said she would fear having her children taken away.

The fact that I understand that the social services get involved which I can never be comfortable with.

Difficulty attending appointments because there is no one to look after my child while I attend and difficult to take time off work. Fear of raising it with my GP and fear that my ability to care for my child might be questioned.

Not sure where to go; fear of disclosing the problem to someone; embarrassment - shame of struggling.

Several people said they wouldn’t know where to go, and a couple of people had been put off by previous bad experiences of seeking help. For a couple of people, the main problem was not having the time to seek help.

I would never seek help again. Apart from certain people, the social system has been a bit of a joke.
One person reported being threatened by their partner – that if she were to seek help, he would take the children away.

Where would you seek help now?

![Bar chart showing the percentage of respondents seeking help from various sources.]

(It should be noted that many people listed more than one option).

The majority of the respondents (74% - 55) said they would seek help from their GP first, which indicates the importance of the primary care services as a source of information for the new parenting support service. Many more people listed friends and family (39% - 29) as a source of help in response to this question than in response to Question 5. This suggests that parents who seek help outside of the family are likely to be those who are more isolated, who have fewer friends or family members to call upon, or perhaps find it difficult to confide in those close to them.

4.3 A new service for parents: what might it look like?
The question put to people was as follows: Thinking now about a new or ideal service for parents in need of support, what kind of support would you like to see that service offer?

Their responses are summarised below.

- **Peer support/networking with other parents**
  Many respondents felt that opportunities to meet with other parents would be the most helpful option; comments included:
Support from people with experience of similar problems

Talking to other parents openly who are experiencing similar issues

Groups of parents dealing with the same thing – but positive emphasis (being able to share negative but with a positive reason to be there)

Several parents mentioned the importance of having childcare available alongside such opportunities. For some people, the value of talking with and getting support from other parents was about the level of understanding and empathy, the ability to talk openly, without being judged, and with trust.

- **Practical advice/education**
  People who mentioned the need for practical support, advice or education from a professional source were seeking help with parenting skills or with understanding particular stages or problems encountered with their children.

  *Education about phases that children go through and how to deal with them.*
  *Guidance about child development. Guidance and education about sleep deprivation.*
  *Early parenting advice – support for parents with young children.*

- **Counselling/therapy**
  For a few people, professional counselling or therapy support was favoured – from a counsellor or family therapist. A few were dealing with problems of their own unrelated to parenting, perhaps preceding parenthood (e.g. work stress, childhood sexual abuse, depression).

- **Existing services**
  Several existing services were mentioned as good services and places where parents would be happy to seek support. These included: WelCare, Enhanceable and a couple of local children’s centres.

**When and where**

The most frequent times mentioned were during school hours and evenings, in different ways to avoid the children being around and/or to avoid office hours for working parents. Locations mentioned included: school, GP surgeries, children’s centres, counselling service, library, church hall, community centres.
• **Drop-in**
  Quite a few parents mentioned the value of having an informal drop-in service, providing easy access and avoiding the need to wait for referrals and appointments.

• **Online and telephone support**
  Quite a few parents felt that online advice or a telephone helpline would be helpful; either signposting to sources of support or offering support that is easy to access and/or anonymous. Anonymity was important for a few people who expressed concern about trust and confidentiality.

**Other key issues**

• **Timely support:** Several parents mentioned the importance of early intervention or of timely support. It was clear that a couple of them had the experience of being passed around or of having to wait a long time to access support.

• **Trust:** the issue of trust came up in different ways. A couple of parents mentioned it directly, others referred to it indirectly in the value they placed on meeting with other parents or on anonymity. One person said ‘the people I know, myself included, wouldn’t ask the government for help’.

• **Easy access:** Ease of access was clearly important to all those who favoured a drop-in, telephone or online support. Equally, a few people drew attention to this issue by referring to their bad experiences of seeking help and being passed from one to another or simply waiting a long time before they were able to get any help.
5 FINDINGS TWO: The professionals

5.1 What are the problems?
From the perspective of the professionals who responded to the consultation, parents’ problems fell into the following categories:

- Stigma
- Difficulties in accessing a service
- Parenting pressures & demands
- Financial and practical
- Information/awareness

Many professionals mentioned the stigma of mental health, with particular reference to being a parent. Parents might be fearful of being seen to be a bad parent, and/or afraid of having their children taken away – and so reluctant to admit to mental health problems. To some extent this points to the need to ‘normalise’ the difficulties of parenting; for example:

_Fear of admitting to any parenting issues, because then it may be perceived that it is due to mental health and not what a lot of parents experience._

Another big issue mentioned by professionals was the difficulty many parents experience in accessing a service or source of support. For example, one referred to the difficulty faced by those who may not meet the criteria for adult mental health services despite the impact of their problems on their ability to parent. Others mentioned long waiting times (between referral and appointment), the difficulty of accessing help quickly and simply not knowing where to go for help.

