

LEAP PAIRS Evaluation Invitation to Tender (ITT)



National Children's Bureau (NCB) is the accountable body for the Lambeth Early Action Partnership (LEAP), one of The National Lottery Community Fund's 'A Better Start' sites.



Contents

1. Overview of the ITT	3
2. Introduction to Lambeth Early Action Partnership (LEAP)	3
3. Introduction to the Parent and Infant Relationship Service (PAIRS)	4
4. Aims and Objectives of the evaluation	5
5. Budget for evaluation	6
6. Evaluation outputs	6
7. Contract duration	6
8. Contract management and governance	7
9. How to apply	7
10. Evaluation criteria	8
11. General tender conditions	10
12. Confidentiality and information governance	13
13. References relating to previous sections	14
14. Appendices	
Appendix 1: LEAP's Programme level Theory of Change	16
Appendix 2: LEAP's long-term outcomes by domain	17
Appendix 3: Theory of Change: LEAP PAIRS One to One Service	18
Appendix 4: Theory of Change: LEAP PAIRS Together Time	19
Appendix 5: Theory of Change: LEAP PAIRS Circle of Security Parenting	20
Appendix 6: Theory of Change: LEAP PAIRS Team supporting the local workforce	21

1. Overview of the ITT

This Invitation to Tender is to evaluate LEAP's Parent and Infant Relationship Service (PAIRS). The service, delivered by South London and Maudsley NHS Foundation Trust (SLaM), has introduced Parent Infant Psychotherapy to Lambeth's Early Years System. The PAIRS team deliver a range of interventions that aim to make psychodynamic support for parent-infant relationships accessible to the LEAP population at scale. They also work to raise and strengthen the profile of Infant Mental Health (IMH) within Lambeth.

Named procurement officer	David Wood
Email address	leapevaluation@ncb.org.uk
Name of contracting organisation	National Children's Bureau
Postal address	23 Mentmore Terrace, London, E8 3PN
Date of ITT advertisement	23 rd October 2023
Tender Response Deadline	10am 13 th November 2023

2. Introduction to Lambeth Early Action Partnership (LEAP)

About the Lambeth Early Action Partnership

The Lambeth Early Action Partnership (LEAP) is one of five local partnerships which make up A Better Start, a national ten-year (2015 – 2025) programme funded by The National Lottery Community Fund that aims to improve the life chances of babies, very young children, and families.

LEAP works with a wide range of children, families, practitioners, and organisations across Lambeth. We fund, improve, and evaluate over 20 local services, meeting the needs of families through pregnancy and the early stages of childhood.

A core 'backbone' team leads on the overall direction and coordination of the LEAP programme. This team is employed by the National Children's Bureau (NCB), the accountable body for LEAP.

LEAP has two key aims:

- To improve early child development outcomes for all children living in the LEAP area
- To reduce local inequalities by supporting those at a greater risk of poor outcomes

LEAP routinely collects and analyses data from across our programme. This helps us monitor performance across services, track progress towards outcomes, and continuously learn and improve. Key to this is our Shared Measurement System, a shared outcomes measurement framework based on programme and service-level Theories of Change. As part of this, for each service LEAP collects six types of data: inputs, user data, feedback data, engagement data, outcomes data.

LEAP also has access to data linked to LEAP children in local administrative datasets (e.g. Health Visiting, the National Child Measurement Programme), allowing us to explore long-term child outcomes as a result of LEAP activities.

The LEAP Team conduct or commission a wide variety of projects relying both on these routine data sources and on new primary data collection (e.g. qualitative interviewing). This includes both evaluations of individual services and

programme-level projects looking at how LEAP's portfolio of services and ways of working complement and work in combination with one another to make an even greater difference for children and families.

More information on wider programme objectives can be located in the appendices that include (i) LEAP's Programme Level Theory of Change; and (ii) LEAP's long term outcomes by domain.

3. Introduction to the Parent and Infant Relationship Service (PAIRS)

About the Parent and Infant Relationship Service (PAIRS)

LEAP runs and funds the Parent and Infant Relationship Service (PAIRS) in partnership with the South London and Maudsley (SLaM) NHS Foundation Trust.

PAIRS works to make psychodynamic support for parent-infant relationships accessible to the LEAP population at scale. It offers evidence-based interventions aimed at improving the quality of the attachment relationship between parents and children according to an 'escalator' model, where families can move 'up' or 'down' between interventions to better facilitate their engagement with PAIRS and the aims of the PAIRS service.

PAIRS' interventions include:

- **PAIRS One-to-One (Parent-Infant Psychotherapy)** - individual sessions of parent-infant psychotherapy for parents and their infants, or for expectant parents, in response to high levels of need
- **Together Time** - a child-led, therapeutic 6-week group intervention developed by PAIRS. Together Time is offered to groups of up to 8 parents with their babies between 3 and 8 months old.
- **Circle of Security Parenting™ (COSP)** - a group programme offered universally and across Lambeth to parents/carers of children aged from 4 months to 5 years. COSP is a relationship-based early intervention programme that takes place over eight weekly sessions. COSP is a manualised programme¹ which can be delivered by anyone who has completed 4-day COSP training from The Circle of Security International.

PAIRS also **works to support the local early years workforce** and other community-based practitioners to respond to infant mental health needs and support parent-infant relationships. It does this by providing:

- **Training** for key workforce and community groups supporting LEAP families – e.g. children's centre staff, health visitors, Lambeth social care, CAMHS, midwives, community paediatricians, speech and language therapists, other LEAP services, and voluntary and community organisations
- **Consultation** on cases for the Lambeth early-years workforce
- **Reflective supervision and workshops** for individuals and groups delivering LEAP interventions
- Ad hoc activities **to share PAIRS expertise beyond LEAP**
- **Development of practice and processes** within Lambeth CAMHS.

PAIRS has been collecting and sharing routine data on these activities as part of LEAP's Shared Measurement System, using established data sharing agreements between SLaM and NCB.

Reach, engagement and participant feedback data is collected for both family and workforce interventions. Medium term outcome data for families is collected using three validated measures – the Parental Reflective Functioning Questionnaire, the Mothers Objects Relations Scale, and elements of the DC:0–5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Progress towards parents' identified goals is

¹ More information at <https://www.circleofsecurityinternational.com/video-overview-of-cosp/>

also measured.

This data is housed on LEAP's Data Platform, which pulls together individual-level user, engagement and outcomes data from across all LEAP services to enable individuals to be linked across services. Data from these sources collected up to March 2022 using these measures was analysed as part of LEAP's first [Annual Learning Report](#).

The Data Platform also houses administrative datasets containing key population indicators monitored by LEAP. These datasets can be linked to LEAP individuals whose user data is in the platform, providing another source of individual-level outcomes data. Relevant administrative datasets include Badgernet Maternity Data and Health Visiting Data.

