Evaluation of the LEAP Parent and Infant Relationship Service (PAIRS)

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Executive Summary

About LEAP's Parent and Infant Relationship Service (PAIRS)

Lambeth Early Action Partnership (LEAP) is one of five local partnerships which make up A Better Start, a national ten-year (2015-2025) test and learn programme funded by the National Lottery Community Fund. LEAP aims to:

1. Improve early child development outcomes for all children living in the LEAP area.
2. Reduce local inequalities by supporting those at greater risk of poor outcomes.

LEAP has funded South London and Maudsley NHS Foundation Trust to deliver a Parent and Infant Relationship Service (PAIRS) since 2015. This service is based in Lambeth CAMHS and offers:

- Parent-infant psychotherapy and Together Time (a therapeutic parent-baby group)
- Specialist assessments and other parent-infant interventions
- Support and advice to the local early years workforce through consultation, reflective supervision and training
- Activities to promote infant mental health and a healthy parent-infant relationship

It is important to note the unique role that LEAP plays in supporting PAIRS, making PAIRS different from other parent and infant relationship services. Being a LEAP service comes with requirements regarding data collection and reporting, age- and postcode-based eligibility criteria for access to the service, facilitated connections to the wider LEAP-funded workforce and support through the LEAP team, resources and opportunities to engage with parents, including to gather insights to inform service design and improvement.

In 2023, PAIRS was awarded the AiMH Together Award. This is awarded annually to one infant mental health team in recognition of working collaboratively and creatively to improve infant mental health outcomes for babies in their community by the Association for Infant Mental Health.

Evaluation

The aim of this evaluation was to evaluate both PAIRS' workforce and family-focused activities and took place between December 2023 and April 2024. This included elements of both process and impact evaluation with four key evaluation questions:

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

This evaluation comes at an important time for parent-infant relationship services. The evidence of the impact of parent-infant relationship teams is growing (Parent Infant Foundation, 2023) and policy is starting to reflect the importance of babies' experiences in their environment and with their caregivers. This evaluation addresses the need for further work to understand and specify how parent-infant services work, for whom and in what context.

Evaluation methods

This evaluation used mixed methods including interviews with parents, the PAIRS team and local stakeholders, as well as analysis of data routinely collected by LEAP and PAIRS. Fifteen parents took part in an interview or focus group; six had participated in parent-infant psychotherapy, and eight had participated in Together Time. One interviewee had participated in both. Parents were from a range of ethnic backgrounds. Most were first time parents and all bar one was a mother. Six members of the PAIRS team and ten stakeholders representing the wider local early years workforce also took part in an interview or focus group. The stakeholders had experience of referring families to PAIRS, attending reflective supervision, consultations, supporting commissioning, and represented health visiting, midwifery and closely associated services.

Anonymised service engagement data were available for 282 parent-infant dyads who accessed parent-infant psychotherapy between June 2015 and December 2023, and outcomes data were available for 284 adults. 198 service users (99 infants, 95 mothers and 4 fathers) attended Together Time groups between October 2018 and January 2024. Out of these individuals, data were available for 114 participants who took part in the programme between 11 October 2018 and 14th July 2023. Quantitative data included details about appointments/attendance and demographics of those entering the service (ethnicity, relationship status, gender and age). The time at which data are collected differs for each service. Clinical outcomes data included:

- Parental Reflective Functioning Questionnaire (PRFQ)
- DC:0-5 Levels of Adaptive Functioning (LOAF)
- Mothers' Object Relations Scale (MORS).
- Ages and Stages Questionnaire (0-2 years Social and Emotional subscale - ASQ2-SE)

Findings

The interconnectedness of PAIRS

A key finding from this evaluation is how **all PAIRS activities are interconnected**. PAIRS cannot be successful in supporting families living in Lambeth without also building capacity within the local early years' ecosystem. The local capacity building that PAIRS is involved with leads to more awareness of infant mental health and the service which increases the number of appropriate referrals to the service. This in turn means that more parents and carers are being supported and report benefits such as better parent-infant bond, improved confidence in their parenting skills and improved mental health.