_When I have referred patient for CBT/counselling it has taken a very long time for them to have an appointment._

_Difficulty in making appointments, length of time between referral and initial appointment._

When asked about any particular groups or communities of parents whose needs are not currently being met, the professionals mentioned the following:

- BME parents, including Korean, Sri Lankan, and others for whom English is not their first language;
- Refugees and asylum seekers;
- Parents of children with special needs;
- Parents with undiagnosed mental health problems;
- Young parents.
Where would you refer parents with mental health needs?

Nearly all of the professionals (95% - 20) would first refer parents to their GP, which reflects the views of the parents in this consultation. Nearly two-thirds (57% - 12) would refer to the mental health services, and fewer (23%) to social services or the voluntary sector. One person mentioned local drug and alcohol services as being a good place to refer to, and two mentioned health visitors.

5.2 Professionals’ views of the support needs of parents

Gaps and needs
This section looks at questions 7: What support or help do you think that parents with mental health needs in Kingston would benefit from? and 8: What gap or gaps do you think a new service could usefully fill?

The professionals suggested a range of options that they felt would benefit parents. These included improved access to counselling and psychotherapy, practical support with parenting skills, parents’ support groups, childcare and improved integration of services. Gaps included early intervention and easy early access for people who are struggling but not necessarily diagnosed with a mental illness.

Easier/quicker access to counselling/therapy
The question of easier, earlier access to support arose particularly in relation to referral for counselling/psychotherapy. It was mentioned as a problem for parents who might fall
between Improving Access to Psychological Therapies (IAPT) services and community mental health teams.

*More counselling services, quicker access to CBT etc. I have a Mum who is acute and has waited four weeks so far for a session.*

*Early advice/support for those struggling but not necessarily diagnosed with an actual condition.*

**Support groups**

Many professionals felt that parents would benefit from support groups and/or peer support groups with other parents facing similar difficulties. These could be based in Children’s Centres (for example) and need to be available in the evenings and weekends as well as during the day.

*The parents I work with would benefit from a parent support group for dealing with children with challenging behaviour (not ASD).*

A couple of people mentioned these in relation to normalising the problems of parenting and reducing stigma, for example:

*Open support groups with childcare facilities so that stigma attached can be reduced. Careful naming of such groups to aid stigma reduction. Someone to listen to them in a non-judgmental way.*

**Integrated services**

Several professionals mentioned the need for existing services to be more integrated or to be better linked up in a way that would benefit parents.

*Well linked-up multi-disciplinary approach which is mindful of the practical, psychiatric and psychological issues involved.*

*Information sharing between health care professionals and the Children’s Centres in order to find out how many parents in the area would benefit from support...*

5.3 What might a new service look like?

Question 11 asked: *Thinking now about a new or ideal service for parents in need of support, what kind of support would you like to see that service offer?*

The strongest theme to emerge from responses to this question was the need for parenting **support groups** or peer support groups of some kind. Some suggested support groups linked to GP services, some to schools or children’s centres and nearly all said they should have childcare facilities attached. One mentioned the friendly atmosphere of WelCare as a suitable location.
Aside from the strong theme of support groups, there were a couple of mentions for better/easier access to counselling or one to one support. A couple of people talked of the importance of improved integration of existing services. One person wanted to see better ‘evidence based specialist support by trained and supervised professionals’…’please, not another service run by people who mean well but don’t have the training or experience to manage the complex issues’.

In contrast one person was calling for better support at the other end of the spectrum: ‘More low level intervention in familiar settings to encourage normalisation, such as stalls in Bentalls, information about mental health delivered to young people in schools and college to educate them earlier…’

A final question asked respondents if they had anything else to say about ‘your own experiences or about a proposed new service for parents in need of support?’ New issues that emerged from this question are as follows:

- Negative views encountered about CAMHS (through young people and their parents)
- Difficulty of working with local mental health services, in contrast to domestic violence, drug and alcohol services. The need for greater collaboration between drug and alcohol services and mental health services.
6: Recommendations

One of the dilemmas facing a new service is how to decide and identify the people for whom it is intended. Parents who took part in this consultation included people who were struggling with the demands of parenting, combined with other stresses (such as financial or work pressures) and perhaps caring for children with special needs. Some expressed considerable distress. However, only a third (24) reported having personal experience of mental health problems. This dilemma is coupled with the stigma attached to both mental ill health and to the possibility of being seen as a bad or inadequate parent. There is no clear-cut means of defining when and how someone crosses the line from distress into a mental health diagnosis, particularly if they make no contact with primary or secondary mental health services. However, if many parents are reluctant to approach services, this may never happen for them which may mean that they get no support.

So - do you aim a service at normalising the distress associated with the demands of parenting, reducing the stigma and engaging parents in peer support? Or focus on people with diagnosed mental health problems, ensuring that services are appropriately geared to their support and the support of their children and families? Or do you aim to offer a combination of these approaches.
Our recommendations are based on what the parents and professionals said to us in the consultation, but ultimately the decisions must remain with Kingston Public Health Department.