Each of PAIRS' areas of work (and therefore what data is collected on them) is underpinned by a Theory of Change. The diagrammatic Theory of Change for each service can be located in the appendices: (iii) LEAP PAIRS One to one Service Theory of Change; (iv) LEAP PAIRS Together Time Theory of Change; (v) LEAP Circle of Security Parenting Theory of Change; (vi) LEAP PAIRS Workforce support.

Background and Rationale

There is broad consensus that the quality of the attachment relationship between infants and their parents is crucial to outcomes across the lifecycle (Mathers et al., 2014), with insecure attachment patterns or relational trauma leading to poor outcomes and difficulties for both children (Asmussen and Brims, 2018) and adults (Benoit, 2004; Fraley, Roisman, & Haltigan, 2013). In addition, the long-term consequences of parent-infant relationship difficulties are thought to lead to significant public costs through increased costs to education, healthcare, social care, and the criminal justice system (Bachmann et al., 2019; National Collaborating Centre for Mental Health (UK), 2015).

There are also a range of well-evidenced interventions to promote secure attachment for parents and children with varying levels of need (Bateson et al., 2019).

Despite this, there are significant gaps in the provision of support for parent-infant relationships in the UK, which some have described as a 'baby blindspot'. In a 2021 survey of 283 children and young people's mental health professionals in the UK, the Parent Infant Foundation found that only 36% of respondents reported that, within their area, there are mental health services that can work effectively with babies and toddlers aged 0-2 (Parent Infant Foundation, 2021). There are currently 45 parent-infant teams across the UK; estimates suggest that more than a tenfold increase would be needed to provide access to specialist support in all parts of the UK (Parent-Infant Foundation, 2023).

The evidence base around these services is also not yet mature, and the Parent-Infant Foundation has recently called for more work to grow the quality and scale of what's known about these services (Parent-Infant Foundation, 2023). Specifically, the Parent-Infant Foundation have called for more evidence on the local impact and context of specialised parent-infant relationship teams, allowing for a stronger picture of what works, for whom and in what contexts. This need is additionally pertinent due to the development of the Start for Life Programme and its focus on enhancing local support for parenting, perinatal mental health and parent-infant relationships (DHSC & DfE, 2022).

As a particularly well-established parent-infant relationship service (running since 2015) working in a complex urban context, PAIRS is strongly placed to contribute Lambeth- and LEAP-specific evidence in response to this call. In particular, given PAIRS' longstanding emphasis on workforce as well as clinical support, this evaluation has a real opportunity to contribute new evidence around what works to build the capacity of the early years workforce and wider ecosystem to support parent-infant relationships, building on the work by Moran et al. (2022), Olander et al. (2021) and others. Given LEAP's community-based focus, PAIRS also has a unique perspective on the role of community-based practitioners and peers in raising the profile of parent-infant relationship support.

This evaluation will also generate evidence around supporting Parent-Infant Relationships in populations with high ethnic and cultural diversity and high levels of deprivation, something that a recent LEAP-commissioned evidence review identified as an evidence gap (La Valle & Jones, 2020). The LEAP population encompasses families with high levels of disadvantage, the prevalence of disorganised attachment in disadvantaged populations has been estimated to be up to 40% (Barlow et al., 2016).. LEAP's population also includes many families from minoritised ethnic groups, and maternal and family experiences of racial discrimination have been found to have a direct and adverse effect on children's socioemotional development, (Bécares, Nazroo & Kelly, 2015).

The Parent-Infant Foundation have also highlighted gaps in evidence around the impact of UK-based parent-infant relationship services on longer-term health outcomes, something LEAP's access to linked administrative datasets is well-placed to contribute to.

Findings from this project will also be invaluable for service improvement as PAIRS continues its work in Lambeth beyond the end of LEAP in 2025.

4. Aims and Objectives of the evaluation

This study aims to evaluate both PAIRS' family and workforce-focused activities. All aims and objectives have been developed in partnership with the team at SLAM.

Findings from this study will be used to inform service improvement within PAIRS. They will also be disseminated to local commissioners and partners, who have already expressed interest in using data from the study to inform ongoing professional integration activities and changes to local mental health provision in Lambeth.

Data from this study will also be shared at a national level and published in academic journals, and could be used by other parties to advise further research or commissioning around parent-infant relationship support in other areas of the UK.

The Health Research Authority confirmed in August 2023 that this study (as described in an indicative protocol) qualifies as service evaluation rather than research, and does therefore not require approval by an NHS Research Ethics Committee. As such, no change will be made to current service delivery or the care service users receive during the study. All findings and conclusions from this study will be also be framed as **specific to the LEAP context and population**, and care will be taken to emphasise that this should be taken into account when considering the usefulness and relevance of the outputs in other settings.

The study will include elements of both process and impact evaluation.

Process objectives include:

- Defining PAIRS' activities and how these were intended to be implemented
- Exploring how PAIRS activities have been implemented in the Lambeth context, and identifying barriers and enablers informing implementation and family and practitioner engagement
- Identifying key mechanisms of impact that inform practitioner and family outcomes
- Exploring how different groups experience taking part in the PAIRS service

Impact objectives include:

- Exploring perceived changes to practitioner knowledge, confidence and practice as a result of PAIRS activities
- Exploring other system-level changes in Lambeth as a result of PAIRS activities
- Identifying medium-term attachment outcomes for participating families
- Identifying long-term impact on child health outcomes as a result of PAIRS activities

Key Evaluation Questions:

Key and detailed evaluation questions will be further defined in collaboration with the successful bidder prior to the start of the study. Current key questions include:

- To what extent and how does PAIRS build the capacity of Lambeth's Early Years ecosystem to support parent-infant relationships?
- To what extent and how does PAIRS improve parent-infant relationships and medium-term attachment outcomes for families?
- What is PAIRS' contribution to addressing social inequality in parent-infant relationship outcomes and experiences of support?
- What impact do PAIRS interventions have on long-term child health outcomes?

Methods:

Methods are to be discussed and developed jointly between LEAP and the successful bidder for this work. We would anticipate that the following would be included:

- Qualitative fieldwork with
 - Service users
 - PAIRS practitioners
 - The local early years workforce and other community professionals
 - Local early years leadership
- Analysis of routinely collected data – reach, engagement, feedback and medium term outcomes
- Analysis of long-term outcomes data – including identification of a reasonable comparison group

Expectations of the successful applicant

The successful applicant will need to demonstrate a strong understanding of the existing evidence base and policy landscape around parent-infant relationship support and infant mental health, including how outputs from this study can drive impact.

They will also need to demonstrate experience of designing and conducting complex evaluations, including using Theories of Change and pulling together multiple evidence sources cohesively. The successful applicant will also need to work with the LEAP Evaluation and Research team to ensure that the outputs of this study complement LEAP's wider programme of evaluation work, including our programme-level and other service-level evaluations.

The successful applicant will need to demonstrate the ability to collaborate effectively with the PAIRS team and other NHS colleagues – ensuring that the evaluation continues to meet their needs and does not place an inappropriate burden on their team's capacity.

