

TACKLING ISOLATION AND LONELINESS: PROJECT EVALUATION FINAL REPORT

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HOME START

Kirklees

'Tackling Isolation and Loneliness' is a Home-Start Kirklees project

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EXECUTIVE SUMMARY

There is significant research evidence to suggest that isolation and loneliness intensify mental and physical health and other social problems if they are left unaddressed. To date, however, there is limited research on the correlates, impacts, and manifestations of isolation and loneliness for groups other than older and young people while parents as a subgroup are largely absent from research. What is known is that, within families, the intergenerational impacts of parental isolation and loneliness on children's development, progression and school readiness are profound.

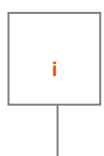
Nationally and locally, there is a renewed emphasis on isolation and loneliness after the privations of the Covid-19 pandemic and the enduring impacts of the cost-of-living crisis. Successive UK governments commit to addressing isolation and loneliness in communities, and with groups and individuals. 'What works' in terms of different types of interventions to address isolation and loneliness is less clear and under-explored. Where evidence exists, it suggests that group and peer support interventions show promise in reducing isolation and loneliness.

About 'Tackling Isolation and Loneliness'

The Tackling Isolation and Loneliness project, delivered by Home-Start Kirklees and funded by the National Lottery Community Fund, is therefore a pioneering group and peer support initiative that works with families experiencing isolation, loneliness, and poor mental health in the Kirklees area of West Yorkshire. Launched in January 2023, TIL developed in response to the growing need for targeted support among parents with young children in a region where levels of isolation and loneliness are particularly high.

TIL provides a blended model of weekly peer support groups, tailored one-to-one support, and co-produced activities shaped by the voices and needs of participating families. The project's ethos is rooted in person-centred, holistic support that aims to reduce isolation and loneliness, improve confidence, mental health and resilience, and enhance child development and family wellbeing. It aims to support families to:

- Reduce isolation and loneliness
- Improve confidence and self-esteem
- Improve mental health and resilience
- Find healthier lifestyles
- Access community-based provision and activities
- Live independently of statutory services
- Effectively manage family finances and circumstances
- Be financially stable
- Self-manage their own emotional wellbeing



- Maintain safe and positive relationships
- Keep children safe from harm
- Have a parent in work, education, training or volunteering
- Enhance child development, progression, and preparedness for school

TIL's evaluation, conducted from July to November 2025, applied a robust theory of change framework to examine why TIL is needed, who it is for, the outcomes it achieves, and how it achieves its outcomes. Data collection included participant observations, conversations with staff and parents, quantitative rating scales, project reports, and case studies.

Summary of key evaluation findings

There is a profound need in the local area to address families' isolation and loneliness and an absence of such provision. Families referred to TIL face considerable overlapping challenges, including social isolation, mental health issues, lone parenting, financial concerns, trauma, domestic abuse, post-natal depression, and other, life-limited issues. Many parents lack adequate support networks, and opportunities for socialisation and interaction, and struggle to access and engage with community provision.

The outcomes from TIL for families are transformative in the short- and long-term and include:

- Increased social interaction and reduced isolation for families
- Improved mental health and resilience for parents and confidence in parenting
- Better management of family life, including finances, and improved family life overall
- Enhanced child development, socialisation, and progression, and school readiness
- Lasting connections and friendships among parents, continuing after the group ended
- Greater likelihood of accessing community services, education, training, employment, or volunteering

TIL achieves these outcomes through a multi-layered delivery approach that ensures that all families receive the particular support that they need and that the peer support, co-learning groups are central to the project. Specifically, the forms of support delivered by the project include peer support, emotional wellbeing, child development, healthy eating, sleep routines, speech and language, school readiness, community integration, physical activity, relationships, domestic abuse, adult learning, volunteering, and employment. Starting where families are, TIL supports parents to achieve outcomes by offering and facilitating:

- Paced support for parents and families to join the group in their own time and own way
- Person-centred, high-trust and holistic support through engagement
- An explicit focus on confidence, self-esteem and mental health
- Family-led, co-created input for activities and co-learning about issues important to families

- Support for parents to move on to next stage of their ‘journey’
- ‘Small’ changes that lead to long-term gains

Recommendations from the evaluation

The evaluation recommends that HSK:

- Sustains and upscales the holistic, person-centred TIL model and dynamic support that starts where families are and includes intensive one-to-one and group support
- Maintains the project’s commitment to ongoing reflection, action, and co-creation with parents, and learning about ‘what works’ as the project evolves
- Maintains the project’s flexibility and responsiveness to individual family needs, allowing for tailored support and gradual engagement, especially for those with high anxiety or complex needs
- Factors in resourcing for the crucial intensive ‘hand-holding’ and wraparound work needed to support families
- Expands capacity to meet rising demand and reduce waiting lists
- Raises awareness to reach hidden or unmet need in the community
- Integrates specialist mental health support within the project
- Develops a ‘step into’ or ‘alumni’ provision for families after TIL engagement ends
- Advocates for greater recognition of parental isolation and loneliness in policy and strategy on the national and regional level

Conclusion

TIL fills a critical gap in local provision for families experiencing isolation and loneliness. Its flexible, holistic and group-based approach delivers transformative outcomes for parents and children, contributing directly to Home-Start Kirklees’ vision of children having the best start in life and families being safe, healthy, and resilient. The evaluation confirms that the TIL model is effective, valued, and ready to be sustained, ‘upscaled’ and expanded to benefit more families in need.

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1. INTRODUCTION TO THE REPORT

‘Tackling Isolation and Loneliness’ (TIL) is a peer group support project for families experiencing isolation, loneliness, and poor mental health, delivered by Home-Start Kirklees (HSK), a charity in West Yorkshire. These challenges, significantly worsened by the Covid-19 pandemic and the cost-of living crisis, often make meeting others and engaging in community provision difficult for families, especially when they have limited support networks and/or are living in rural or deprived areas. TIL aims to intervene with, mitigate, and tackle these challenges by providing a space where families can meet safely, engage in peer support, co-learn about issues relevant to their lives, and address their isolation and loneliness, poor mental health, and any other issues limiting their lives.

This evaluation report sets out learning from the evaluation of TIL:

- Why TIL is needed and for whom
- What TIL’s parents and families achieve through engaging in the peer support groups (outcomes)
- How TIL supports parents and families to achieve these outcomes

The evaluation evidenced why TIL is needed for parents and families who are isolated and lonely; the outcomes of the project for families; and how the ethos, principles and workings of TIL support families to address isolation and loneliness and other issues¹.

The evaluation report includes the following sections:

Section 2 describes the TIL project and its evaluation, including the development of the evaluation’s theory of change, to set the context for the learning in the report.

Section 3 is the first data analysis section and sets out why TIL is needed and for whom. Section 4 develops the analysis and explores the outcomes of TIL for the parents and families, before Section 5 explains how and in what ways TIL achieves these outcomes.

Section 6 synthesises learning from the evaluation to complete the theory of change analysis and utilises some of TIL’s case studies of families to further situate the learning in the theory of change. Section 7 sets out the challenges (and solutions) of the project and considerations of the project for TIL’s continuation. The final section, Section 8, concludes the evaluation’s learning and offers recommendations for TIL’s development and enhancement.

¹ To cite this report: McMahan, G. (2025) *Tackling Isolation and Loneliness: project evaluation final report*. Home-Start Kirklees

2. ABOUT ‘TACKLING ISOLATION AND LONELINESS’ AND ITS EVALUATION

This section of the report describes the TIL project and how it was evaluated using a mixed method approach to data collection and a theory of change to capture and analyse learning.

2A. THE TACKLING ISOLATION AND LONELINESS PROJECT

The TIL project is a weekly peer support group for families experiencing isolation, loneliness, and poor mental health. These challenges were significantly worsened by the Covid-19 pandemic and the cost-of-living crisis, and many families, especially those with limited support networks and/or living in rural or deprived areas, face barriers to connecting with others and engaging in the community. TIL set out to support families to achieve the following outcomes in the shorter-term:

- Reduced isolation and loneliness
- Improved confidence and self-esteem
- Improved mental health and resilience
- Healthier lifestyles
- Accessing community-based provision and activities
- Living independently of statutory services
- Effectively managing family finances and circumstances
- Maintaining safe and positive relationships
- Keeping children safe from harm
- Enhancing child development, progression, and preparedness for school

In the longer-term, TIL set out to support families to:

- Maintain shorter-term outcomes
- Maintain access to community services
- Maintain strong and positive relationships with children
- Self-manage their own emotional wellbeing
- Live independently of statutory services
- Be financially stable
- Maintain healthy lifestyles
- Have a parent in work, education, training or volunteering
- Continue to enhance child development, progression, and preparedness for school

Running from January 2023 to December 2025, TIL offers a blended model of support that includes:

- Weekly peer support group sessions in accessible community venues, creating safe, welcoming spaces for parents to connect and share experiences
- Tailored one-to-one support, delivered at home at the beginning of TIL engagement, based on each family's unique needs and circumstances
- A co-produced, family-led programme of activities focused on parenting, wellbeing and community integration, shaped by the voices of participating families
- Opportunities for parents to become peer supporters and volunteers, promoting sustainability and leadership through lived experience

At the time of writing the evaluation report, TIL had supported 105 local families who came together in groups in two widely spread local areas. TIL enables self-referral through the HSK website, and families are also referred via community partners, for example, health workers.

HOW TIL WORKS

The detail of how TIL 'works' is explored in Section 5 below. Here, briefly, following a referral and triage, parents will meet their assigned 'coordinator' in their own home who carries out an initial assessment of their support needs. Parents rate themselves on several scales to indicate how much support they might need in numerous areas such as parenting, their ability to manage the household and finances, and their mental health, self-esteem and confidence. These scale scores allow the project to learn about each family's needs and to prioritise and focus on the areas of family life that need support.

The TIL project then tries to facilitate groups of families from the same locality to encourage connection and access to community resources outwith group support and after project support ends. Groups generally take place in dedicated group spaces in the two local areas, but groups also visit local libraries, parks and other community spaces to help families access local resources they might not otherwise use.

As peer support spaces, groups are necessarily informative and interactive. A progress report from the project notes that:

- ▶ *Group sessions are held for two hours whereby the first half is social time and an opportunity for the families to chat. The sessions are inclusive, and parents are encouraged to contribute and interact, with many of the discussions being parent led. (Progress reports from the project)*

Crucially, parents, children and project workers eat together in the sessions, and sharing food is an important element of the work as parents are supported with weaning, children trying new foods, and co-learning about food and nutrition. Children are also encouraged to interact and, where necessary, the project incorporates communication support (for example, Makaton) and tailors input to additional needs.

As part of the co-created element of the project, a progress reported noted that:

- ▶ *Regular brainstorming and planning sessions are incorporated into the support to ensure the sessions are relevant to each cohort and that parents have a sense of ownership. This ensures that the information, advice and guidance most important to their needs are prioritised. Parents also collectively formulate their own group expectations which are regularly reviewed when new parents join. (Progress reports from the project)*

To respond to the requests made by parents in terms of information, advice and guidance, the project invites professionals from community partners to deliver sessions on topics requested, such as childhood illnesses and potty training. The project team is centrally connected to a network of community professionals whom they can call upon to also deliver sessions based on parents' needs (for example, ESOL, English for Speakers of Other Languages).

MEASURING IMPACT AND CHANGE

HSK as an experienced support service provider has embedded systems for evaluating progress through its programmes. Rating scale data related to a range of support needs are collected at the initial assessment stage/ home visit (see above) and collected again at three-monthly review points to measure progression and to identify any new support needs that may have emerged. Rating scale data are collected again when cases are being closed, and these scores are analysed for overall progression and impact.

For the TIL project, in addition to the initial assessment, families are also asked to complete a questionnaire about what they see as their levels of isolation, loneliness and community integration. This questionnaire is repeated at the end of the families' support to evaluate progression in these specific areas.

2B. THE EVALUATION AND ITS THEORY OF CHANGE

TIL's evaluation ran from July to November 2025 and collected data on all aspects of the project. The evaluation developed and applied a theory of change to analyse learning from the project, focusing on identifying the shorter- and longer-term outcomes of the work for the families and on exploring the 'causal' mechanisms of the project that led to its outcomes. A theory of change enables a project's evaluation to, first, set out the rationale for a project's aims and activities that should lead to its intended/ anticipated outcomes, and second, to evaluate the extent to which the project's aims have been met

and the desired outcomes have been achieved². Crucially, and third, a theory of change helps to explain (theorise) how and why a project’s activities brought about outcomes for its beneficiaries³.

The evaluation of TIL utilised and adapted a theory of change model developed by the Early Intervention Foundation (EIF)⁴, which has four key components and questions, set out in Figure 1.



Figure 1. Early Intervention Foundation’s (2020) model for a theory of change

Asking why an intervention is needed and for whom, how the intervention will work, and what the outcomes should be from the intervention, this theory of change model supported the evaluation in three ways:

- The model allowed the evaluation to set out clearly and systematically why the programme is needed, who it is for, how it works, and what it achieves (outcomes).
- The EIF’s approach aligns to the evaluation’s aim to identify ‘what works’ in the project to tackle isolation and loneliness.
- The why, who, how and what questions of the model complement TIL as a learning journey, where evidence on its impacts and efficacy could be explicitly collected.

To apply the theory of change to TIL, the evaluation utilised its four question areas to capture and analyse the why, who, how and what of the project. This robust yet accessible theory of change model enabled the evaluation to focus on TIL’s outcomes and achievements by collecting data that would respond to the following specific questions (Figure 2).

² Eval Academy, 2025; Mayne, 2017

³ BetterEvaluation, 2025

⁴ Early Intervention Foundation, 2020



Figure 2. The TIL evaluation's theory of change

The evaluation then developed the theory of change's accompanying logic model, also adapted from the EIF's work. Logic models visualise the stages of a programme needed to ensure that it moves towards its intended outcomes for beneficiaries. By asking what 'inputs', activities and participation are needed for TIL to achieve its outcomes, the logic model also enabled the evaluation to consider any assumptions the project should make about moving through the sequence of steps towards outcomes and any external factors that might affect outcomes. The logic model included the following stages and questions (Figure 3).

'Inputs' >	Activities >	Participation >	Shorter-term outcomes >	Longer-term outcomes
What are the 'inputs' needed for TIL to meet its intended outcomes?	What activities should TIL undertake to work towards its outcomes?	Whose participation is needed for TIL to achieve its outcomes?	What are the anticipated shorter-term outcomes that should come about if TIL has these inputs, activities and participation?	What are the anticipated longer-term outcomes that should come about if TIL has these inputs, activities and participation?
Assumptions (related to inputs, activities and participation): What assumptions does TIL need to make about working through/ ensuring inputs, activities and participation?			External factors (related to outcomes): What external factors might limit how far the project could achieve its outcomes?	

Figure 3. The TIL evaluation's logic model

Section 6 of the report below returns to the theory of change and logic models to complete them by mapping learning from the analysis to the question areas in the theory of change. Sections before that ask the theory of change's why, who, how and what questions of the data.

METHODOLOGY AND DATA COLLECTION

The evaluation applied a mixed method approach to collect data about the programme and with project workers and parents. The data collected for the evaluation were as follows:

- Participant observations of sessions with families (n=4) where the evaluator was an active participant (that is, took part in the sessions alongside the families and project workers)
- Open ‘question and response’ conversations with project staff/ volunteers (n=4)
- One-to-one conversations with parents whose engagement with TIL had ended (closed parents) (n=8) (see Appendix 1 for the conversation schedule)
- HSK data for all HSK families, including Likert scale scores on parental and child wellbeing, parenting skills, and family management, and data on the types of support delivered within TIL (n=105 families at time of writing)
- TIL-specific longitudinal data collected with closed TIL families six months after support ended related to safety, healthiness and resilience (n=13)
- TIL-specific start and end of project engagement data collected with TIL families related to isolation and loneliness, confidence and self-esteem, mental health and resilience, and engagement with community provision (n=50 at start, 33 at end)
- TIL-specific data from questionnaires after cases closed (n=5) related to the family’s relationship with project staff/ volunteers, support received, and how support has helped the family
- TIL’s progress reports from the end of year 1 (December 2023) and year 2 (December 2024) of the project
- TIL case studies of closed cases (n=12)

Throughout, the evaluation adhered to the British Sociological Association’s code of ethics⁵ (see Appendix 2 for ethics documents)

SUMMARY OF SECTION 2: ABOUT TIL AND ITS EVALUATION

TIL is a weekly peer support group for families experiencing isolation, loneliness, and poor mental health—issues worsened by the Covid-19 pandemic and the cost-of-living crisis. It works with families with limited support networks and/ or those in rural or deprived areas.

Running from January 2023 to December 2025, TIL offers peer group sessions in accessible and safe venues; tailored, needs-based one-to-one support at home; co-produced activities and learning shaped by families’ input; and opportunities for parents to become HSK volunteers.

⁵ British Sociological Association, 2017

TIL aims to support families to achieve outcomes in the shorter-term (during the life of the project), and longer-term (after engagement ends):

- Short-term outcomes: Reduced isolation and loneliness; improved confidence and self-esteem; better mental health and resilience; healthier lifestyles, increased engagement with community activities; living independently from statutory services; better management of family finances; safer and healthier relationships; child safety; and enhanced child development and progression.
- Long-term outcomes: Maintaining short-term outcomes; having parents in work, education, training or volunteering; strong parent-child relationships; self-managed emotional wellbeing; long-term independence from statutory services; financial stability; and continued child development and school readiness.

Families can self-refer to TIL or they are referred by community partners. All families are assessed for initial needs, rating themselves on scales such as parenting skills and household management, which generate priorities for support. Progress through TIL is then tracked using these rating scales at review and closing stages. Questionnaires on isolation, loneliness, and community integration are also completed at the start and end of support.

At the time of writing the evaluation report, TIL had supported 105 local families to come together in groups in two main local hubs. Group sessions are informative, interactive, parent-led, and sociable, and families sit together to have meals—a key part of the work.

TIL's evaluation developed and applied a theory of change to analyse the outcomes for beneficiaries from support and to try to explain how the project as a unique provision supported these outcomes. The theory of change asked the following questions:

- Why is TIL needed?
- Who is it for?
- How does it work?
- What does it achieve?

The evaluation applied a mixed methods data collection approach and collected conversations with staff and parents; participant observations of sessions; quantitative rating scales on support; data on outcomes; progress reports; and case studies. The evaluation adhered to the British Sociological Association's code of ethics.

The report now turns to the analysis of the data starting with the first questions of the theory of change: why is TIL needed and for whom?

3. WHY AND FOR WHOM TACKLING ISOLATION AND LONELINESS IS NEEDED

The current report section begins to compile learning for the evaluation's theory of change. It sets out the academic, research and policy context for the TIL project and considers how it developed because of HSK's timely recognition that support services for isolation and loneliness are sparse in the local area. It then sets out the need for the project and describes the starting aims and principles of TIL that aimed to address this gap in provision and deliver much-needed local support for isolation and loneliness.

3A. ACADEMIC, RESEARCH AND POLICY CONTEXT

It is now recognised that isolation and loneliness are pressing and prevalent issues in the UK⁶. Evidence from academic and research literature indicates that there are high levels of reported loneliness and isolation in the UK overall, while people living in Yorkshire and Humber have the third highest regional level of isolation and loneliness in England (after the North-east and the West Midlands). Levels of isolation and loneliness may correlate with gender (women), socio-economic status (less well off), and age (16-to-34-year-olds)⁷.

The Campaign to End Loneliness⁸ usefully defines isolation and loneliness and distinguishes between them. Utilising Perlman and Pelpau's and the Department for Digital, Culture, Media and Sport's⁹ definitions of loneliness, the Campaign to End Loneliness states that:

- ▶ *Loneliness is a subjective, unwelcome feeling of lack or loss of companionship. It happens when there is a mismatch between the quantity and quality of the social relationships that we have, and those that we want.*

Perlman and Pelpau's use of a cognitive model for understanding loneliness views loneliness as 'a discrepancy between one's desired and achieved levels of social relations'¹⁰. Emphasising the difference between desired and actual social connections, this definition frames loneliness as an emotional experience in terms of the amount and quality of personal relationships¹¹.

Social isolation on the other hand is an objective state (compared to the subjective feeling of loneliness). It is about the 'level and frequency of one's social interactions'¹² and defined as 'having few social

⁶ British Red Cross and The Co-op, 2016

⁷ Department for Culture, Media and Sport, 2024

⁸ Campaign to End Loneliness, 2022

⁹ Department for Digital, Culture, Media and Sport, 2018; Perlman & Peplau, 1997

¹⁰ Perlman & Peplau, 1997 p. 32

¹¹ Campaign to End Loneliness, 2022

¹² Hwang et al., 2020

*relationships or infrequent social contact with others*¹³. In this sense, loneliness and isolation are indelibly intertwined but not the same. As the Campaign to End Loneliness⁸ says:

- ▶ *Feeling lonely is not necessarily the same as being alone. Some people can spend lots of their time on their own and still feel content. Others may be surrounded by people but feel disconnected from them and lonely.*

However, despite significant concerns about isolation and loneliness during and after the Covid-19 pandemic, there remains limited evidence on isolation and loneliness overall in terms of correlates, manifestations, and long-term impacts¹⁴. Extant research suggests that social isolation may be related to gender, stress levels, community health and social cohesion specifically, while living alone, depression and anxiety, stress levels, and social isolation are related to loneliness specifically¹⁵. In the main, however, research on isolation and loneliness has been limited to older adults¹⁶ and younger people¹⁷. Where evidence is more developed, it has established that isolation and loneliness, if unaddressed, may bring about serious mental health issues¹⁸ and physical health conditions¹⁹. Loneliness²⁰ in adulthood is also associated with lower health literacy and health-related issues²¹.

As a subgroup, parents have been largely omitted from this body of work. Again, where there is evidence available, it suggests that parents are particularly likely to experience isolation and loneliness²² (as much as 82% of parents²³), and that parental loneliness manifests differently to loneliness and isolation in other cohorts²⁴. It is also likely that there are direct and intergenerational impacts of parental mental health on children²⁵.

Support for isolation and loneliness is growing but still in development. Access to support is thwarted by a lack of awareness of support and poor signposting, a lack of accessible local services, a lack of availability of support for populations other than the elderly, and piecemeal, fragmented interventions and support that is too short or one-off²⁶. Furthermore, research on the effectiveness of the interventions

¹³ Wu, 2020

¹⁴ Department for Culture, Media and Sport, 2023b

¹⁵ Cassie et al., 2020

¹⁶ Department for Culture, Media and Sport, 2023; Hoang et al., 2022; Social Care Institute for Excellence, 2012

¹⁷ Eccles & Qualter, 2020; Kings College London, 2022; Magklara & Kyriakopoulos, 2023; Panchal et al., 2021

¹⁸ Christiansen et al., 2021; Coram Family and Childcare, n.d.; Department for Culture, Media and Sport, 2022a, 2022b; Goddard et al., 2025; Hajek et al., 2025; Jenkins et al., 2022; Leigh-Hunt et al., 2017; Loades et al., 2020; Matthews et al., 2023; Meherali et al., 2021; Mental Health Foundation, 2022; Pai & Vella, 2022; Wang et al., 2018

¹⁹ Department for Culture, Media and Sport, 2022b; Holt-Lunstad, 2018; Pai & Vella, 2022; Valtorta et al., 2016

²⁰ The Jo Cox Foundation, 2020

²¹ Vasani et al., 2023

²² Home-Start Oxford, 2024; Home-Start UK, 2024; Nowland et al., 2021a; The Ohio State University, 2025

²³ Department for Culture, Media and Sport, 2024

²⁴ Nowland et al., 2021b, 2021a, 2024

²⁵ Nowland et al., 2021b

²⁶ British Red Cross and The Co-op, 2016; Department for Culture, Media and Sport, 2023a; Department for Culture, Media and Sport, 2023

that do exist is also sparse²⁷. Existing evidence often does not compare ‘like with like’ interventions, while direct interventions (working directly with people experiencing isolation and loneliness) and indirect interventions (work generally supporting direct interventions) are not always disaggregated in research²⁸. Again, where evidence is available, it is most often for older people, younger people, as noted above, and people in rural communities²⁹.

Nonetheless, there is evidence to suggest that targeted direct interventions are needed to tackle isolation and loneliness overall, and that coherent and joined-up social prescribing in the community is an important aspect of this work³⁰. Furthermore, while it is the case that there is no one-size-fits all remedy for isolation and loneliness³¹, again where evidence is available, group interventions, coupled with one-to-one support where it is needed, show promise in reducing isolation and loneliness³².

Finally, there is a renewed emphasis on addressing isolation and loneliness nationally and regionally, not least because of the enduring impact of the Covid-19 pandemic. Nationally, the current and previous UK governments prioritised isolation and loneliness as a significant social harm and centred isolation and loneliness in their policy plans³³. Developing a cross-governmental approach to tackling loneliness, and building upon the pioneering work started by MP Jo Cox and carried on by the Commission on Loneliness, successive governments have maintained a commitment to supporting communities, families and individuals to reduce isolation and loneliness³⁴.

Locally, isolation and loneliness are high on the agenda of the local council where the focus on awareness and information sharing about, and capacity-building around, ‘social connectivity’ as a pressing social issue are a priority. Working towards considering social connectivity in all strands of public health, community and care provision (including, for example, hospital discharge, community provision, child welfare, relationship breakdown, suicide prevention, and mental health) is ongoing at the local level.

It is within this academic, research and policy context that the TIL project is set.

²⁷ Victor et al., 2018

²⁸ Department for Culture, Media and Sport, 2023

²⁹ Ibid.

³⁰ Community First Yorkshire, 2020

³¹ Fakoya et al., 2020; Victor et al., 2018

³² Centre for Reviews and Dissemination, 2014; Fakoya et al., 2020; Morrish et al., 2023; Paquet et al., 2023

³³ Department for Culture, Media and Sport, 2022b, 2022a, 2023a, 2023b, 2024; Department for Digital, Culture, Media and Sport, 2018

³⁴ Department for Digital, Culture, Media and Sport, 2018

3B. PROFOUND LEVEL OF NEED IN COMMUNITY

'It's just that acknowledgement that we get it.' (project worker)

Recognising high levels of isolation and loneliness in the local area, deepened during and since the Covid-19 pandemic, HSK developed the TIL project to offer local families experiencing such needs a space for support to address isolation and loneliness. The first progress report for the project (December 2023) included the following comment that sets the context for the project:

- ▶ *Loneliness and isolation are one of the main presenting issues for families referred to our services. Many families are still feeling the after-effects of the restrictions imposed during the Covid pandemic. Many parents have had limited health interventions and social interactions during pregnancy. As a result, they have become anxious about social situations and meeting new people and can be anxious about their parenting ability. These support sessions offer a non-judgmental, welcoming and supportive environment in which vulnerable families can access peer support, parenting advice and information and guidance with a view to becoming less isolated. Many of the parents have little or no support network and so our sessions are invaluable. Whilst some of the parents we support are first-time parents, others have older children. For many, their personal challenges, particularly mental health struggles, have intensified since giving birth due to a number of influencing factors. (Progress reports from the project)*

The report went on to say that:

- ▶ *Daily tasks such as accessing public transport or community provision can be difficult and are impacting on their young children who are at a vulnerable and formative period in their early stages of development for reaching their milestones. (Progress reports from the project)*

Setting out further context for the need for the project, the second progress report (December 2024) noted that:

'I never used to leave my house.'
(parent)

- ▶ *Our families all have a level of need that stems from being isolated and not having a network of support from peers and other family members that they can seek support from. We have families that are marginalised in their community, many who are judged due to a specific set of circumstances for example, their ethnicity, or the area in which they live or unforeseen lifestyle changes. All of these situations cause additional pressure on families who have young children and are trying to make the best of their situation and circumstances they might not have necessarily chosen or predicted for themselves. (Progress reports from the project)*

Relatedly, the data collected for the project capture the needs with which parents present to TIL and for which they need support. These data illustrate the profound level of need in the community for support to address isolation and loneliness.