1. **Peer support/parenting support groups**: A strong theme to emerge from the consultation is the need for parenting or peer support groups. A new service would do well to offer opportunities for parents to meet others going through similar difficulties in a safe environment where they can share their experiences and learn from each other. One of the aims of this approach would be to ‘normalise’ the difficulties faced by parents and address the stigma of admitting to mental health problems. This could be linked to a service offering practical advice and support to parents dealing with particular difficulties with their children or at particular stages of child development.

2. **Practical advice and support**: There appears to be a need for practical advice, guidance and support to parents (as above) who are not familiar with aspects of parenting or child development.

3. **Safety and trust**: It seems essential that any service offers a safe environment where trust can be offered to anxious parents. Obviously this has to be within the context of child safeguarding, but some parents are fearful of seeking help in case they may be judged as parents.

4. **Stigma and shame**: Related to the above, it seems that the public health department may have a task to address in challenging the stigma attached, not only to mental health problems, but also to experiencing difficulties with parenting. Being a parent can be very challenging, particularly if there are additional problems in the family or the parent is isolated. In an ideal world, it should not be a source of shame to admit that you need help. A service is needed that supports people to be liberated of the stigma, to openly discuss their mental health and wellbeing and address solutions to their parenting needs.

5. **Easy access**: Parents need to be able to access some level of help quickly and without undue re-referral or cross-referral if possible. Easy access also includes being able to drop-in to a service that has a crèche or childcare available. Hours of opening need to be either during school hours or evenings, when working parents can access a service.

6. **Counselling support**: Some parents need individual counselling or therapy support for issues that remain with them as adults, or which re-emerge as a result of becoming a parent.

7. **Access to counselling/psychotherapy**: Many difficulties with access to counselling or therapy emerged from the consultation, which may need further exploration in conjunction with local IAPT services. (e.g. People found it hard to access free or cheap counselling quickly, some encountered long waiting times, some wanted individual but were offered group, some needed childcare alongside it, etc.). This was reflected in the views of the professionals who took part.
8. **Financial support:** Many parents would benefit from access to some form of financial advice and support. It may be that some are eligible to claim benefits that they are unaware of. Equally, any new service needs to take into account the needs of some parents for support and childcare that does not incur extra costs that they cannot meet.

9. **Knowing about what services are out there:** An important issue to address is information and awareness about the services that are available to parents in need of support. Clearly, looking at both sets of responses, the GP and primary care services is an important access point where information and signposting needs to take place. A new service might usefully create a pathway through different options so that people can find out where would most suit their needs.
In August/September 2014, we commenced an evaluation of the three pilot services, provided by Kingston WelCare, Kingston Carers Network (KCN) and Home-Start Kingston. Each of these was tasked to provide different services at the start:

1. **WelCare** was funded to provide a service they called 'Families Connect' with the aim of assisting parents to reduce the impact of their mental health issues on their children. The funding of £20,000 was awarded to provide direct support for up to 10 parents, and offer a drop-in style service to support a wider group of parents. The project also included an element of increasing awareness and confidence amongst professionals.

![Families Connect WelCare Kingston](image)

- Are you a parent with a mental health problem?
- Would you like help and advice to work out how to find good solutions to day to day parenting challenges?
- Families Connect is a new project. Its aim is to develop a service to assist parents reduce the impact of their mental health issues on their children.
- We aim to offer:
  - Organised workshops.
  - A wide range of advice, information and resources for parents to access.
  - Links to community mental health services so you can receive appropriate support.

![Contact information](image)

If you or a parent you know could use our help, just contact WelCare on 020 8546 3258 or familiesconnect@welcarekingston.org.uk

2. **Kingston Carers Network** was funded to provide a service to support young carers, the children of parents with mental health issues. They were awarded just under £10,000 to deliver a bespoke mental health training programme and peer support group for young carers supporting a parent with mental health problems. They proposed to offer their core young carer services to all young carers identified within the mental health project.
3. **Home-Start** was funded to provide Family Links training programme to parents with a formally undiagnosed condition (low mood, suspected depression etc.) as well as those already receiving support for an identified condition. The funding provided was at a rate of £2,700 per 10 week course.

### 7.1 Evaluation methods

The aim of the evaluation was to find out how the providers themselves had experienced the pilot services, as well as to obtain feedback from parents receiving the services. We intended to do this using a combination of interviews and questionnaires, depending on how we could make contact with parents. We were aware that the number of parents involved would be small and that it might be a sensitive subject for them to talk about.