The successful applicant will also need to demonstrate experience of collecting data on sensitive topics. We anticipate that this study will involve exploration not only of relationship difficulties and mental health, but also potentially of difficult professional relationships in the local early years ecosystem, which will need to be managed with care.

5. Budget for work

A budget of £25,000 (inclusive of VAT and expenses) is available for the work.

6. Deliverables

Deliverable	Date Expected
Learning documentation products (e.g. drafted protocol, report outline, case studies)	At least 2 learning products by [2-3 months into contract]
Final written report (plain English, with APA referencing), PowerPoint presentation and executive summary	April 2024
Journal articles	
Poster presentation via a webinar	September 2024

7. Contract duration

The contract duration will be for 4 to 5 months commencing late November 2023 through to April 2024 with the opportunity to present findings at LEAP's Formal Learning Event in September 2024.

8. Contract management and governance

The successful supplier(s) will identify a named contact acting as Contract Manager who will have overall responsibility for the contract. LEAP will also identify a Contract Manager who will be the key point of liaison for the work. Please outline your approach to project management and risk management within your response to the tender.

We ask that applicants submit a quality assurance protocol which details the procedures, roles and responsibilities for all aspects of delivering the evaluation. The protocol should include, but not be limited to: evaluation design, execution, data processing and analysis approach, development, drafting, review and sign off process of written outputs.

The supplier will be expected to produce and maintain a risk register for the contract and review this with LEAP on an ongoing basis at fortnightly update meetings with the LEAP Contract Manager, or more frequently via email or Teams calls as required.

9. How to apply

LEAP welcomes tenders from organisations regardless of their sector, e.g. public sector, academia, private sector or voluntary sector. We also welcome tenders from consortia. We will consider respondents' capability and capacity to deliver the contract based on their answers to the questions listed in **section 10** of this document.

Any supplier questions should be sent through to leapevaluation@ncb.org.uk by 10am on 6th November that will be responded to by end of 7th November, on the NCB website (<https://www.ncb.org.uk/suppliers-area>).

Suppliers should submit all documents required for this ITT (detailed in **Table 2**) to leapevaluation@ncb.org.uk by 10am on Monday 13th November 2023. The tender process will comprise two stages as outlined in the table below. The final decision will be made based on judgement of both written and interview responses (tender Stage 1 and 2).

Table 1. Tender timetable.

Activity	Indicative Dates
ITT issued	23 rd October 2023
Deadline for the receipt of clarification questions from applicants	10am 6 th November 2023
Deadline for receipt of Tenders	10am 13th November 2023
Shortlisting	15 th to 16 th November 2023
Interviews for highest scoring tenders (can be virtual)	22 nd and 23 rd November 2023
Award Decision (end of Tender Evaluation period)	24 th November 2023
Contract Start	4 th December 2023
Evaluation completed – final reports produced	April 2024

Responses should be concise, unambiguous, and should directly address the requirement stated. Your tender responses to the tender requirements and pricing will be incorporated into the Contract, as appropriate.

Suppliers will be asked to provide clarification on any potential conflict of interest in their bid. If you have any doubt, LEAP would encourage you to raise this so that a decision or any mitigating actions can be sought as early as possible in the process.

Suppliers are asked to provide a clear organisational statement, showing a clear and defined auditable group responsible solely for an individual service requirement. This would not require identified individuals to be named (unless already known) but an open and demonstrable group or specific bid team which wherever possible would be able to be identified within the supplier's organisation if required.

The ITT will be assessed on the bidder's tender response. This will include ability to achieve the evaluation aims and manage large scale evaluations addressing complexity and include the resources required to deliver the contract. The specific assessment criteria are detailed in **section 10**.

Table 2. Documents required for applications for this tender.

	Item required
1.	Two references from previously delivered contracts of research and evaluation work relevant to the aims of the programme that demonstrates how you have previously informed organisational practice and shaped decision making. Please provide an overview of the work and demonstrate your impact along with contact details including phone number and email address of the referees.
2.	Two most recent years audited annual accounts.
3.	Details of professional indemnity insurance including insurer and maximum amount.

4.	Organisation structure chart and proposed structure chart for delivery of this contract.
5.	<p>If you are tendering as part of a consortium, then:</p> <ul style="list-style-type: none"> • Item 1 and 2 will be required for the lead member of the bid. • We require a separate structure chart to show the organisational structure of the consortium. • We require a full description of how the consortium will work, including the roles of each party, how they will interact and how they will be managed. • Professional indemnity insurance will have to specifically apply to the consortium delivering the contract and evidence of this is required.
6.	Application response to requirements (see bottom of p15 for <u>format and length of application</u> – these requirements do not include any of the above documents)

10. Evaluation criteria

You will have your tender response evaluated as set out below:

Stage 1: Tender responses will be checked to ensure that they have been completed correctly and all necessary information has been provided. Tender responses correctly completed with all relevant information will proceed to Stage 2 of this ITT procedure. Any tender responses not correctly completed in accordance with the requirements of this ITT and/or containing omissions may be rejected at this point. Where a tender response is rejected at this point it will automatically be disqualified and will not be further evaluated.

Stage 2: If a bidder succeeds in passing Stage 1 of the evaluation, then it will have its detailed tender response to the NCB requirements evaluated in accordance with the evaluation methodology set out below.

Moderation and application of weightings – The panel appointed for this procurement will meet to agree and moderate scores for each award criteria. Final scores in terms of a percentage of the overall tender score will be obtained by applying the relevant weighting factors set out as part of the evaluation criteria in table 3. The percentage scores for each award criteria will be amalgamated to give an overall percentage score.

Table 3. Applications will be assessed on the following award criteria.

	Award criteria	Weighting
1.	<p>Experience of designing and delivering process and impact evaluations of early years services, especially in relation to parent-infant relationships. Your response should include:</p> <ul style="list-style-type: none"> • Your understanding of the evidence base and policy landscape, and where this evaluation can add value. • The outcome of previous evaluations and your role in achieving this. • Your experience of drawing on multiple complex data sources in an evaluation. • The impact previous evaluations have had on shaping policy and practice. • Your experience of conducting research on sensitive topics – e.g. mental health and complex professional relationships. • Your approach to contract management. • Your approach to implementing and managing quality assurance processes when designing and delivering evaluations. 	30%

2.	Experience of using Theory of Change to inform the development and delivery of an evaluation plan and key evaluation questions.	10%
3.	Draft high-level project and evaluation plan. This should include: <ul style="list-style-type: none"> a. an overview of how you would plan and deliver the evaluation including your outline methodology; b. how you would determine which aspects of LEAP's Theory of Change to test; c. a proposed project plan and timeline; d. a proposed risk and mitigation register, including consideration of GDPR, ethics and safeguarding; e. an outline of how you would implement quality assurance processes throughout the evaluation plan. 	50%
4.	In your response, please describe how the expertise and experience of the delivery team will match the scope of work that is required. Please name team members and include a summary of their skills and experience. Also indicate your contingency measures for any staff changes throughout the work.	10%
5.	Please outline a proposed payment schedule for the duration of the contract.	No score but required

Format and length of applications – Responses to award criteria 1 – 4 should be included in one document. This should be no longer than 12 A4 pages using an 11 point font; this should be saved as a .doc, .docx or .pdf file. Responses to award criteria 5 should be submitted as a separate document saved as a .doc, .docx or .pdf file.