Themes generated from the interviews and focus groups and findings from the quantitative data analysis are presented and discussed below. To maintain participant anonymity, participants are referred to as parent,[1] PAIRS team member or stakeholder.

Building capacity in the Early Years workforce

This section links to the evaluation question - *To what extent and how does PAIRS build the capacity of Lambeth's early years ecosystem to support parent-infant relationships?* The interviews with the PAIRS team and stakeholders showed how **awareness of infant mental health and parent-infant relationship within local early years services has improved through training, reflective supervision and consultation provided by PAIRS.** Reflective supervision for the early years workforce and consultation about potential referrals were highly valued as these sessions built expertise and offered support to practitioners.

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[1] PAIRS supports both parents and carers, but no carers were interviewed for this evaluation.

> *…it's very helpful for us to have somebody that we can discuss cases with, as a reflective space, that can advise us, that can help us see a different perspective, that we know that we can refer to, if we need them.* (Stakeholder)

Practitioners also appreciated the support they received in reflective supervision sessions, and that their experiences were seen and heard by the Child and Adolescent Psychoanalytic Psychotherapists. Finally, **more training was desired** and could aid additional relationship building with services and increase referrals.

It was also clear from the interviews that the child and parent-infant psychotherapy **expertise provided by PAIRS to other services supporting families in Lambeth would be absent if PAIRS did not exist** – this would leave a vacuum for babies in the area who need intervention. PAIRS has also contributed to the **redesign of the parenting offer in Lambeth**, for example through supporting the implementation of Circle of Security Parenting (COSP). The current commissioning arrangements reflect good practice as defined by the Parent-Infant Foundation. However, funding was discussed by several PAIRS team members and stakeholders as an ongoing issue impacting service scale up and sustainability.

Targeting social inequality

This section links to the evaluation question - *What is PAIRS' contribution to addressing social inequality in parent-infant relationship outcomes and experiences of support?*
PAIRS works with a highly diverse population based in areas of deprivation. In terms of ethnicity, the main population group parent-infant psychotherapy worked with was with parents and carers identifying as Black, Black British, Black Welsh, Caribbean or African at 24.5%. For Together Time, this number was 15.2%. The main population group for Together Time was those identifying as White (46.6%). Index of Multiple Deprivation data show that for both Together Time and parent-infant psychotherapy services, a **majority (60%) of service users live in the most deprived 30% of areas in England** and between 35-40% of service users in both services live in the most deprived 20% of areas in England. This means that PAIRS reaches the diverse population that lives in the LEAP area.

The multiple disadvantages faced by many families in the LEAP area can contribute to a poor parent-infant relationship. These disadvantages included poverty, poor housing, recent migration to the UK, mental health issues, social isolation, intimate partner violence, baby loss and current/previous trauma. It was common to have more than one of the above disadvantages represented within a parent/family, which resulted in being '*referred complex cases where there's various different strands and components and kind of simultaneous things going on, simultaneous needs happening for that family.*' (PAIRS team member).

Service referral

Babies, young children and parents were referred to PAIRS from several different services, with the most referrals coming from midwifery (22.1% of referrals) and health visiting services (17.3% of referrals). The PAIRS team reported having good working relationships with both services which facilitated referrals. Other referral sources included Better Start workers in Children's Centres (11.2%), likely due to the strong links that PAIRS has to the local Children's Centres, embedding themselves within their service. This again shows the interconnectedness of PAIRS activities to support local services and families.

Other referrer categories included self-referrals (6.7%), GPs (5.6%) and adult mental health (including perinatal mental health, Talking Therapies; 4.8%) and other LEAP services. This shows how PAIRS has

benefitted from being part of LEAP, and **reached several key local early years services**, evidencing their influence on the local workforce. There were a few '*super referrers*' which leaves the service vulnerable if those staff leave. Consequently, it is important to keep marketing and explaining the service to practitioners and establish strong pathways for referral that rely less on individual practitioners.