Using a brief list of questions (see Appendix C), and building on these in response to issues raised in the interviews, we interviewed the providers in each of the three services:

1. **WelCare**: Marjie Grant (Manager) and Sue Bradford (Families Connect worker)
2. **Kingston Carers Network**: Andora Wild (Young carers' support worker) and Diane White (Young Carers' Project)
3. **Home-Start**: Karen Penny (Director)

In each interview, we consulted with the providers to determine the best way of making contact with parents in order to get their feedback as well.

This was relatively straightforward in the case of WelCare, who had recently started running group sessions on a Monday afternoon. Alison attended two of these, one with our volunteer Anjum, in order to talk to parents about the evaluation; we gave them the choice of a telephone or face to face interview or a questionnaire (see Appendix D). Further
questionnaires were sent out to the other parents receiving the service. Two questionnaires were returned.

For KCN, two interviews with parents were arranged by the KCN worker and these were carried out by Debbie separately to the staff interviews, one in their own home and one in the office. For Home-Start, due to the delay in starting the training course, there were no parents for us to contact for feedback.

Consequently, this evaluation is based on the experiences of the organisations and workers involved in providing the pilot services and feedback from four parents (two from WelCare and two from KCN); see Figure 1.

<table>
<thead>
<tr>
<th>Feedback received from</th>
<th>Practitioners</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>WelCare</td>
<td>2</td>
<td>2*</td>
</tr>
<tr>
<td>Kingston Carers Network</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Home-Start</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

(all interviews except those marked * which were questionnaires)

The evaluation is somewhat weakened by the small number of parents giving their feedback, although it should be noted that the pilot services did not reach large numbers. It was not possible for Together to approach children and young people directly, so the parents giving their feedback about KCN are not the direct recipients of the pilot project. Nevertheless, the holistic nature of this service does render their views valid.

7.2 The Findings

In examining the findings, we shall first look at each of the services individually and then proceed to draw out overarching themes.

1. WelCare: Families Connect

WelCare has been providing the Families Connect service to 22 parents to date, offering a combination of one-to-one sessions and weekly group workshop sessions. Most of their referrals have come from health visitors. Only three of the 22 were previously known to WelCare services.

The worker meets them individually at first, sometimes in their own home, to talk and build up a relationship with them. By way of making further contact and offering practical support, parents can then come into the centre to use the drop-in service and meet other parents, and/or to attend the workshop sessions. WelCare began the group sessions to accommodate more parents and offer another style of support to parents. The sessions are informed by what emerges from the parents, but broadly focus on wellbeing and practical issues (e.g. Reiki, counselling, welfare benefits).
Contact with the parents also takes place by phone, text and email; the worker has been quite surprised by the success of email contact, which she uses to pass on useful information as well as keeping in touch.

WelCare describes their service as 'strengthening families' and being part of the community: engaging, nurturing and being there over time, keeping the focus on the children in all that they do whilst supporting the parents.

**Learning from the pilot**

1. **Communications** between local agencies have been challenging at times. The worker spent a great deal of time and effort in the first few months sharing information about the new service, distributing leaflets and meeting with as many local agencies as they could. They encountered difficulties making contact with mental health services and have had no referrals from them. Few referrals have come through GPs, which has been another frustration, but they have recently renewed contact via a GP liaison worker to ensure that GPs are aware of the service.

2. **Targeting the right people:** The service is currently targeted at people with a diagnosed mental health problem. They have found that the greatest demand comes from parents who are struggling but do not have a diagnosis and do not generally access mental health services. They are aware that they have no men/fathers coming forward and are not able to offer weekend or evening times for people who might need them. However, within the hours available, the service is flexible.
3. **Expanding the service**: they have expanded the service to accommodate the demand and would like to expand it further.

4. WelCare have categorised the **additional needs of the parents** they have been working with as follows: isolation, finance, disability, mental health, domestic abuse, post-natal depression, family breakdown. They have found isolation to be the main issue, particularly for new mothers or parents new to the area. They have also found many parents to be worried about finance/debt, housing and benefits.

5. **Data collection**: this has changed and evolved over time, but they have remained flexible in order to accommodate this.

6. **Stigma**: They feel that stigma remains a major issue around mental health and parenting, and aim to provide a safe and supportive environment for parents to come forward and access the service.

**Feedback from parents**

Two parents gave their feedback on questionnaires and both were very positive about the support they had received. They described the service as ‘very welcoming’ and ‘calming and extremely homely’. The support had given them the opportunity to ‘just be’ and to meet other people, talk to someone and gain advice. Both found the worker to be supportive: ‘fantastic’; ‘we get along well. She always makes sure we have something (we are vegan).’

‘Relieving some of the stress and to be able to take baby somewhere with a home from home relaxing environment.’

‘Understanding. 'I am not alone’...to know they are there for us as a family...so our summer became fantastic'.

Both expressed concerns about the future of WelCare, anxious that it might lose its funding and disappear. When asked about improvements to the service, one suggested that it could be expanded to reach out to parents isolated at home, and to schools and nurseries. One suggested that there could be more courses on, for example, counselling, CBT, meditation.