Scoring of responses to award criteria – Applicants' responses to award criteria 1 – 4 in **table 3** will be awarded a score between 0 – 5. The definition for each score is detailed in **table 4**. The awarded scores for each question response will be divided by total score available and multiplied by the associated question weighting. Scores achieved by a tenderer for each question response will be combined in order to determine their total score.

Table 4. Scoring methodology and definitions.

Score	Definition	Interpretation
5	Specific to the question - The bidder has provided a submission of excellent quality, clearly demonstrating excellent understanding of all the requirements and this is strongly evidenced. Response demonstrates excellent capability of undertaking the evaluation. Response exceeds NCB's expectation.	Excellent
4	Specific to the question - The bidder has provided a submission of good quality, clearly demonstrating a good understanding of the requirements. Response demonstrates a very good capability of undertaking the evaluation and is supported by strong evidence. Response strongly meets all requirements.	Good
3	Specific to the question - The bidder has provided a submission of acceptable quality, clearly demonstrating an understanding of the requirements and capability of undertaking the evaluation. Response meets the NCB's requirements in all areas.	Acceptable

2	Specific to the question - The bidder has provided a submission of limited quality, demonstrating a some understanding of the requirements. Response provides limited confidence that the bidder is capable of undertaking all aspects of the evaluation. Response does not cover all requirements in full.	Limited
1	Response offers largely irrelevant detail	Inadequate
0	The response is either not provided or is significantly deficient	Fail

11. General tender conditions

Application of these Tender Conditions - In participating in this Procurement Process and/or by submitting a tender response it will be implied that you accept and will be bound by all the provisions of this ITT. Accordingly, tender responses should be on the basis of and strictly in accordance with the requirements of this ITT.

Third party verifications - Your tender response is submitted on the basis that you consent to NCB carrying out all necessary actions to verify the information that you have provided, and the analysis of your tender response being undertaken by one or more third parties commissioned by NCB for such purposes.

Information provided to potential suppliers - Information that is supplied to potential suppliers as part of this Procurement Process is supplied in good faith. The information contained in the ITT and the supporting documents and in any related written or oral communication is believed to be correct at the time of issue, but NCB will not accept any liability for its accuracy, adequacy or completeness and no warranty is given as such. This exclusion does not extend to any fraudulent misrepresentation made by or on behalf of the NCB.

Potential suppliers to make their own enquiries - You are responsible for analysing and reviewing all information provided to you as part of this Procurement Process and for forming your own opinions and seeking advice as you consider appropriate. You should notify NCB promptly of any perceived ambiguity, inconsistency or omission in this ITT and/or any in of its associated documents and/or in any information provided to you as part of this Procurement Process.

Amendments to the ITT - At any time prior to the Tender Response Deadline, NCB may amend the ITT. Any such amendment shall be issued to all potential suppliers, and if appropriate to ensure potential suppliers have reasonable time in which to take such amendment into account, the Tender Response Deadline shall, at the discretion of NCB, be extended.

Compliance of tender response submission - Any goods and/or services offered should be on the basis of and strictly in accordance with the ITT (including, without limitation, any specification of NCB requirements, these Tender Conditions and the Contract) and all other documents and any clarifications or updates issued by NCB as part of this Procurement Process.

Format of tender response submission – Tender responses must comprise the relevant documents specified by NCB completed in all areas and in the format as detailed by NCB. Any documents requested by NCB must be completed in full. It is, therefore, important that you read the ITT carefully before completing and submitting your tender response.

Modifications to tender response documents once submitted – You may modify your tender response prior to the Tender Response Deadline by giving written notice to NCB. Any modification should be clear and submitted as a complete new tender response in accordance with Template 1 and these Tender Conditions.

Rejection of tender responses or other documents - A tender response or any other document requested by NCB may be rejected which:

- contains gaps, omissions, misrepresentations, errors, uncompleted sections, or changes to the format of the tender documentation provided;
- contains hand written amendments which have not been initialled by the authorised signatory;
- does not reflect and confirm full and unconditional compliance with all of the documents issued by the NCB forming part of the ITT;
- contains any caveats or any other statements or assumptions qualifying the tender response that are not capable of evaluation in accordance with the evaluation model or requiring changes to any documents issued by NCB in any way;
- is not submitted in a manner consistent with the provisions set out in this ITT;
- contains information which is inconsistent with answers already given in the pre-qualification questionnaire completed as part of this Procurement Process or;
- is received after the Tender Response Deadline.

Disqualification - If you breach these Tender Conditions, if there are any errors, omissions or material adverse changes relating to any information supplied by you at any stage in this Procurement Process, if any other circumstances set out in this ITT, and/or in any supporting documents, entitling NCB to reject a tender response apply and/or if you or your appointed advisers attempt:

- a) to inappropriately influence this Procurement Process;
- b) to fix or set the price for goods or services;
- c) to enter into an arrangement with any other party that such party shall refrain from submitting a tender response;
- d) to enter into any arrangement with any other party (other than another party that forms part of your consortium bid or is your proposed sub-contractor) as to the prices submitted;
- e) to collude in any other way;
- f) to engage in direct or indirect bribery or canvassing by you or your appointed advisers in relation to this Procurement Process; or
- g) to obtain information from any of the employees, agents or advisors of NCB concerning this Procurement Process (other than as set out in these Tender Conditions) or from another potential supplier or another tender response.

NCB shall be entitled to reject your tender response in full and to disqualify you from this Procurement Process. Subject to the "Liability" Tender Condition below, by participating in this Procurement Process you accept that NCB shall have no liability to a disqualified potential supplier in these circumstances.

Tender costs – You are responsible for obtaining all information necessary for preparation of your tender response and for all costs and expenses incurred in preparation of the tender response. Subject to the "Liability" Tender

Condition below, you accept by your participation in this procurement, including without limitation the submission of a tender response, that you will not be entitled to claim from NCB any costs, expenses or liabilities that you may incur in tendering for this procurement irrespective of whether or not your tender response is successful.

Rights to cancel or vary this Procurement Process - By issuing this ITT, entering into clarification communications with potential suppliers or by having any other form of communication with potential suppliers, NCB is not bound in any way to enter into any contractual or other arrangement with you or any other potential supplier. It is intended that the remainder of this Procurement Process will take place in accordance with the provisions of this ITT, but NCB reserves the right to terminate, suspend, amend or vary (to include, without limitation, in relation to any timescales or deadlines) this Procurement Process by notice to all potential supplier in writing. Subject to the "Liability" Tender Condition below, NCB will have no liability for any losses, costs or expenses caused to you as a result of such termination, suspension, amendment or variation.