Almost three quarters (74%) of referrals to parent-infant psychotherapy were during pregnancy. Most service users for parent-infant psychotherapy and Together Time were mothers.

Service engagement

The **number of families seen has increased** during the time the service has been running. For example, for parent-infant psychotherapy there has been a linear trend showing an increase in appointments yearly, see figure 1.

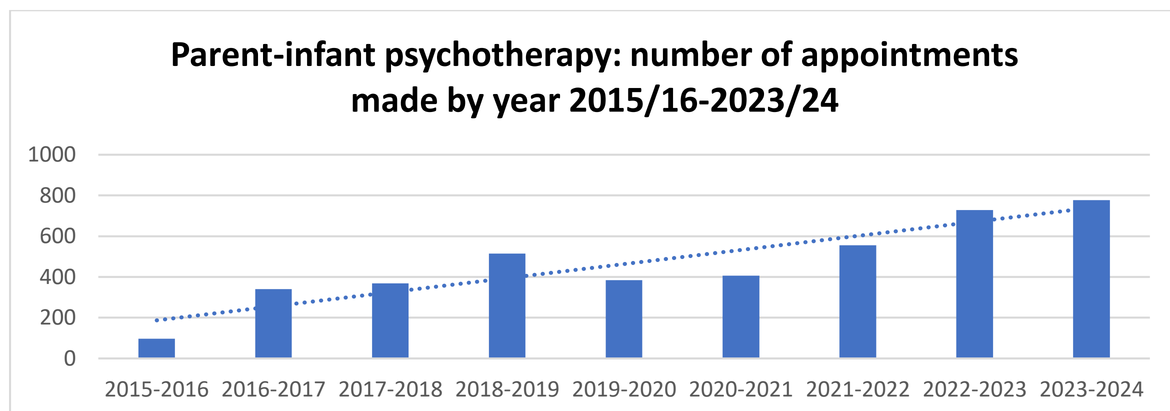

Figure 1. Number of parent-infant psychotherapy appointments made by year 2015/16 to 2023/24

For parent-infant psychotherapy, over 73% of appointments were attended; 14% were cancelled and 11% of appointments were not attended. The percentage of appointments not attended is favourable in comparison with national CAMHS data which shows non-attendance rates of 15-20% between 2019/20 and 2020/21.

Key mechanisms of impact on families

The PAIRS team recognised the importance of **working flexibly with families** in the parent-infant psychotherapy service. This included understanding individuals' context and needs and tailoring support to these, for example through being flexible and offering appointments face-to-face, online and via phone. This flexibility made it easier for parents who felt anxious about attending a mental health service. For parents who regularly stayed with different family members (such as mother or partner) in different parts of London, this flexibility was imperative and ensured they could keep in regular contact with their PAIRS practitioner.

Together Time is a therapeutic parent-baby group and its focus on both the parent and the baby was greatly appreciated by parents for whom it **provided a sense of community, support and learning about child development.** Parents also mentioned how discovering that other parents struggle too made them feel less alone and less like their struggles were failures.

> *It's been great to come and see the same people, the same familiar faces, and getting to know each other, erm, kind of a, a bit more deeply than you would in some of the other baby activities that we've been going to…* (Parent, Together Time)

Close collaborative working between PAIRS and early years services was essential to the successful functioning of PAIRS including ensuring appropriate referrals, initial assessments, and in supporting families.

Impact on children and families

This section links to the evaluation questions; *To what extent and how does PAIRS improve parent-infant relationships and medium-term attachment outcomes for families?* And *What impact do PAIRS interventions have on long-term child health outcomes?*
In the interviews and focus group, parents consistently reported an **improved bond with their baby**. Other often mentioned benefits included **feeling listened to, gaining confidence as a parent, re-framing thoughts and developing coping strategies.** This confidence and strategies also positively influenced how parents related to other children and family members. One parent explained how after Together Time they

> *Think more about the feelings of my baby, so have that together time, that moment to observe her has been useful, just to be mindful of her feelings…* (Parent, Together Time)

It was acknowledged by many of the PAIRS team and stakeholders that the **impact of PAIRS is likely to be long-term**, as psychotherapy is designed to have a long-term impact due to helping parents have a different mindset. Benefits mentioned included a different more positive approach to parenting and better infant/child mental health reducing the need to access CAMHS later in life.