2. **Kingston Carers’ Network**

Kingston Carers’ Network (KCN) was originally funded to provide age appropriate training and support to young carers whose parents have mental ill health. As a result, the early weeks were taken up in preparing the training and resources. However, the response to the training was poor. They approached 15 families none of whom were interested, and so they had to rethink their approach entirely.

The service now is about providing one-to-one support to young carers, which has proved very successful but inevitably reaches fewer young people. They are currently working with 4 children, and have a further 8 referrals who are on a waiting list for the targeted support, although all these families are receiving support from the Young Carers’ Project already. Although it is not explicitly part of the project, advice and support is being provided to 19
families and responsibility is being taken for all new referrals where Parental Mental Ill Health is a factor.

The process of engagement is necessarily intensive and time-consuming. The worker first needs to establish a good relationship with the parent(s) and family, before being able to work with the child. This is important to build up trust and to reassure the parent that the support to the child will be appropriate to their situation (for example, in how they are going to talk about mental health or refer to their particular diagnosis).

The worker then offers the child a series of up to six one-to-one sessions which are less structured than the originally planned training. The worker has designed materials to use with the children, some of which may be used in a session but this will depend on each individual. Sometimes they do arts and crafts sessions, but they might go out to a cafe or do something based on worksheets about (for example) stress, sadness, how to deal with worries.

The benefits to the children (they feel) are: improved emotional wellbeing, the opportunity to ask questions and dispel myths they might have heard in the playground. The children need that reassurance from someone outside the family, and they need to be able to have fun.

KCN are evaluating the work they are doing, using a My Change star tool at the beginning and end of the sessions; verbal feedback from professionals, parents and children (which is recorded) and a tablet-based tool for feedback.
Learning from the pilot:

1. **Referrals and communications**: Despite sending out leaflets to a wide range of local agencies, including schools, GPs, hospital, and taking them to strategic meetings, they have received few referrals from outside their own service. All are known to the Young Carers' Project or the Children's social services assessment team. Like WelCare, KCN does not have a good working relationship with mental health services.

2. **Stigma**: Some of the barriers to people coming forward are based on stigma - perhaps parents not wanting their children to hear about mental health and illness or to acknowledge their own ill health. This is still something that needs addressing more widely.

3. **Change of plan**: on reflection, they lost time at the start of the pilot due to planning for the training for which there was no demand. However, what they have now developed is working very well. Through the individual sessions, children who may not get much attention at home, are able to have a few hours with an adult giving them exclusive attention and the space to talk if they wish to.

4. **Capacity**: KCN are now drawing resources from the Young Carers’ Project, as they have the need for more capacity to support these young carers. The pilot funds one worker for 12 hours a week.

5. **The service context**: KCN were keen to emphasise the value of the Young Carers’ Project making it possible for this more targeted work to happen. There is a need for 'pre-engagement' with the children and their families, which can only happen because of the pre-existing service. There is a definite demand for this targeted support, possibly as a specialist post within the Young Carers’ Project, with responsibility for supporting young carers who have a parent with mental ill health, rather than as a separate project.

**Feedback from parents**

We interviewed two parents whose children had been supported by the KCN project. Both were very positive and described the support they had received as a family as 'very helpful'. ‘they have been fantastic, done wonders'. We also received additional feedback from a third parent via the KCN worker.

One of the mothers said that her child now understands her moods better. Before receiving this support, her daughter used to cling to her all the time. She now does more activities and seems happier. The mother praised the service for:

'\textit{the freedom they have given me and the space to breathe and what they've done for [child]. Knowing there's a friendly service and knowing you can contact them if you have a problem}'.

When asked about potential improvements to the service, she drew attention to the fact that it is not widely known: ‘\textit{It's like the world's best kept secret}'.


The second parent said her daughter had been stressed by her siblings and had no time to herself. During the support sessions at KCN she was able to take part in arts and crafts activities, and to learn about managing her anger. The mother also said that her daughter shared techniques and ideas she learnt with the rest of the family, which had also been very helpful. As with the first parent, she felt that her daughter now understands her (the mother's) needs and moods better and is able to share this with her younger siblings. She would like all of her children to be supported in the same way (the service is currently provided for children aged 8 and above).

The third parent was interviewed by the KCN worker, which potentially compromises the responses as it would be hard for them to give negative feedback direct to the worker. Nevertheless, she described the service as very helpful, and said 'My daughter and Andora talk about feelings which makes my daughter happy'.

'My daughter loves the activities because she makes friends and has fun. She learns new things with Andora and enjoys playing with her. She feels happier after she goes to the Young Carers’ Project.'

One of the parents said that her daughter was not finding the activities as engaging as before, that they had become a bit repetitive, but that she (the daughter) didn't want to say anything about this for fear of upsetting the KCN worker.