'I wasn't getting out the house, and I was just generally struggling.' (parent)

Families are referred to the project, generally by a community healthcare provider or another community provider of services, when professionals recognise that parents and families are experiencing isolation and loneliness and could, therefore, benefit from support. Table 1 lists the presenting needs of parents and families supported by the project so far (at the time of writing). These needs are overlapping, and include social isolation (all families), mental health concerns (83% of families), unemployment and financial worries (40% and 37% respectively), as well as trauma histories, post-natal issues, domestic abuse, being from a migrant background, and having children with additional needs.

Families' presenting issues at start of project (issues affecting 8% or more of families only included)		
Social isolation	105	100%
Mental health issues	87	83%
Lone parent	54	51%
One/ both parents unemployed	42	40%
Debt/ financial concerns	39	37%
Unsuitable housing	38	36%
Trauma-informed needs	31	30%
Domestic abuse	20	19%
Post-natal depression	19	18%
Teenage/ young parent	17	16%
Child with SEN	16	15%
Refugee/ seeking asylum	11	10%
Speech/ language issues	11	10%
Adult learning difficulty	9	9%

Table 1. Families' presenting issues at start of project (n=105)

Parents who took part in the evaluation's one-to-one conversations confirmed some of these issues in relation to their needs, noting, for example, that they came to TIL because they were experiencing:

- **Isolation in the area:**

'She came over and I was just an absolute wreck one day. And I just said, "I'm really struggling here". I was doing it all on my own.' (parent)

“ They just got private accommodation here for me/ I hadn't even heard [of] this place. I said, “Okay, I'm up for whatever. I am going to go”. I was nervous because [I said], “How am I going to start again? London is far away”. (Individual conversations with closed parents)

- **Fear of being around other people and out of the house:**

“ If I ever went out thinking people were too close to me... If anybody got so close at shop, I'd just walk out. [...] I never used to leave my house. (Individual conversations with closed parents)

- **Concerns about parenting skills:**

“ Then the health visitor came and everything went on. [Project Worker] came up, she spoke to me. She said, “You are not so much depressed as much as you are anxious You have anxiety.” Because every now and then I was feeling afraid that I'm doing properly for my child. [...] He was crying a lot. I was just feeling that I'm not doing the right thing. (Individual conversations with closed parents)

- **Isolation after giving birth:**

“ I kept getting told that I was isolated. Because all my family live [elsewhere] and I'm [here] and all I've got is my husband and his family. I didn't know anybody else. (Individual conversations with closed parents)

- **Birth trauma:**

“ It was quite a rough time because [child] was also a C section, so recovery wasn't going smoothly. I had a wound infection, so my recovery was delayed. I wasn't getting out the house, and I was just generally struggling. (Individual conversations with closed parents)

- **Post-natal issues:**

“ So I was actually referred by, I think it was my health visitor. You'll have to forgive me. My memory from back then is pretty patchy. I suffered incredibly badly with postpartum depression. And it was a checkup that my health visitor did. She came over and I was just an absolute wreck one day. And I just said, “I'm really struggling here”. I was doing it all on my own. (Individual conversations with closed parents)

And:

“ And then what happened was, I think they didn't pick up the fact that I had a ... no attachment with the baby and I had a bit of like emotional everything so [Health Visitor] recommended it and she put me forward. (Individual conversations with closed parents)

How some of these issues impact families and intersect with each other is explored below but it is important to note now that there is a known absence of support for isolation and loneliness in the local area, particularly in terms of the group provision that the research evidence above broadly supports. The

‘It's just that acknowledgement that we get it.’ (project worker)

parents who took part in the evaluation all noted that they had not found a similar provision in the local area, while HSK noted that as TIL progressed, demand increased. The second progress report noted that:

- ▶ *In year 2 of our project the demand for our service is increasing. Referrals to combat isolation and loneliness are increasing and we have had to manage a waiting list for those referred into our service. [...] In 2023–2024 we have had 33 specific referrals for this project where loneliness and isolation [are] the key presenting issue for the families referred. We have supported 64 families with 132 children throughout year 2. In years one and two combined, we have supported 81 families and 163 children. (Progress reports from the project)*

It is difficult to ascertain the reason for this gap in services. Speculatively, it may be the case that other projects have stricter remits in terms of the support they offer that does not include isolation and loneliness work. For example, a project worker said in conversation that:

“*For a lot of our... it's just that acknowledgment that we get it. Because I think other services and other agencies don't have that time to invest because they're very strict in what their remit is. (Conversation with project workers)*

Here the project worker referred to the more flexible and less strict nature of HSK's services that means it can mould itself to support families in a range of ways and as needed.

It is also likely that isolation and loneliness, though key national and local foci now, are still relatively new areas of work (see above). Here, HSK sought to redress the gap.

3C. PROJECT'S STARTING AIMS AND PRINCIPLES

'It's just about getting them back to the person they were.' (project worker)

As an MP in West Yorkshire, HSK was in Jo Cox's patch and it continues to draw inspiration from her work. With its overarching remit of supporting families with at least one child under five, HSK began the TIL project with the purpose of addressing isolation and loneliness knowing that they can have considerable

'It's just about getting them back to the person they were, want to be, or the parent they want to be.'
(project worker)

and reciprocal impacts on mental health and wellbeing for families³⁵. TIL embraces a set of starting principles that run through its core and have been central to its implementation throughout.

³⁵ MIND, 2025

First, as the second progress report stated, the core aim of the project is to **combat loneliness and isolation in parents with young children**:

- ▶ *When we started on this project one of the main aims was to combat loneliness and isolation in parents with young children. It is well documented that loneliness can have a negative effect on mental health especially when feeling lonely over a long time. Loneliness and isolation are becoming more common amongst parents and [have] been one of the main concerns on the referrals we receive into our support programmes. (Progress reports from the project)*

Second, TIL set out to **offer support to anyone who needs it, irrespective of background and circumstances**. A project worker noted:

- “ *It makes a big difference for us to be able to support [those] families who other people might not recognise is the demographic of the families that we support. So, we are a very valuable service for everybody [...] people from different backgrounds. There are lots and lots of professional people who need that support, families who've had other children and then lost the confidence, families from all walks of life. (Conversation with project workers)*

Similarly, the second progress report states that:

- ▶ *Our families all have a level of need that stems from being isolated and not having a network of support from peers and other family members that they can seek support from. (Progress reports from the project)*

Third, at the centre of TIL is a commitment to providing a **safe, welcoming, non-judgemental peer-support environment for families to spend time**. A project worker said:

- “ *For me it's about giving families an opportunity to meet others in a safe environment, in a safe place where they feel comfortable, welcomed, understood, with somebody else there who recognises them. And that 'somebody' is us, the team who work on the project. (Conversation with project workers)*

Fourth, the project encourages families to engage with a wider circle of people and available services and supports them to **participate in community activities and form relationships with other parents in similar situations**. A project worker said:

- “ *The project is to support families who are suffering from loneliness and isolation to help support them to actively engage in community activities, to [be] around other parents in similar situations, to form friendships and relationships. So, we're building not only their resilience, but their opportunity to get a wider network of support. (Conversation with project workers)*

Fifth, TIL promotes **self-esteem, confidence and resilience where they have been diminished because of isolation and loneliness**.

A project worker said:

“ I think a lot of it is lacking confidence in their own ability. As a parent a lot of the time. I think one of the things that we've done really well is build that confidence up so that they can then go and move forward. (Conversations with project workers)

Sixth, and finally, TIL supports families to **find the strength and confidence to face struggles and address issues**. A project worker said:

“ And then [with confidence] they can admit to those struggles as well and maybe next week, it'll be a little bit better, but at the moment [they're] just not managing. I think that particularly when people are feeling isolated, everything is so overwhelming. And you may be a little bit embarrassed about stuff [...] so to be able to share those experiences as well. (Conversations with project workers)

The rationale and need for TIL is clear—it fills a gap in local services and recognises the deleterious and intergenerational impact of isolation and loneliness in families. On this basis, HSK set out to offer a peer group support service to reduce isolation and loneliness that has a grounding in research evidence.

SUMMARY OF SECTION 3: WHY TIL IS NEEDED AND FOR WHOM

Distinct though related experiences, isolation and loneliness are widespread issues in the UK, and there is a renewed national and local focus on tackling them in people's lives, especially after the Covid-19 pandemic. National government strategies now prioritise isolation and loneliness, and the local council in which HSK is situated is currently implementing a strategy to integrate 'social connectivity' in all public health and community services.

However, there is limited evidence on the correlates, manifestations and impacts of isolation and loneliness. Where evidence does exist, it indicates that parents are likely to experience isolation and loneliness, which have direct and intergenerational impacts on children's mental health. Furthermore, isolation and loneliness, if unaddressed, can lead to serious mental and physical health issues, and loneliness in adulthood is linked to poor health literacy and health-related issues.

There remains a gap, however, in local support for isolation and loneliness, and TIL has seen increasing demand and waiting lists for its services for families in need. Yorkshire and Humber has the third highest regional level of isolation and loneliness in England. This need in the local area led to the initial development of the TIL project, which aims to support families who need help to address isolation and loneliness, poor mental health, and limited community integration. Though there is limited evidence also on the efficacy of interventions to address isolation and loneliness, TIL builds upon the promising potential of targeted, group-based (and one-to-one, where necessary) interventions to address these issues.

TIL set out to:

- Combat loneliness and isolation in parents with young children
- Offer support to anyone in need, regardless of background and circumstances
- Provide a safe, welcoming, non-judgemental peer-support environment
- Encourage engagement in community activities and building wider support networks
- Promote self-esteem, confidence and resilience
- Support families to find the strength and confidence to face struggles and share experiences

Across the board, the quantitative data and data from project staff, parents, and project reports indicate that loneliness and isolation are the main presenting issues for families referred to TIL. Other presenting issues include mental health difficulties, lone parenting, unemployment, financial concerns, unsuitable housing, trauma, domestic abuse, post-natal depression, young parenthood, children with SEN, refugee/ migrant status, speech/ language issues, and adult learning difficulties. TIL parents reported experiences of isolation, anxiety, a lack of confidence in themselves and parenting, birth trauma, and post-natal depression, and little or no local support.

The next section of report moves to what TIL supported parents to achieve through engaging with TIL—the ‘what’ of the evaluation’s theory of change.

4. WHAT TACKLING ISOLATION AND LONELINESS ACHIEVED

This section of the evaluation sets out the outcomes of the TIL project for parents and families and responds to the ‘what’ element of the theory of change. It is here that the evaluation adapts the EIF’s theory of change model. While a logic model is a necessarily linear process where steps are sequential, a theory of change is not. Rather, as a mechanism by which the outcomes of a project can be unpicked and explained³⁶, it is even anticipated that the components of a theory of change will be adjusted so that its explanatory power is applied most appropriately to the analysis at hand³⁷. The TIL evaluation therefore reconfigured the theory of change to ask the core questions in the following order:

- **Why** is the TIL project needed and important?
- **Who** is TIL for?
- **What** does TIL achieve? (outcomes)
- **How** does TIL achieve its outcomes? (explanation)

The data collected for the evaluation indicate that the positive impacts and outcomes of engaging with the project are numerous. The parents and project workers reported that outcomes of the project include parents enjoying and benefiting from socialising and interacting with others; recognising and overcoming their isolation; developing better mental health and resilience; finding increased confidence overall and in parenting; and being better able to manage previously challenging aspects of their lives, including managing children independently and family finances.

The parents and project workers also stressed the key outcomes of enhanced child development, socialisation and school readiness, improved family life, and the greater likelihood of accessing other services and local community opportunities, as well as returning to education, training and employment or taking up volunteering. Finally, parents and project workers noted also that the connections parents made with each other and in the community through the peer groups last after groups ended and continue to provide support and integration.

The learning in this section is presented in the four, themed subsections:

- Parental and children’s wellbeing, parenting skills, and family management
- Reduced isolation and loneliness
- Improved confidence, self-esteem and mental health

³⁶ BetterEvaluation, 2025

³⁷ Abercrombie et al., 2018; Green, 2015

- Better child development and family life

The analysis draws upon all the data collected by the evaluation and the project.

4A. PARENTAL AND CHILDREN’S WELLBEING, PARENTING SKILLS, AND FAMILY MANAGEMENT

‘It saved my life’ (parent)

The data explored first in this theme are the rating scale data collected by HSK on four areas: parental wellbeing, child wellbeing, parenting skills, and family management. The Likert scale utilised by HSK asks parents to rate their support needs in these four areas from 0 (‘I have no idea what to do’) to 5 (‘I am able to maintain this without support’). (See Appendix 3 for a fuller explanation of the rating scales and a complete list of support needs.)

Where data are available for the 105 families that had been supported by TIL at the time of writing the current report, the analysis revealed that the highest rating scale increase from the start of TIL to the end was in parents’ ability to cope with feeling isolated and disconnected, which increased by an average of 2.12 Likert scale points (from 2.17 to 4.29). The next highest scale score increase was on the rating for the use of community services/ accessing community support (an increase of 1.83), followed by parental self-esteem and confidence (1.71), coping with mental health (1.61), and parental resilience (1.30) (see Table 2).

These data illustrate that, across the board, *TIL’s parents achieved the outcomes of addressing parental isolation and loneliness, improving confidence, self-esteem and mental health, increasing resilience, and integrating with the community.*

Scale measurement	Area of work	Initial visit average	Review visit average	End visit average	Score increase - start to end
Coping with feeling isolated & disconnected	Parental wellbeing	2.17	3.57	4.29	2.12
Use of services/ accessing community support	Family management	2.55	3.67	4.38	1.83
Parents’ self-esteem and confidence	Parental wellbeing	2.39	3.47	4.10	1.71
Coping with mental health	Parental wellbeing	2.58	3.48	4.20	1.61
Parents’ level of resilience	Parental wellbeing	3.11	3.82	4.41	1.30

Table 2. Improvements in main aims areas in scale scores for TIL parents (n=105)

Next, Table 3 sets out average increases in rating scale scores for children-related issues specifically. These data indicate that, through engaging with TIL, parents became more involved in their child/ren’s

development and early socialisation (an increase, on average, of 1.18 scale points), and families experienced improvements in home education, learning and school readiness (1.17). In further improvements in parenting skills, the data indicate a 1.04 average rating scale increase for getting help and support for parenting in general, a 0.96 increase in families eating healthily and engaging in physical activity, a 0.88 increase in managing children’s behaviours, a 0.78 increase in coping with child/ren’s emotional health, and a 0.54 increase in coping with child/ren’s physical health.

Summarised, this learning confirms that ***the outcomes of TIL for children were positive in terms of increased parental involvement in child/ren’s development and early socialisation, improved education and learning in the home, and children’s school readiness, improvements in parenting in general, families becoming healthier, and parents better managing children’s behaviour and coping better with children’s physical and mental health needs.***

Scale measurement	Area of work	Initial visit average	Review visit average	End visit average	Score increase - start to end
Being involved in child/ren’s development/ early socialisation	Parenting skills	3.55	4.24	4.73	1.18
Home education/ learning/ school readiness	Children's wellbeing	3.38	4.06	4.55	1.17
Help and support with parenting in general	Parenting Skills	3.60	4.13	4.64	1.04
Families eating healthily and doing physical activity	Parental Wellbeing	3.55	4.09	4.51	0.96
Managing child/ren’s behaviour	Parenting Skills	3.70	4.12	4.58	0.88
Coping with child/ren’s emotional health	Children's Wellbeing	4.00	4.44	4.78	0.78
Coping with child/ren’s physical health	Children's Wellbeing	4.29	4.59	4.83	0.54

Table 3. Children-related improvements in scale scores for TIL parents (n=105)

The final set of Likert scale data (Table 4) concern improvements in ratings about family life more generally. Increases include managing the household budget (a 1.11 point increase), stress caused by family conflict (1.01), reduction in housing difficulties (1.00), better day to day running of the home (0.92), and parental engagement in adult learning and education (0.96).

Through engaging in TIL, family life improved, including parents becoming better able to manage family finances and the day to day running of the home, experiencing reduced stress because of family conflict (and reduced family conflict), reduced housing difficulties, and parents re/engaging with education and learning, which brings benefits for them, as individuals, and for the family.

Scale measurement	Area of work	Initial visit average	Review visit average	End visit average	Score increase - start to end
Managing the household budget	Family management	3.34	3.96	4.45	1.11
Stress caused by family conflict	Family management	3.52	3.93	4.53	1.01
Reduction in housing difficulties	Family management	3.48	4.27	4.48	1.00
Adult learning and education	Parental wellbeing	3.57	3.96	4.53	0.96
Day to day running of the home	Family management	3.82	4.23	4.74	0.92

Table 4. Family life improvements in scale scores for TIL parents (n=105)

Finally, in all, *none of the families indicated a reduction on any of the rating scores, and aggregately, scores increased on average by over 1 scale point across all work areas, where the most notable increase was in family wellbeing* (see Table 5 for statistics and Figure 4 for illustration).

Scale measurement	Initial visit average	Review visit average	End visit average	Coping score increase - start to end
Parental wellbeing	3.02	3.81	4.37	1.34
Children's wellbeing	3.89	4.36	4.72	0.83
Parenting skills	3.62	4.16	4.65	1.04
Family management	3.52	4.16	4.60	1.08
Average improvement across all work areas				1.07

Table 5. Work areas aggregate improvements in scale scores for TIL parents (n=105)

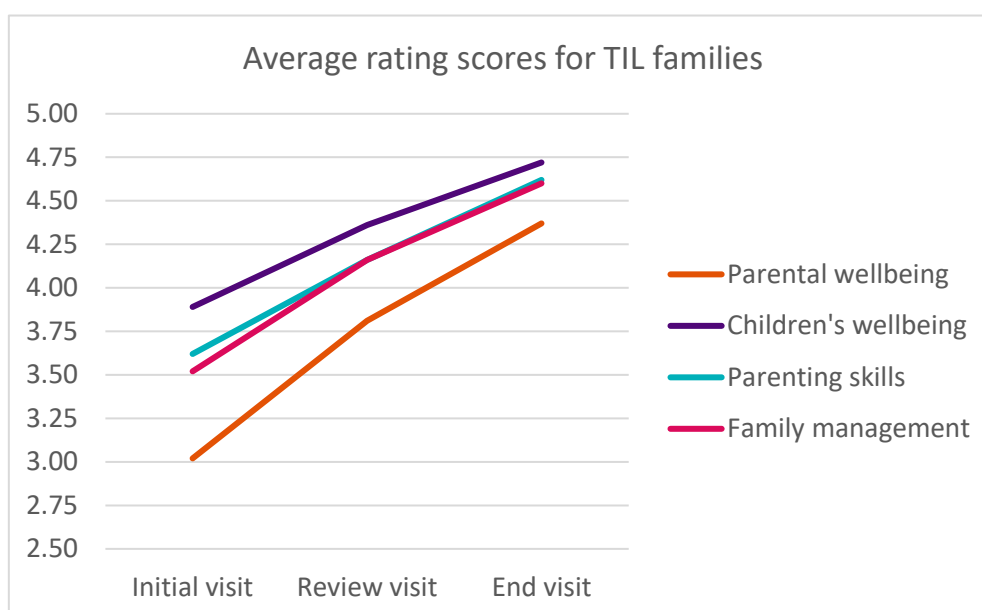


Figure 4. Work areas aggregate improvements in scale scores for TIL parents (n=105)

The qualitative data collected for the evaluation also strongly suggest that parents, children and families experienced myriad outcomes from TIL in terms of parental wellbeing, parenting skills, children's wellbeing, and family management. Families experienced outcomes in the shorter-term (during their engagement with the project) and in the longer-term after their engagement with the peer support groups had ended.

'It saved my life... I didn't think I was going to live to bring up my son.' (parent)

Across the board, the parents who took part in the evaluation's conversations were deeply effusive about the impacts that TIL had on them and their families. In a particularly moving account, one of the parents said that she believed that TIL '*saved her life*' because, before she began support, she did not think that she '*was going to live to bring up [her] son*'. She said:

“*I know that sounds a bit dramatic, but it has changed my life. I've got a different outlook on things now. I was in a really dark place [and] I genuinely didn't think I was going to live to be able to bring my son. He is the reason I get up every day now. It's my firm belief that it that saved my life. I came in to [TIL] to do what I can to give him the best start to life. [...] They've helped me through one of the toughest spots of my life. (Individual conversations with closed parents)*

This parent went on to say that her anxiety and depression worsened after the birth of her son, and she recognised that she had to address her issues:

“*And I suffered with anxiety and depression since before coming a mum. It was just hugely amplified afterwards with all the hormones. A massive thing for me was [that] I was not going to let my son miss out because of me being ill. I wanted him to have every opportunity, I didn't want my mental health to hold him back. That was something that [TIL] helped me with. (Individual conversations with closed parents)*

Throughout this conversation, this parent remarked that her time with TIL came around '*just when she needed it*' because her mental health had become so poor and she was concerned about its impact on her child. In terms of the overall impact of TIL, the parent concluded: '*I just think, "Where would I have been without that group?". It just doesn't bear thinking about at all.*' She then said: '*I'll remember it forever. It's brilliant what they're doing. I'll be forever grateful to have been part of it.*'

'I just think, "Where I would have been without that group?"' (parent)

Another parent was equally effusive in her conversation, remarking that she would not be able to do many of the things that she is now doing '*without [TIL]. 100%*.'

In the same way, another parent remarked that she valued TIL for her '*life growth*':

“ [TIL] didn't only help me in my mental health, but they even helped me for my life growth so that I can go somewhere and I can do something. So they are all rounders. (Individual conversations with closed parents)

When asked to summarise the benefits of attending TIL, parents made the following additional appreciative comments:

“ To kind of get back out there, get on with my life, move on from all of this trauma that I've been through. And it is trauma. That's exactly the word for it. That's literally what it was. (Individual conversations with closed parents)

‘It didn't only help me in my mental health, but they even helped me for my life growth so that I can go somewhere and I can do something.’ (parent)

And:

“ Gosh, that's hard to sort of sum up in one word. But it has definitely made a massive impact. So I find it a lot easier to get out of the house now. Try new things or maybe go to a different group. (Individual conversations with closed parents)

Summarised again, **parents reported that by engaging with TIL, they experienced significant improvements in their mental health and wellbeing, their ability to move on with their lives after trauma, and their motivation to try new things and to engage in other activities.**

‘To kind of get back out there, get on with my life, move on from all of this trauma that I've been through.’ (parent)

Returning to the quantitative data, the project also collects data with the families at the end of their time with the group and then, if possible, six months after their time with the group has ended. These data concern families' levels of safety, healthiness and resilience before and after the project (HSK's key strategic aims). Where data are available for the 105 families supported by TIL (n=53), the findings reveal that 96% of families reported that they were feeling either fully or partially safe, healthy and resilient at the end of their engagement with TIL (Table 6).

Family responses	Family safe at end of group		Family healthy at end of group		Family resilient at end of group	
	Count	Percentage	Count	Percentage	Count	Percentage
Yes	46	87%	43	81%	42	79%
Partially	5	9%	8	15%	9	17%
No	2	4%	2	4%	2	4%
	53		53		53	

Table 6. Proportions of families feeling safe, healthy and resilient at the end of their group (n=53)

A smaller number of responses are available (13) for families six months after their group ended; nonetheless, **these data reveal that 100% of families reported that they remained fully or partially safe six months after their engagement ended** (Table 7). While there had been some slippage in feeling fully healthy and resilient in the six months after their support ended, **none of the families reported that they no longer felt healthy or resilient at all (54% felt fully and 46% felt partially healthy; and 69% felt fully and 31% felt partially resilient)**. Importantly, where parents felt less healthy and resilient than immediately after their TIL engagement, they reported that they, for example, had developed new or recurring issues with debt and mental and physical health conditions, while one mother had just learned that she was pregnant again and was concerned that the post-natal conditions she had experienced before would recur.

Family responses	Family still safe in six months' time		Family still healthy in six months' time		Family still resilient in six months' time	
Yes	12	92%	7	54%	9	69%
Partially	1	8%	6	46%	4	31%
No	0	0%	0	0%	0	0%
	13		13		13	

Table 7. Proportions of families feeling safe, healthy and resilient six months after their group ended (n=13)

Notwithstanding the small number of responses on this measure, the qualitative responses collected as part of this exercise offer more detail on maintaining safety, healthiness and resilience in the longer-term. **These families reported that six months after their TIL support ended, children were doing well at nursery, developing well (for example, walking, communicating, and reaching milestones) and behaving better, and parents continued to feel more confident overall and in their parenting abilities, while families were engaged in wider community activities.**

The next section of the analysis develops in-depth learning from the evaluation that relates to particular outcomes that the parents and project workers reported in detail.