For Together Time, statistical analysis showed a significant increase in total warmth and significant decrease in total invasiveness, suggesting that parents perceived their baby as being warmer towards them and less intrusive and controlling at the end of the programme (assessed by MORS). Parents' reflective functioning scores increased suggesting that parents better understood their child as an independent being with their own thoughts and feelings. For LOAF, most Together Time families were functioning at level 1 (well-adapted, not in need of clinical attention) both before (54.11%) and after (53.57%) the programme. Although clinical outcome data for parent-infant psychotherapy were limited, meaning that an accurate picture of improvement over time cannot be provided, positive impact was clearly described by parents in interviews. For parent-infant psychotherapy, most families were in level 2 (strained to concerning relationships) as measured by LOAF.

Evaluation strengths and weaknesses

A considerable strength of this evaluation is the diversity in stakeholders (N=10) interviewed providing different perspectives to identify consistent and divergent experiences. Other service evaluations have interviewed parents only (Burns, Brown & Rankin, 2021) or a limited number of practitioners and stakeholders (Woodrow et al, 2024). It is also a strength to explore the impact on families using both qualitative and quantitative measures, to compare findings and identify positive experiences that the quantitative measures do not capture. A weakness is that interviews with any pregnant women was not possible due to the short evaluation timescales. That said, three women who had started parent-infant psychotherapy whilst pregnant were interviewed postpartum and those experiences are included within this report.

Recommendations

PAIRS has made a positive impact on the local early years' workforce and families. A key finding is the interconnectedness of all of PAIRS activities, for example the reflective practice sessions enable the early years workforce to support the parent-infant relationship within their own workload but also refer to PAIRS when appropriate. Families in turn benefit from the collaborative working that PAIRS engages in, which also helps raise awareness of the support PAIRS has available to families. **This good practice must continue** whilst scaling up the service to be available to families Lambeth-wide. Whilst the service is well-embedded within LEAP and some other wider services, the continued efficacy of the service will depend on how well it becomes embedded in Lambeth.

In addition, we make the following recommendations:

PAIRS team

- To continue capacity building: **offer training Lambeth-wide for early years workforce staff** who are now able to refer to PAIRS. This should include its offer for families and referral process. Consider offering further regular and targeted consultation and reflective supervision sessions for different services.
- To engage service users: **review the marketing of PAIRS**, in particular Together Time. This could be done together with parents who have attended the group to help identify appropriate wording on advertising material.
- To improve the quantitative measurement of impact: **review PAIRS theory of change considering the evaluation findings and revisit the quantitative measures used to assess clinical outcomes**. Use the qualitative findings from this evaluation to guide what may be important to measure and consider who engages with the service (74% pregnant women) and how to implement measures within the therapeutic space. This includes revisiting how outcome measures are explained to parents, to make sure parents understand their use and importance.
- To aid further service evaluation: **use a consistent approach when capturing data on families and their engagement with PAIRS**. For example, 30% of ethnicity data is missing for PAIRS service users. Consider including quantitative measures to capture PAIRS capacity building activities. For example, routine quantitative measures regarding engagement and referral rates to PAIRS can be implemented to allow for continuous evaluation of reflective supervision and consultation.
- To stay sustainable and support scale up**: Start planning for an increase in referrals** after becoming a Lambeth-wide service and how to manage this. This includes relying less on *'super referrers'* and establishing strong pathways for referral between services.

SLaM and PAIRS team

- **Identify a clear and straightforward pathway** within CAMHS to make referral to PAIRS an easy process.

Service commissioners

- Work together with SLaM, other NHS and non-NHS services to **identify funding opportunities** to aid service sustainability. This could include using local and national networks and resources (such as Parent-Infant Foundation self-audit tool) to identify good practice and how other services fund their work.