3. Home-Start

Home-Start was funded to provide courses in parenting skills to parents with mental health problems. They have struggled to get the training off the ground due to a shortage of referrals, which they were expecting to receive from public health teams and/or the other two pilot services. At the time of interview, the training had just started and was three sessions in (out of a total of 10 sessions). Home-Start (like WelCare) receives its referrals primarily from health visitors when they are concerned about a parent. Most of the parents they support as part of their core service are isolated or have low mood, post-natal depression or generally struggling. Most would fit the remit for low level mental health problems.

In the view of Home-Start, what is needed (perhaps more than a parenting skills course) is more 'hand-holding' for parents at an early stage, to prevent difficulties from becoming insurmountable and to help parents feel less isolated. This is more akin to what Home-Start provides as their core service. They feel there is a big gulf between having no support and having some support: a great many parents (mainly mothers) receiving nothing who are feeling very isolated and potentially depressed. They particularly advocate the role of peer support in this situation as this can be a source of understanding and reassurance. This is the model they use: volunteers who are parents providing support to those currently in need.


Learning from the pilot:

1. **Playing to our strengths**: Home-Start would value the opportunity to provide the one-to-one support that they are known for, to this group of parents. There are many similar parenting courses available in Kingston, so they do not feel that the current model is working to their strengths.

2. **Need for stronger cross-agency** or inter-agency approach: the pilot would have benefited from being more integrated or coordinated, rather than a case of three separate agencies offering different things.

3. There needs to be **more awareness of the help** that is out there; often parents are unaware of what is available.

4. **Addressing stigma**: the council should be doing more to normalise mental health issues, giving the message that it is not shameful or anyone is to blame for having difficulties. There is still a fear of children being taken away. The services need to be relaxed and open, with encouragement to people to seek help at an early stage.

5. **A telephone helpline** might be a good idea: (for the reasons given above) to provide specific hours of availability, information about local services and peer supporters on call. Home-Start will be providing a telephone support service for their breastfeeding project, with a mobile phone circulated between different people and specific hours of availability. This has worked well in other peer support work undertaken.

**7.3 Discussion and conclusions**

The experiences of the pilot services, together with the positive feedback from parents, suggests there is a definite need for support for parents with mental health problems and a profound appreciation of what has been provided. This is particularly the case for Kingston Carers Network and WelCare, although perhaps less so for Home-Start which was not really playing to its strengths in this pilot project.

Looking at the pilot more broadly and strategically, the evaluation points to poor integration of and with services locally. The individual services struggled to communicate their existence to other agencies and gained few referrals from them. This reflects the experience of the consultation in endeavouring to reach parents through local services (as well as the parents of children with mental health issues in the second consultation). The overarching themes to arise from the evaluation are as follows:

- **Strong support for the provision of services to this group of parents**: all of the providers (and, by implication, the parents) were of the view that there is significant unmet need for more support to parents with mental health problems. The service that had done the most to disseminate its work (WelCare) had received double the number of referrals it was intended to support during the pilot period. Both WelCare and KCN felt that they could do more; indeed KCN had recently taken on a second worker in order to manage the demand for this kind of support.
More discussion and clarification about who to target: there was some confusion about whether the new services should be targeting parents with diagnosed mental health problems, or those without a diagnosis for whom mental health services would be unlikely to offer a service. We suspect that this confusion reflects the situation as it is: that, in reality, there is no clear demarcation line between one group of parents and another. However, it might be useful to have a discussion including the commissioners and all of the service providers about this issue.

Greater integration and communication between services: the pilot services did not experience the pilot itself as coherent and cohesive; it seemed disparate and they expressed the need for a stronger cross-agency approach. This supports the difficulties parents described in finding out about available support in the area, and the apparent reluctance of some services to refer to each other.

Greater awareness about the services that are out there: Coupled with the need for greater integration and communication is the need to make information about the services much more accessible and available to parents. The providers were concerned about this information being available in GP surgeries and schools, as well as the need for statutory services to more readily refer parents to the voluntary sector services.

The need to address stigma: this has been a recurring theme throughout the two consultations we have been undertaking during this last year. The public health department is a natural location for campaigning around mental health awareness and anti-stigma initiatives to take place.

Open and welcoming services: addressing stigma needs to take place alongside an emphasis on open and welcoming services (which all of these three seemed to be), where parents feel comfortable about seeking help and do not fear additional stigma or judgement.

Ideas for new services: As mentioned earlier, there appears to be strong support for the kind of open and welcoming, personalised services offered by the pilot services. Additional ideas that came out of the evaluation include:

- the need for more of the ‘handholding’ type of service that Home-Start naturally offers to isolated parents of young children;
- a telephone helpline that would again be accessible to isolate parents at home struggling with their mental health issues and with the stresses of (particularly new) parenthood.

Where are the fathers?: The bulk of childcare continues to fall to mothers, but we must not forget that there may be fathers out there whom services are failing to reach.
Appendix A: Questionnaire for Parents
Parents: What kind of service or support would you find helpful?