4B. REDUCED ISOLATION AND LONELINESS

‘We do activities outside the group, we go out to the park, take our children out.’ (parent)

One of the main aims of the TIL project is to support parents to tackle their isolation and loneliness (all the parents referred to the project were socially isolated, see subsection 3b above). Some of these data were explored in subsection 4a above where rating scale data collected throughout the project revealed that parents who engaged with TIL experienced reduced isolation and loneliness. The first progress report noted that, **‘We can see a change in our parents; moods lift, problems are resolved, friendships are being made.’**

The second progress report noted that:

- ▶ *Many of families have created friendship groups and are seeing each other outside of our support provision. One parent who was struggling significantly with social isolation is now attending a community messy play group session with another group member and is making sure she has allocated this time every week. Another group member remarked on how many friends she has made in the local area because she feels more confident to go out and introduce herself to them since she has attended our support sessions. (Progress reports from the project)*

Project staff also identified reductions in isolation and loneliness for parents who come to TIL, which they attributed in the main to the parents developing friendships within groups that they maintained outside of the groups during the project and engagement. Notably, the project workers remarked

'That was the best thing ever, [Project Worker] persuading me to go because it has changed my life for the better.' (parent)

that ***some of the most powerful outcomes came about for parents who did not even recognise that they were isolated and feeling lonely when they were referred to TIL.*** A project worker said:

- “ *Some parents don't recognise their isolation until after participating in the project. [They say]: "I didn't realise that's what it was. And now I realise that I was, and now I'm not!" (Conversation with project workers)*

The project workers went onto contend ***that the debilitating impacts of loneliness and isolation can make them difficult to recognise and acknowledge:***

- “ *That's what it means to be isolated and having become able to step outside the door [with support]. When they previously have been just looking at four walls, then having that confidence to go to the group. And if they've got two small children, being able to go out with two children on their own and being able to manage two little ones under five on their own. That's a huge step forward for some families. (Conversations with project workers)*

Indeed, one of the parents who took part in the evaluation's conversations reported herself that she did not know that she was isolated—even when her health visitor suggested that she was—until she became part of and benefitted from TIL. She said:

- “ *I kept getting told that I was isolated, I didn't believe anybody about me being isolated, to me, I wasn't isolated. I had anxiety and depression, but I wasn't isolated. So, I got referred to [TIL]... and I was umming and ahing but [Project Worker] came to speak to me and asked me to just give it a go. To me that was the best thing ever, [Project Worker] persuading me to go because it has changed my life for the better. (Individual conversations with closed parents)*

The parent went on to say that she did then acknowledge that she was isolated but that she would have neither recognised nor addressed her isolation had she not become part of the group. This parent also noted in her conversation that, *'I'm not isolated anymore, I'm going to do things'*.

On the same note, other **parents reported that TIL helped them to, simply, go out more, especially with their children**. One parent said: *'Because we just go out so much now, thanks to [TIL] that is getting us out.'* Another said: *'I take my son out to do more things. I feel a lot less nervous about doing that kind of stuff. I've learned a hell of a lot being [in TIL].'*

'I take my son out to do more things. I feel a lot less nervous about doing that. I've learned a lot being in TIL.' (parent)

Returning to the quantitative data again, the data in Table 8 indicate that **at the start of their TIL engagement, nearly three-quarters (70%) of parents felt isolated all the time or often, while after their engagement, none said that they were isolated all the time or often** (over two-thirds said that were isolated only rarely or never). Similarly, **nearly two-thirds of parents (64%) felt lonely all the time or often before they started coming to TIL, while, again, after TIL, none felt lonely all the time or often** and they were much more likely to report that they were lonely only sometimes, or rarely and never (100% of cases) (Table 9).

Parent responses	Isolation at start of project		Isolation at end of project	
	Count	Percentage	Count	Percentage
All the time	12	24%	0	-
Often	23	46%	0	-
Sometimes	12	24%	11	33%
Rarely	3	36%	19	58%
Never	0	-	3	9%
	50	50	33	

Table 8. Proportions of parents feeling isolated when they started and ended the group (n=50 at start, n=33 at end)

Parent responses	Loneliness at start of project		Loneliness at end of project	
	Count	Percentage	Count	Percentage
All the time	11	22%	0	-
Often	21	42%	0	-
Sometimes	15	30%	12	36%
Rarely	3	6%	19	58%
Never	0	-	2	6%
	50		33	

Table 9. Proportions of parents feeling lonely when they started and ended the group (n=50, n=33)

The **parents themselves reported reduced isolation and loneliness from the beginning to the end of the project and also noted that they had maintained lower levels of isolation and loneliness long after their engagement had ended**. For example, a parent said in her conversation that the **group had maintained contact and continued to see each other**:

'We brought that friendship outside, and this is one of the main reasons I wanted to go because, I didn't know anybody and now we do things together.' (parent)

“ None of us are with [TIL] anymore. But we brought that friendship outside, and this is one of the main reasons I wanted to go because, like I said, I didn't know anybody and now we do things together. We're planning on going swimming in two weeks. We go on play dates every fortnight. We do lunch dates, play dates in the park. We now have got that. But if it wasn't for [TIL], we would never met. (Individual conversations with closed parents)

Another parent referred to TIL because she had just moved to the local area noted also that she remained friends with the other parents in her group:

“ So we clicked. We do activities outside the group, we go out to the park, take our children out, and it's just amazing that I got to bond with somebody and I got a friend here. [She] showed me more of this place. (Individual conversations with closed parents)

Through being part of TIL, and recognising the benefits of reduced isolation, the **parents also noted that they had begun to make more effort with existing relationships**:

“ That's made my friendships be a bit better. I go to the gym with one of my friends twice a week now. I didn't used to see her more than once every few months. (Individual conversations with closed parents)

The project workers also reported that **families were continuing to access the community provision and amenities they had started during TIL after their support ended**:

“ [We spoke] for the first time again a while ago. We said that we've just done a swimming session and one of our families had been swimming. And then we did another [swimming] session, and she was there at that session! So, [it's] all these places that we've introduced her and her child to. (Conversations with project workers)

The project workers went on to say that it is a key aim of the project that families continue accessing community opportunities after their support ends to maintain connection and reduced isolation.

A project worker said:

“ [It’s] making the most of it... just continuing to access community provisions, just continuing to go out and meet people. The child is continuing to go and have interactions with other children and it wouldn’t have happened if we hadn’t done it. And it’s still happening as it was left six months ago. (Conversations with project workers)

Here again, the project’s quantitative data are useful. Parents reported at the **beginning of their engagement that they, in main, rarely or never accessed provision or activities in their community (84%)**. By the **end of their engagement, however, parents said that they were accessing local provision sometimes (27%) and often (61%)**. One parent was engaging in community provision all the time (see Table 10).

Parent responses	Family accessing comm. provision (start)		Family accessing comm. provision (end)	
All the time	0	-	1	3%
Often	2	4%	20	61%
Sometimes	6	12%	9	27%
Rarely	19	38%	3	9%
Never	23	46%	0	-
	50		33	

Table 10. Proportions of parents accessing community provision before and after the group (n=50; n=33)

Again, it is notable that only very small numbers of parents reported that they rarely accessed community provision after TIL, and none reported that they never accessed provision.

Where parents indicated on a scale of 0 to 5 how likely they were to access community provision before and after their engagement with the groups, the data again reveal a contrast. **Before TIL, 65% of parents were relatively unlikely to access community provision (scores 0-3); after TIL, 97% were likely to access community provision** (Table 11).

Parent responses	Likely to access comm. provision (start)		Likely to access comm. provision (end)	
0	3	6%	0	-
1	17	35%	0	-
2	12	24%	1	3%
3	5	10%	7	21%
4	8	16%	13	39%
5	4	8%	12	36%
	50		33	

Table 11. Proportions of parents likely to access community provision before and after the group (n=50; n=33)

In conversations, the parents said that their **children were still engaging in sports, attending nursery, going to stay and play, while the parents themselves were visiting libraries, parks, and other community activities such as church** after their supported ended. A parent said:

“ One lady, [Project Worker], she lives near a lady that goes to [religious organisation]. So she connected me to her, and I went and I love it. It's a community as well. You make friends there. (Individual conversations with closed parents)

Moving to the next theme, undoubtedly, reduced isolation and loneliness is linked to improved confidence, self-esteem and mental health overall where poor confidence and self-esteem had previously inhibited parents from engaging in activities and meeting others.

4C. IMPROVED CONFIDENCE, SELF-ESTEEM AND MENTAL HEALTH

‘I had no confidence at all starting TIL and my confidence is just great now.’ (parent)

In the initial conversation between the evaluator and project staff, **the staff reported that another primary outcome for parents was their improved confidence**. Subsection 3b above noted that poor confidence and self-esteem is a common presenting need of parents in the project. This lack of confidence manifested often in parents being reluctant to leave the house and to engage in activities, even in their local areas. Through coming to the group, both the project workers and parents noted improvements in parents’ confidence that had impacts throughout other areas of their lives. A project worker underscored the issue of confidence:

“ It's massively about the confidence and being able to see that change, which we do. [We] see all the time. It's been a huge thing, but also the parents themselves see it. (Conversation with project workers)

The quantitative data set out above (Table 2 and repeated in the footnote below) illustrate this improvement where parents reported rating scale increases of 1.71 (self-esteem and confidence), 1.61 (mental health), and 1.30 (resilience)³⁸. Further quantitative data suggest that **at the start of engagement, parents placed their confidence, self-esteem, mental health and resilience low to average** (Likert scores 1-3) across all four measures (86%, low to average confidence; 86%, low to average self-esteem; 84%, low to average mental health; and 88%, low to average resilience) (Table 12).

³⁸ Parents' self-esteem and confidence: 2.39 to 4.10 (1.71 increase)
Coping with mental health: 2.58 to 4.20 (1.61 increase)
Parents' level of resilience: 3.11 to 4.41 (1.30 increase)

Parent responses	Confidence at start of project		Self-esteem at start of project		Mental health at start of project		Resilience at start of project	
0	1	2%	3	6%	2	4%	0	-
1	12	24%	9	18%	15	30%	11	22%
2	20	40%	22	44%	14	28%	17	34%
3	11	22%	12	24%	13	26%	16	32%
4	3	6%	3	6%	4	8%	5	10%
5	3	6%	1	2%	2	4%	1	2%
	50		50		50		50	

Table 12. Parents' ratings on their confidence, self-esteem, mental health and resilience at start of project (n=50)

Contrastingly, *when groups ended for parents, they reported considerably higher levels of confidence, self-esteem, mental health, and resilience* and rated themselves higher on all four measures: 88%, improved confidence, 88%, improved self-esteem; 82%, improved mental health; and 84%, better resilience (see Table 13).

Parent responses	Confidence at end of project		Self-esteem at end of project		Mental health at end of project		Resilience at end of project	
0	0	-	0	-	0	-	0	-
1	0	-	0	-	0	-	0	-
2	0	-	1	3%	0	-	0	-
3	3	9%	3	9%	6	18%	5	15%
4	18	55%	18	55%	17	52%	16	48%
5	11	33%	11	33%	10	30%	12	36%
	33		33		33		33	

Table 13. Parents' ratings on their confidence, self-esteem, mental health and resilience at end of project (n=33)

In addition, before and after TIL measures of anxiety had also improved (Table 14). *Parents were much more likely to report that they felt anxious all the time, often and sometimes before TIL (94%) compared to after their engagement when they reported a reduction in anxiety (94% felt anxious sometimes, rarely or never).*

Parent responses	Anxiety before project		Anxiety after project	
All the time	19	38%	0	-
Often	17%	34%	1	3%
Sometimes	11	22%	15	45%
Rarely	2	4%	15	45%
Never	1	4%	2	6%
	50		33	

Table 14. Parents' ratings on their anxiety at the start and end of the project (n=33)

Confidence-building then is one of the first steps for TIL. How this work is carried out is explored in more detail in Section 5 below. Importantly, **the parents who took part in conversations for the evaluation were clear that the project helped them to improve their confidence and self-esteem.**

For example, a parent remarked that by simply providing a social environment, TIL helped boost her confidence. She said:

“It gave me an extra boost of confidence. A chance to meet new people, make new friends, even get out of the house. That was a battle for me. It would make sure I was getting out the house into a social environment. (Individual conversations with closed parents)

Similarly, other parents remarked: ‘I think [it’s] my confidence. I had no confidence at all starting [TIL] and my confidence is just great [now]’ and ‘The main impact is my confidence, it’s got to be, and just me being able to speak.’ (Individual conversations with closed parents)

“I had no confidence at all starting TIL and my confidence is just great now.’ (parent)

‘I feel like I’m confident. I am intelligent. I can go anywhere. I have that confidence. Before, I wasn’t having that confidence.’ (parent)

Another parent said:

“I feel like I’m confident. I am intelligent. I can go anywhere. I have that confidence. Before, I wasn’t having that confidence that I can go anywhere. (Individual conversations with closed parents)

One parent even noted that her confidence had improved to such an extent that she was able to tell her story at HSK’s annual general meeting. She said:

“I was nervous and [Project Worker] asked if I wanted her to stand next to me. I was all shaking, because I didn’t realise how nervous I was. And I just said, “No, it’s fine and [that] I had it.” And that’s when I realised, like, “Literally, you’ve come a long way.” And the difference in myself, I’m just a totally different person than what I was. Just different in myself and I’m realising how well I’ve come on and how far I’ve come and it’s just really, really, I’m really pleased with it. (Individual conversations with closed parents)

‘And that’s when I realised, like, “Literally, you’ve come a long way”. And the difference in myself, I’m just a totally different person than what I was.’ (parent)

Later in the conversation, this parent said:

“I used... I always put myself down on quite a lot of stuff and lately I’ve been, I have changed in that way and I do say how proud I am of what I’m doing and what I’m achieving and stuff. (Individual conversations with closed parents)

The project workers were clear that **improved confidence is fundamental to a family beginning to address isolation and loneliness**. A project worker gave an example of how confidence can help to break down barriers to interaction:

'TIL gave me the confidence to do things on my own with my child.'
(parent)

“ Because if you build your confidence, you might then be confident enough to speak to your neighbour next door. You might build a connection there. If you're confident to go to the local playgroups, then you build in friendships and extra support networks. If you've got the confidence to access communities of support elsewhere then you're getting to learn about what else is available. To support you and your family. Whilst we have things that we're aiming for, it's so much more than that. It all leads on to other things. (Conversation with project workers)

The **importance of confidence and community involvement ran through the analysis**. For example, one of the project workers said that TIL helps families to 'just reintegrate back into the community, probably back to a place where they thought they'd never get back to'. Parents noted the same impacts when they said that TIL:

'It gave me an extra boost of confidence. A chance to meet new people, make new friends, even get out of the house. That was a battle for me.' (parent)

“ [G]ave me the confidence to do things on my own with my child. It gave me a network to meet other moms. I've got my own friendship circle of mums now. Now we have got our own WhatsApp group. (Individual conversations with closed parents)

Similarly, another parent reported how she found confidence, through TIL, to become more engaged in community activities with her child.

“ The group alone [helped] because of me getting out and forcing myself out and getting the confidence to do other things. Like the play gym in [area]. We all went to that [café] they ran. And it kind of gave me a confidence to take [child] there, so I started taking them to it. (Individual conversations with closed parents)

In addition, the project workers noted that **supporting families to develop confidence also enabled them to open up about other issues in their lives**. The dominant presenting issues in the project were set out in subsection 3b above—the data indicate that families referred to TIL frequently had myriad complex needs that needed to be addressed. The **project workers suggested that building confidence through being supported by TIL offered parents a way to share their needs** with project staff and to ask for support. A project worker said:

“ That confidence helps them to tackle other issues in their life or gives them confidence to share that with us so we can support them. We find that coming in and from the outset, we think, “Yeah, this

person is isolated and they need some support in getting out”, and that's one thing but we might learn that they've got a housing issue or they've got some conflict going on at home. So, the confidence to share is just a big thing as well. (Conversation with project workers)

In this regard, for example, a parent noted in her conversation **that she had been able to tell project workers that she was struggling financially**: ‘I was struggling a little bit, and they offered me some shopping vouchers, which really helped me out. Because obviously every little thing helps when you're a single parent’. (Individual conversations with closed parents)

‘That confidence helps them to tackle other issues in their life or gives them confidence to share that with us so we can support them.’ (project worker)

Similarly, another parent who had been **struggling financially and materially asked project workers for help**:

“ [They] helped me because I am on universal credit and a full-time student. Some winters my heating was running out and I [didn't] know what to do. And I talked to them, I'm just in tears, and they're like, “Okay, we'll get you a voucher. We'll try and apply for a voucher for you”. (Individual conversations with closed parents)

This parent went on to say that the project workers helped her to find a highchair for her child and a desk and Chromebook for her studies:

“ They even referred me to this charity. They got me [a] highchair. I didn't have a highchair. I didn't have a dining area for my study for school. They really helped me. I think it encouraged me, because even I was struggling to get a laptop, so they had some Chromebooks and gave me one. (Individual conversations with closed parents)

Another parent also reported that project workers **sourced some equipment for her child**: ‘She [came] and helped me put the bed up, got [child] a mattress and little bits and bats for a little cot bed.’ (Individual conversations with closed parents)

‘They referred me to [domestic abuse partnership] where I could get sort of free legal help from, and [they just] fought with me in some ways.’ (parent)

In other practical support, parents reported that **the project supported them through a court case with her ex-partner**. This support was as emotional as practical.

“ So [TIL]. They stood by me while I went through court with him and everything. They referred me to [domestic abuse partnership] where I could get sort of free legal help from, and [they just] sort of

fought with me in some ways. Guided me in some helpful directions when I was a bit not sure where to turn. (Individual conversations with closed parents)

Other families found the **confidence to seek support with debt management and parenting skills**. The project workers argued that seeking out or agreeing to this support was possible not just because of the high-trust relationships developed between project workers and families, but because parents found the confidence to ask for and engage with support.

'I don't think many people know until they maybe reach out for help? I did that, but I didn't know where anything was going to be coming from, what direction I was going to go.' (parent)

Summarising her experiences of seeking support after leaving a violent relationship and then asking for help, a parent said:

“ I don't think many people know until they maybe reach out for help? I did that, but I didn't know where anything was going to be coming from, what direction I was going to go. So they actually referred me to quite a few different things. (Individual conversations with closed parents)

Finally, parents reported that they had **returned to education, training or employment or had become volunteers with HSK after their engagement with the project ended**. This outcome is also a key marker of the project's success in supporting parents to release confidence and reintegrate into the community. A parent said in conversation: *'I just... What am I getting out of [volunteering], to me I'm just giving back what I was given and if I'm making a difference, then I'm happy.'*

Families with children under the age of five are the focus of all HSK's work. Its vision is that *'children will have the best start in life'*. While TIL is a project that tackles parental isolation and loneliness in the main, it does so with the aim of improving family life more generally, and, crucially, enhancing and supporting child development, and improving outcomes for children. Summed up by one project worker in conversation, TIL focuses on parents and children and believes that a *'happy mum is a happy child'*.

4D. CHILD DEVELOPMENT AND FAMILY LIFE

'When you have a happy mum, you have a happy child.' (project worker)

The conversations with parents explored these outcomes of TIL's support for their children, namely, in terms of child development, socialisation and skills, and confidence. Table 3 above set out the improvements the parents reported in their children's wellbeing. These rating scale data indicate that parents noted improvements in their child/ren's education, learning and school readiness (a 1.17 scale

increase), their increased involvement in their child/ren's development/ early socialisation (1.18), and managing their child/ren's behaviour (0.88).³⁹

The **project workers attributed positive changes for children, at least in part, to improvements in parental confidence, self-esteem and mental health, and reductions in their isolation and loneliness.**

This is because children's wellbeing is deeply linked to parental wellbeing, while children's socialisation and development can be hampered by parents' struggles with their wellbeing (see also the research literature above). A project worker said:

“ [We want to give children] the absolute best start in life, because when we see families who were lonely and isolated and not interacting with others and anxious to use public transport and both or meet other people and walk into a room, then obviously that is impacting the whole family. It's not just impacting that parent. We see children who haven't socialised with others before. (Conversations with project workers)

Making explicit links between parental and child wellbeing, a project worker said that where children were nervous, reticent, and disconnected when they first began the group, it was generally because they were reflecting their parent's nervousness, reticence and disconnect. A project worker said: *'But when the children are nervous and anxious like that, it's because Mum is nervous and anxious and it's often more about her and how she feels.'* (Conversations with project workers)

'We see families who were lonely and isolated and not interacting with others, that is impacting the whole family. We see children who haven't socialised with others before.' (project worker)

'[Children] running up into your arms and they're walking in and strutting in like they own the place and going straight to the kitchen and playing there and having a conversation with somebody.' (project worker)

This perspective is not to claim that parents are at fault—indeed, the project is unconditionally supportive of parents who are anxious and underconfident—but rather a recognition that **parents and children, especially those who are isolated, are symbiotic in terms of wellbeing.** Concluding, the project worker said in conversation: *'When you have a happy mum, you have a happy child.'*

The project workers went onto say that the **project's impact on the children's development in terms of confidence and independence was particularly profound.** They described how children who were

³⁹ Home education/ learning/ school readiness: 3.38 to 4.55 (1.17 increase)
Being involved in in their child/ren's development/ early socialisation: 3.55 to 4.73 (1.18)
Managing child/ren's behaviours: 3.70 to 4.58 (0.88)

reluctant to leave their parents' side at the start of their time with TIL developed the confidence to become more independent in the space. A project worker said:

“ *When we see that confidence. For the children who haven't socialised before, and they've come and they're just hanging on to the mum's leg for weeks and weeks and weeks, and then, when they come in another time and they're running up into your arms and they're walking in and strutting in like they own the place and going straight to the [play] kitchen and playing there and having a conversation with somebody. The outcomes, that confidence and that self-esteem, which obviously impacts on that wider wellbeing and mental health. (Conversations with project workers)* ”

'The outcomes, that confidence and that self-esteem, which obviously impacts on that wider well-being and mental health.' (project worker)

The parents, too, made those links, and reported the changes they had seen in their children from engagement with TIL. Parents reported that **because of their improving wellbeing, they saw their children becoming less 'clingy' and more independent as their time with TIL went on**. For example, a parent observed how her son had become less needful of being next to her and being held by her as he spent time in the project:

“ *He was still just being held all the time. So, as I, sort of, more sort relaxed, I'd say, at the beginning, then as he started growing up, he started playing with toys, and running around all sorts. (Individual conversations with closed parents)* ”

In addition, parents saw **increased and more positive peer interaction, and a preparedness for more structured environments (for example, nursery, preschool or school)**. The parent above went on to say that, overall, her son has become a lot more sociable and interactive:

'TIL definitely brought him out of his shell a bit more.' (parent)

“ *I can't take him anywhere without him making a new friend or him attracting someone to him, coming to chat to him. [TIL] definitely brought him out of his shell a bit more. (Individual conversations with closed parents)* ”

The same parent remarked that while it took some time for her son to become more independent, he found his way in his own time:

'My son's confidence. That's only going to grow now.' (parent)

“ *It did take a lot of time, but he was always quite the shy boy. And he'd only ever sort of play in front of me, but it's amazing to see him sort of get that confidence, just to just venture off a little bit further, a little bit further, and then just that little bit further. It was quite emotional, but lovely to see him. (Individual conversations with closed parents)* ”

Importantly, also, this parent noted that the project had enhanced her son's interest in books while: *'He is a huge, huge bookworm, so he'd always love the books. That's important. I love that he loves them. The house is full of them.'*

This parent finished by saying in conversation: *'And I think a lot of [the impacts] that I've spoken about are definitely long-term things. My son's confidence. That's only going to grow now.'*

'He'd only ever play in front of me, but it's amazing to see him get that confidence, just to just venture off a little bit further, a little bit further, and then just that little bit further.' (parent)

Similarly, another parent also reported that her child had *'come out of her shell'*:

“ [Impact has been] massive. Being around all the kids. [She was] on her own at first, but then she came round, coming out of her shell, because we used to do songs and stuff like that. I mean, I used to do stuff in the house with that. But that was just me and her. (Individual conversations with closed parents)

Here, the parent emphasised the importance of **socialising with other children and groups for children's socialising and confidence building**.

This parent also noted that **being part of the TIL group, and other groups since, has prepared her daughter for nursery**:

“ Going to nursery, going to childcare. Doing that and then being able to be ready for mainstream school. All that is the impact from [TIL] helping me put her in there, plus the peer group. Going down there first, mixing with other kids. (Individual conversations with closed parents)

Later in the conversation, this parent commented that she does not believe that her daughter would have happily gone to nursery or childcare had it not been for her improved socialisation through the TIL project. Another parent also commented that her **child settled into nursery more easily because of the socialisation skills he developed in TIL**:

'Because of the group, he was interacting with other children way before he even got to nursery.' (parent)

“ He's doing absolutely great. No concerns about him whatsoever. Because of the group. Because he was interacting with other children way before he even got to nursery. So when he did get to nursery, we had a few tears because there were strangers initially, but once he got used to that environment, [he was] absolutely fine. (Individual conversations with closed parents)

This parent also noted her son's love of books, encouraged by the project. And like the parent above, this parent mentioned her child's confidence specifically:

“ Oh, you could just see his, how he was more aware like, what is it? More confident. He was growing confidence as well, being there. You could just see him coming out of his little shell and mixing with the other kids because he used to just wander off on his own. But then he started mixing with the other kids. (Individual conversations with closed parents)

Here the parent associated her **son's interaction with the other children with his growing confidence**. The same parent added that she had seen her son's communication develop: 'He'll be three next year. So his own language and articulation have come on.'

