

Question	Response from LEAP
GENERAL QUESTIONS	
1. How many PAIRS practitioners are there? Have they been told about this evaluation?	The team currently comprises a clinical service lead, six clinical staff (one of whom supports a trainee) and an administrator. All PAIRS staff are aware that being part of the LEAP programme involves participating in evaluation activities, but team members vary in their closeness to evaluation work. The clinical service lead, one of PAIRS' psychotherapists and senior managers outside the team (Lambeth CAMHS Service Manager and Consultant Child & Adolescent Psychotherapist) know about this service evaluation; several of them have inputted into developing key evaluation questions.
2. Approximately how many service users are currently in each of the parent-infant psychotherapy, Together Time and COSP services? And do you think a similar number will be taking part in the service in spring next year when data collection will take place? Are all of these services delivered face-to-face or online? Do all service users speak English?	<ul style="list-style-type: none"> • Parent-infant psychotherapy: PAIRS are expected to maintain a team caseload of over 30 clients at any one time. Actual caseloads depend on incoming referrals. Delivery can be face-to-face or virtual. • Together Time: Up to 8 parent-child dyads can attend each group, which is offered in person only. Group numbers vary, with an average of 4-6 families completing each group. Currently, two groups are running; three groups are planned for Spring 2024. • COSP: PAIRS led delivery of COSP in Lambeth children's centres from 2018 to 2020, at which point responsibility for delivery was transferred to Lambeth Council and groups were scaled up across the borough (see case study online). COSP has been part of the PAIRS offer during the service's lifetime, and the current offer is part of the team's legacy, but PAIRS staff are no longer involved in parent-facing work. All COSP facilitators receive regular reflective supervision from PAIRS whilst delivering groups. • Interpreter support can be provided for parent-infant psychotherapy. It could be offered for Together Time but has not yet been requested. <p>In terms of qualitative data collection with service users, the successful bidder will be expected to conduct this with a sample of current and previous service users.</p>
3. Whilst NHS ethics is unlikely to be needed for this service evaluation as per the ITT, approval from SLaM for a service evaluation is likely to be required. Do you have a contact within the research and development office that can be contacted regarding approximate procedure and timelines?	<p>LEAP has had an IG agreement in place with SLaM for some time – this was updated earlier this year and allows for the use of PAIRS service data in the context of evaluation, including stipulations around involving an external evaluation partner. We have therefore agreed with PAIRS colleagues at SLaM that the evaluation will be conducted in line with existing agreements, and that an additional approval process for service evaluation would not be necessary.</p> <p>The Lambeth CAMHS Service Manager communicated this to SLaM's R&D office in October.</p> <p>If necessary, we do have a named contact within the R&D office that we can pass on. In the unlikely event approval from SLaM's Service Evaluation/Audit Panel was necessary, we have been told this would take around two weeks.</p>
4. There are numerous outcomes described within the different Theory of	Which outcomes to prioritise will be confirmed in collaboration with the LEAP team following award of the contract. LEAP can provide a more detailed narrative theory of change to help with this process.

<p>Change, which ones should be prioritised?</p>	<p>The long-term outcome for the three client-facing services (PAIRS one-to-one, Together Time and COSP) are the same. This will be one of two overarching priority outcomes for the service evaluation: ‘Parents apply positive, sensitive and responsive parenting, and children establish a secure attachment with their caregiver’. The other is ‘Improved workforce skills to identify and support families where there are issues with infant mental health and parent-infant relationships’, reflecting how achievement of family outcomes depends on the local ecosystem beyond the PAIRS team.</p> <p>LEAP’s service-level Theories of Change are nested under (or map onto) the long-term outcomes in LEAP’s programme Theory of Change (appendix 2). Meaning the long-term outcomes for the three client-facing PAIRS services are reflected in LEAP’s programme-level outcomes: ‘3.1.1. Increased knowledge and application of positive, sensitive and responsive parenting’ and ‘1.2.2. Secure attachment to a trusted caregiver’. Similarly, the long term outcome for PAIRS’ client facing work is reflected in programme-level outcome 6.1.2. Improved skills around identifying and supporting families where there are attachment and/or infant mental health issues.</p> <p>Ideal priority outcomes would include:</p> <ul style="list-style-type: none"> • The extent of family and professional engagement with PAIRS, including any inequalities in engagement • Changes to parents’ knowledge, confidence and behaviours around promoting sensitive and responsive parenting as a result of PAIRS activities • Changes to professional’s knowledge, confidence and behaviours around identifying and supporting families (including delivering interventions where relevant) where there are issues around parent-infant relationships • System changes as a result of PAIRS activities • Child outcomes – both medium term attachment outcomes and if possible other associated long-term health outcomes <p>Other outcomes – including whether other LEAP services promote PAIRS messages, and referrals into other LEAP services (rows 4 and 5 of diagrammatic ToCs) – are less of a priority.</p>
<p>QUANT DATA QUESTIONS</p>	
<p>5. Please confirm that no quantitative data will need to be collected by the evaluation team and that the quantitative analysis (reach, engagement, feedback and medium and long term outcomes) will be of data</p>	<p>This is correct. No quantitative data will need to be collected by the commissioned evaluation team. LEAP routinely collect data across six data types (input, user, feedback, engagement and medium- and long-term outcomes data) for every service we commission. To facilitate the analysis of this data for this service evaluation, we will create a data extract from LEAP’s integrated data platform for the commissioned evaluation team.</p>