We are working with Kingston Council Public Health Department to help develop a new service for parents in need of support. We are consulting with parents experiencing stress or concerned about their mental wellbeing, in order to understand what may be helpful. This consultation will help shape the pilot service which has already begun to be delivered by a number of local providers: Kingston WelCare, Kingston Carers and Home-Start.

WHY IT’S IMPORTANT FOR YOU TO HAVE YOUR SAY

This questionnaire has been designed by both people who experience mental health problems and service providers to assist us to inform Kingston Council Public Health Department to have a better understanding on how best to support parents with mental health support needs.

Your views are taken very seriously. The information we collect via these questionnaires and the information we collect through individual and group interviews will be turned into a report to be presented to Kingston Council. They will use the information in this report to support the design and development of a service to support parents.

HOW YOU CAN HAVE YOUR SAY

If you experience anything from stress through to diagnosed mental health problems, we would like to hear from you. You can do this by completing this questionnaire. If you are completing the questionnaire on paper, please feel free to use additional paper as necessary.

We expect the questionnaire will take you about 10 minutes to complete. There are 26 questions including optional questions at the end about your personal details.

The information that you give us will remain confidential and the information used in our report will be anonymised. We really value and appreciate your support.

Please return your questionnaire to:

Alison Faulkner / Brett Sharpe
Together for Mental Wellbeing
12 Old Street
London EC1V 9BE
1. Firstly, can you say what you do to manage your stress or to support your wellbeing?

2. What aspect/s of being a parent do you feel cause you particular stress / threaten your own wellbeing?

3. Have you ever felt the need to seek help or support outside your immediate family and friends for your mental wellbeing? Yes / No (please ring)
   
   If yes, go to Q4
   
   If No, go to Q8

4. What was it that prompted you to seek help?
5. Where did you go to for help? (Please tick all that apply)

- GP
- School
- Friends
- Social services
- Mental Health services
- Voluntary sector organisation
  (please specify) ...........................................
- Online support
- Other
  (please specify) .............................................

6. How helpful was the support you received? (Please tick)

- Very helpful
- Somewhat helpful
- Uncertain
- Not helpful

Can you say a bit more about the help you received...

7. Have you ever wanted help or support but not been able to find what you need? Yes / No

8. If Yes, what kind of help would you have liked at that time?
9. Is there anything that would prevent you from seeking help, even if you felt your mental wellbeing was suffering?
[for example: taboo or stigma associated with mental health or failure as a parent/not knowing where to go for help/time/…] 

10. Who or where would you go to for help now if you needed it?

   GP □
   Friends □
   Other parents □
   School □
   Social services □
   Mental Health services □
   Voluntary sector organisation □
   (please specify).............................................
   Online support □
   Other □
   (please specify).............................................

Please say why ....
11. Thinking now about a **new or ideal service** for parents in need of support, what kind of support would you like to see that service offer?

12. Where would you like to see a new service located?

13. What day(s) or time of day do you think would be best for a new service?

14. Is there anything else you would like to say either about your own experiences or about a proposed new service for parents in need of support?
Some questions about you – We ask these questions to help us know the range of people who have given their views.

Please tell us how many children you have and their ages:
Are you currently expecting/pregnant?

Ethnicity
- [ ] White British
- [ ] White Irish
- [ ] White European
- [ ] White other
- [ ] Black British
- [ ] Black African
- [ ] Black Caribbean
- [ ] Black Other
- [ ] Asian/Asian British
- [ ] Bangladeshi
- [ ] Indian
- [ ] Pakistani
- [ ] Asian other
- [ ] Chinese
- [ ] Chinese British
- [ ] Other Chinese
- [ ] Gypsy/Traveller
- [ ] Mixed White/Black Caribbean
- [ ] Mixed White / Black African
- [ ] Mixed White / Asian
- [ ] Arab
- [ ] Korean
- [ ] Tamil
- [ ] I do not wish to disclose
- [ ] Other
  please specify:

Sexual Orientation
- [ ] Heterosexual
- [ ] Gay
- [ ] Lesbian
- [ ] Bisexual
- [ ] Other

Do you have a disability
- [ ] Yes
- [ ] No

Would you describe yourself as someone who has or has had mental health needs?
- [ ] Yes
- [ ] No

Gender
- [ ] Male
- [ ] Female
- [ ] Transgender

Age
- [ ] 18-24
- [ ] 25-34
How would you rate your mental wellbeing today on a scale of 1 to 10, where 1 is poor and 10 is excellent?

☐

Please tell us how many children you have and their ages:

Your contact details

Thank you for taking the time to complete this questionnaire. If you would like to stay in touch with us and get a copy of the report when it is finished, please give us your details below.