Consortium Members and sub-contractors – Bids from consortia organisations will be considered as well as independent suppliers. If a consortia bid is being put forward the role and share of the business that each member will have should be explained. The lead bidder should put forward its own details in relation to contact information, address and only its own financial documents will be required. It is the supplier's responsibility to ensure that any staff, consortium members, sub-contractors and advisers abide by these Tender Conditions and the requirements of this ITT.

Liability – Nothing in these Tender Conditions is intended to exclude or limit the liability of NCB in relation to fraud or in other circumstances where NCB liability may not be limited under any applicable law.

Conflict of Interest - Precedent has been set that a supplier can be an ABS grant holder and ABS contract holder. Under Public Contract Regulations 2015 the Fund cannot preclude any organisation from applying for the tender unless there is a conflict of interest that cannot be managed. The Fund have actively taken measures to avoid distortion of competition, and therefore mitigate the risk of precluding suppliers, by: 1. providing all information in the tender to all parties; 2. setting out adequate time for tender returns so that all parties can review and comprehend the information. Additionally, the Fund will not preclude suppliers from bidding for this contract, or acting as a sub-contractor, if they have held or currently hold existing grants or contracts as part of the ABS programme. Bidders will be asked to provide clarification on any potential conflict of interest in their bid, if you have any doubt the Fund would encourage you to raise this so that a decision or any mitigating actions can be sought as early as possible in the process by the Fund. Bidders would need to provide a clear organisational statement, showing a clear and defined auditable group responsible solely for an individual service requirement. This would not require identified individuals to be named (unless already known) but an open and demonstrable group or specific bid team which wherever possible would be able to be identified within the supplier's organisation if required. The ITT will be assessed on the bidders (and the delivery teams) tender response. This will include ability to achieve the evaluation aims and manage large scale evaluations addressing complexity and include the resources required to deliver the contract.

12. Confidentiality and information governance

All information supplied to you by NCB, including this ITT and all other documents relating to this Procurement Process, either in writing or orally, must be treated in confidence and not disclosed to any third party (save to your professional advisers, consortium members and/or sub-contractors strictly for the purposes only of helping you to participate in this Procurement Process and/or prepare your tender response) unless the information is already in the public domain or is required to be disclosed under any applicable laws.

You shall not disclose, copy or reproduce any of the information supplied to you as part of this Procurement Process other than for the purposes of preparing and submitting a tender response. There must be no publicity by you regarding the Procurement Process or the future award of any contract unless NCB has given express written consent to the relevant communication.

This ITT and its accompanying documents shall remain the property of NCB and must be returned on demand. NCB reserves the right to disclose all documents relating to this Procurement Process, including without limitation your tender response, to any employee, third party agent, adviser or other third party involved in the procurement in support of, and/or in collaboration with NCB. NCB further reserves the right to publish the Contract once awarded and/or disclose information in connection with supplier performance under the Contract in accordance with any public sector transparency policies (as referred to below). By participating in this Procurement Process, you agree to such disclosure and/or publication by NCB in accordance with such rights reserved by it under this paragraph.

The Freedom of Information Act 2000 ("FOIA"), the Environmental Information Regulations 2004 ("EIR"), and public sector transparency policies, including the placing of contract award notices on the Contracts Finder database, apply to NCB (together the "Disclosure Obligations").

You should be aware of NCB obligations and responsibilities under the Disclosure Obligations to disclose information held by NCB. Information provided by you in connection with this Procurement Process, or with any contract that may be awarded as a result of this exercise, may therefore have to be disclosed by NCB under the Disclosure Obligations, unless NCB decides that one of the statutory exemptions under the FOIA or the EIR applies.

If you wish to designate information supplied as part of your tender response or otherwise in connection with this tender exercise as confidential, using any template and/or further guidance provided in Template 1, you must provide clear and specific detail as to:

- the precise elements which are considered confidential and/or commercially sensitive;
- why you consider an exemption under the FOIA or EIR would apply; and
- the estimated length of time during which the exemption will apply.

The use of blanket protective markings of whole documents such as "commercial in confidence" will not be sufficient. By participating in this Procurement Process you agree that NCB should not and will not be bound by any such markings.

In addition, marking any material as "confidential" or "commercially sensitive" or equivalent should not be taken to mean that NCB accepts any duty of confidentiality by virtue of such marking. You accept that the decision as to

which information will be disclosed is reserved to NCB, notwithstanding any consultation with you or any designation of information as confidential or commercially sensitive or equivalent you may have made. You agree, by participating further in this Procurement Process and/or submitting your tender response, which all information is provided to NCB on the basis that it may be disclosed under the Disclosure Obligations if NCB considers that it is required to do so and/or may be used by NCB in accordance with the provisions provision of this ITT.

Tender responses are also submitted on the condition that the appointed supplier will only process personal data (as may be defined under any relevant data protection laws) that it gains access to in performance of this Contract in accordance with the NCBs instructions and will not use such personal data for any other purpose. The contracted supplier will undertake to process any personal data on NCB behalf in accordance with the relevant provisions of any relevant data protection laws and to ensure all consents required under such laws are obtained.

Tender Validity

Your tender response must remain open for acceptance by NCB for a period up to 2 months from the Tender Response Deadline. A tender response not valid for this period may be rejected by NCB.

14. References relating to section 3

References

Asmussen, K., & Brims, L. (2018). What works to enhance the effectiveness of the Healthy Child Programme: An evidence update. London: Early Intervention Foundation.

Bachmann, C. J., Beecham, J., O'Connor, T. G., Scott, A., Briskman, J., & Scott, S. (2019). The cost of love: financial consequences of insecure attachment in antisocial youth. *Journal of Child Psychology and Psychiatry*, 60(12), 1343-1350.

Barlow, J., Schrader-McMillan, A., Axford, N., Wrigley, Z., Sonthalia, S., Wilkinson, T., Rawsthorn, M., Toft, A. and Coad, J., (2016). Attachment and attachment-related outcomes in preschool children—a review of recent evidence. *Child and Adolescent Mental Health*, 21(1), pp.11-20.

Bateson et al. (2019). Parent-Infant Foundation Development and Implementation Toolkit. Available at: <https://parentinfantfoundation.org.uk/tools/implementation-toolkit/>

Bécares, L., Nazroo, J., & Kelly, Y. (2015). A longitudinal examination of maternal, family, and area-level experiences of racism on children's socioemotional development: Patterns and possible explanations. *Social Science & Medicine*, 142, 128-135.

Benoit, D. (2004). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Paediatrics & child health*, 9(8), 541-545.