A further parent also commented on the **development of her daughter's social and communication skills in particular**:

“ She really developed social skills. Yes. She was playing with, there were kids that were a bit bigger than her, and then they were talking and she was crying, and everything kicked in. She's was just talking: “Mommy this, Mommy that”. She's here, we can have a conversation. [She's] asking me. “What is it?” (Individual conversations with closed parents)

While another parent remarked that in addition to learning how to interact with other children in TIL, she had noticed her **child's progress in terms of motor skills, and social and emotional skills**:

“ He's learned to get on with children because [and] he's playing and learning and his motor skills are growing and he's building his development as well. It's even like social, emotional, he's getting, you know, grasping things, learning all about that now as well. Because when he was at home, there won't have been any of that—he had toys but if you don't engage with a child they're not learning. You know children learn from adults, if you sit with him and do an activity, even though he hasn't got a long period of time where he can sit down... (Individual conversations with closed parents)

He's learned to get on with children because he's playing and learning, and his motor skills are growing and he's building his development as well.' (parent)

This parent went on to **attribute her son's progress to the TIL project**:

“ I've seen his progress and I want to keep it going because he's so clever. He's trying to learn numbers and shapes and colours, we do it through play, but we don't do it where, you know, he's forced to sit down. You know children learn through play and numbers and rhymes and so he's very clever for his age. He's very doing really good, but I think it kick-started him when he was at the group. (Individual conversations with closed parents)

In addition to enhanced skills because of TIL, parents also remarked upon the **children's learning about sharing and how to play**:

“It changed so much. The thing that we noticed entirely from [child] is his vocabulary. He could ask for some things. By the time we left, he was asking for water. And how to play a bit better with kids. So, before he went to nursery, he already started to know how to share. (Individual conversations with closed parents)

'We've noticed his vocabulary. Some words that made sense by the time we left TIL. He could ask for some things. By the time we left, he was asking for water. And how to play a bit better with kids.'
(parent)

Parents further reflected that their child/ren's development through TIL was related to the changes that they experienced too. For example, parents reported that **part of the reason that they children could 'come out of their shell' is because they, as parents, became less anxious and more confident overall**. A parent said:

'He's very doing really good, but I think it kick-started him when he was at the group.' (parent)

“It was a couple of hours a week where I wasn't doing [the caring]. When I needed to go to the toilet, [child] may have cried, but someone held her while she did. ... And I wasn't anxiously checking all the time if she was OK because I knew that she was. I knew she was safe there. (Individual conversations with closed parents)

Developing the ability to 'let go' of and interact differently with their children, in the group to begin with, and gradually elsewhere, fed into other parts of their parenting styles. Overall, **parents reported that they believed that they had become better parents because of coming to TIL**. For example, one parent remarked that she felt that she had become less angry (and had rejected, therefore, what she thought was a family trait):

'I've changed myself, to change my thinking. Talking to my kids instead of shouting at them and yelling at them. You can get calm and talk to them so they can understand more. So, these tactics I have learned in TIL.' (parent)

“I've changed myself, to change my thinking. Talking to my kids instead of shouting at them [and] yelling at them. You can get calm and talk to them so they can understand more. So, these tactics I have learned in [TIL]. [Even] if I hadn't learned this, I would have not smacked them because I know that smacking is not good, but I would have yelled, shouted and done all that stuff. Which would have impacted them. So, what I've learned in [TIL is to] talk to them nicely. Give them warnings. If they are not listening, just ignore them. You can do this too. Just ignore them. Don't yell at them. Yes, I have learned that too. So, these are small, it's not a big deal. It's a small thing, which I have

learned from [TIL], and right now I'm applying it in my life because [child] is really hard to handle, but I'm applying it, keeping myself calm. At some point I get so angry. What I do is I go to another room, calm myself down, and then come and talk to my kids. (Individual conversations with closed parents)

This parent also went on to say that she had also supported her husband to interact differently with the children:

'After learning all these things, I have taught my husband, it did impact my family' (parent)

“The small stuff I've learned from [TIL]. After learning all these things, I have taught my husband right, it did impact my family. These small, small things have changed my life and then my family life. So, I said to my husband: “If we're feeling good, then we'll make our family happy”. That way we have learned how to be happy. For little things. I was getting frustrated, irritated. I'm not doing that right now. If it's not happening, I feel like it's okay. It's fine. (Individual conversations with closed parents)

Another parent reported that **she had learned about 'loads of stuff' that you can and should do with your children to support their development:**

“I do loads with [child], loads of stuff that I didn't know that you need to do with your child, I'm actually doing with him. I didn't know that obviously things like communicating and just playing is a thing for them. I didn't even know that if I had like anxiety, and I was showing anxiety on my side, or that [child] could pick it up. I know now that your child would no matter if you're low or anything, your child can pick up on it and then it can have an impact on them. So now, I speak with [child] all the time, I mean he keeps asking me if I've had a good day. I reply, “Yes, Mummy's had a good day. Have you had a good day?” And he'll say, “Yes”. I sit here, so I sit on the floor, and we spend hours playing on the floor. We'll sing nursery rhymes, I'll read to him, we'll just do loads of stuff together. So we've got Play-Doh at the moment, but I'm going to get him some modelling clay. So then we've got more crafty stuff to be able to do as well then. (Individual conversations with closed parents)

Here the parent said, reflecting earlier learning, that, **she did not know the impact her presentation of poor mental health could have on her son, or that she should be communicating with him and playing with him in age-appropriate and learning-oriented ways.** Until her participation in the TIL project, she did not know about these aspects of parenting.

'But to be able to share my son with somebody else as well. And someone else to be able to notice how well he's doing. Yeah, that's meant the world to me.' (parent)

Finally, a parent noted that it was important to her that she found a way to 'share her son with someone else'.

As a particularly isolated and traumatised parent, the learning that she felt able to share time with her son, and his milestones, with the project workers and group, is notable:

“ They saw quite a lot of his milestones when he started. Weaning and everything like that. But to be able to share my son with somebody else as well. And someone else to be able to notice how well he's doing. Yeah, that's meant the world to me. Everybody just loved him. (Individual conversations with closed parents)

In terms of wider family life, the quantitative data for the project are, again, illuminating. Table 4 above set out the rating scale improvements reported by the parents in terms of family life. They were in the main: stress caused by family conflict (a 1.01 increase); the day to day running of the home (0.92); and managing the household budget (1.11)⁴⁰.

The project workers noted for example **that the project had enabled parents to release the confidence they needed to speak to their partners about problems**. Drawing upon an example of where a parent in the project had developed the confidence to open up to her partner about the issues she had been experiencing, a project worker said:

[It's] the confidence in talking to their other half about how they are struggling.' (project worker)

“ [It's] the confidence in talking to their other half about how they are struggling because we all do it ... Just assume that they know that I'm struggling. Being able to say to their husband, “I'm finding this out. Could you do this or that? It would help me”. (Conversations with project workers)

Later in the conversation with project workers, they picked up this point again:

“ [Talking] in the family. Not confrontational, not aggressive. It's just saying, “I need help with this”. I think that's a big thing. We've started [this] work because there's a number of families [we say to] “You've got to talk to each other. You've got to keep communicating because you forget when you've got a new-born, and you've got a little one, you're thinking about what you're doing with the little one, and you forget to talk to each other”. And I think we sort of emphasise that quite a lot that [they're] in a partnership and they need to work together. (Conversation with project workers)

Finally, the project workers remarked that they believed that parents who are struggling with a lack of confidence, isolation, and a feeling of being overwhelmed, are less likely to prioritise their own needs. In this regard, the project supports parents to make time to think of themselves and to engage in self-care.

⁴⁰ Managing the household budget: 3.34 to 4.45 (1.11 increase)
Stress caused by family conflict: 3.52 to 4.53 (1.01 increase)
The day to day running of the home: 3.82 to 4.74 (0.92 increase)

A project worker said:

“ Because for the last person on the list, especially when they've got family or other children, or a partner, they're the last person on the list. Doing that self-care and helping them to acknowledge how important they are in the family unit, and if they're not available, then the family unit [is] likely to break down. (Conversation with project workers)

The outcomes from the project are numerous for parents, underpinned largely by parents releasing confidence and finding self-esteem. In turn, the children who came to the project thrived and developed.

SUMMARY OF SECTION 4: WHAT TIL ACHIEVED

This section of analysis set out the outcomes for parents and families from the TIL project—the ‘what’ of the evaluation’s theory of change. The data analysed in this section were the conversations with project staff, one-to-one conversations with parents whose engagement with TIL had ended, and the quantitative data collected by HSK and TIL for the project.

TIL’s outcomes were numerous and overlapping. Set out in the themes identified in the analysis, the data revealed that the project had multiple positive impacts on parents and families, including:

- Increased social interaction and reduced isolation and loneliness
- Improved mental health and resilience for parents and confidence in parenting
- Better management of family life, including finances, and improved family life overall
- Enhanced child wellbeing, development, socialisation, progression and school readiness
- Lasting connections and friendships among parents, continuing after the group ended
- Greater likelihood of accessing community services, and engaging in education, training, employment, or volunteering

The quantitative data captured the considerable outcomes from engaging with TIL in terms of parental wellbeing, family life, accessing community support, better self-esteem and confidence, coping with mental health, and improved resilience. Crucially, no families reported a decline in any area of support need, while the average improvement across all areas was greater than 1 Likert rating scale point on HSK measures.

The qualitative analysis revealed that parents and families were substantially less isolated and lonely when their engagement with TIL ended. This they attributed to having made lasting friendships through the peer support group and having released the confidence they needed to access community activities and support networks after the group, as well as to return to work, education, or volunteering. In other outcomes related to confidence, parents reported that their self-esteem and mental health had improved significantly because of their engagement with TIL, and that they had become able to do things they could not do before TIL, such as socialising, addressing family conflict and trying new activities.

In terms of outcomes for children, the quantitative data also indicated that parents became more involved in their children’s development and socialisation, and that the project brought about important improvements in home education and school readiness, and in parenting skills, healthy eating as a family, and managing children’s behaviours. Families also reported better management of family finance, a reduction in family conflict, fewer difficulties with housing, and better daily family routines. Qualitatively, the children supported by TIL gained many benefits from the project, namely, increasing confidence, independence, sociability and autonomy. In terms of enhancing child development, the project supported parents to learn new, positive parenting techniques, including the importance of play, learning, reaching milestones, communication and healthy living. Children became much more prepared for school.

Parents described TIL as ‘life saving’ and transformative for their own and their child/ren’s well/being, their children’s development and progression, and their family life. These outcomes of the project are deeply impactful not just for the families involved but for communities (for example, greater integration and cohesion) and wider society in general (for example, the uptake of education, training, employment and volunteering, and a healthier population). The ways in which TIL supported parents to achieve these outcomes—the ‘how’ of the theory of change—is explored next.

5. HOW TACKLING ISOLATION AND LONELINESS ACHIEVED ITS OUTCOMES

TIL supports parents to achieve outcomes through providing bespoke, person-centred, needs-based interventions that facilitate peer-support in groups. Alongside, TIL supports individual families to address their issues. Table 15 lists the varied and numerous types of support delivered within the project designed to respond to each family’s individual needs, the number of TIL families who have had a positive benefit from direct support, and the number of TIL families who received information, advice and guidance related to the support need. Most commonly and unsurprisingly, families supported by TIL so far have received support for isolation and loneliness, emotional wellbeing (parents and children), developing resilience, child development and progression (for example, weaning, sleep routines, and school readiness), healthy eating and exercise, parenting, accessing services, healthy relationships, and support into employment. The forms of support are ranked from the highest to lowest proportions of families who experienced positive benefits from input.

Support provided	Number	Percentage	Number	Percentage
	Positive benefit from direct support		Needed only information, advice and guidance	
Loneliness and isolation	61	58%	34	32%
Emotional wellbeing (parental mental health)	51	49%	38	36%
Emotional wellbeing (child mental health)	40	38%	40	38%
Weaning	28	27%	32	30%
Meal planning/ cooking	26	25%	40	38%
Oral hygiene	25	24%	62	59%
Sleeping routines	24	23%	54	51%
Speech and language	24	23%	41	39%
School readiness	22	21%	38	36%
Safe sleeping	21	20%	76	72%
Healthy food choices: low sugar, low fat, 5 a day	21	20%	48	46%
Registered with dentist	20	19%	63	60%
Integrate families into community	19	18%	41	39%
Physical activity (children)	18	17%	40	38%
Childhood immunisations	15	14%	59	56%
Physical activity (adult)	14	13%	39	37%

Support provided	Number	Percentage	Number	Percentage
	Positive benefit from direct support		Needed only information, advice and guidance	
Toilet training	12	11%	21	20%
Healthy safe relationships	11	10%	47	45%
Domestic abuse	9	9%	7	7%
Reducing parental conflict	8	8%	31	30%
Support into adult learning	5	5%	26	25%
Breastfeeding (infant feeding)	4	4%	17	16%
SEND	4	4%	13	12%
Sexual health	4	4%	43	41%
Attend medical appointments	2	2%	10	10%
Smoking cessation	2	2%	18	17%
Support into volunteering	2	2%	10	10%
Bed wetting	1	1%	2	2%
Maternal obesity	0	0%	9	9%
Support into employment	0	0%	12	11%

Table 15. Beneficiaries and types of TIL support (n=105)

Bearing in mind the types of support delivered in the project, this section of the evaluation’s analysis considers the ways in which (the ‘how’ of the evaluation’s theory of change) TIL supports parents to understand (explain) how TIL achieves the shorter- and longer-term outcomes set out above. The learning here explores the ethos, principles and workings of TIL that supports families to achieve outcomes.

The progress report compiled at the end of the second year of the project summarised the main outcomes from project at that stage and contextualised them in terms of the profound need for support for parents experiencing isolation and loneliness:

- ▶ *Our interventions have made such a difference for the parents and children we have supported. Those impacted in particular have been parents and their young children at a most crucial and formative time of their lives. The cost of living and fuel poverty crisis occurring just after the whole community was reeling from the aftermath of the Covid pandemic has been a triple blow on standards of living, mental health, relationship breakdown. Many of our supported families have been brought to their knees both mentally and financially by the impact of the socio-economic environment they are living in. Some of the parents we have worked with have been at crisis point trying to maintain a roof over their heads and keep a warm home and food on their tables. **Inviting them to come together and share their concerns in a safe and non-judgemental environment***

is a starting point in helping them address some of their issues both practically and emotionally. *The loneliness and isolation project has had an extremely positive impact in bringing people together and offering supportive solutions and empathy where there might otherwise have been neither.* (Progress reports from the project, emphasis added)

Recognising the debilitating impacts of the cost of living and fuel poverty crisis, in addition to and on top of the privations of the Covid pandemic, the progress report underscored the importance of creating a space where parents could feel safe to share their experiences and concerns in an environment that did not judge them and where they could begin to address some of their issues. Furthermore, the report confirmed that this form of solution-focused and empathetic support was, otherwise, absent locally.

TIL's ethos is in keeping with HSK's wider work by '**starting where people are**'. In this respect, TIL does not set out to implement a rigid structure and format that necessitates parents slotting into a fixed, time-boundaried programme and set of activities. Instead, by applying a person-centred, holistic approach that recognises diverse experiences and backgrounds, TIL is grounded in the following principles that led to the numerous outcomes for parents explored in Section 4:

- Addressing isolation and loneliness
- Supporting anyone who needs such intervention
- Providing a safe, welcoming, non-judgemental peer-support environment
- Supporting engagement in community activities and forming relationships with other parents in similar situations
- Bolstering self-esteem, confidence, and resilience where they have been diminished because of isolation and loneliness
- Supporting families to find the strength and confidence to face struggles and address issues

The analysis revealed that TIL supports families to achieve the outcomes set out above by facilitating support in several, unique and intersecting ways:

- Paced support to join the group
- Person-centred, high-trust and holistic support
- A focus on confidence, self-esteem and mental health
- Family-led, co-created input for co-learning
- Support for parents to move on to next stage of their 'journey'
- 'Small' changes that lead to long-term gains

These 'hows' of TIL are now explored in turn.

5A. PACED SUPPORT TO JOIN THE GROUP

‘It does really help women because we don't even want to get out of the house.’ (parent)

The staff involved in the TIL project recognised early in the work that the high levels of anxiety of some of the parents referred to the project restricted the extent to which they could readily engage with the group. The first progress report noted that:

- ▶ *One of challenges we identified in the early days of the project was that anxiety was making attending group a big issue for some families. To combat this, our Group Worker has worked with individual families to slowly introduce them to group settings. (Progress reports from the project)*

In the evaluation’s conversations with project staff, they explored in detail the one-to-one work often needed to support parents to engage in the group. Starting at the initial visit that takes place in the family home after a referral, the project workers assess the parent’s and family’s needs using responses to a set of structured questions and their ‘*professional intuition*’ (Conversations with project workers). In some cases, the transition from the referral to the family’s engagement in the group is swift, but it is more likely that families—parents in particular—will need one-to-one support to engage. That support continues in the family home, with the project workers ***gently and subtly encouraging parents to work towards group engagement***. A project worker said:

“*We go from that structured initial visit questions and we don't always get the information. At that point, like, say, at that time, we might just get some very basics. [But we see] this person's really anxious. They won't leave the house alone and that's it. So, we might start off with some visits each week just to make them feel more confident with that worker. [Project Worker] did an absolutely fantastic job when she was the group worker in doing that and just building a relationship. (Conversations with project workers)*

The emphasis at the beginning of the one-to-one support is on ***building a high-trust relationship between a project worker and a parent***. A key part of this support is the worker interacting with the family’s children. Again, a project worker said:

“*And you can always get on the floor playing with the children. And you tell Mum all the positives and all the things they've done right and really build up [that confidence]. And that communication and that sort of friendship with that trusting relationship. (Conversations with project workers)*

Here, the project workers, aware that parents lack confidence in both themselves and their parenting, because they are isolated reassure them about what they are doing right and highlight their children’s development. This ***interaction with children also models behaviour for parents*** who are underconfident in terms of learning through play,

‘I think these little small steps made a difference when [Project Worker] came here and spent a bit of time with me and I got to know her.’ (parent)

socialising and interacting with children, and speaking with children and language development. The parents also described this process. A parent said:

“ So they came to my home, they spent an hour with me. They did try to get me out, but I didn't want to go out. I think, you know, these little small steps made a difference when [Project Worker] came here and spent a bit of time with me and [!] got to know her. (Individual conversations with closed parents)

This parent valued the time taken by the project team to get to know her and to support her, gently, to join the group. She then said in conversation: ‘And you know what, it does really help women because I think, you know, we don't even want to get out of the house.’

‘I think it it's just trusting someone and when I met [Project Worker] at my home, I knew that she was a person that I would be able to trust.’ (parent)

Another parent said that she valued a project worker coming to her home because she needed to be able to build trust first. She said:

“ I think it it's just trusting someone and when I met [Project Worker] at my home, I knew that she was a person that I would be able to trust and speak to if I needed to speak out. So that to me, that was better for me. (Individual conversations with closed parents)

When a trusting relationship has been developed in the one-to-one work, the project worker will, gently but supportively, **encourage parents to move towards the group or to even take a short trip out of the house**. A project worker then said:

“ [And then we] encourage the next step. We do hand-holding to actually get out, and [we might say], “Come on, somebody's not been out. Why don't we just walk around the block? Why don't we just walk around? Why don't we go to the park?” And when people say, “Oh, I can't do it today,” [we say], “Come on, let's try.” Sometimes it gives them a little bit of push and a little bit of motivation where, we've kind of built up a relationship that we know that they're likely to try to get out for something you've planned. (Conversations with project workers)

Again, a parent described her experiences of this support:

“ So we went to the park and we just had a general chat... we had a good play around and we had a stroll through, and after probably about an hour or so [Project Worker] drove us back and dropped us off back in the house and made sure we settled back in. (Individual conversations with closed parents)

This parent went on to say that she appreciated being able to engage, even with leaving the house, in her own time and in her own way.

After that, the **project workers start to encourage parents to begin attending the group with other parents**. The first progress report noted:

- ▶ *[Support] has involved initially just getting them out of house for a walk, then when they felt more comfortable bringing them to see the family room when it was empty, then moving onto attending a small group with one other family and eventually supporting them into the larger group. (Progress reports from the project)*

On this process, a project worker said:

“ *[With] people still being too anxious to actually get into group, then we've done a mini group. “You come in with your child. It will just be you and [Project Worker].” The next time, when they then come into group, they're more familiar with the environment, they know the environment. They know the layout. They know where the exit is. (Conversations with project workers)*

A parent who had this introduction to the group reported how, after spending some time in the park with the project worker, they discussed her coming to the group. She said:

“ *And then we kind of arranged it. [Project Worker] said, “Okay, well, we've done pretty well today, how about next week? Because we do want to get you to try and go to group at some point. So how about next week we go to the place where it's held? With no one else there.” (Individual conversations with closed parents)*

For this parent, the opportunity to view the group space on her own, with her child, helped her to become engaged in the group when other parents were there too. She said that this step allowed her son to see the room, find his way around it, learn about the space, and in all, allay her nervousness.

A project worker said about this stage of support to join the group:

“ *When they're at that level now, where they are at that next step, the hand-holding work in the home, they've had that one-to-one support, and now we want to empower them to get out and meet other people so that's a different element. (Conversations with project workers)*

Alternatively, or as well as, **project workers can provide practical support to families to enable their attendance by offering to drive them from their homes to the group, going to their location to catch the bus with them, or meeting them off the bus**. For example, a parent said:

“ *[They] talked to me about the group and the kind of stuff that they do and when it is. And invited me to come along one week. Because I was in a position where I was struggling to leave the house. So, they said maybe one week they could come and get me, or one week they could meet me outside and walk me in so I'm not walking into a strange building by myself for the first time. (Individual conversations with closed parents)*

This parent went on to say that she **would not have been able to engage with the group had it not been for that individualised support of the workers**. Another parent said:

“ [Project Worker] came and I was struggling with PTSD, anxiety, a little isolation. For a long time. And then gradually I started going, but I didn't start going straight away. They started coming here first. I didn't go straight there because I didn't want to leave the house. Yes, I was in house for two years. (Individual conversations with closed parents)

Again, this parent noted that she would have continued to struggle to leave the house had the project not offered that initial support.

Even where parents were not anxious about attending the group, *per se*, they sometimes needed practical support to make the journey, especially if they were unfamiliar with the area. A parent said:

“ Parent: They welcomed me to the area, and they said, because they wanted to just talk to me first. I just found out I was so isolated. And it really worried me so much because I didn't even know where the shops were.

“ Evaluator: So you were quite pleased to join the group, then? You were quite pleased to find it.

“ Parent: Oh, I was so... happy! They even picked me up the first day. They started just showing me the way, because I don't know the way. So they showed me the road, how to get there. (Individual conversations with closed parents)

Other parents received advice on bus routes and using a maps app to find their way. A parent who reported that she had been frightened to use public transport noted that the ‘hand-holding’ of the project (showing her the bus timetable and supporting her to catch the bus the first time) gave her the confidence to use public transport by herself because she started to believe that she could. In her conversation, she said, ‘After the first time, I couldn't believe it! I said [to myself], “I can't believe you did that!”’

‘Oh, I was so... happy! They even picked me up the first day. They started just showing me the way, because I don't know the way. So they showed me the road, how to get there.’ (parent)

This bespoke work to support families to come to the group varies from family to family and project workers noted in their conversation that staff often provide extensive pre-work with anxious parents, sometimes working with them for up to three months before they attend group sessions. While this support is resource intensive, the project recognises without it ‘[some] group members... would not have attended otherwise.’ (Progress reports from the project). The first progress report went on to say:

“ Some of these members have benefitted immensely from this approach and the improvement in their mental health and resilience is clear to see. Parents regularly share how positive this helpful and person-centered support has made a difference. (Progress reports from the project)

This person-centred work continues throughout the project and forms the basis of the peer support and the ongoing individual support as needed.

5B. PERSON-CENTRED, HIGH-TRUST AND HOLISTIC SUPPORT

'I never felt like they were judging there. I always felt really listened to,' (parent)

TIL's person-centred and needs-based, holistic support, beginning at the initial referral, continues through the project. The project workers noted that identifying a family's concerns and then supporting them to address them, is crucial not only for their engagement in the group but also so that issues do not escalate and become overwhelming. By this, the project workers meant that, typically, ***supporting parents to address additional issues in their lives, such as debt management, accessing benefits, or relationship issues, facilitates a smoother transition to the group (from one-to-one support) and minimises the escalation of high-complexity issues that could make group engagement significantly less likely.***

For example, a project worker said:

“ You might go and think, “Oh, what's all that there?” Piles and piles of mail, and that person is too anxious to even open the mail. We go to the home, sit there, and help them organise. We organise priorities for them: “This is what we need to keep. This is what we need to get rid of. This is no good.” We help to organise. And we actually acknowledge that they've got some debt, or they've got an issue, people ringing them up. (Conversations with project workers)

With debt management, for instance, the project workers repeated the need for a high-trust relationship between the worker and family that enables the family to open up about the issues they face. A parent said:

'Everybody's an individual and we've got to assess everybody's need, [and] how they'd react to us.'
(parent)

“ I wondered: “Am I going to survive?” [Project Worker] came to my house and we sat down and we did some facts and figures, and we cut some stuff that wasn't really necessary. Just rubbish stuff that I didn't realise they all rack up every little penny. (Individual conversations with closed parents)

Similarly, early work may include supporting parents to make benefits claims or signposting to other, needed services, such as housing support, healthcare, or childcare. ***Always person-centred, this support involves assessing each family's needs to identify where holistic support is needed.*** A project worker said: *'Everybody's an individual and we've got to assess everybody's need, [and] how they'd react to us.'* (Conversation with project workers)

Here the worker referred not only to ascertaining areas for support but also how families may feel about engaging with support, particularly when they have been isolated for a period. Emphasising the ongoing

building of trust within the relationship, project workers described the balancing of needed support for additional issues and encouraging parents to engage with the group.

Meeting support needs is a continuous and vital part of TIL's support, however, and does not end after one-to-one support or when parents come to the group. Indeed, **individualised needs-based support continues throughout the project as the project workers 'check-in' with parents and families, within and outwith the group spaces, to assess if and where tailored support is needed.** The project workers and parents frequently mentioned this support in conversations, and a note from the evaluation's observations of group sessions illustrates how it may take place:

- ▶ *[K] joined the session a little later than the other participants and seemed to be stressed about something. [Project Worker] asked her how she was, and she started talking about the issues she was having with school in relation to one of her children. She wasn't sure how to navigate the system and process and asked for information and guidance. Drawing on her knowledge of the process, [Project Worker] advised that [K] should do X, Y and Z. [Project Worker] also asked [K] to keep her updated and to come back to her if she needed more support. [K] then sat down with the other mums and children in the group. (Notes from the evaluation's session observations)*

Another observation note recorded a similar occurrence where the project worker checked in with a parent about her current housing situation and asked her if the council (housing provider) had responded to her queries. The project worker then offered advice on how to move the issue forward.

This one-to-one work does not involve only complex issues such as debt management and schooling but includes **also supporting families to access services and provision to which they are entitled.** The parents reported some of the ways that the project continued to help them in practical and material ways. Some of these data were explored above in Section 4 on outcomes, but in a small dataset made available to the evaluation that included data collected online with closed parents who completed a questionnaire, parents set out further how the project supported them and the impact of support. For example, a parent reported that TIL supported them with applying for benefits:

“ Helped me [and] guided [in] what benefits I was entitled to and pushed me to apply for it and it helped better our financial situation and family life. (Family feedback online questionnaire after case closed)

Another family reported that the project had supported them when they needed a SIM card for their 'phone.

“ Yes, I had a lot of help and support with a SIM card as I have PTSD and I didn't go out without speaking on the phone, which helped me so much, and [they also helped] with vouchers when I was financially stuck with my little girl. (Family feedback online questionnaire after case closed)

In addition, both the year 1 and year 2 progress reports noted that **accessing childcare is often an issue for families**. The first progress report said:

“ Many families have been unaware of their eligibility for funded places for 2-year-olds in an early years setting, or how to register for a free place [Free Early Education and Childcare (FEEC)]. Our Group Support Worker has helped families complete their registration forms, and where needed, supplied details of local nurseries offering FEEC places, and accompanied them on nursery visits to help the families choose the right provider for them. (Progress reports from the project)

Support in terms of childcare can range from information, advice and guidance, signposting to other services, advocacy and representation to other services (for example, housing services), or helping parents to complete application forms and applying for, for example, FEEC (Free Early Education and Childcare) through the government portal. The second progress report noted the issue of childcare again:

“ Access to childcare and education can also be a challenge for families. This is often due to low confidence and self-esteem, parents not feeling they are worthy enough or that they count in society. Parents are challenged by form filling and online applications and being signposted to websites that do not meet their needs. They often feel that they go round in circles and have to tell their story multiple times to services. Many of our families often have complex support needs and a ‘quick fix’ approach is not the solution. (Progress reports from the project)

In addition, **the project supports families in approaching local nurseries and playgroups**. Again, the second progress report said:

“ Due to low confidence, anxiety and poor local knowledge, we also regularly accompany families on visits to local nurseries and playgroups, supporting them with asking the relevant questions and being a familiar face and source of support during the process. We have now built up a professional relationship with local early years providers who have become more supportive to facilitate the needs of the families accompanied. (Progress reports from the project)

One parent in particular valued the project’s support in helping her find a nursery for her daughter:

“ I won't let go of [her] either. Because she got a bit of anxiety because of me. But when [Project Worker] encouraged me to get free childcare, right? Yeah, she mentioned it and she said, “Have a think about it”. So she let me have a think about it and then we actually made an appointment and went checking. But I wouldn't have done that without her. (Individual conversations with closed parents)

This parent then went on to say that the benefits of childcare for her daughter have been numerous, including preparing her for school. She said in conversation: ‘Oh, God. If she [hadn't] have gone there, I would have had a bad time getting her in a full-time school now’.