I would like to be informed of the findings of this consultation

Yes ☐

No ☐

I would like to take part in a further consultation about child and adolescent mental health services development

Yes ☐

No ☐

Your name:

Address:

Telephone number:

Email address:

How did you find out about this survey?
Appendix B: Questionnaire for Professionals
Parents with mental health needs: What kind of service or support do you think will most benefit them?

We are working with Kingston Council Public Health Department to help develop a new service for parents with mental health needs. We are consulting with parents in order to understand what they might find helpful in a new service. We are also consulting with the range of professionals with whom parents might come into contact: this is where you come in. We would be very grateful if you could participate in this consultation, and give us the benefit of your experience in helping to shape this service.

Your views will help inform the pilot service which has already begun to be delivered by a number of local providers: Kingston WelCare, Kingston Carers and Home-Start. This consultation (together with the experiences of people using the pilot service) will then be used to shape the development of the full service starting in 2015.

1. What is your job title? .............................

2. What involvement (if any) do you currently have in relation to parents with mental health needs?

3. What support or help do you think that parents with mental health needs would benefit from?
4. What services do you know of currently in place to support parents in Kingston?

5. What gap or gaps do you think a new service could usefully fill?

6. Do you think there is anything that might prevent a parent with mental health needs from seeking help? Yes / No
   [Prompts: taboo or stigma associated with mental health or failure as a parent/not knowing where to go for help/time/concern about having their children taken away...]
   If yes, please say:

7. If you were concerned about the mental wellbeing of a parent now, who or where would you refer them to for help?

   GP □
   Friends □
   Other parents □
   School □
   Social services □
   Mental Health services □
   Voluntary sector organisation □
(please specify)..........................................................

Online support  □
Other  □

(please specify)..........................................................

Please say why ....

8. Thinking now about a **new or ideal service** for parents in need of support, what kind of support would you like to see that service offer?

[Please think about who and where you would like this support to be... It could be anything from talking to other parents, online or support from the school through to specialist mental health support]

9. Is there anything else you would like to say either about your own experiences or about a proposed new service for parents in need of support?
Your contact details

Thank you for taking the time to complete this questionnaire. If you would like to stay in touch with us and get a copy of the report when it is finished, please give us your details below.

I would like to be informed of the findings of this consultation

Yes □
No □

I would like to take part in a follow-up questionnaire

Yes □
No □

Your name

Role

Address
Address1
Address2
City/Town
Postcode
Email address

How did you find out about this survey?
Appendix C: Questions for the providers
Parenting and Mental Health Evaluation: question guide for the providers

1. Targeting the service: reaching the right people, getting referrals etc.

2. Providing what? - finding out what people need/want; ability to provide what they want/need
   a. referral on to specialist services - ?

3. Have you needed to liaise with the other providers - if so, how did this go?

4. What has gone well? what do you feel proud of / pleased about?

5. What challenges or difficulties have you encountered?

6. What do you think you would do differently if you were to be starting it now?

7. Do you have any suggestions or recommendations that you would like to make to the commissioners?
   a. ...to the other providers?
Appendix D: Evaluation questionnaire (for WelCare)
Please give us your views!

A questionnaire for parents who have received the services of Kingston WelCare Families Connect

We need your views and experiences of WelCare Families Connect service in order to help improve future services for parents and families in Kingston. On behalf of Kingston council, the mental health charity Together for Mental Wellbeing are evaluating the service provided by WelCare for parents experiencing stress, mental health or emotional difficulties. Alison Faulkner and Debbie Roberts have been consulting with parents and practitioners throughout Kingston during the past few months.

Please help us by filling in the questions below. Everything you say will be treated as confidential: although your views will be shared with service providers and commissioners alongside others in a report, your name will not be used or shared at any time.

1. How did you make contact with WelCare Families Connect service? (e.g. were you referred by another professional? Or did you make contact with them yourself?)

2. Can you tell us a little about your reasons for contacting (or being referred to) WelCare Families Connect?
3. Please describe the support you have received from WelCare:


4. Overall, how helpful has the service been for you and your family?

   Very helpful  □
   Somewhat helpful □
   Uncertain □
   Not helpful □
   Very unhelpful □

   Please say more about this below:


5. What has been the most helpful aspect of the service?

   Please say why:
6. What has been the least helpful aspect of the service?  
   Please say why:

7. Can you tell us about any problems you experienced with the service or members of staff providing the service?

8. Has the service helped you or your family to make any changes?  
   If so, please describe:

9. We are keen to learn from your experiences both good and bad; please tell us how you feel the service could be improved:
10. Would you recommend the service to a friend or member of your family?

11. Have you used any of the following services in Kingston - for yourself, your family or for your children?

- Kingston Carers Network;
- Child and Adolescent Mental Health Services;
- Home-start;
- FASS (Family Advice and Support Service)
- Other - please specify

How helpful did you find this/these services?

12. Please tell us anything else you would like us to know about your experience of Kingston WelCare service:

Please return this questionnaire to