Case studies

Below are three case studies showcasing PAIRS impact on the early years workforce and families they work with. Each case study is based on at least two interviews to maintain confidentiality. All names are pseudonyms. More information on the reflective practice sessions can be found in section 3.1 and benefits to parents are presented in sections 3.6 and 3.7.

Reflective practice

Susan attended regular reflective practice with one of the PAIRS Child and Adolescent Psychoanalytic Psychotherapists. This reflective practice was offered to her and her colleagues by PAIRS as their service worked with families in the LEAP area who had vulnerabilities that may influence the parent-infant relationship negatively. During the reflective practice group session, the discussions focused on families on Susan's case load, and particularly the parent-infant relationship, putting the needs of the baby in focus. Furthermore, the Child and Adolescent Psychoanalytic Psychotherapists provided another perspective on family situations and parent-infant interactions, which Susan found very helpful.

The reflective practice session provided opportunities to build Susan's expertise and capacity to support the parent-infant relationship within her own caseload. There was also time to discuss referral to PAIRS if appropriate and share information and updates about families both services were working with. This informal information sharing helped Susan understand the families she worked with better, helping her provide family-centred support.

Additional benefits from the reflective practice sessions included discussing referral to other services such as perinatal mental health, and how to work with families who face barriers to attend services. Susan also valued how the Child and Adolescent Psychoanalytic Psychotherapist provided support for her through always asking how she was doing and acknowledging that working with families living with vulnerabilities can be difficult and emotionally draining. Through this additional focus on her own wellbeing Susan felt listened to and it enabled her to reflect on her work and caseload. Overall, Susan's experience with the reflective practice sessions was very positive and an integral part of her work.

Parent-infant psychotherapy

Jocelyn's midwife noticed that she seemed distressed. Jocelyn admitted she was struggling with feeling low, so her midwife suggested a referral to PAIRS. With Jocelyn's agreement, PAIRS then contacted her and talked through what they could offer. She didn't feel comfortable with the idea of opening up in a group, so opted to take part in parent-infant psychotherapy. This was the first time she'd ever had psychotherapy and she was initially apprehensive.

She spoke to a PAIRS psychotherapist every couple of weeks, sometimes in person and sometimes by phone or Zoom for about four months. She described the sessions as feeling like a safe, non-judgmental space where she could open up about her worries. She was immediately reassured that she would not be seen as a bad parent for struggling, but that seeking and accepting help when it is needed was actually a sign of good parenting. She felt it made a huge difference having someone to talk to who validated her feelings. When she felt overwhelmed by negative thoughts, the therapist encouraged her to recognize what she was doing well and where things in her life were getting better, which she found extremely helpful. She felt the experience has made her more self-aware and better able to cope as she said she continues to use the strategies she learned in therapy to reframe negative thoughts when they occur. She was confident that her relationship with her child would benefit from this.

Together Time therapeutic parent and baby group

Maryam joined a Together Time group when her baby was four months old. She had attended an antenatal class while she was pregnant and a member of the PAIRS team had come to one of the sessions to tell the class about PAIRS and Together Time. She liked the sound of it and lived in the right area to be eligible to join, so she signed up. She attended all but one of the sessions which she missed because she was unwell.

She described the Together Time group sessions as both a place for reflection and discussion with other parents, and as a place where she was encouraged to bond with her baby by taking time to block everything else out and just be with and observe her baby. She particularly valued that it was the same group of parents at each session and that, even though they were mostly talking about parenthood, she felt like she was seen as a person in the group and not just as the parent of a baby. She found it extremely reassuring to hear from other parents that they were experiencing the same challenges, and it made her feel normal. It helped her relax and taught her that it's ok to put chores and responsibilities on hold to take moments to connect with her baby by just looking, observing and noticing.

Maryam described the staff running the sessions as very friendly and helpful. They created a relaxed environment and provided a structure for the sessions which Maryam liked.