Parents were invariably grateful for the support they received from the project that helped them to address issues in their lives and to access other forms of provision. They also noted that they **valued not having to wait for long periods of time for**

'And they were just so friendly and down to earth. It took any pressure away.' (parent)

information and support, as they had to do with other services. A parent said:

“If they don't know the answer, they say, “Give us time”. They take their time, and they get all the information. [But] it is not time like a week or something. They take two, three days and they just text us: “This is the solution for this problem”. So that's the thing. It's so quick, you don't have to wait for a week, two weeks, three weeks. (Individual conversations with closed parents)

Similarly, another parent said that she **valued being heard about issues and concerns in a non-judgemental way and always receiving the information that she needed:**

“They were just so level-headed. I never felt like they were judging there. I always felt really listened to. And they had the certain level of understanding, even if they were going through the same kind of thing. If they couldn't help me, they find out where they can get [or] I could get some help from. And they were just so friendly and down to earth. It took any pressure away. (Individual conversations with closed parents)

Summing up this person-centred support support, the project team remarked that while they are proactive in supporting parents with information, guidance and hands-on help, they are there to simply listen as well:

“It's not necessarily advice that we give, but we're just listening and we're just there and just available, and that makes a huge difference to our parents. And I think they know that they can trust us. (Conversations with project workers)

In this respect, TIL's support is about addressing issues in person-centred ways, ensuring that parents feel heard and seen, and taking the time to listen and empower parents to release confidence and self-esteem and find better mental health.

5C. FOCUS ON CONFIDENCE, SELF-ESTEEM AND MENTAL HEALTH

'It was reassurance that made a massive impact.' (parent)

TIL's explicit focus on supporting parents to build confidence and self-esteem—**recognising that poor confidence, self-esteem and mental health are intertwined with isolation and loneliness**—is a further key aspect of the project. In conversation, the project workers frequently noted the parents' issues with confidence and mental health (see also presenting issues in subsection 3a and the outcomes for TIL's parents in Section 4).

A project worker said:

“ I think it has been noticeable that a fair number, I would say the majority [of parents] have got confidence issues. When they come to [TIL] initially, and then [it's] working on that. But also, mental health is massive. (Conversations with project workers)

Specifically, the project workers agreed **parents' lack of confidence is most often related to their abilities as a parent**. A project worker said: 'I think a lot of it is lacking confidence in their own ability as a parent'.

Underscoring the centrality of working with parents to release confidence, a project worker went on to say:

“ I think it's about dropping confidence. It's a big one. But the ability to vent it, the next steps, whether that's in education, whether that's getting qualifications they never thought they'd be able to, whether that's getting the confidence to apply for jobs and go for a job, whether that's going back into employment because they've been on maternity, but the plan of never going back, we've given that confidence. (Conversations with project workers)

Aside from the progressional aspects of entering or returning to education, training and employment, this project worker in conversation also emphasised that confidence affects the whole family: 'Not just them as parents, but their lives, the children's lives, the whole family.'

As set out above, this understanding of the symbiotic relationship between parents' and children's confidence and wellbeing is embedded in HSK's wider work that recognises that a family's overall wellbeing hinges on that of the parent, and very often the mother as primary caregiver. On this issue, a project worker said: 'Because when we say that they've got that confidence and when we say that the self-esteem is improving, that impacts the whole family.'

'The ability to vent it, the next steps, whether that's in education, getting qualifications they never thought they'd be able to, getting the confidence to apply for jobs and go for a job, going back into employment because they've been on maternity, we've given that confidence' (project worker)

Focusing then on building parents' confidence in both themselves and their abilities as a parent is an important aspect of the project. Beginning in the one-to-one work (above), the **project workers support parents to believe in their parenting abilities and to see their children's progress and development**.

'We work really well in boosting people self-esteem.' (project worker)

A project worker said:

“ A lot of the time, and I think one of the things that we've done really well, is build that confidence up so that they can then go and move forward. (Conversations with project workers)

This **support involves praise, reassurance, and reminding parents that they are doing well, especially when they are experiencing other challenges in their lives**. A project worker explained further:

“ We work really well in boosting people self-esteem. [We] give them a pat on the back and tell them that we recognise how difficult it must be getting up this morning or getting to group or even making those steps. And I think that's really important. (Conversations with project workers)

Reassuring parents about how well they and their children are doing is consciously undertaken by project workers throughout the project. A project worker said:

“ [It's] words of reassurance that they have maybe never, ever heard before. That opportunity for somebody to help them increase their confidence and their self-esteem. Where that person says, “Oh, my God, you're amazing. Getting up and getting dressed after the night you had last night.” That person pats them on the back and says, “You need to appreciate what you've done today”. (Conversations with project workers)

‘It's words of reassurance that they have maybe never heard before. That opportunity for somebody to help them increase their confidence and their self-esteem.’ (project worker)

A parent remarked in conversation that she found that reassurance encouraging, relieving and impactful:

“ It was reassurance that made a massive impact because I wasn't constantly worrying about them, staying up all night, freaking out, reading the Internet. It was a massive help because of [Project Worker's] school background. Yes, it was a lot of reassurance of, “No, he's perfectly fine. He's doing great”. (Individual conversations with closed parents)

Similarly, another parent remarked:

“ The main thing I think I was grateful for a lot of the time was that bit of reassurance. And that's what they give you, the boost to believe in myself a little bit more. “Am I doing it right?” Yes. I'm doing the right thing. And that was something that was really important to me. It still is. When somebody tells me I'm doing a good job, I just cry. Because it's so much pressure to keep your own head above the water. (Individual conversations with closed parents)

Observation notes from a session provide further evidence of how the project uses praise and reassurance to boost parents' confidence in themselves and their parenting. During one session, a mother said that she was still worried that her son remained very 'clingy' to her and became distressed when she was out of sight:

'It was reassurance that made a massive impact because I wasn't constantly worrying about them.'
(parent)

- ▶ As we were sitting around at the start of the session, Mum explained to me [evaluator] that her son becomes upset when she leaves the room. She said that it is quite difficult to do anything because she cannot leave him. [Project Worker] said to Mum that she had noticed that her son had become better as the weeks went on in the sessions. Later in the session as we were clearing the table, Mum nipped out to the bathroom and when she came back in, we told her that her son had been fine and had really not passed any remarks on her not being there. Again, the [Project Worker] reassured Mum that she could see her son's progress, and another parent at the session gave the same reassurance. (Notes from the evaluation's session observations)

In addition, a project worker remarked that **families value knowing the staff in the project team genuinely understand the issues they are facing and, therefore, that their praise and reassurance is not hollow**. A project worker said:

“ But we really understand those challenges. We really understand what it means to be anxious, we really understand what it means to be struggling as a parent and having sleepless nights and things like that. (Conversations with project workers)

In the same way, the project workers noted that an important part of the support is letting parents see that the project workers understand what they experience: 'Just that acknowledgment that we get it'.

'Just that acknowledgment that we get it.' (project worker)

This learning was explored above but it is worth noting here again because the parents also frequently noted in conversations that they valued knowing that the project workers not only heard the challenges they face but also understood them. Exploring this empathetic support, a project worker said say:

“ We do get lots and lots of parents who are feeling very fragile. Lots and lots of parents need emotional support and we can offer somebody at the end of the telephone, somebody, if they just need to let it out, or they just need to cry and [have] somebody to listen. They might have been aligned with some of the challenges that the other families have, but we really understand those challenges. We really understand what it means to be anxious. We really understand what it means to be struggling as a parent and having sleepless nights and things like that. (Conversations with project workers)

The project workers reported that the capacity within TIL to take time to listen and to build confidence and self-esteem with parents is fundamental to how TIL achieves its outcomes. In this regard, they noted that because of **the absence of a strict project remit and format, compared to other services with a stricter remit, TIL can provide this support**. A project worker said:

“Because I think other services and other agencies don't have that time to invest, but they're very strict in what their remit is. But we recognise that if we get right with that parent and boost their self-confidence and their self-esteem and [...] empower them to be able to do something, give them a little nudge in the right direction, then they're more and more likely to take that forward and do something really positive. For themselves and families. (Conversations with project workers)

In addition, the project workers stressed that TIL differs from services and provision that focuses on what parents are doing wrong. A project worker said: ‘Everyone’s just there to point out their negatives: “You could do this. You should be doing this. You should be doing that.”’ (Conversations with project workers)

‘Because I think other services and other agencies don't have that time to invest, but they're very strict in what their remit is.’
(project worker)

Contrastingly, TIL focuses on positive affirmation and, if needed, guidance rather than instruction. A project worker said: ‘We're not that service. We're there to lift people up.’

By applying a model of support that affirms rather than criticises, and that moves away from a deficit-focused approach, **TIL allows the time and space needed for parents to step into confidence and engage fully with the group**. A project worker said:

‘We're not that service. We're there to lift people up’. (project worker)

“Like there are some people that were struggling. And then they'll be talked [with], and then you could see people opening up within the group. People might just have little side conversations, sort of thing. (Conversations with project workers)

The project workers further explained how they encouraged quieter parents to interact with the group:

“When they come and they're not talking to anybody, sat in a corner, it's gently teasing it out and including them in conversations and saying, “Do you have a problem like that?” So, sort of getting everybody involved. And sort of weaving that thread within the groups. (Conversations with project workers)

Here again is where interacting with the children in the groups can encourage conversation.

A note from the session observations illustrates this process:

- ▶ *[L] is very quiet in the group, especially when they first arrive. Her little boy is happy to play with the other children. [L] watches him a lot when he is playing. I asked [L] what toys and games her son likes to play and that conversation led to her speaking with the other parents about the toys and games their children like too. (Notes from the evaluation's session observations)*

Similarly, a parent reflected on her shyness in the group at first:

“ Well at first I never used to speak, I was just a little quiet mouse in the corner and everyone else was talking and I was just sat there by the side, eventually I just started speaking to the other mums and they made a WhatsApp group for if you wanted to join it and stuff and I was in a WhatsApp group with them, the whole of them. And from there I started speaking, getting to know them, making friends, and then once I made friends, I came out of my shell a bit. (Individual conversations with closed parents)

This parent reported elsewhere in the conversation that she had been deeply anxious, isolated and withdrawn before she joined the group, and had felt uncomfortable in the group at the beginning because of her anxiety and lack of confidence. Supporting this parent, then, through confidence-building helped her to engage fully.

Finally, the parents who took part in the evaluation's conversations frequently noted that the **project had helped them to develop the confidence and self-esteem they needed to pursue education, training and employment opportunities**. One parent had returned her office job having believed that she would not be confident enough to do so, while another was about to return to her job and, critically, felt confident about having a conversation with her employers about needed changes in their workplace. Linking confidence directly to going to college, a parent said:

“ It's just everything that they do. The more I was getting to know people and speaking and just everything that [TIL] was doing by going out and doing stuff and everything, my confidence was just growing and growing and growing. I wouldn't have been able to go to college if it wasn't for [TIL]. (Individual conversations with closed parents)

5D. FAMILY-LED, CO-CREATED AND PEER CO-LEARNING SUPPORT

‘It was educational as well as anything else. It was so relaxed. There was no pressure to anything. I just found that really helpful.’ (parent)

The previous subsections noted that the project workers agreed that the non-prescriptive nature of the TIL project is a unique opportunity to provide bespoke and tailored support to parents and to respond to their needs. Applying the project's starting principles, TIL also co-creates the groups sessions with

parents in terms of inputs and learning. While the group sessions are, in the main, focused on parents socialising and sharing, and children playing together (see below), **the programme also provides inputs from partners and project staff that help families practically, emotionally and materially. All inputs are decided with parents** where project staff periodically ask parents what they would like to learn more about. A project worker said:

“We say: “What is it you want to know? Is there something you'd really like to see? That would be really helpful for you?” And then we've tried to find somebody that could do it. And we can usually find something because we've got quite a good network of people that we can pull in to do that. (Conversations with project workers)

As well as deciding topics and inputs in advance, **the project also has the capacity to be responsive to needs as they emerge**. For example, if parents discuss weaning young children or potty training one week, project workers may ask if they would like more guidance on these issues the following week. The project workers may provide the input themselves or, if it is feasible, invite specialised partners to HSK to do so.

Project workers underscored the importance of always responding to what parents need and request. A project worker said:

“We try and include the families with what they need, because there's no point in telling them about something. they're not interested in. We have an actual conversation: “What do you want to see?” This is also when we do reviews with the family. Somebody might mention something that they want and that all feeds in. It just all feeds into their needs. (Conversations with project workers)

Unsurprisingly, **many of the parents' requests for input and guidance are child-centred**. A project worker said in conversation: ‘A lot of the time when we ask people, it is all about children. Childhood illnesses, practical things. That's what the parents ask for.’

However, the project workers reported that, although they are not requested as often, the **project team ensure that they also have input on wellbeing, anxiety, and mental health for parents**. A project worker noted:

“We do things about wellbeing and anxiety and things like that. [Parents] wouldn't ask for it. They don't always ask for something for themselves because they feel that they're in a group with the children, and they should be asking for things that benefit [children]. (Conversations with project workers)

Mindful then that parents may be less inclined or likely to request input on issues more relevant to them than their children, the project team add that content throughout.

Reflecting the learning above that the project's focus on parents' confidence, self-esteem and mental help benefits not only parents but the whole family, a project worker said:

“ *But ultimately, if that parent is well and they can manage the stress levels or the mental health better, then that feeds down to the child. So even though [parents] might not have asked for something, then they absolutely benefit from those sessions. It just makes such a difference. It's parental wellbeing because you can link in the child's wellbeing while you're doing it and they can see that actually it does make a difference. (Conversations with project workers)*

In addition, while parents often do not explicitly request session input on coping strategies, the project team ensure that these sessions are included. A project worker noted:

“ *[We] give them some strategies to cope. Sometimes, whether strategies to go to when the child's playing up or the baby's crying, or strategies to cope when they're so many other things to prioritise, just living independently and managing x, y and z and, so [local students on health-related courses] might come in to deliver sessions that benefit them in our groups. Sleep hygiene or managing stress or things like that. (Conversations with project workers)*

Working with community and statutory partners is crucial for TIL to provide not just the holistic and person-centred one-to-one support set out above but to deliver the co-created content of the programme. In the initial one-to-one work with families to support them to address additional issues—work that continues throughout the project, when needed—the project team draw upon partnership colleagues to provide specialised support. Then, in the groups, partners provide input. The first progress report noted that:

- ▶ *[HSK works] with a number of other professionals in order to give our parents the best possible support. Numerous professionals have supported us within the group sessions, offering 1:1 support and follow up support if needed. This is a great opportunity for parents to learn about local resources, support networks and activities that they can get involved in, to further reduce their isolation and increase their social and community connections. (Progress reports from the project)*

The second progress report summarises some of parents' requests and what the project arranged:

- Trips out: family trip to the zoo; local family fun days during the summer; swimming sessions at the local splash park; and picnics in the park
- Information about first aid: local university health students came to HSK to do a 'Restart a Heart' workshop and a common childhood illness session
- Information about accessing support for SEN (special education needs): an independent, parent-led forum for all parents and carers of children/ young people with additional needs, part of the Council Local Offer, and a local statutory body for children/ young people with special educational

needs and/ or disabilities and their parents or carers, attended group sessions to share information and resources, and information about local events

- Support with healthy eating: local university health students delivered a healthy eating and exercise workshop and a practical session on preparing healthier snacks, including sharing recipe packs to take home; and a local council Wellness Service session on healthy eating and exercise
- Information on support for relationships: local university health students delivered a workshop on healthy relationships; and a local provider of domestic abuse support services did a session around support for domestic abuse
- Support with mental health/ stress/ anxiety: local university health students ran a 'Be Calm' workshop; the project ran sessions on both children's and adults' wellbeing, self-care sessions, coping strategies and prioritising; and a local council Wellness Service ran a session supporting mental health
- Ideas for sensory/ messy play: the project ran frequent sessions using water, sand, gloop, and food as a play items; and project workers ran one-to-one sessions to help parents with interactive play ideas
- Dealing with children's behaviours: the project ran sessions on children's mental health, language and communication, school readiness, and managing challenging behaviours
- Finding out about local activities: groups attended a children's art school session; groups or families as one-to-one went to local libraries for rhyme time/ story time; groups availed of local events and amenities through trips out (above); and the project provided personalised information about local community activities

The inputs from the project team and partners are vital also in informing families about local services and amenities and in supporting them to seek opportunities in their local areas.

In all, the ***co-created aspects of the group are an integral part of TIL in ensuring that the project is responsive to needs as they emerge or are spoken.*** In addition, and crucially, as well as being spaces of connection and interaction, ***groups enable parents and families to engage in co-learning and peer support to find confidence and wellbeing and enhance, for example, parenting skills and child development.***

The importance of the peer support and co-learning in groups cannot be underestimated. This intentional form of ***support means that families can share experiences, learn together about issues, and offer each other lived experience support.*** On this key aspect, a project worker said:

“*The support that we've offered and the change that we've made to [our families] because they've come to group. That wouldn't necessarily have happened if the support had been one to one to one. (Conversations with project workers)*

The learning that takes place within groups as parents speak, share, and participate in the group's activities and inputs is myriad. **This co-learning, as parents learn together about issues and about parenting, is a unique aspect of the TIL project and reflects research evidence on the effectiveness of group support.** The project team reported in conversation that parents are often underconfident about their parenting abilities and their children's development and progression because of their lack of confidence overall and because they have often not spoken about their concerns to anyone.

'Change because they've come to group. That wouldn't necessarily have happened if the support had been one to one to one.' (project worker)

Co-learning sessions allow the team to emphasise with parents, for example, the importance of play for children's development, communication and socialisation skills and how to manage challenging behaviours. The first progress report noted that support, for example, for children's behaviour is valuable to parents:

- ▶ *Bespoke support has been offered to some families to help deal with challenging childhood behaviours. Families have had behaviour reward charts, visual timetables, and feelings resources created to aid with emotional literacy and to build visual structure into the day. Families report they have seen improvements when using these. One parent stated that she feels much more able to manage her child's behaviour and because of that, she feels more comfortable bringing him into group sessions and taking him out into the community. Previously her anxiety around what other people thought about her parenting skills and her child had prevented her from socialising more. She noted a reduction in feelings of isolation and loneliness. (Progress reports from the project)*

This excerpt from the progress report sets out how **sessions are tailored to needs-based requests from parents and how the input in a non-judgemental environment allows parents to explore issues safely.** The project team facilitated a similar session around family health. The progress report said:

- ▶ *Family Health Nurse specialists have attended group sessions to offer health related advice and support. Many parents are apprehensive to attend local clinics, due to their anxieties, and so having the opportunity to access medical advice and baby weighing has been well received. Nurses have adapted their support and delivered tailored sessions on emergency first aid and childhood illness. Parents have grown more confident in knowing how to manage issues which has benefitted both the parents and the children. (Progress reports from the project)*

The project team also supports groups to talk about healthy food and exercise; within sessions also, families are encouraged to try new, healthy foods that are perhaps unfamiliar or that they feel are too expensive.

'Parents have grown more confident in knowing how to manage issues which has benefitted both the parents and the children' (progress report)

A project worker said:

“ We give families a chance to try foods that they perhaps might not buy. They don't know whether the child would like it because then it's a waste. And [if] they can't afford things like strawberries and fruit. [So] if the child doesn't like it, being able to try it in a small dose in a group and then see how much the child like it makes it [easier] for them to actually spend money on that product. (Conversations with project workers)

A parent shared her perspective on this learning when she said:

“ And another thing was fruits and things, I thought, “Oh, I don't want to try with that”. [Project Worker] said, “Cut it up in small pieces, let him try it, let him explore, eat it himself, rather than you doing it for the child [feeding him]. (Individual conversations with closed parents)

This parent then said that she found this experience useful not just because her child tried a food that he had not had before but in terms of learning about an important part of child development and autonomy—allowing her child to do things by and for himself. She said:

‘That was important because I used to do it for him. And then I started putting him in a highchair, let him do it.’ (parent)

“ The child can pick it up, put it in their own mouth and things. That was important because I used to do it for him. And then I started putting him in a highchair, let him do it. (Individual conversations with closed parents)

On the impacts of this learning, the parent then said in conversation that, ‘He loved that, he loves it now, you know, he knows what he wants to eat, he knows how much he's going to eat’.

Parents found specific session inputs invaluable because they were informative, instructional, and delivered supportively. A parent said:

“ It was educational as well as anything else. It was so relaxed. There was no pressure to anything. I just found that really helpful. So you're there to sort of meet new people and make friends, but there was something quite informative about it as well, which I quite liked. Because for me, first time mum, I haven't a blooming clue what I'm doing. I've sort of been learning as I go. (Individual conversations with closed parents)

This parent went on to say that she did experience pressure outside of the group as a first-time mother to learn about parenting quickly. She said that ‘there is that pressure there with learning as you go’ and

‘It taught us about the importance of sitting down together with your child for a family meal.’ (parent)

compared that with the relaxed and supportive atmosphere in TIL where she could learn in a less pressurised way.

In less direct input, the parents noted, for example, that **they learned the importance of play with children by observing other parents and the project workers and the importance of families eating and talking together**. A parent said:

“ We sit around and have lunch together, which I think is so lovely. It taught us about the importance of sitting down together with your child for, like, a family meal. Stuff like that. So it was quite relaxed, and a lot of playing, loads of stuff for the kids to do. (Individual conversations with closed parents)

Another parent reported that she **valued the conversations that took place often organically in the space but were sometimes encouraged by the project workers**:

“ What I did quite like was, even if they didn't have anybody coming in one week, after lunch, when everyone was still sat around the table, we would have a bit of a chat. And [they might] get everybody talking about something slightly educational. So whether that be about like toy safety kind of thing, what to do if your kid eats a battery or stuff like that, pretty important stuff, I liked that. (Individual conversations with closed parents)

‘When everyone was still sat around the table, we would have a bit of a chat. And [they might] get everybody talking about something slightly educational.’ (parent)

In terms of these more general conversations between parents, the parents explained how they learned together through this format.

“ The best thing is that meeting with everyone, listening to them saying, all different kids of different ages and looking at them, listening, and they have problems with the kids. And if you're familiar with them, you get the answers. You don't even have to ask questions. (Individual conversations with closed parents)

‘Their kids are doing the same thing as my kids. I'm like, “Oh, I have to do this thing and this will be sorted.” Learning new things in that group.’ (parent)

Here the parent referred to the **sharing of similar experiences and concerns about aspects of parenting—through the conversation and the naming of experiences, parents discuss, explore, and identify solutions together**. This parent went on to say:

“ There are their kids are doing the same thing as my kids, and I get the answer off them. I'm like, “Oh, I have to do this thing and this will be sorted”. Learning new things in that group. I really like that.

And that's the reason I was attending all the groups. I wasn't skipping any groups. (Individual conversations with closed parents)

Two notes from observations of group sessions set out how these conversations can take place:

- ▶ *As I [evaluator] was with one of the children in the play kitchen, three of the mums sitting close by started talking about having children assessed for neurodivergence. One of the mums had an assessment booked shortly for her child but another seemed to be struggling to get one arranged. The mums talked about what is needed to arrange the assessment. They also talked about some of the behaviours of their children that they thought might be related to their neurodivergence. (Notes from the evaluation's session observations)*
- ▶ *[E] was talking about her child's clinginess to her and how she finds it difficult to manage when it is just the two of them at home. [A] shared similar experiences with her children and what worked well for her as the children got a little older. She suggested that [E] try X, Y and Z to see how it works and, importantly, reassured her that it takes time but that she will "get there". [A] told [E] that her children are much less dependent on her now. (Notes from the evaluation's session observations)*

The project workers also remarked upon the value that the parents placed on speaking with and learning from other parents who have had the same experiences. In this regard, the conversations that take place, organically, within the group are vital to the project and learning. A project worker said:

'It's that piece of the project that makes the difference, because those families will be much more likely to listen to somebody else that's gone through it.' (project worker)

“ And then that leads into a conversation and we can do our bit. But also, again, it's that piece of the project that makes the difference, because those families will be much more likely to listen to somebody else that's gone through it. And the other side, of course [when a parent says] “And I've got a happy story to tell. And actually, I'm doing this now, and it's working really well.” (Conversations with project workers)

The project team also utilise these moments to provide more guidance to parents, if it is needed.

For example, if the group is eating together and talking about food prices, the project workers might encourage them to explore cheaper options for nutritious food. A project worker said:

“ And we can then do a little bit of teaching around that. How can we make this cheaper? How can we do this? What about, have you thought about frozen fruit? Or have you thought about this? Have you thought about that? We do a lot of work around that as well. Regardless of the situation or the conversation that happens in group, we always turn it around. Some information, some guidance. It's part of what we do. (Conversations with project workers)

Utilising the open conversations taking place, **the project team ensures that they are constantly sharing information and advice to parents in groups so that those who need it can benefit**. A project worker said:

“And it just generally naturally happens anyway - we're always trying to help them to get the best of the budget. We're always advising, always giving that information, regardless of what it is, whether it's sleeping, anything. So somebody usually starts a conversation and says, “I'm a bit worried about this or that or I don't know whether this is normal,” and then we can input. (Conversations with project workers)

In a specific example, a project worker cited a session where the parents had discussed potty training, which led a parent beginning that process with her child:

“I took [potty training] into group and we chatted. And the following week one of the mums came in and said, “She's in pants!”. And she'd not even thought about toilet training up to that point, but because we had that conversation... (Conversations with project workers)

The project workers also reported that they **continue to ensure that they are providing praise and reassurance to parents in the groups as learning takes place and conversations unfold**. A note from the observations of sessions captured a conversation where project workers (and other parents) provided reassurance to a mother who was concerned that her child had not started to walk by herself yet:

‘One of the good things about coming to group is that [parents meet people] and realise that other people are struggling, too. “I'm not the only one who feels like this”.’ (project worker)

- ▶ [N] mentions that her daughter is not walking yet and thinks that she should be. The co-ordinator reassures the mother that children progress at different paces and that her daughter is doing really well and getting steadier on her feet every week. The other parents also reassure the mother and share their experiences with children starting to walk and experiences of family members. (Notes from the evaluation's session observations)

The co-ordinator making sure that she reassured the mother and tried to allay her concerns is part of the confidence building explored above, particular in terms of parenting abilities.