made available to the evaluation team by LEAP.	
6. How will LEAP send the evaluation team the anonymous quantitative data? Who owns the data and who is the data controller? This information is needed for an ethics application.	<p>LEAP has experience of extracting and sharing data securely with multiple external collaborators for the purpose of evaluation and research. The data that we collect is pseudonymised before it is uploaded onto LEAP's data integrated platform, so individuals cannot be identified. The data extract will be shared via an SFTP (secure file transfer protocol).</p> <p>LEAP (hosted by National Children's Bureau) is the data controller; Lambeth Council is the data processor.</p> <p>LEAP's Privacy Notice, and that of our accountable body, the National Children's Bureau, are detailed below. We adhere to both Privacy Notices regarding data sharing and processing.</p> <p>LEAP's Privacy Notice: https://www.leaplambeth.org.uk/privacy National Children's Bureau's Privacy Notice: https://www.ncb.org.uk/privacy-statement</p>
7. Please define medium and long term in months/years and describe data available at these time points. In particular it would be helpful to know when and how responsive parenting, parent confidence and children's secure attachment was measured and when.	<p>Medium- term outcomes in LEAP's context refer to changes in knowledge, motivation and/or behaviour that occur as a consequence of a service. They could also include some early changes in children's health and development or in how parents or practitioners feel. Medium term outcome data is collected during a parent's participation in a service. Long term outcomes in LEAP's context refer to changes in behaviour that occur as a consequence of an individual's participation in a service. Long term outcomes data are collected using validated tools. These are collected before and after participation in the service in order to capture any change in outcomes as a result of participating in the service.</p> <p>Further detail on the process of agreeing outcome measures and how they link to long-term outcomes, at a programme level, can be found in the Shared Measurement System Practitioner Guide (from page 14).</p> <p>We will share detailed service-level monitoring, evaluation and learning frameworks with the successful bidder. These will detail the data collection timeline for each service, including which measures are collected when and which domains and sub-domains are measured with each tool. An overview is offered below, on pages 4 - 6.</p>
8. Please clarify what you mean by 'analysis of long term outcomes data – including identification of a reasonable comparison group.' Are you expecting the data analysis to be done with a comparison group?	We are not expecting the data analysis to be done with a comparison group. This was included in error.

Parent-infant psychotherapy / PAIRS one to one

Data Type	Outcome(s)	Tool	Collected from	When collected
Medium-term outcome	<ul style="list-style-type: none"> Parents have increased knowledge in positive, sensitive, and responsive parenting and increased confidence in their ability to apply this knowledge. Eligible parents from LEAP's target group have increased knowledge and confidence in applying positive, sensitive, and responsive parenting. 	PAIRS One to One Family Questionnaire <i>(tool developed in-house by LEAP)</i>	Parent / caregiver	<ol style="list-style-type: none"> Session 10/Every 10 Sessions Last Session
Long-term outcome	<ul style="list-style-type: none"> Parents apply positive, sensitive, and responsive parenting. Children establish a secure attachment with their caregiver. 	Mothers Object Relations Scale (MORS) – My Baby (if child is < 1 year old) Or Mothers Object Relations Scale (MORS) – My Child (if child is > 1 year old)	Parent / caregiver	<ol style="list-style-type: none"> Registration Session 1 (if not collected at registration) Session 10/Every 10 Sessions Last Session
		Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:05)	Practitioner observation of parent / caregiver and child	<ol style="list-style-type: none"> Registration Session 1 (if not collected at registration) Session 10/Every 10 Sessions Last Session
		Parental Reflective Functioning Questionnaire (PRFQ)	Parent / caregiver	<ol style="list-style-type: none"> Registration Session 1 (if not collected at registration) Session 10/Every 10 Sessions Last Session

Together Time

Data Type	Outcome(s)	Tool	Collected from	When collected
Medium-term outcome	<ul style="list-style-type: none"> Parents have increased knowledge in positive, sensitive, and responsive parenting and increased confidence in their ability to apply this knowledge. Parents from LEAP target group have increased knowledge and confidence in positive, sensitive, and responsive parenting. 	PAIRS Together Time Family Questionnaire <i>(tool developed in-house by LEAP)</i>	Parent / caregiver	1) Session 6
Long-term outcome	<ul style="list-style-type: none"> Parents apply positive, sensitive, and responsive parenting. Children establish a secure attachment with their caregiver. 	Parental Reflective Functioning Questionnaire (PRFQ)	Parent / caregiver	1) Registration 2) Session 1 (if not collected at registration) 3) Session 6
		Mothers Object Relations Scale (MORS) – My Baby (if child is < 1 year old) Or Mothers Object Relations Scale (MORS) – My Child (if child is > 1 year old)	Mothers	1) Registration 2) Session 1 (if not collected at registration) 3) Session 6
		PAIRS Goals First Session and PAIRS Goals Final Session	Parent / caregiver	1) Registration 2) Session 1 (if not collected at registration) 3) Session 6

Circle of Security Parenting (COSP)

Data Type	Outcome(s)	Tool	Collected from	When collected
Medium-term outcome	<ul style="list-style-type: none"> Parents have increased knowledge and confidence with regard to positive, sensitive, and responsive parenting. LEAP’s target population has increased knowledge and confidence with regard to positive, sensitive and responsive parenting. 	COSP Family Questionnaire <i>(tool developed in-house by LEAP)</i>	Parent / caregiver	1) Session 8
Long-term outcome	<ul style="list-style-type: none"> Parents apply positive, sensitive, and responsive parenting. Children establish a secure attachment with their caregiver. 	Mothers Object Relations Scale (MORS) – My Baby (if child is < 1 year old) Or Mothers Object Relations Scale (MORS) – My Child (if child is > 1 year old)	Mother	1) Registration 2) Session 1 (if not collected at registration) 3) Session 8
		PAIRS Goals first session and PAIRS Goals last session	Parent / caregiver	1) Registration 2) Session 1 (if not collected at registration) 3) Session 8