Burns, S. (2021). *Evaluation to Assess the Impact of the Newcastle Parent infant Partnership (NEWPIP) Approach: Final Report*

DHSC, DfE. 2022. Family Hubs and Start for Life programme: local authority guide. Available at: <https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide>

Fraley, R. C., Roisman, G. I., & Haltigan, J. D. (2013). The legacy of early experiences in development: formalizing alternative models of how early experiences are carried forward over time. *Developmental psychology*, 49(1), 109.

Hogg, S. (2020) *Rare Jewels: Specialised parent-infant relationship teams in the UK*. London: Parent Infant Foundation.

La Valle, I. & Jones, N. (2020). A rapid review to inform LEAP's next five years. NPC and LEAP. Available at: <https://www.leaplambeth.org.uk/files/documents/LEAP%20Evidence%20Review.pdf>

National Collaborating Centre for Mental Health (UK). (2015). *Children's Attachment: Attachment in Children and Young People Who Are Adopted from Care, in Care or at High Risk of Going into Care*. London: National Institute for Health and Care Excellence (NICE)

Mathers S, et al. (2014) Supporting early learning for children under three: Research and practice, *Journal of Children's Services*, 9 (2): 177-187.

Moran P., Coates R., Ayers S., Olander E., Bateson. K. (2022). Exploring interprofessional collaboration during the implementation of a parent-infant mental health service: A qualitative study. *J Interprof Care*. Nov 28:1-9.

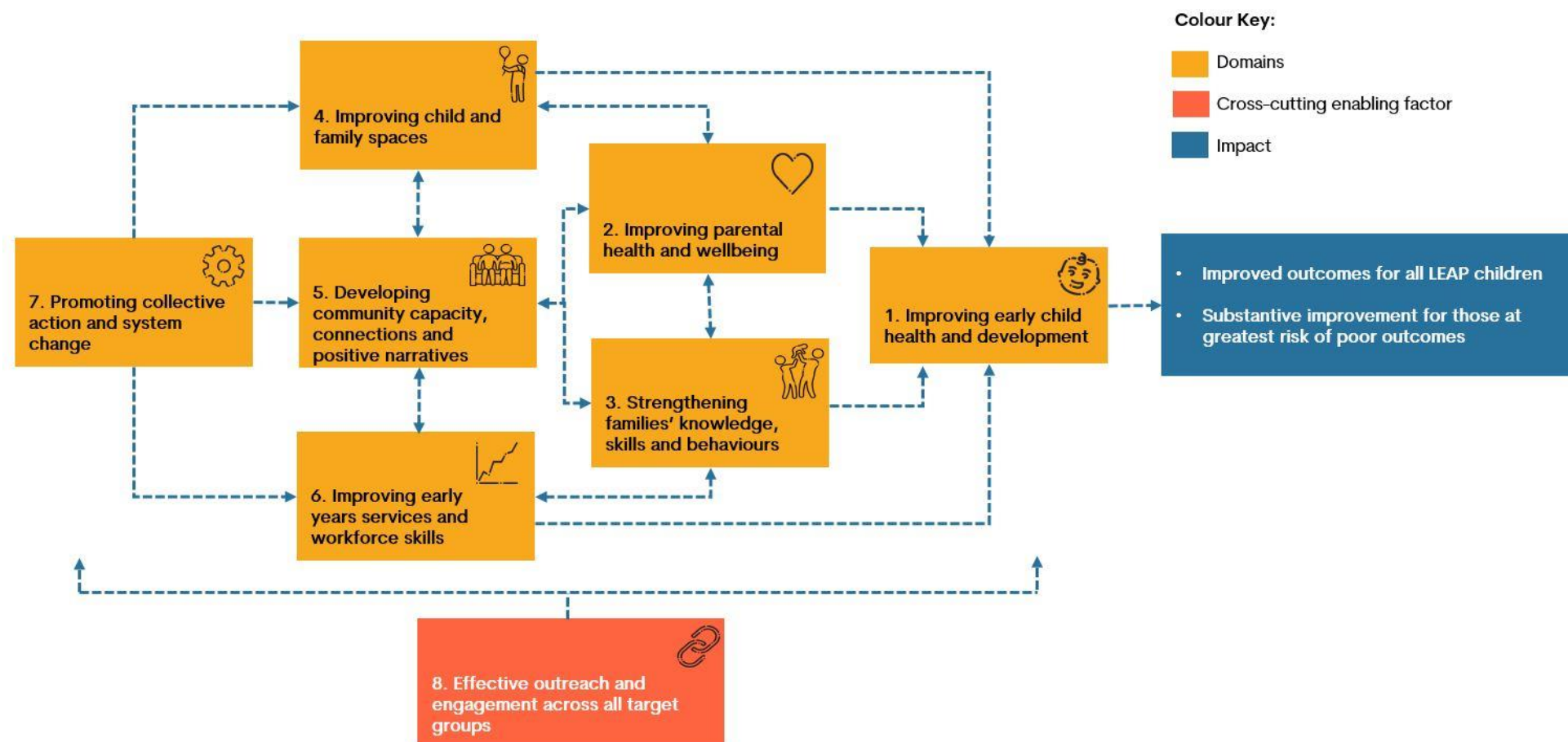
Olander, E. et al. 2021. Evaluation of Together with Baby Service. Available at: <https://parentinfantfoundation.org.uk/wp-content/uploads/2021/05/TwB-Evaluation-Final-Report-19.2.21-FINAL-1.pdf>

Olander, E. K., Moran, P. M., Coates, R., & Ayers, S. (2021). *Evaluation of Together with Baby service*. Parent Infant Foundation.









Parent Infant Foundation. 2021. Where are the infants in children and young people's mental health? Findings from a survey of mental health professionals. Available at: <https://parentinfantfoundation.org.uk/wp-content/uploads/2021/06/PIF-Where-are-the-Infants-in-CYP-MH-26-May.pdf>

Parent Infant Foundation, 2023. The impact of parent-infant relationship teams: a summary of the evidence. Available at: <https://parentinfantfoundation.org.uk/wp-content/uploads/2023/09/Impact-of-teams-report-FINAL-Sept-2023.pdf>