These peer support conversations and learning conversations have several impacts. First, and as above, they **offer the opportunity for parents to learn together about issues that concern them**. Second, they are **focused on peer advice and what other parents have found effective where solutions are found, iteratively, through discussion**. Third, they **offer a space and moment for a parent to disclose an issue that is concerning them that they might not have disclosed before and avoid singling out parents**. Fourth, the **parents benefit from seeing that they are not ‘the only ones’ who experience these concerns, which normalises concerns and enhances knowledge, confidence and self-**

efficacy. And fifth, they **encourage less confident and experienced parents to explore possibilities that they may not have considered**.

Project workers underscored these myriad benefits of peer support for families. For example, a project worker noted how important it is for parents to recognise that their experiences are common and that they are not alone:

“I think that peer support is so important. To admit those struggles as well. For one group member to say to another, “You know what, I'm trying that as well, and it's not going well, and it's a bit rubbish actually”. And actually say it. One of the good things about coming to group is that [parents meet people] and realise that other people are struggling, too. “I'm not the only one who feels like this.” (Conversations with project workers)

I think that peer support is so important. To admit those struggles as well. For one group member to say to another, “You know what, I'm trying that as well, and it's not going well, and it's a bit rubbish actually”. (project worker)

Summing up, a project worker remarked that she knows that the project is having a valuable impact upon a parent and family when they report back that they have picked up on advice and guidance from their peers and the project team and applied new learning. Often using the phrase, ‘*Guess what I did?!*’, parents report back to the project team that they had tried the solution to an issue delivered in the group and that it had worked for them. Embedding peer and co-learning practices in TIL has, therefore, far-reaching benefits for families.

5E. SUPPORTING FAMILIES TO MOVE ON TO NEXT STAGE

‘Look how good you are—you've done amazing.’ (project worker)

In terms of supporting families holistically, the project team is clear that TIL’s intervention with families, while not time-boundaried, is not intended to last any longer than it is needed and that it is not a service on which families should become reliant. Rather, **TIL is part of families’ journeys to greater connection and community integration**. The project team works with the families to carefully plan for a family moving on from the provision by planning transitions from the project to the community. This work is ongoing during the families’ time with the project when families are introduced to opportunities and amenities in the community. A project worker said:

“We’re getting them out there. We're engineering opportunities for them to make friendships and then kind of move forward. What we try to do is, we have our regular group meetups in our group rooms, but we also try and get out. So we might take them to the local library and have a group meeting there. We go to some of the local parks and have a group meeting there just to try and get

them accessing things that are available locally that they may not otherwise be going to.
(Conversations with project workers)

When the time comes to start speaking with a family about drawing their engagement with TIL to a close, **the family will have experienced benefits and outcomes from the project but will also be able to move on to community opportunities with other families**. When the project team organises groups initially, it tries to bring together parents from the same locality who will likely share interests so that they can move through their longer journey together. When families are moving on from TIL, they can therefore do so together. A project worker said:

'We're getting them out there. We're engineering opportunities for them to make friendships and then move forward.' (project worker)

“ They could go [somewhere] with one of the other members of the group. They can both go together and that's worked really well with a fair few families as they were coming up to moving on from us. It's a good way of getting them to that next step and to be independent. We feel like we're just pointing out, putting them in the right direction, giving a little nudge of support a couple of times, but empowering them to make that part of the routine for them and for themselves and the children. So that is something that they can maybe continue to do when they're no longer accessing our support, but they still know that a library session is on a Tuesday morning. (Conversations with project workers)

Again, here **project workers reassure parents about how far they have come and the progress they have made**, while encouraging them to think about what they might like to move on to. A project worker said:

“ [We'll say]: “Look how good you are—you've done amazing. Look how helpful you are. You've been really great. Have you thought about this? Have you thought about that?” So we're thinking about the next step for that family. To move on to other things. Get ready for support into education and things. But we're looking for especially where they've obviously built a connection. (Conversations with project workers)

In addition, the project team will **continue to advocate for families and support them to access other, formal services as they exiting TIL**. A project worker said:

“ We sort of advocate for that family to move on to the next thing, whatever it is that they need. You sometimes have to just be the bridge between professionals, just to get them through the door of another service. (Conversations with project workers)

'Encouraging families to venture out into their local communities and make links outside Home-Start is instrumental to improving mental health and decreasing isolation.' (progress report)

Recognising a parent's particular abilities and aptitude, the **project team may also invite closing parents to become HSK volunteers**. A project worker commented:

“ We recognise in some parents their abilities and how supportive they that be. And that's when, when their support needs are coming to an end, we have an opportunity to [ask them to] become a volunteer. (Conversations with project workers)

In all, the **project team is careful that families have something they can move on to, if they want to, where the focus is on community integration throughout to maintain the families' reduced isolation and loneliness**. A progress report notes: ‘Encouraging families to venture out into their local communities and make links outside Home-Start is instrumental to improving mental health and decreasing isolation.’

Importantly also, the **TIL team are clear that the ‘door is never closed’**. On this, a parent said:

“ Even up until recently. I'm not even with [TIL] but I still feel that because of the relationship I had with those [workers], I was able to pick the phone up and say, “Oh, by the way, [Project Worker], this is what's going on”. I still feel like months down the line because of the relationship I had with them that I was able to do that. (Individual conversations with closed parents)

The parents reported that the project team reassured them when their engagement was ending that TIL and HSK are only ever a ‘phone call away’, that they can contact them if they need to, and that they can also self-refer back into the service if they need to recommence some form of support.

All the parents who took part in the evaluation's conversations remarked that they did not want to end their engagement in TIL, but they recognised that had received the support that they needed to reduce their isolation and loneliness, to address other issues in their lives, and to ‘get out there again’. They also, knowing how valuable they found the project, wanted to leave space for other parents to experience such benefits. It is a testament to the project, however, that all the parents in conversation said that they were ‘sad’ to leave the project but remained most grateful for its support.

Finally, this section of analysis explores how the project brings about impactful long-term gains through what can seem like the smallest of changes.

5F. ‘SMALL’ CHANGES AND LONG-TERM GAINS

‘But when you get that encouragement, it lifts you up, opens your eyes.’ (parent)

Many of the longer-term outcomes from the project are set out above, but it is important for the analysis to recognise here that in terms of outcomes, and the ‘how’ of TIL, what seems like the smallest of interventions and the most minimal of support very often contributes to the most notable or impactful changes for families.

A project worker noted:

“ Some of our families, some of the ones that speak most highly of us, we feel as though what we've done is very tiny. We have some families where we do loads, but for some families, we just do a couple of tiny little things and the difference it makes for them is huge. It's huge. (Conversations with project workers)

The sense that **even the smallest of changes can bring about profound impacts for families ran through the data analysis**. For example, a project worker noted the impacts of the simple act of expressing belief in families:

“ There are really small interventions that can take place as well that are perhaps just as powerful in terms of outcomes. Just us having that belief in our parents gives them their belief in themselves. (Conversations with project workers)

Providing a specific example of such impacts, a project worker said:

“ And if they've got two small children being able to go out with two children on their own and just believing that that they will be able to manage two little ones under five on their own. That's a huge step forward for some families. (Conversations with project workers)

As the project is based upon person-centred, holistic support, peer support and co-learning, small interventions are commonplace. Many have been explored already in the analysis: **the ‘hand-holding’ to visit a nurse, the simple act of reassuring a parent about their parenting skills, the praising of young children’s development, and the consistent checking-in with parents and families**, are all examples of small yet powerful forms of support that bring about wide-ranging benefits for families. Importantly, the project staff ensure that they recognise and acknowledge the small changes or steps that families make and what they have achieved by again using praise and reassurance with families.

Furthermore, parents reported that they **continued to draw frequently upon learning from the project after support had ended and in the long-term**. One parent noted that she still uses the leaflets and information that she received in TIL:

“ The [partners] when they come and they teach, it gets piled up, because every day there is something new, so it doesn't stay in your brain. But to refresh it, we get that leaflet. And when I read the leaflet, I remember all the techniques. (Individual conversations with closed parents)

Specifically, a parent said in conversation that she was still applying the money management techniques that she had learned in TIL:

“ Money management as well. I didn't even know how to manage money because I never lived by myself. I used to live with my friends. And then it's all about doing everything together. But now I had to just pay my bills by myself, do this by myself. So [Project Worker] sat me down and said “You

have to plan this way and then plan this". And now I'm planning my stuff and there are things... they can be difficult. But I know how to just go around it slowly. Because I used to [...] by the time I get in the last week of my universal credit before it comes a week before, I was just out and I had zero money. I learned how to manage that and what I have for now. (Individual conversations with closed parents)

These elements of support are relatively small compared to large pieces of work around, say, housing issues, but parents often remarked upon them in conversations. Parents also said that they continued to implement the family and home routines they had learned in the project. Here the project ensures that it **'upskills' parents and families to be able to continue to apply learning from TIL when their engagement ends**, especially in terms of parenting and managing family life. A parent said:

'And now I'm planning my stuff and there are things... they can be difficult. But I know how to just go around it slowly.' (parent)

“ *Yeah. I have, like, a routine a little bit now where I try and get everything done and out of the way. I do things, and then when [child] gets home from school and I make tea. When she goes sleep, I don't do anything. She goes sleep at 7 so I don't do anything. (Individual conversations with closed parents)*

This parent went on to say that she reserves her evenings now for 'me time' and to relax:

“ *Finding that time where you can just sit down and go, "This is for me now". To be honest, sometimes I think my time is when [child] has gone to sleep and I watch a series, like "You are doing something for yourself". Yeah, that's what I mean. So sometimes I try doing that. (Individual conversations with closed parents)*

Parents also noted that they continue to apply learning in terms of healthy food and nutrition. A parent mentioned the input that the group had on sugary foods where they learned how to check sugar content on food. A parent said:

“ *And it's so interesting because she brought the sugar, you know, the sugar in the product. And then she showed us, she told us to compare it. That was a good activity as well. (Individual conversations with closed parents)*

This parent went onto say that she had 'taken a lot of things' from the learning:

“ *Right now, I've taken a lot of things, like I said, that [Project Worker] did with me. Budgeting, things, you know, helping to cook proper meals, meals sizes, sugar content. It's so good. I didn't know any of that. Like, now I've taken on a lot of the recipes, things that [project staff] used to do. [Project*

Worker] did a lot of cooking, so she'd make stuff, or she, and then she'd give us a cooking book, cooking ideas, things. (Individual conversations with closed parents)

Other parents also continued to maintain routines and were starting to return to work. A parent said:

“ It's [still] a lot of pressure all the time. We're keeping the routines. Stuff's changing now - he's going to nursery. And I'm going to go back to work. I'm going to give that a go. (Individual conversations with closed parents)

As this conversation progressed, the parent attributed her **ability to return to work to having rebuilt her confidence through participating in TIL.**

Another parent also mentioned her continued use of budgeting advice as well as the support she received in accessing childcare and benefits alongside part-time working. This parent too **attributed her ability to go back to work to the TIL project, in this case, because of the support she had to arrange childcare and benefits to 'top up' her part-time wage.** She said:

“ Helping me with my expenses, all the support with my childcare, which then enabled me to go back to work. Childcare and advising you of all the benefits that I can get working part-time to top myself up to a full-time wage. All these things that [Project Workers] helped with enable me to actually go back to work and not have to worry about it. (Individual conversations with closed parents)

Other parents realised that they could 'still study' through their time with TIL:

“ In TIL, I have learned one more thing. That I can still study. Yeah, I can. It's me, only myself, I'm talking about myself. I've talked about my kid, my family, everyone. But for me, I can still study. And I was so happy for that. I have done one online course while I was doing [TIL] and I'm again joining an online course. So, they have given me that courage to do that. (Individual conversations with closed parents)

This parent was clear that her return to study was a long-term gain for her and something that she was doing for herself and because of the gentle encouragement she received from TIL. She said TIL gave her the courage to seek out learning again. She went onto say:

“ I spoke to [Project Worker 1] and then [Project Worker 1] spoke to [Project Worker 2] and [Project Worker 2] came to me and she said to me, “You can study, what you can do is this [and] you can do this, you can go on this website”. And then I directly talked to [Project Worker], and I got solutions, and I have done one of the online courses. And again, I'm joining. I'm really happy and I

‘We just put ourselves down. But when you get that encouragement, it lifts you up, opens your eyes more to what is inside you. And then when the light comes out, you will just do it.’ (parent)

appreciate that they have showed me a way to study because I thought that the study, the qualifications, what [I had]... But it wasn't enough for here [UK] to do work. And then when they said me, "You can do these all courses" and I was so happy. It was because I'm so happy for myself. (Individual conversations with closed parents)

This parent noted that she needed that encouragement, however, to believe that she could reengage with education. She said:

“ At some point, I was like, “Is education really for me? What can I do? But [Project Workers 1 and 2], encouraged me. [They said]: “You can do this. You’ve got this. You are resilient.” I said, “Am I?”

Speaking further about this encouragement, the parent said:

“ You don't know. And we [underrate] ourselves. We just put ourselves down. But when you get that encouragement, it lifts you up, opens your eyes more to what is inside you. And then when the light comes out, you will just do it. (Individual conversations with closed parents)

'I didn't know I was resilient. I didn't know I could go back to college and get my stuff together.'
(parent)

Finally, parents reported that they had **started to advocate much more strongly for their needs**. A parent said:

“ So it's what taught me how to talk to people a bit more and tell people that things are going on and that it is okay, meaning that then when I needed a night off, I told them. And since probably a few months into it, when I was really struggling, [they encouraged] me to talk to [husband]. [Now] I'm telling him what I need properly. Every Sunday, I have a day off from the kids. Even if we're in the same house, he'll take the kids downstairs. I'll have my book, I'll watch something. I will just have time that's mine. It's all to advocate for myself. (Individual conversations with closed parents)

In all, the ‘**how**’ of TIL is layered and complex, characterised by in-depth, bespoke, family-centred work often needed by families, and the co-created, peer support group work that generates numerous, overlapping and transformative benefits for families.

SUMMARY OF SECTION 5: HOW TIL ACHIEVED ITS AIMS

This section explored the ways in which the outcomes for parents and families from the TIL project—the ‘**how**’ of the theory of change. The data analysed in this section were the conversations with project staff, the one-to-one conversations with parents whose engagement with TIL had ended, the participant observations of sessions with families, and the quantitative data that set out the types of support delivered to TIL’s families during their engagement.

TIL is based on the following key principles, which begin the process of supporting parents to achieve outcomes:

- Addressing isolation and loneliness
- Supporting anyone in need, regardless of background
- Providing a safe, welcoming, non-judgemental environment
- Encouraging engagement in community activities and developing relationships
- Building self-esteem, confidence and resilience
- Helping families find the strength to face struggles and address issues

TIL delivers a bespoke, person-centred, needs-based support for families, both in groups and one-to-one, that addresses a wide range of issues including isolation, mental health, child development, and practical life skills. The specific forms of support provided by the project include peer support, emotional wellbeing, child development, healthy eating, sleep routines, speech and language, school readiness, community integration, physical activity, relationships, domestic abuse, adult learning, volunteering, and employment.

As with TIL's myriad and intersecting outcomes, the analysis of what the project does revealed that it employs a multi-layered delivery approach that ensures that all families receive the bespoke support that they need and that the peer support, co-learning groups are central to the work.

Starting where families are, TIL supports parents to achieve outcomes by offering and facilitating:

- Paced support to join the group
- Person-centred, high-trust and holistic support
- A focus on confidence, self-esteem and mental health
- Family-led, co-created input for co-learning and engagement
- Support for parents to move on to next stage of their 'journey'
- 'Small' changes that lead to long-term gains

Supporting parents to achieve TIL's outcomes of reducing isolation and loneliness involves delivering gradual, paced support to help anxious and isolated parents to join the group; building high-trust relationships through home visits, gentle encouragement and spending time; consistent, holistic support tailored to individual needs, including practical help with benefits, debt, childcare and family life; and ensuring ongoing check-ins and advocacy for families.

TIL's focus on confidence and mental health is crucial in its work towards positive outcomes. Many of TIL's parents lack confidence, especially in their parenting abilities, and the project set out to be a consistent source of reassurance, praise, and positive affirmation, helping parents to believe in themselves. Peer support and parent co-learning ensure that the format of delivery in group sessions is co-created with parents, responding to their needs and requests, while they also learn, iteratively, from each other's experiences, normalising challenges, disclosing concerns safely, and sharing practical

solutions. Peer support and co-learning is vital within the project for helping parents be the best parents they can be and enhancing children's development.

Families are supported to move on from the project—to the next stage of their journeys—and to maintain group connections, continue to develop community connections, and continue to apply learning from the project. As a provision that is not time-boundaried, families are supported for as long as support is needed without developing a reliance on the project. That said, the 'HSK door is never closed' and families can return for support if needed.

Notably, even the smallest interventions of the project (for example, encouragement, reassurance, and practical advice) have significant, profound and lasting impacts on families' isolation, wellbeing and resilience.

The next section of the report returns to the evaluation's theory of change to draw the learning from the evaluation so far together in terms of why the project is needed and for whom, what it achieves, and how it does so (explaining outcomes).

6. STEPPING INTO CONFIDENCE AND STARTING WHERE FAMILIES ARE

This section of the report draws together learning from TIL’s evaluation. It first revisits the initial aims of the project to analyse how far they are being achieved in terms of the outcomes of the work. Mapping TIL’s initial aims to project outcomes, and then to HSK’s vision, the section makes clear how TIL—as a specific HSK service—contributed to HSK’s vision.

The section then returns to the evaluation’s theory of change to complete the logic and theory of change models, before applying the theory of change to the evaluation’s learning to illustrate that TIL is a unique provision for families experiencing isolation and loneliness by offering critical peer support for families that they could not find elsewhere.

6A. MAPPING TIL’S OUTCOMES WITH HSK’S AIMS AND VISION

HSK’s vision is that children will have the best start in life, and that families will be safe, healthy and resilient.

Implementing this vision, HSK aims its work at the three top-level outcomes, underpinned by its vision and strategy that families will be safe, healthy and resilient. HSK’s top-level outcomes, and their key operationalised measures, are summarised in Figure 5 below.

Vision and strategic aim: FAMILIES WILL BE SAFE	
Top-level outcome	Key measures (operationalised)
Families will become or remain safe	<ul style="list-style-type: none"> Parents will be safe in relationships and on social media Families will step down in social care/ THRIVE model Families will live in suitable housing Families will reduce accidents, sleep safely, practice safe sexual health, and achieve food hygiene and healthier homes Family will achieve reduced parental conflict
Vision and strategic aim: FAMILIES WILL BE HEALTHY	
Top-level outcome	Key measures (operationalised)
Children will be prepared for school	<ul style="list-style-type: none"> Families will receive school readiness advice/ resources An increased number of families will apply for and access FEEC funding Parents will have increased knowledge of child development and positive parenting Parents will be supported with parenting, boundaries, and routines
Families will have improved health	<ul style="list-style-type: none"> Families will be registered with a dentist and access Healthy Start Families will have improved diets, exercise, and good hygiene

literacy and healthier lifestyles	<ul style="list-style-type: none"> • Parents will have parental awareness of peri-natal mental health • Children will have improved behaviour, sleep, toileting, and uptake of immunisations • Families will receive advice and guidance on conception/ pregnancy • Parents will be signposted to specialist health services
Vision and strategic aim: BEING RESILIENT AND SELF-MANAGED	
Top-level outcome	Key measures (operationalised)
Families will be less socially isolated and lonely	<ul style="list-style-type: none"> • Families will access HSK peer support groups or telephone befriending • Families will access community provision • Families will have improved social networks
Families will be able to live independently	<ul style="list-style-type: none"> • Parents will live independently in their own homes • Parents will be debt-free/ have reduced debt, and a debt management plan in place • Parents will be able to manage their finances and household budget • Families will cook on a budget with advice and guidance • Families will access community resources
Families will be volunteering, employed, or in adult learning	<ul style="list-style-type: none"> • Parents will be in volunteer roles, employed, applying for jobs, or in/ have completed adult learning
Families will have improved mental health and wellbeing	<ul style="list-style-type: none"> • Parents will have improved positive wellbeing, confidence and self-esteem • Parents will have positive, healthy relationships with their children • Parents will be supported to access specialist services • Parents will be resilient and will self-manage without the need for support services

Figure 5. HSK's vision operationalised in outcomes and key measures

It was not within TIL's remit to work towards or achieve all HSK's key measures as it is a project aimed, primarily, at isolation and loneliness, mental health, family life, and outcomes for children. Nonetheless, through the in-depth, person-centred and needs-based support delivered in TIL, and the peer support, co-learning groups, TIL has achieved all HSK's top-level outcomes. TIL's short- and long-term initial aims are mapped to TIL's outcomes for families, and HSK's top-level strategic outcomes in Table 16 below.

TIL's short-term aims	TIL's long-term aims	TIL's outcomes for families mapped to TIL's aims	TIL outcomes mapped to HSK's strategic vision: Families will:
Reduced isolation and loneliness for families		<p>Significant reduction in isolation and loneliness during TIL support and after support ended</p> <ul style="list-style-type: none"> - Lasting connections and friendships - Increased engagement in community activities and provision - Increased confidence to engage in other activities 	<p>Be less socially isolated and lonely</p> <p>Have improved mental health and wellbeing</p>
Improved confidence and self-esteem		<p>Significant improvements in confidence and self-esteem during TIL support and after support ended</p> <ul style="list-style-type: none"> - Increased confidence to meet new people, try new things, and get out of the house - Released capacity to do things independently with children and to advocate within and for the family - Released capacity to (re)engage with education, training and employment 	<p>Be less socially isolated and lonely</p> <p>Have improved mental health and wellbeing</p> <p>Be volunteering, employed, or in adult learning</p>
Improved mental health and resilience	Self-manage their own emotional wellbeing	<p>Significant improvements in mental health, reductions in anxiety, and increases in resilience</p> <ul style="list-style-type: none"> - Increased ability to manage daily/ family life, care for children and the family, and engage in community activities - Increased ability to ask for help, share concerns, and advocate within and for the family 	<p>Become or remain safe</p> <p>Be less socially isolated and lonely</p> <p>Have improved mental health and wellbeing</p> <p>Be able to live independently</p>
Healthier lifestyles	Maintain healthy lifestyles	<p>Significant improvements in healthy eating and physical activity during support and after support ended</p> <ul style="list-style-type: none"> - Preparing healthier meals for the family - Providing children with better nutrition and more physical activity 	<p>Become or remain safe</p> <p>Have improved health literacy and healthier lifestyles</p> <p>Have improved mental health and wellbeing</p>

			And children will be prepared for school
Accessing community-based provision and activities	Maintain access to community services	<p>Significant increase in community engagement for all parents during support and after support ended</p> <ul style="list-style-type: none"> - Continuing to access local, community amenities and activities - Continuing play dates and other activities with group parents - Released capacity to do things independently with children - Utilising services for children in the community, such as stay and play, nursery, and childcare 	<p>Be less socially isolated and lonely</p> <p>Have improved mental health and wellbeing</p> <p>Be able to live independently</p> <p>And children will be prepared for school</p>
Living independently of statutory services	Live independently of statutory services	<p>Improved self-management of own and families' lives and circumstances</p> <ul style="list-style-type: none"> - Improved ability to manage mental health, isolation and loneliness (if necessary) - Improved ability to manage family finances, children's needs and behaviours, routines, and other challenges - Developed skills in budgeting, accessing services and benefits, childcare and education - Increased confidence and resilience to seek health proactively (before problems escalate) and to advocate for the families' needs 	<p>Become or remain safe</p> <p>Have improved health literacy and healthier lifestyles</p> <p>Have improved mental health and wellbeing</p> <p>Be able to live independently</p> <p>And children will be prepared for school</p>
Effectively managing family finances and circumstances	Be financially stable	<p>Improved self-management of own and families' lives and circumstances</p> <ul style="list-style-type: none"> - Improved ability to manage family finances, children's needs and behaviours, routines, and other challenges - Developed skills in budgeting, accessing services and benefits, childcare and education - Increased confidence and resilience to seek health proactively (before problems escalate) and to advocate for the families' needs 	<p>Become or remain safe</p> <p>Have improved health literacy and healthier lifestyles</p> <p>Have improved mental health and wellbeing</p> <p>Be able to live independently</p> <p>And children will be prepared for school</p>

<p>Maintaining safe and positive relationships</p>	<p>Maintain strong positive relationships with children</p>	<p>Improved family relationships during support and after support ended</p> <ul style="list-style-type: none"> - Better non-confrontational communication and expression of need between partners - Better ‘working together’ as a family unit and partnership - Better communication between parents and children and approaches to managing children’s behaviours - Better parenting techniques 	<p>Become or remain safe Have improved mental health and wellbeing Be able to live independently And children will be prepared for school</p>
<p>Keeping children safe from harm</p>		<p>Improved ability to keep children and families safe from harm</p> <ul style="list-style-type: none"> - Improved parenting techniques and management of children’s behaviour - Improved understanding of and attention to child development and progression, and challenging behaviours - Improved understanding and application of healthy lifestyles, safe sleeping, first aid, children’s health - Better access to health services, immunisations, and early years education - Increased confidence to advocate for children’s needs 	<p>Become or remain safe Have improved health literacy and healthier lifestyles Have improved mental health and wellbeing Be able to live independently And children will be prepared for school</p>
<p>Enhancing child development, progression, and preparedness for school</p>	<p>Enhancing child development, progression, and preparedness for school</p>	<p>Significant improvements in child development, progression, and school preparedness</p> <ul style="list-style-type: none"> - Children developed motor, social and communication skills, and met milestones - Children’s behaviours improved and parents became better able to manage behaviours - Children became more confident and independent - Children learned sharing and play - Children settled well into nursery and became ready for school - Parents learned how to better support children’s development, including learning in the home - Parents implemented routines and healthy lifestyles in the home 	<p>Be less socially isolated and lonely Have improved mental health and wellbeing Have improved health literacy and healthier lifestyles Be able to live independently And children will be prepared for school</p>

	Have a parent in work, education or volunteering	Increased (re)engagement with education, training, employment or volunteering	<p>Be less socially isolated and lonely</p> <p>Be volunteering, employed, or in adult learning</p> <p>Have improved mental health and wellbeing</p> <p>Have improved health literacy and healthier lifestyles</p> <p>Be able to live independently</p> <p>Be volunteering, employed, or in adult learning</p>
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Table 16. Mapping the outcomes from the project to TIL’s aims and objectives

The data in Table 16 indicate that all TIL’s initial short- and long-term aims have been fulfilled through the numerous outcomes of the project. For example, the aim of healthier lifestyles has been achieved through the outcome of families’ significant improvements in healthy eating and physical activity, while the aim of living independently of statutory services, to draw on another example, has been achieved through the outcomes of the parents’ improved self-management of their own and their families’ lives and circumstances.