Appendix 1: LEAP's programme level Theory of Change



Appendix 2: LEAP's long-term outcomes by domain

<p>1. Improving early child health and development </p> <p>1.1. Improved diet and nutrition</p> <p>1.1.0. Women have improved obstetric outcomes</p> <p>1.1.1. Fewer children are born with high or low birth-weight</p> <p>1.1.2. Fewer children have high or low BMI</p> <p>1.1.3. Fewer children have dental caries/decay</p> <p>1.2. Improved social and emotional development</p> <p>1.2.1. Age-appropriate self-management and self-control</p> <p>1.2.2. Secure attachment to a trusted caregiver</p> <p>1.2.3. Improved child mental health and wellbeing</p> <p>1.2.4. Positive relationships with other children</p> <p>1.2.5. Positive relationships with adults</p> <p>1.3. Improved communication and language development</p> <p>1.3.1. Children have age-appropriate use of verbal and non-verbal communication methods</p> <p>1.3.2. Children have age-appropriate vocabulary comprehension</p> <p>1.3.3. Children display improved listening and attention skills</p>	<p>2. Improving parental health and wellbeing and reducing parental conflict </p> <p>2.1. Good mental wellbeing</p> <p>2.1.1. Improved parental mental health and wellbeing</p> <p>2.1.2. More families have strong support networks</p> <p>2.2. Improved parental physical health and nutrition</p> <p>2.2.1. Parents have an improved diet and lifestyle during pregnancy and beyond</p> <p>2.3. Positive family relationships</p> <p>2.3.1. Improved co-parenting relationships</p> <p>2.3.2. More survivors of domestic abuse access appropriate specialist support</p>	<p>3. Strengthening families' knowledge, skills and behaviours </p> <p>3.1. Positive parenting knowledge, skills and behaviours</p> <p>3.1.1. Increased knowledge and application of positive, sensitive and responsive parenting</p> <p>3.1.2. More mothers initiating and continuing breastfeeding</p> <p>3.1.3. Improved weaning practices, with more families introducing appropriate food at appropriate times</p> <p>3.2. Improved home learning environments</p> <p>3.2.1. More frequent and varied verbal exchanges between families and children</p> <p>3.2.2. Provide more access to books, book sharing and reading aloud</p> <p>3.2.3. Incorporating reading, literacy and other learning activities into daily routines</p> <p>3.2.4. Increased planning and engaging children in learning activities in and outside the home</p>	<p>4. Improving child and family spaces </p> <p>4.1. More safe and accessible early years provision and community spaces</p> <p>4.2. More families make use of early years provision and community spaces</p> <p>4.3. Increased use of outdoor space for exercise, play or health reasons</p>
<p>5. Developing community capacity, connections and positive narratives </p> <p>5.1. Families connected with each other</p> <p>5.1.1. Families with young children increasingly support each other</p> <p>5.2. Community involvement</p> <p>5.2.1. Families more actively involved in and engaging with their local community</p> <p>5.2.2. Families feel empowered to represent and advocate for themselves and their communities</p> <p>5.3. Families connected to child and family services</p> <p>5.3.1. Families more actively involved in co-production, development and improvement of local child and family provision and spaces</p> <p>5.3.2. Increased trust and engagement between families / communities and local services</p> <p>5.4. Positive social / cultural norms and behaviours</p> <p>5.4.1. Increased understanding of why early childhood matters amongst families, their support networks, and the wider community</p> <p>5.4.2. Families, and particularly Black and ethnic minority families, feel empowered to promote inclusion and safely challenge prejudice or racist attitudes and behaviours across the community</p>	<p>6. Improving early years workforce skills and services </p> <p>6.1. Workforce skills and expertise</p> <p>6.1.1. Improved skills around identifying and supporting children with speech and language difficulties</p> <p>6.1.2. Improved skills around identifying and supporting families where there are attachment and/or infant mental health issues</p> <p>6.1.3. Improved skills around identifying and supporting children who are overweight or obese</p> <p>6.2. Service provision and quality</p> <p>6.2.1. More welcoming, inclusive and approachable services for all children and families, and particularly disadvantaged groups</p> <p>6.2.2. Families, and particularly Black and ethnic minority families, feel listened to by practitioners and professionals, and that their needs and experiences are taken seriously</p> <p>6.2.3. Families know how to raise racism and injustice issues, and where to get professional support</p> <p>6.2.4. Improved early childhood education and care, and child and family services</p>	<p>7. Promoting collective action and system change </p> <p>7.1. Shared vision and joint working</p> <p>7.1.1. A shared vision for children and families across the system and a joint approach for realising this vision</p> <p>7.1.2. More integrated planning and delivery of services and resources for children and families</p> <p>7.2. Evidence-based policy, practice, commissioning and decision-making</p> <p>7.2.1. Thorough understanding of local need and demand</p> <p>7.2.2. More reliable evidence about the impact of place-based, collective impact initiatives is generated, shared, understood and used locally and nationally for continuous learning and improvement</p> <p>7.3. Improved statutory services and child and family provision by other providers</p>	<p>8. Effective outreach and engagement across all target groups </p> <p>8.1. Outreach and engagement with children and families</p> <p>8.1.1. More families, and particularly disadvantaged families, have sustained engagement with local early years services (both LEAP and non-LEAP statutory, voluntary and community services)</p> <p>8.2. Outreach and engagement with other stakeholders / target groups</p> <p>8.2.1. Increased awareness, understanding and engagement with LEAP's work among local services, workforce and decision makers</p>

Appendix 3: Theory of Change: PAIRS One to One Service

E.6: PAIRS - One to One



What is the service?

PAIRS one-to-one service supports parents to enjoy their relationship with their infant. The service provides a non-judgmental, reflective space for parents to observe and think about their babies. PAIRS practitioners provide one-to-one psychotherapeutic support to strengthen the relationship between parents and their infant, support the infant's development and wellbeing, and supporting parental confidence to manage the stress of being a parent.

Who is eligible?

Parents or caregivers of babies aged

		Interventions (outputs)		Short-term outcomes		Medium-term outcomes		Long-term outcome
1. Delivery	O1	Provide one-to-one support to approximately 45 families per year where there is a significant risk of poor parent-child attachment.	S1	Families engage with, complete, and positively rate the service.	M1	Parents have increased knowledge in positive, sensitive, and responsive parenting and increased confidence in their ability to apply this knowledge.		
2. Training and CPD	O2	Parent-infant psychotherapists delivering the service are provided with CPD opportunities	S2	Parent-infant psychotherapists engage with CPD opportunities and rate them positively	M2	Parent-infant Psychotherapists feel confident and competent in delivering the intervention.		
3. Engagement	O3	Ensure one-to-one support is accessible and inclusive.	S3	Eligible parents from LEAP's target population* engage with, complete, and positively rate the service.	M3	Eligible parents from LEAP's target group have increased knowledge and confidence in applying positive, sensitive, and responsive parenting.		Parents apply positive, sensitive, and responsive parenting, and children establish a secure attachment with their caregiver.
4. Stakeholders	O4	Establish key 'PAIRS' messages for parents that can be reinforced by other services.	S4	Other services reinforce key 'PAIRS' messages as part of their delivery.	M4	Participants from other services hear and respond positively to key 'PAIRS' messages.		
5. Ongoing Support	O5	Establish processes to check parents are registered with children's centres and informed about childcare places	S5	Parents are encouraged to engage with children's centres and take up free childcare places	M5	Families access children's centres and free childcare places		

*LEAP target groups are those living in the most deprived neighbourhoods and those from BAME backgrounds

Appendix 4: Theory of Change: PAIRS Together Time

E.8: PAIRS - Together Time



What is the service?