Furthermore, the data suggest that TIL’s outcomes have also contributed to HSK achieving its strategic and vision of families being safe, healthy and resilient. For example, the key TIL outcome of reduced isolation and loneliness contributes to HSK’s top-level aim of families being less socially isolated and lonely, and having improved mental health and wellbeing. TIL families’ increased community engagement contributes to HSK’s aim of being less socially isolated and lonely, having improved mental health and wellbeing, being able to live independently, and preparing children for school.

In all, the positive outcomes and changes that parents achieved through their engagement in TIL were vital for the families’ lives and also furthered the wider aims of its host organisation—HSK.

6B. COMPLETING THE EVALUATION'S THEORY OF CHANGE

Moving now to the evaluation's logic model, which offers a systematic consideration of the key components of change (TIL's outcomes) that should take place if the 'inputs' to, activities of, and participation in the TIL project are present, Figure 6, sets out the completed logical steps.

'Inputs' >	Activities >	Participation >	Shorter-term outcomes >	Longer-term outcomes
<ul style="list-style-type: none"> - HSK staff and volunteer time - Staff and volunteer capacity and expertise to provide support to families experiencing isolation and loneliness - HSK and TIL resources - Parents and families 	<ul style="list-style-type: none"> - Initial meetings with families in the family home - If needed, one-to-one and 'hand-holding' support to address issues and facilitate families joining the group - Coordinated peer support, co-learning and activities-based sessions for duration of support - Wraparound conversations and support for families - Adminstrating of programme and session preparation - Materials for families 	<ul style="list-style-type: none"> - Parents and children's engagement with project for as long as support is needed 	<ul style="list-style-type: none"> - Reduced isolation and loneliness for families - Improved confidence, self-esteem and confidence - Improved mental health and resilience - Healthier lifestyles - Accessing community-based provision and activities - Living independently of statutory service - Effectively managing family finances and circumstances - Maintaining safe and positive relationships - Keeping children safe from harm - Enhancing child development, progression and preparedness for school 	<ul style="list-style-type: none"> - Maintain shorter-term outcomes - Have a parent in work, education or volunteering - Maintain access to community services- - Maintain strong positive relationships with children - Self-manage their own emotional wellbeing - Live independently of statutory services - Be financially stable - Maintain healthy lifestyles - Continue to enhance child development, progression, and preparedness for school
<p>Assumptions (related to inputs, activities and participation):</p> <ul style="list-style-type: none"> - Families will engage in all aspects of the project - The project's resources and format will achieve peer support and co-learning aims in affirming, safe environment - HSK and TIL will maintain the resources to deliver the project 			<p>External factors (related to outcomes):</p> <ul style="list-style-type: none"> - Families' capacity to maintain engagement with the programme - Wider impacts of related/ enduring issues in families' lives—mental health and wellbeing, financial or other instability, family conflict, and so forth 	

Figure 6. TIL's completed logic model

In simple terms, the logic model ‘logically’ assumes that if a project unfolds in the ways that are anticipated (with ‘inputs’, activities and participation), the project should achieve its intended outcomes, notwithstanding the external factors that may affect engagement and outcomes. In TIL’s case, if the inputs of HSK staff, volunteers and resources, and referred parents and families, generate the activities of one-to-one and group-based interventions bolstered by administrative and wraparound support and materials, and parents and families engage, the logic model assumes that TIL should meet its intended outcomes.

Its meeting of intended outcomes is contingent upon, in the main, the families’ capacity to maintain engagement with the programme, and the wider impacts of related and enduring issues in families’ lives, such as mental health and wellbeing, financial or other instability and family conflict.

Having followed the necessary steps of the logic model, TIL worked towards its outcomes, which can be then explained by the completed theory of change model. Figure 7 below completes the evaluation’s theory of change model by drawing together all the learning from the evaluation so far.

NEED: WHY IS TIL NEEDED?

- High levels of isolation and loneliness in the local area, significantly worsened by the Covid-19 pandemic
- Strong academic, research and evidence rationale for the impacts of isolation and loneliness on individuals and families and for targeted intervention
- A known gap in local support for isolation and loneliness
- Families in need of support to:
 - Combat loneliness and isolation in parents with young children
 - Offer support to anyone in need, regardless of background
 - Provide a safe, welcoming, non-judgemental peer-support environment
 - Encourage engagement in community activities and building wider support networks
 - Promote self-esteem, confidence, and resilience
 - Support families to find strength and confidence to face struggles and share experiences

PARTICIPANTS: WHO IS TIL FOR?

- Anyone in need of support for isolation and loneliness, regardless of background

OUTCOMES: WHAT ARE TIL'S SHORTER-TERM OUTCOMES?

- Overall, significant improvements in parental wellbeing, children's wellbeing, parenting skills, and family management
- TIL addresses parental isolation and loneliness, improving confidence, self-esteem and mental health, increasing resilience, and integration with the community:
 - Significant improvements in parental wellbeing, their ability to move on with their lives after trauma, and their motivation try new things and to engage in other activities
 - Substantial improvements for parents in confidence, self-esteem, mental health and resilience, which underpin positive changes in other areas leading to more personal and community integration, seeking support to address and to develop the skills needed to address issues in their own and their families' lives, and addressing their isolation
 - Significant reductions in isolation and loneliness, going out and doing activities with children, and engaging in more community provision and amenities
 - Families become safe, healthy, and resilient
- TIL enhances children's confidence, wellbeing, self-esteem and independence, and parental involvement in child/ren's development and early socialisation, improves education and learning in the home, and improves children's school readiness:
 - Significant improvements in children's confidence, self-esteem and independence (related to positive changes in parental wellbeing, and parents recognising the impacts of their mental health on children), and reductions in their isolation and loneliness
 - Increased and more positive peer interaction, sharing, play, socialising, and preparing for more structured environments
 - Improvements in children's social, communication, emotional, and motor skills
- TIL brings about improvements in parenting in general, parents better manage children's behaviour, and cope better with children's physical and mental health needs:
 - Improved parenting skills and managing children's behaviours
 - Improved ability to support children's development through play, education, and meaningful interaction
- TIL brings about better family life, a greater ability to manage family finances and the day to day running of the home, healthier lifestyles, and reduced stress because of family conflict:
 - Better and healthier lifestyles for families
 - Better family management and daily routines
 - Better communication, and less conflict within the family home

- TIL supports parents to re/engage with education and learning, bringing benefits for them, as individuals, and for the family

OUTCOMES: WHAT ARE TIL'S LONGER-TERM OUTCOMES?

- Parents and families maintain the shorter-term outcomes above, especially in terms of:
 - Parent's continued improvements in mental health, wellbeing, resilience, confidence and self-esteem, and isolation and loneliness
 - Children's continued improvements in mental health, confidence, independence, and isolation, and school readiness
 - Children's continued use of nursery and preschool
 - Families' continued wellbeing, and communication and advocacy within the family
 - Families' continued engagement with community services and amenities
 - Families' continued safety, healthiness and resilience
- TIL supports families to achieve additional long-term outcomes:
 - Parents engage in new or previous (pre-maternity) education, training and work opportunities
 - Children continue to develop well and meet milestones, and develop social, communication, motor, and emotional skills
 - Parents continue to feel confident about, and develop, their parenting skills
 - Parents continue to draw upon and learn from input and peer support on the project, especially in terms of child-related issues and parenting, mental health and wellbeing, family management, and healthy living
 - Parents continue friendships with the peer support group
 - Parents make more efforts in existing relationships

INTERVENTION: HOW DOES TIL ACHIEVE ITS OUTCOMES?

TIL offers families a wide range of direct support and information and guidance for isolation and loneliness, emotional wellbeing, developing resilience, child development and progression, healthy eating and exercise, parenting, accessing services, healthy relationships, and support into employment, in a supportive, safe and non-judgemental environment.

TIL starts where families are and supports parents to achieve the outcomes above through its ethos, principles and workings.

- Providing paced support for parents to join the group initially:
 - One-to-one support to join the group, if needed
 - Building high-trust relationships with parents and children
 - Gentle encouragement to move towards the group
 - Practical and/ or ‘hand-holding’ support for families to attend group
 - Enabling parents to join the group at their own pace and in their own ways

- Offering person-centred, high-trust and holistic support throughout engagement:
 - Assessing individual parents’ and families’ needs through engagement
 - Supporting parents to address additional difficulties in their lives
 - Consistently checking in on families’ needs and wellbeing
 - Supporting families to access services/ provision to which they are entitled
 - Providing timely needs-based information and support
 - Facilitating a non-judgemental, safe, and listening space

- Focusing on confidence, self-esteem and mental health:
 - Recognising that poor confidence and self-esteem is intertwined with isolation and loneliness
 - Supporting parents to find better confidence in themselves and their parenting
 - Using praise and reassurance to build confidence and self-esteem (especially about children’s development and parenting)
 - Ensuring empathy and understanding and that parents and families know that staff understand issues and challenges
 - Utilising the flexible remit of the project to spend time on confidence-building and self-esteem
 - Allowing space and time for parents and families to step into confidence in themselves and with the group
 - Moving away from a deficit-focused model of intervention

- Utilising family-led, co-created and peer co-learning support:
 - Proactively co-creating activities and inputs with families relevant to their practical and learning needs
 - Responding to families’ needs as they emerge with input to the group, if appropriate
 - Drawing upon specialist input from community partners, for learning and needs-based support
 - Maintaining input on wellbeing, anxiety, and mental health throughout engagement
 - Maintaining a model of praise and reassurance
 - Consistently sharing advice and guidance for parents, one-to-one or in groups

- Supporting parents to share experiences, learn together about issues, and offer each other lived experience support
- Offering space for parents to safely disclose concerns
- Facilitating space for parents to explore issues, find common group around shared experiences, share advice, and identify solutions to challenges
- Normalising concerns in the group by underscoring commonality
- Centring peer support and co-learning in the group
- Supporting families to move on to next stage of their ‘journey’:
 - Proactively and supportively moving towards greater community integration and opportunities
 - Ensuring that families have a provision to move to, if needed
 - Continuing to advocate for families in the community and with services, if needed
 - Supporting parents into education, training, employment, and volunteering, including volunteering with HSK
 - Reassuring families that the ‘HSK door is never closed’
- Recognising that ‘small’ changes lead to long-term gains:
 - Continuing to use praise and reassurance with families
 - ‘Upskilling’ parents to continue to apply learning from the project after their engagement ends
 - Focusing on building confidence and self-esteem for longer-term benefits, including the use of childcare and nurseries and re/engaging with education, training and employment
 - Supporting parents to release resilience and to advocate for their needs

Figure 7. TIL's completed theory of change

The theory of change enabled the evaluation to generate a robust explanation of the ways in which (‘how’) the outcomes from the project have come about for parents and families engaged in the project.

By starting where families are, TIL’s bespoke, specialised, paced, person-focused, confidence-building, upskilling, one-to one work, and co-learning peer support groups, supported parents to achieve myriad benefits. Crucially, supporting parents to step into confidence strongly underpins the outcomes from engagement.

The next subsection of the report applies the theory of change model some of the case studies collected for TIL to further illustrate TIL’s outcomes and how they were achieved. First, however, it is important to note that it is not possible to argue direct attribution of the outcomes of the project to TIL. While the qualitative data from parents, project staff, and observations, and quantitative data collected by HSK strongly suggest that the families’ engagement in TIL brought about substantial benefits for them and led to the outcomes they experienced, and the parents themselves frequently explicitly attributed outcomes

to the programme, the evaluation cannot claim direct causality. The learning here should be understood in those terms; the evaluation can claim, at least tentatively, that engaging with TIL brought about profound impacts for the parents and families involved. The range of data collected and utilised to make this argument, and the strength of learning from the parents in particular, suggest that the evaluation can be confident its assertions and conclusions.

6C. SITUATING LEARNING IN THE THEORY OF CHANGE

Each case study here is presented with context and then the learning is mapped to the key components of the theory of change.

CASE STUDY 1: 'POPPY'⁴¹ AND HER DAUGHTER MOTHER WITH MIGRANT BACKGROUND

- 'Poppy' was referred to HSK by a food bank facility.
- Poppy was a refugee and a single mother of a nine-month-old girl.
- They had been moved to the local area and did not know it at all or anyone there.
- Poppy wanted to study at college and needed childcare.

WHY DID POPPY AND HER DAUGHTER NEED TIL?

- Poppy was very isolated because she did not know anyone in her new location, and she needed a chance to meet other people.
- Her mental health had declined because of her isolation and distance from her support network.
- Poppy needed support to get to know the local area and to feel comfortable in her new location.
- She and her daughter were living in unsuitable housing for a small baby, and they were confined to small spaces with nowhere to sit to eat.
- Poppy was struggling with budgeting and some debt.

⁴¹ All families' names have been anonymised.

WHAT WERE THE OUTCOMES OF TIL FOR POPPY AND HER DAUGHTER?

- Poppy and her daughter became settled in and familiar with the local area and found community groups and organisations to join.
- Poppy made friends with the other members of the TIL peer group and continued to meet with them after their engagement ended.
- Poppy's isolation and loneliness reduced considerably.
- Poppy accessed and completed some college courses and enrolled in more.
- Poppy accessed childcare for her daughter, funded by the college.
- The family home was adapted so that it was safe for a young child.
- At the end of her engagement, Poppy had contacted the local council housing office and was making steps towards being moved to more suitable accommodation.
- Poppy's daughter was doing very well in nursery and benefiting from the social interactions and learning there.

HOW DID TIL SUPPORT POPPY AND HER DAUGHTER TO ACHIEVE THESE OUTCOMES?

- TIL provided various types of support to Poppy and her daughter:
 - Sourcing energy and food vouchers for Poppy to mitigate immediate problems
 - Supporting Poppy to contact her energy supplier to discuss debts
 - Supporting her to contact her college about childcare support, which they agreed to fund so that she could study
 - Project worker spending time showing Poppy around the local area, including walking routes to shops and other community amenities
 - Connecting Poppy with a local church that she started attending
 - Referring her directly to a local charity to child-proof her home
 - Accessing a table and chairs for Poppy and her daughter to eat together and for Poppy to use for study
 - Loaning her a Chromebook for her studies
 - Supporting her to contact housing officers to discuss moving to more suitable, child-friendly accommodation
- TIL also supported Poppy with developing self-esteem, confidence, and parenting skills.
- Poppy made friends and connections that lasted beyond her engagement with the project and reduced her and her daughter's isolation and loneliness.
- The project developed Poppy's knowledge of and skills in healthy eating and lifestyles, routine management, and budgeting and financial management.

- The project workers encouraged Poppy to access training and further education and empowered her to believe that she ‘could study’ again.

POPPY AND HER DAUGHTER’S TIL JOURNEY

Poppy arrived in the local area knowing no one or where/ how to find any local amenities. Her accommodation was not suitable for or equipped properly for a young baby. Poppy’s mental health declined after her move because she was isolated and lonely, and she did not know how to go about meeting people or accessing services.

TIL supported Poppy practically and materially, with childcare and her home surroundings, and with returning to study, and supported her to develop parenting and family management skills.

Poppy made friendships in the group that lasted beyond the group, and TIL showed her the local area and introduced her to local groups.

Poppy returned to education, had completed some courses and was undertaking more, and had become settled in her local area. Her child was thriving in nursery.

Poppy spoke at a HSK AGM, sharing her journey and the positive impact that HSK support had on her self-esteem, confidence, and parenting skills.

POPPY SAID:

“ At group everyone respects each other, there’s no judgement, they’re kind and welcoming. I never feel ignored. I don’t see any negatives, such a lovely environment for my mental health. I have been invited on outings and am making friends. It’s amazing.

“ You have really helped so much, even with simple things like the table and chairs. It so comforting for me and my daughter to sit eat together. We laugh together at the dining table and I teach her my language. I am so grateful.

“ The way you guys care for our wellbeing is really great. You really care and that goes a long way. I can see that it is genuine care and concern, not just because it is your job. I am so glad I got introduced to Home-Start. It has been amazing meeting new friends and it’s great that we have so much in common. It has helped my confidence and self-esteem.

Figure 8. Case study 1: ‘Poppy’ and her daughter

CASE STUDY 2: 'VIOLET' AND HER SON CHILD WITH ADDITIONAL NEEDS

- 'Violet' was referred to the project by her health visitor after the birth of her first child.
- Violet had experienced a particularly traumatic birth that resulted in physical and developmental issues for her son.
- Her mental health had deteriorated since the birth and because of the challenges she was experiencing being a parent of a child with additional needs.

WHY DID VIOLET AND HER SON NEED TIL?

- Violet was very isolated and felt that she had withdrawn from her social circle since the birth.
- Violet had lost self-esteem and confidence in her own abilities.
- She was concerned that she could not cope with a child with additional needs and she worried about their future.

WHAT WERE THE OUTCOMES OF TIL FOR VIOLET AND HER SON?

- Through engagement with TIL, both Violet and her son progressed very well.
- Violet grew in confidence in her ability to care for and raise her son and had gained the confidence to challenge medical staff when she was concerned about his health and wellbeing.
- Violet has become confident and self-reliant in taking her son out on her own and, after her engagement in TIL ended, they were regularly using local groups to encourage him to become more independent.
- Violet was moving towards enrolling her son in a local nursery, after initial reluctance, and had come to see how it would benefit him.
- Violet's son had become a very happy and confident little boy, who interacted well with adults and children.
- He had progressed much more rapidly than was initially expected of him by his medical team.
- Violet had requested a higher housing band and the family hoped to move soon.

HOW DID TIL SUPPORT VIOLET AND HER SON TO ACHIEVE THESE OUTCOMES?

- TIL provided varied support to Violet and her son:
 - Peer support for Violet to meet with other parents and to open up about her concerns and anxieties about being a parent
 - A safe space for Violet's son to explore messy and sensory play
 - Support for Violet and her son to access local support groups
 - Support for the family to move out of Violet's mum's home and to their own home
 - Support for Violet and her partner to take Makaton classes to help communication with their child
 - A listening ear and gentle encouragement when Violet felt overwhelmed

VIOLET AND HER SON'S TIL JOURNEY

After a particularly traumatic birth, and learning that her son had additional needs, Violet had withdrawn and detached from her social circle. She was anxious and underconfident about her parenting ability and raising a son with additional needs and she was often overwhelmed. Violet's mental health was poor.

TIL supported Violet practically and emotionally. It provided a space for Violet to be supported by peers and project staff, and somewhere where she could find a listening ear and gentle encouragement. Violet had found self-esteem and confidence in her parenting ability and had become able to advocate for her son's medical needs.

Through engagement with the group, Violet's son progressed more rapidly than was anticipated by his medical team because TIL provided a space for development that was suited to his needs.

VIOLET SAID:

“ The support I have had from Homestart has been great. I am very sad to be moving on from the Family Peer Support Group, but I can recognise how far I have come since I first started. I am much more confident in making decisions about my son's health and wellbeing, it has got me out of the house, and I have met some lovely supportive people. My anxiety has reduced, and we have both looked forward to coming to the group sessions. Thank you for being there for us.

Figure 9. Case study 2: 'Violet' and her son

CASE STUDY 3: 'DAISY' AND HER SON

LONE WORKING MOTHER WITH HISTORY OF DOMESTIC VIOLENCE

- 'Daisy' was referred to TIL by her health visitor.
- She is a single parent who became pregnant in an abusive relationship.
- When they were engaged with TIL, Daisy and her son were living with Daisy's mother.

WHY DID DAISY AND HER SON NEED TIL?

- At referral, Daisy was anxious about parenthood and how she would manage.
- She was isolated, and she had few friends with a family at the time.
- Emotionally, Daisy was struggling with the domestic abuse that she had experienced.
- She was concerned about going back to work, managing with a child, and affording childcare.
- Daisy also had physical health concerns and was awaiting an operation.

WHAT WERE THE OUTCOMES OF TIL FOR DAISY AND HER SON?

- Daisy and her son thrived through being part of TIL.
- Daisy became a confident parent and was managing extremely well.
- Daisy's son was developing very well, was meeting milestones, communicating well, and had settled into nursery.
- Daisy had returned to work and found the confidence to argue for and be granted flexible working hours.
- Despite some setbacks, Daisy became resilient, confident and supportive to others within and outwith the group.
- Daisy made parent friends and accessed community groups and local amenities independently.
- Daisy became a HSK volunteer.

HOW DID TIL SUPPORT DAISY AND HER SON TO ACHIEVE THESE OUTCOMES?

- TIL provided varied support to Daisy and her son:
 - One-to-one support to gently encourage Daisy to move towards the group

- Engaging in the peer support group to reduce isolation and loneliness and to meet other parents
- Signposting to professional support for domestic violence
- One-to-one support about child development and care
- Support for accessing free child support to enable Daisy to return to work
- Support for Daisy to address flexible working with her employer

DAISY AND HER SON'S TIL JOURNEY

After separating from her abusive husband, while pregnant, Daisy was referred to TIL by her health visitor after the birth of her son. She was isolated and did not have friends with a family. Daisy was traumatised because of the domestic abuse she had experienced, anxious about parenthood and managing, and had health concerns. She was also concerned about returning to work with a child and affording childcare.

TIL supported Daisy, through the peer support group, to meet other parents and reduce her isolation and loneliness. Daisy received one-to-one support to join the group, access domestic abuse support, access childcare, and return to work with flexible working arrangements.

Daisy's confidence and resilience returned, and Daisy's son progressed very well, learned to communicate, and settled into nursery without any concerns. Through the group, Daisy made friends with other parents and began to access community groups and local amenities independently. Daisy had also become a HSK volunteer.

DAISY SAID:

“ I just wanted to say a massive thanks for all the physical and emotional support you have given me over the last year. It's been a tough year for me and at times I wasn't sure if I would get through it. I will NEVER forget what you guys have done for me and I hope in the future to help people and make a difference like you both.

Figure 10. Case study 3: 'Daisy' and her son

CASE STUDY 4: 'LILY' AND HER SON FAMILY INVOLVED WITH SOCIAL CARE

- 'Lily' was referred to TIL towards the end of her pregnancy with her second child.
- Lily's first child, now in her teens, was in her father's care because of Lily's earlier history of poor mental health and alcohol use.
- Lily had not been seeing her eldest child, adhering to her ex-partner's wishes.
- Lily's health visitor was concerned that the birth of her son might trigger a decline in her mental health; Lily was isolated and had only her partner for support, and the health visitor referred Lily to TIL expecting that she might need support meeting her son's basic physical and emotional needs.
- At the time of the referral, there was a proactive 'child in need' plan for Lily's unborn child.

WHY DID LILY AND HER SON NEED TIL?

- In addition to the 'child in need' action plan, Lily and her son were living in a deprived area.
- Lily did not have family in the local area and had only her partner for support.
- Though Lily had social care support, she was struggling to access other services because of her poor mental health.
- Lily's confidence and self-esteem was very poor, and she was extremely anxious about her ability to parent after her experiences with her eldest child.
- She was concerned about asking questions about parenting and being with other people because of her fear of being judged.

WHAT WERE THE OUTCOMES OF TIL FOR LILY AND HER SON?

- From being part of the TIL peer group, Lily's confidence, self-esteem, anxiety, and overall mental health improved significantly.
- Lily's silence, shyness and reluctance to engage when she first came to TIL had disappeared, and she became an active participant in activities and discussions and confident in offering her advice, perspective and support to other parents in the group.
- Lily and her son engaged with health professionals and Lily stopped smoking and joined a local gym.
- Lily's son was a healthy and happy child who was developing very well.

- Lily learned about parenting, the importance of play, age-appropriate toys for children’s development, and communicating with children, and was fully engaged in her son’s development and his needs.
- Social care support was no longer involved with Lily’s family.
- Lily began to engage with local groups and activities in her community and continued to visit them independently to continue to reduce her and her family’s isolation and to help her to feel more in control of her wellbeing and mental health.
- Lily became a HSK volunteer.

HOW DID TIL SUPPORT LILY AND HER SON TO ACHIEVE THESE OUTCOMES?

- Though she neither recognised nor acknowledged her isolation and loneliness, Lily accepted the offer to join the TIL group to meet other parents in similar situations to improve her mental health.
- Lily needed some one-to-one ‘hand-holding’ to come to the group, provided by one of the project staff with whom Lily built a trusting relationship.
- Lily engaged well with the project’s input on parenting to help build her confidence and knowledge about parenting.
- TIL supported Lily to engage with statutory services and medical and health professionals for her and her son.
- TIL supported Lily to engage with online mental health support and talking therapies to address her anxiety.

LILY AND HER SON’S TIL JOURNEY

Lily came to TIL with a ‘child in need’ plan in place because of concerns about her mental health and ability to meet her second child’s needs—Lily had a history of poor mental health and alcohol use with her first child for which social services were involved.

Lily did not recognise her isolation but did know that she was depressed; at the start of her engagement with TIL, she was withdrawn and unsure how to engage. In time, through the support of the project workers, Lily opened up and became fully engaged in the group and its activities. There, she learned how to parent and how to fully support her child’s development. Lily’s son grew into a healthy and happy child who was developing very well.

Lily's confidence and self-esteem, and mental health overall, improved significantly and she engaged with local amenities and services independently to reduce her isolation. Lily became healthier and engaged with health services.

After Lily's engagement with TIL, social care support was closed with the family. Lily also spoke at one of HSK's AGMs, something she said she would never have been able to do without having built confidence and self-esteem.

LILY SAID:

“ I felt very welcomed in the group. It got me out of the house and mixing with other parents which has helped reduce my anxiety and boost confidence. The group gave me reason leave the house every week. Now I see how isolated I was before and how little interaction I had. I really did not think I would enjoy coming to group because I thought it wasn't my sort of thing but now I look forward to coming every week and I am going to meet up with another group member outside of group which I would have not even considered when I started coming.

Figure 11. Case study 4: 'Lily' and her son

The four case studies here illustrate how TIL's tailored, person-centred, and peer-support approach helps parents overcome isolation, improve mental health, build confidence, and achieve positive outcomes for themselves and their children, by starting where they are. The case studies make clear the varied histories and needs of families when they are referred to TIL and the bespoke work that takes place alongside the project's peer-learning input to help families to step into confidence and the next stage of their journeys.

All the families here had been isolated and lonely and had concerns about parenting in common, manifesting in different ways, and in need of particular forms of intervention. In terms of TIL-supported outcomes, all families had a reduction in isolation, and an improvement in confidence and self-esteem, mental health, wellbeing, and parenting skills, in common. All the families' children were developing well and had grown into happy little children.

SUMMARY OF SECTION 6: STEPPING INTO CONFIDENCE AND STARTING WHERE PARENTS ARE

The current section synthesises learning from the project and concludes that TIL has achieved its short- and long-term aims and outcomes of reducing isolation and loneliness; improving confidence, self-esteem, mental health, and resilience; developing healthier lifestyles; engaging in community provision; living independently and being financially stable; maintaining positive relationships and child safety; and enhancing child development.

Specifically, by applying the theory of change developed for the evaluation, the learning indicates that TIL is a unique provision for families experiencing isolation and loneliness that offers crucial one-to-one

bespoke, person-centred support to families, including supporting them to overcome issues, and provides peer support and co-learning opportunities not found elsewhere. The theory of change helps to explain why TIL is needed (high levels of isolation and an absence of local support) and who TIL is for (anyone experiencing isolation and loneliness). It also helps to explain how TIL achieves its outcomes: The project's approach—starting where families are, building confidence, and providing bespoke, holistic support—underpins its vital work and the outcomes for parents. While direct causality between the project's work and outcomes cannot be claimed, the strength of the data collected by the evaluation suggests that the evaluation can be confident in its claims.

The evaluation also confirmed that TIL's outcomes map directly to HSK's strategic vision, which is for children to have the best start in life, and for families to be safe, healthy, and resilient, operationalised through top-level outcomes and key measures, including:

- Being safe: safe relationships, reduced family conflict, and keeping children safe from harm
- Being healthy: school preparedness, engaging with health providers, and finding healthier lifestyles
- Being resilient: reduced isolation and loneliness, living independently, engaging in education, training, employment and/ or volunteering, and improved mental health and wellbeing

Four case studies brought the theory of change to life, describing individual parents who overcame isolation; stepped into confidence and self-esteem; improved their mental health; engaged in education, training, employment and/ or volunteering; addressed trauma; and developed crucial parenting skills and became fully involved in their children's development. The case studies also described children who overcame isolation and grew into happy, healthy, confident individuals who were engaging in nursery or childcare and getting ready for school.

The final analysis section of the report explores the challenges of the project identified in the evaluation, and considerations for continuing TIL in the future.

7. CHALLENGES, CONSIDERATIONS AND CONTINUATION

The final analysis section of the evaluation report explores the challenges that TIL experienced and considerations for continued development of the project. Before this learning is set out, it is important to make two notes.

First, the TIL project is not stagnant and does not assume that the support model rolled out at the beginning of the project would be unchangeable and inflexible. Rather, the project set out, as co-created work, to critically consider challenges and issues in the model and address them where possible. The project staff therefore engage in a process of reflection and action, within the project team and with the parents in the group, to understand and address the challenges of the project.

Second, while there are parts of the project that present challenges and do not, at times, work as well as others, the strength of outcomes from the project, and the work that takes place inside of the project, are not diminished. Indeed, the project embraces learning about these challenges to enhance its delivery throughout the life of the work.

The project's challenges are explored next, and where relevant, the analysis will briefly mention related learning from the evaluation above. The solutions that the project identified to the challenges are set out alongside.

7A. CHALLENGES AND CONSIDERATIONS OF THE PROJECT

The project faces often complex and interlinked challenges—primarily around mental health, financial and language barriers, and the need for often intensive, one-to-one support. Critically, however, finding solutions to these issues applies the core principles of the project as a whole where the focus is on person-centred and flexible approaches and strong relational work. The main challenges are described below.

Challenge 1: time needed for families to come to the group

The learning above indicates that, overwhelmingly, parents referred to the project suffer from poor mental health, anxiety, and low confidence and esteem. In many cases, these issues make it difficult for families to access the peer group. Therefore, *the time from initial visit to the family coming to the group for the first time is often longer than initially expected.*

Solution: investing time in gradual, paced support for families

The project model incorporates the time needed to ensure that families receive paced, gradual support to join the group in their own time and own way. Here project staff spend time with families in their own

homes and local areas, building trusting relationships, sometimes over several months, to support parents to join the group. In addition, where parents are feeling apprehensive, they may be offered introductory sessions in smaller groups, or even coming to the group space by themselves, to allow them to become familiar with the space before joining the main group. Staff and volunteers also provide accompaniment on public transport if it is needed at the beginning of engagement. While the focus is always on supporting parents to come to the group, and this ‘hand-holding’ support is time- and labour-intensive, the project recognises that, without it, many of the groups’ parents would have been unable to engage.

Challenge 2: cost and ease of attending group on public transport

The ***cost of public transport can be prohibitively expensive for some parents, which makes attending groups challenging, especially if they are struggling with the cost-of-living and/ or are living in poverty.*** As there is no dedicated budget for transport in the project, some families are limited in their ability to attend. In addition, where families have limited mobility, getting to groups can be difficult.

Solution: supporting families to attend sessions

Where necessary, staff or volunteers accompany parents to group sessions by, for example, picking them up in their cars. Though this solution has provided a way to ensure that families can come to group, the project team recognised that it is not always a sustainable remedy.

Challenge 3: language barriers for families for whom English is a second or foreign language

Many of the families who come to TIL speak English as a second or foreign language, especially when they come from migrant backgrounds. This issue can make ***communication and support challenging where families experience a language barrier in expressing needs and fully engaging in support and the co-learning peer group.***

Solution: providing ESOL and communication support

Where needed, the project commissions community partners in local colleges to provide ESOL (English for Speakers of Other Languages) classes to families. Doing so supports an environment where parents can communicate with each other and project staff regardless of language.

Challenge 4: group size and dynamics

Though noted only infrequently, some of the parents remarked that the ***size of the peer group is important for comfort and engagement. Where groups are large, parents may feel overwhelmed, especially if they experience anxiety. Children may also find large groups challenging, especially if they have sensory issues.***

Equally, *groups that are too small can limit social opportunities and befriending*, while *some parents struggle with entering a space as a new family where friendship groups are already established*.

Solution: ensuring that there is a mix of numbers and matching of families

The project team, mindful that anxious parents in particular may struggle to join large and/ or established groups, undertake the ‘hand-holding’ described above to support families to join sessions, and try to ensure that groups do not become too large and unwieldy. The project team also tries to ‘match’ families in groups so that families from the same local areas, who are similar in composition, and who share interests, are placed in the same group, encouraging easier connections.

Challenge 5: providing nutritious and learning-oriented for families

Earlier sections of the report explored the value of providing a meal for families so that the group could sit together to eat, families could learn about food, nutrition and weaning together, and parents could see the importance of families sitting together for meals. However, the *TIL project did not include specific funding for providing meals during group sessions*.

Solution: ensuring that a meal is always available for groups

The project staff did not identify a particular solution for this issue other than to remark that they always ensured that a nutritious meal was available for families in the group sessions, recognising the centrality of that practice for the group.

Challenge 6: supporting families to move towards ending their engagement

Project staff reported that, at times, *it is difficult to begin the process of supporting families to end their engagement with TIL*. Above, the report noted that project staff take care to ensure that families do not become reliant on TIL and that they are supported to engage with and then move on to local provision and amenities. Equally, parents remarked that they often struggled with the transition from TIL to community provision, even if they recognised more latterly it was important for them to make that switch.

Solution: supporting families gently to move to the next stage of their journeys

As explored in previous sections, staff use the professional judgment, as well as progress measures used in HSK, to encourage families to begin moving on from TIL when ready. Highlighting progress, reassuring families that they can always return if they need to, and ensuring that families have provision to move to, if they want to, project staff ensure that families are moved on supportively.

Challenge 7: staffing and resourcing constraints

Due to high demand on the provision, *often complex family needs that require intensive one-to-one support can place a burden on staff resources*. In addition, *staffing changes or shortages can affect the amount of support available in the project as well as group dynamics*.

Solution: utilising volunteers

TIL has benefitted from being able to utilise volunteers, who are often former beneficiaries of support. Volunteers alleviate staffing concerns and provide lived experience peer support, model good parenting, and help with group activities. In addition, where needed, TIL draws upon support from community partners, which alleviates some of TIL's staffing concerns, as well as providing the specialist support set out above.

However, staffing and resourcing issues prevail in TIL.

The challenges encountered in TIL are therefore, and in the main, two-fold. First, where resources are scarce, it is difficult to ensure that there are sufficient staff available to meet families' needs and to facilitate the groups, and that families are able to get to the group in the face of transport costs and have a meal together. Second, the time- and labour-intensive one-to-one support work very often needed before families come to the group was not necessarily anticipated. This, too, is a resourcing issue that, though challenging, is nonetheless crucial for full and equitable engagement by families. These challenges also represent the project team's reflections of what they would 'do differently' in TIL— informed by ongoing learning as the project unfolded.

These considerations and 'do differently' reflections lead organically to exploring how the project may be developed and continued in the future.

7B. CONTINUING TIL AND DEVELOPING PROJECT

In this section, learning about perspectives on potential enhancements to TIL in its continuation completes the evaluation's data analysis. Some of these perspectives have been explored in previous sections of the report but are consolidated here. It is important to note that the data here, collected with parents and project staff are not intended as criticisms of the project but, rather, as ways to develop the project in its next iteration. The learning here is presented under three headings: resourcing and finances, upscaling to meet demand, and facilitating step into provision when groups end.

RESOURCING AND FINANCES

- One-to-one 'hand-holding' support: Many parents face substantial anxiety and poor mental health, which makes it challenging for them to come to the group support initially and even for a time. Building trust and confidence with project staff, and in their own capacity to engage, can take a long time and often requires significant time and resources. Nonetheless, the evaluation has revealed

that it is a fundamental aspect of families engaging in TIL, especially where parents are more vulnerable.

- ***The next iteration of TIL should explicitly factor in this substantial aspect of the work so that it is included in terms of time and resources.***
- ‘Invisible’, wraparound work: Related to the issue above, the often ‘invisible’ work needed within a project such as TIL, especially in terms of one-to-one support as a critical enabler of group engagement, can be unseen and underestimated.
 - ***Recognising and centring this work in the next iteration of TIL could make the work visible, as well ensure that it is adequately resourced.***
- Under-staffing and impact: Though project staff worked hard to maintain a consistent level of input through the project in terms of one-to-one support and group provision, they noted that having a dedicated group co-ordinator is essential to ensuring that every family who needs ‘hand-holding’ and continuous one-to-one support can receive it without staff working above and beyond their capacity. When that role was reduced within TIL because of demands elsewhere in the service, it became more challenging for TIL to support families.
 - ***The full resourcing of all key roles in TIL—project coordination, ‘hand-holding’ support, and group presence—should be central in the next iteration of TIL to maintain holistic, bespoke support.***
- Other financial considerations: The cost of attending groups, especially on public transport, is a barrier to attendance for families, especially those living in poverty. In addition, as part of the project’s model of families learning together about healthy lifestyles and children’s development, it is important that families eat together in the group. There is no dedicated budget, however, for supporting families with public transport or for providing food.
 - ***TIL should cost in families’ transport costs, where necessary, and budget for providing nutritious meals for groups.***

UPSCALING TO MEET INCREASING DEMAND

- Waiting lists and need: As isolation and loneliness increases, particularly for vulnerable families living in poverty, so too does the need for TIL increase. TIL now has a waiting list of parents and families referred to and in need of its intervention, suggesting that it needs to be ‘upscaled’ to meet demand.
 - ***Reflecting the profound impacts that TIL has on families supported, and the increasing need identified in HSK and in extant research, there is a clear need for TIL to be ‘upscaled’ to meet demand.***

- Recognising unidentified need: TIL’s former families were particularly aware of wider, unidentified needs in their local communities where families who had not been referred to the project could, nonetheless, benefit from TIL’s support. Parents advocated here for raising awareness of the project and expanding reach to more families in need.
 - ***Reaching more families in need, through partner referral or self-referral, would benefit parents and children on a grand scale. The next iteration of TIL could include broader advertising and public awareness to reach more families earlier and help meet identified and hidden demand.***
- Mental health support: Many of the parents who took part in the evaluation valued all the input and supported they received, but they were also mindful that project staff are not mental health workers and nor is it their remit to provide mental health support. Recognising that dedicated and specialised mental health support as a stable of the project could enhance its value, parents suggested its inclusion.
 - ***TIL could include regular input, in groups or one-to-one, from specialist mental health partners, relieving project staff from providing this support, which is not their remit, and ensuring that mental health needs are continuously met.***

FACILITATING STEP INTO PROVISION WHEN GROUPS END

- Creating a ‘step into’ provision for TIL ‘alumni’: While all the parents who took part in the evaluation agreed that they were ready to move on from the group to wider community provision, they also missed the structured format of the group (meeting weekly), and would have liked a ‘step into’ provision immediately after TIL engagement ended.
 - ***TIL could consider providing a space for group alumni to continue to meet, as a group, after their time with TIL ends. This, too, would have resource implications, but could be facilitated by former beneficiaries.***

SUMMARY OF SECTION 7: CHALLENGES, CONSIDERATIONS AND CONTINUATION

The evaluation’s theory of change developed in previous sections speaks clearly to myriad successes of the project. As an evolving and co-created piece of work, however, TIL staff regularly reflect on challenges and issues in the project in order to address them and to plan for the development and continuation of the project. The current section of the report explored the main issues in the project:

- Time and resources needed to support anxious and underconfident parents to engage fully with the peer group
- Cost and accessibility of attending groups for families, especially those living in poverty
- Language barriers to engagement for families for whom English is a second or foreign language

- Occasional group size where small group sizes inhibit connections and large group sizes are off-putting, and parents' ease with established group dynamics
- Limited resources for providing nutritious meals for groups
- Support for families to move safely and in time to community provision
- Staff constraints, changes, and resourcing constraints

The project also proactively identifies solutions to challenges to mitigate their impact and to address challenges swiftly. Solutions implemented in the project are as follows:

- Ensuring gradual, paced and one-to-one support to bring about families' full engagement in the groups
- Finding a way to support attendance despite the prohibitive costs of public transport
- Providing ESOL and communication support, where it is needed
- Managing group size and format and matching families by locality and interests
- Finding a way to ensure that nutritious meals are available for groups
- Utilising volunteers and community partners to alleviate some of the time pressures on staff

In terms of project staff and parents' ideas for continuing TIL, developing the project, and building upon current strengths and filling any gaps, suggestions were as follows:

Ensuring resource and financial planning to include:

- The often 'invisible', 'hand-holding' and one-to-one and wraparound support that is fundamental to families' engagement and progression
- Full resourcing of all key roles in the project to maintain holistic and comprehensive bespoke support
- Adequate transport and food costs that are essential to participation and learning

Upscaling TIL to meet demand to:

- Address waiting list and increasing need as isolation and loneliness are increasing
- Widen awareness of the project to reach more families that may not be identified by community partners or know to self-refer
- Provide specialist mental health support, in groups and one-to-one, to ensure mental health needs are continuously met and project staff do not have to provide support outside of their remit

Providing a 'step into' space for parents whose engagement with the project has ended, facilitated by former beneficiaries

The final section of the report concludes the analysis and sets out recommendations from the evaluation.

8. CONCLUSIONS AND RECOMMENDATIONS

This final section of the evaluation report draws out the main conclusions of the learning from the evaluation. To avoid duplicating individual section summaries, the conclusions will be presented here briefly, before the evaluation's recommendations are explored.

TIL (Tackling Isolation and Loneliness) fills a significant gap in local support for families experiencing isolation, loneliness, and poor mental health, particularly in the wake of the Covid-19 pandemic and the cost-of-living crisis. The project's work with parents with young children is a service for a group of people (parents) who are often overlooked in research about and provision for isolation and loneliness. TIL recognises that parental wellbeing significantly affects children's wellbeing, development and progression. Therefore, TIL provides whole family support that begins with addressing parents' and families' isolation and loneliness and building their confidence and self-esteem.

TIL supports parents and families to achieve substantial positive outcomes, namely:

- Parents release confidence and self-esteem, and find better mental health and resilience
- Parents and families experience reduced isolation and loneliness
- Family life improves, in terms of daily routines, financial management, and conflict within the home
- Families engage with community services and activities and integrate locally
- Parents re/engage with education, training, employment and volunteering
- And, crucially, children's development, progression, socialisation, health, and school readiness substantially improves

TIL demonstrates that a holistic, flexible, and person-centred approach can transform the lives of isolated and lonely families. By building confidence, supporting child development, and fostering community connections, TIL not only addresses immediate needs but also paves the way for longer-term wellbeing and family resilience.

The evaluation confirms that TIL's holistic, person-centred support is one of the key and unique aspects of the provision. Combining one-to-one support, peer support and co-learning group sessions, and co-created activities, the project's ethos of starting where families are is crucial. By building trust, and providing tailored, needs-based support, alongside the peer support and co-learning sessions, the project enables parents to fully engage with the project, address issues and achieve meaningful change. Crucially, it empowers parents to step into confidence in themselves and in their parenting and family life.

The strength of peer support and co-learning cannot be underestimated. TIL's group-based, peer support model enables parents to share experiences, learn from each other, normalise challenges, and share

practical solutions. This co-learning environment is a unique and vital aspect of TIL's successful intervention.

TIL views each families' time with the project, and their many achievements, as a journey to reduced isolation and loneliness, better mental health and wellbeing, and stepping into confidence. Families are supported to continue that journey in the community when their time with TIL ends. All families are reassured that the 'HSK door is never closed'.

Finally, even what seems like the smallest of interventions—such as encouragement, reassurance, and practical advice—can have profound and lasting impacts on families' wellbeing, resilience, independence and pursuing opportunities. Many parents continue to apply what they learned in TIL long after their engagement ends, and through TIL's encouragement and support they have taken up opportunities that they did not think were possible.

Like all projects. TIL faces challenges including resource constraints, transport and food costs, language barriers, and the intensive support required for some families. TIL addresses these challenges, however, through flexible, person-centred approaches, the use of volunteers and partners, and ongoing reflections, learning, action and adaptation.

TIL's outcomes directly support and contribute to the strategic vision of its host organisation (HSK), which is for children to have the best start in life, and for families to be safe, healthy, and resilient. The project's impact extends beyond individual families to benefit wider communities and society.

Lastly, the many achievements of TIL's unique work are, perhaps, best summed up by a former beneficiary who submitted the following, moving testimonial about her experiences on the project.

Before Home-Start I was broken, lonely and isolated. I was hungry because I had no energy to prepare food for myself. I just didn't know what to do next, I had no energy. I couldn't look after a baby and myself so I just had to look after the baby, I had nothing left for me.

I needed someone to talk to, someone just to sit with me. When [Project Worker] came to see me it was so nice because she asked me what I needed, and it was so long since anyone had asked about me.

I looked forward to the visits from Home-Start staff, they supported me to attend a medical appointment and looked after the baby so I could have my treatment. I didn't want to leave the house, but they encouraged me and went for walks with me. They encouraged me to see my doctor and talk about my mental health, I was given support to visit a nursery. I had more support than I ever imagined. It is priceless.

Joining the Peer Support Group was life-changing for me. It was what I needed. Sitting with people and eating together has been one of my favourite parts of the group. I had the chance to sit with adults and talk while my child played. Even though I don't know everyone's stories, I know other group members have struggles too and that they are not judging me. Attending group has given me the confidence to get

up in the morning and do something, I was excited to go. It gave me a purpose and something meaningful to do. I feel comfortable there, it's a safe space, I do not feel discrimination or judgement, I can talk to staff easily – there is positivity. I was able to celebrate my child's first birthday in the group, it was so lovely to share that moment with everyone.

In the group we did a cooking project and shared food that staff had made. I was not cooking much at home because it brought back bad memories, I realised I could cook new things and make new memories. I still use the recipes from those sessions and the recipe book we were given.

Home-Start Kirklees is one of the main reasons I have stayed in Huddersfield, they have shown me so many things I did not know about before. We have been to the Leisure Centre, rhyme time at the library, a play gym, and the park. Before I didn't know anywhere, just my home and where I work. My brother and sister-in-law came to see me and I was able to show them around, my sister-in-law said I "look better". I have seen the difference in myself too.

Home-Start Kirklees is a home when you don't have a home. It's given me a new beginning.

RECOMMENDATIONS

To continue the life-changing, transformative work of TIL, the evaluation makes the following recommendations:

Sustain and 'upscale' holistic, person-centred and dynamic support that starts where families are:

- Continue to deliver the TIL model of one-to-one support alongside peer group sessions, and co-created activities, as the evaluation confirms the effectiveness of this approach in reducing isolation and improving wellbeing for families and in supporting outcomes for children
- Maintain the project's flexibility and responsiveness to individual family needs, allowing for tailored support and gradual engagement, especially for those with high anxiety or complex needs
- Continue to embrace the metaphor of a journey where families are supported to step into confidence, release resilience and find wellbeing
- Maintain the project's commitment to ongoing reflection, action, and co-creation with parents, and learning about 'what works' as the project evolves
- Expand the capacity of TIL to address increasing demand and waiting lists to address the rising need for support for families living with isolation and loneliness
- Raise awareness of TIL in the community to reach families who may not be identified through traditional referral routes to address hidden or unmet needs

Ensure resourcing for intensive ‘hand-holding’ and wraparound work:

- Explicitly factor and cost in the time and resources required for intensive one-to-one support and trust-building, which are fundamental to successful engagement, especially for the most vulnerable and marginalised families
- Recognise and adequately resource the often ‘invisible’ wraparound work that enables families to access and benefit from group support

Address practical barriers to families’ participation:

- Factor and cost in the funding needed to cover transport costs for families, particularly those living in poverty or in rural areas, to ensure equitable access to group sessions
- Factor and cost in a specific budget for providing nutritious meals during group sessions

Expand the project to include further input and ‘step into’ provision:

- Include regular input from specialist mental health professionals, both in group settings and one-to-one, to ensure that parents’ mental health needs are met without overburdening project staff to work outside of their remit
- Develop a ‘step into’ or ‘alumni’ space for families whose engagement with TIL has ended that enables them to maintain TIL’s connections and peer support, and ease away from TIL, as they transition to wider community provision

Advocate for national and local policy and strategic support:

- Utilise the evidence from TIL to advocate for and promote greater recognition of family isolation and loneliness in local and national policy, and for sustained investment in holistic, group-based interventions for families

These recommendations are made to build upon strengths of the TIL project, address challenges, and ensure that this unique, pioneering model of support can be sustained and upscaled to benefit as many families experiencing isolation and loneliness as possible.

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APPENDICES

APPENDIX 1: EVALUATION'S CONVERSATION SCHEDULE WITH PARENTS

YOUR INVOLVEMENT IN THE GROUP

What brought you to the group?

Why did you join the group?

Did you experience any difficulties with coming to the group?

What is the group about from your perspective?

What does it do?

Why does it exist?

WORKINGS OF THE GROUP?

What do you like most about the group?

What do you think works well with the group?

What do you think could be improved?

What would you add to the group to make it better?

IMPACT OF THE GROUP

What has been the impact of the group on you and your family?

How has the group helped/ supported you in the rest of your life?

What do you think the long-term gains will be from being part of the group?

What else do you think the group could do to help parents and families?

APPENDIX 2: EVALUATION'S ETHICS DOCUMENTS

Information sheet for conversations with parents

ABOUT ME

Hello. My name is Grainne McMahon and I am a researcher working with everyone here at Home-Start Kirklees to explore and understand what the tackling isolation and loneliness project is all about and what it is doing. The project team asked me to do this work so that they could learn more about what the project means to everyone involved to make the project and groups as good as they can be.

You can contact me on [redacted] or [redacted] whenever you want if you have any questions.

WHAT I WILL BE DOING

If it is OK with you, I would like to sit in some of your group sessions and speak with you and other members of the group so that I can understand better what the group means to you and your family, its impacts, and how it works. I might record some conversations but only for my own notes — I will never share recordings with anyone else, not even the project team.

WHAT WILL HAPPEN TO THE INFORMATION

I will never share any of the information about the groups, you, your family, or our chats with anyone. The information is only so that I can understand what the project is doing so that we can learn from it. I will never use your real name or your children's names, or any other identifying information, in any report write-up, and all information will be confidential.

The only time that I might have to disclose something someone tells me is if they indicate to me that they are at risk of harm or of harming someone else – then I would have to, ethically, tell someone in Home-Start Kirklees, who will then follow their safe-guarding procedures.

WHAT DO YOU HAVE TO DO NOW

Nothing at all! I will ask to you sign a consent form so that I as the researcher know that you are OK with what I am doing.

You do not have to take part in the research. And if you do take part but later decide that you do not want something you have said included in the research, you can ask me to take it out and I will. You can also opt out of/ remove yourself from the research at any point if you like.

I hope that you are happy to be part of the research, and I look forward to working with you.

Consent for conversations with parents

It is important that you read, understand and sign the consent form. Your contribution to this research is entirely voluntary and you are not obliged in any way to participate. If you require any further details, please contact the researcher.

I have been told what the research is all about and how the information will be used

I understand what the research is about, and I have been able to ask questions

I understand that I do not have to take part and that I can withdraw at any point

I understand that the researcher might record some conversations but will never share recordings with anyone else

I understand that what I say might be used in a write-up but never with my real name or information that could identify me or my family

I understand that I can ask the researcher to take something I said out of the research, and she will

I understand that my identity will be protected always

I understand that any information collected will be confidential and secure

YOUR CONSENT

If you are happy with everything, please sign below.

My name

Researcher's name

Date

THANK YOU!

APPENDIX 3: HSK'S RATING SCALE MEASURE

Coping / rating scale score descriptors

0: I have no idea what to do, I would like support to think about how to move forward (accepting help in this area)

1: I know what I want to do, just not how to do it, I would like support to plan how to do it (accepting help in this area)

2: I know what I want to do and how to do it, I would like support to put my plans in place (trying to change things on my own)

3: I have started making changes, I would like support to continue to put these in place (trying to change things on my own)

4: I am able to maintain this with support, I would like only a small amount of support but can do most of this on my own (not a current issue)

5: I am able to maintain this without support, I would like no support at all (not a current issue)

Coping/ rating questions/ issues

Question/ issue

Area of work

Managing child/ren's behaviour

Parenting Skills

Being involved in child/ren's development/ early socialisation

Parenting Skills

Help and support with parenting in general

Parenting Skills

Coping with physical health

Parental Wellbeing

Coping with mental health

Parental Wellbeing

Coping with feeling isolated & disconnected

Parental Wellbeing

Parents' self-esteem and confidence

Parental Wellbeing

Parents' level of resilience

Parental Wellbeing

Adult learning and education	Parental Wellbeing
Families eating healthily and doing physical activity	Parental Wellbeing
Coping with child's physical health	Children's Wellbeing
Coping with child's emotional health	Children's Wellbeing
Home education/learning / school readiness	Children's Wellbeing
Managing the household Budget	Family Management
Day to day running of the home	Family Management
Stress caused by family conflict	Family Management
Extra work from multiple birth / multiple children	Family Management
Use of services /accessing community support	Family Management
Other	Family Management
Reduction in housing difficulties	Family Management