PAIRS - Together Time is a six-week group programme that aims to enhance parent's capacity to observe and understand their baby's cues, mentalize their baby's experience and reflect on their relationship with their baby. Together Time is delivered by trained family professionals using a technique called 'Watch, Wait and Wonder' to support parent / infant interaction.

Who is eligible?

Parents or caregivers of babies aged between 3- and 8-months-old.

	Interventions (outputs)		Short-term outcomes		Medium-term outcomes		Long-term outcome
1. Delivery	O1	Run at least three Together Time Groups* in the LEAP area each year and develop a plan for how to increase this number.	S1	Parents engage with, complete, and positively rate the service.	M1	Parents have increased knowledge in positive, sensitive, and responsive parenting and increased confidence about how to apply this knowledge.	
2. Training and CPD	O2	Provide training to the delivery team and to Better Start workers involved in delivery.	S2	The delivery team and involved Better Start workers engage with the supervision and support available and rate it positively.	M2	The delivery team and involved Better Start workers feel confident and competent in delivering the service.	
3. Engagement	O3	Ensure Together Time is accessible and inclusive.	S3	Parents from LEAP's target groups** are accessing the service and rating it positively.	M3	Parents from LEAP target groups have increased knowledge and confidence in positive, sensitive, and responsive parenting.	
4. Stakeholders	O4	Agree key 'PAIRS' messages for other services reinforce.	S4	Other services reinforce key 'PAIRS' messages as part of their delivery.	M4	Participants from other services hear and respond positively to key 'PAIRS' messages.	
5. Ongoing Support	O5	Establish processes to secure follow-on referrals into Baby Chattertime.	S5	Referrals made into Baby Chattertime.	M5	Families accessing Baby Chattertime.	
							Parents apply positive, sensitive, and responsive parenting, and children establish a secure attachment with their primary caregiver.

*Groups should comprise between six and ten parents.

**Our target population is comprised of those where there is a risk of poor parent-child attachment including families living in deprived neighbourhoods and parents from BAME backgrounds.

Appendix 5: Theory of Change: Circle of Security Parenting

E.7: PAIRS - Circle of Security Parenting



What is the service?

Circle of Security Parenting is an eight-week group programme that aims to: support parent's understanding of, and response to, their child's emotional needs; support parent's relationship with their child; enhance the development of children's self-esteem and improve parent's confidence in their parenting abilities.

Who is eligible?

Parents or caregivers of children aged between 4-months and 5-years-old.

		Interventions (outputs)		Short-term outcomes		Medium-term outcomes		Long-term outcome
1. Delivery	O1	Oversee or run at least six Circle of Security Groups* in the LEAP area per year.	S1	Parents engage with, complete, and positively rate the service.	M1	Parents have increased knowledge and confidence with regard to positive, sensitive, and responsive parenting.		
2. Training and CPD	O2	Provide regular supervision and workshops to practitioners delivering the service.	S2	Practitioners engage with CPD opportunities and rate them positively.	M2	Practitioners feel confident and competent in delivering the service.		
3. Engagement	O3	Work with partners to ensure our target population** is well represented amongst service participants.	S3	LEAP target population engages with, completes, and positively rates the service.	M3	LEAP target population has increased knowledge and confidence with regard to positive, sensitive and responsive parenting.		Parents apply positive, sensitive, and responsive parenting, and children establish a secure attachment with their caregiver.
4. Stakeholders	O4	COSP facilitators embed key COSP and PAIRS messages into wider work and share with colleagues.	S4	Children's centre workforce is equipped to share key COSP and PAIRS messages with families.	M4	Families are exposed to and respond positively to key COSP and PAIRS messages whilst accessing children's centre provision.		
5. Ongoing Support	O5	Establish processes to secure follow-on referrals into Sharing REAL.	S5	Families are referred to Sharing REAL.	M5	Families are accessing Sharing REAL.		

* Groups ideally include between six to eight families.

** Families living in deprived neighbourhoods and parents from BAME backgrounds.

Appendix 6: Theory of Change: PAIRS Team supporting the local workforce

E.9: PAIRS - Workforce Work



What is the service?

PAIRS clinicians support the local early years workforce to respond to infant mental health (IMH) needs and support parent-infant relationships by providing:

- reflective supervision and workshops for individuals and groups delivering LEAP interventions
- training for key workforce groups supporting LEAP families
- consultation on cases to the wider Lambeth workforce
- ad hoc activities to share PAIRS expertise and insights beyond LEAP
- development of practice and processes within Lambeth CAMHS.

Who is eligible?

Local early years workforce.

		Interventions (outputs)		Short-term outcomes		Medium-term outcomes		Long-term outcome
1. Delivery	O1	Provide a programme of support to upskill the local workforce in relation to IMH* and parent-infant relationships.	S1	Professionals and volunteers engage with, complete, and positively rate support from PAIRS.	M1	Professionals and volunteers feel increased confidence and knowledge around IMH and parent-infant relationships, and are equipped to support and signpost/refer families as appropriate within their roles.		
2. Training and CPD	O2	Provide PAIRS practitioners with CPD opportunities.	S2	PAIRS practitioners engage with CPD opportunities and rate them positively.	M2	PAIRS practitioners feel confident and competent in delivering workforce support.		
3. Engagement	O3	Target key workforce groups* with interventions that support their practice and capability to signpost/refer families to appropriate services**.	S3	Key workforce groups engage with, complete, and positively rate support from PAIRS.	M3	Key workforce groups feel increased confidence and knowledge around IMH and parent-infant relationships, and are equipped to support and signpost/refer families as appropriate within their roles.		Improved workforce skills to identify and support families where there are issues with IMH and parent-infant relationships.
4. Stakeholders	O4	Agree key PAIRS messages to be reinforced by other services, including around signposting/referring families.	S4	Other services reinforce key PAIRS messages as part of their delivery and make appropriate referrals.	M4	Participants in other services hear and respond positively to key PAIRS messages and can access appropriate interventions.		Support uptake of interventions addressing IMH and parent-infant relationships.
5. Ongoing Support	O5	Coordinate local strategic group to ensure the needs of the infant are met in a multidisciplinary working environment.	S5	System leaders engage with steering group and take action within their areas of influence.	M5	System leaders facilitate improvements within their areas of influence, and support the workforce to engage with PAIRS.		

* Key workforce groups include:

- Those whose roles make them particularly well-placed to identify families' needs and refer to PAIRS One-to-One (e.g. in children's social care, Early Help, health visiting)
- Those whose roles benefit from ongoing individual/group supervision from PAIRS (e.g. Baby Steps, FNP)
- Those facilitating psychodynamic group interventions developed or first implemented locally by PAIRS (Circle of Security Parenting, Together Time)
- Those who build relationships with LEAP families, particularly families living in deprived neighbourhoods and from BAME backgrounds, and who need a basic awareness of PAIRS messages and interventions (e.g. Parent Champions).

** PAIRS One-to-One, PAIRS Together Time or Circle of Security Parenting