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1. Introduction

1.1 Lambeth Early Action Partnership

Lambeth Early Action Partnership (LEAP) is one of five local partnerships which make up A Better Start, a national ten-year (2015-2025) test and learn programme funded by the National Lottery Community Fund. LEAP aims to:

1. Improve early child development outcomes for all children living in the LEAP area.
2. Reduce local inequalities by supporting those at greater risk of poor outcomes.

LEAP has funded and supported more than 20 local services to meet the needs of families through pregnancy and the early years of childhood. These services link together and act as a 'collective impact initiative,' working together towards shared goals to improve outcomes for very young children.

LEAP delivers services in parts of Lambeth (the LEAP area) where local need is the highest and young children experience greater inequalities than children in the rest of the borough. 68% of children in this area are classed as living in deprived neighbourhoods. The LEAP area stretches from Stockwell to Myatt's Field, down through North Brixton to the top of Tulse Hill, covering about 20% Lambeth. By focusing on this geographical area, services are provided to those who need it the most and contribute to the narrowing of inequalities.

1.2 PAIRS

LEAP has funded a parent and infant relationship service (PAIRS) since 2015. PAIRS has multiple tiers and includes targeted, specialist and universal elements to promote infant mental health and a healthy parent-infant relationship (see Figure 1). Central to PAIRS specialist offer is parent-infant psychotherapy, not only in supporting individual families, but in supporting the workforce across all tiers of PAIRS (also shown in Figure 1, below):

- Parent-infant psychotherapy typically between one parent and their baby
- Together Time (a therapeutic parent-baby group)
- Circle of Security (a group intervention to promote secure attachment between caregiver and child)
- Specialist assessments
- Other parent-infant interventions as appropriate
- Support and advice to the local Early Years workforce through consultation, reflection, supervision and training

Figure 1. The specialist, targeted and universal tiers provided by PAIRS.

In December 2023, when this evaluation started, the PAIRS team was made up of:

- one clinical service lead;
- three Child and Adolescent Psychoanalytic Psychotherapists specialising in parent-infant psychotherapy;
- one art psychotherapist/ Child and Adolescent Mental Health Service (CAMHS) group practitioner;
- one trainee child and adolescent psychotherapist;
- two CAMHS/infant mental health practitioners for under 5's; *and*
- a team administrator.

Three of the team, including the service lead, were working full time and the rest part time during this evaluation. The team structure has been largely stable since 2020, with the two under 5's practitioners joining in 2022. Some recruitment was underway whilst this evaluation was conducted. A Consultant Child and Adolescent Psychoanalytic Psychotherapist in Lambeth CAMHS provides clinical leadership for PAIRS.

It is important to note the unique role that LEAP plays in supporting PAIRS, making PAIRS different from other parent and infant relationship services. Being a LEAP service comes with:

- Requirements particularly around data collection and reporting, and participating in service- and programme-level evaluation activities
- Age- and postcode-based eligibility criteria for access to the service
- Facilitated connections to the wider LEAP-funded workforce, and workforce support including training, networking events and email updates
- Extensive public health support from a Strand Lead and support at a strategic level from LEAP's senior leaders
- Resources and guidance from data and evaluation experts, e.g. bespoke databases and support to develop Theories of Change
- Opportunities to engage with parents, including to gather insights to inform service design and improvement.

In 2023, PAIRS was awarded the AiMH Together Award. This is awarded annually to one infant mental health team in recognition of working collaboratively and creatively to improve infant mental health outcomes for babies in their community.

1.3 Evaluation

In October 2023 an Invitation to Tender for an evaluation of PAIRS was published, and researchers at the Centre for Maternal and Child Health at City St Georges, University of London were commissioned to conduct the evaluation.

The aim of the evaluation was to evaluate both PAIRS' family and workforce-focused activities. This included elements of both process and impact evaluation (see appendix 1 for evaluation objectives) within the four key evaluation questions:

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

This evaluation comes at an important time for parent-infant relationship services. The evidence of the impact of parent-infant relationship teams is growing (Parent Infant Foundation, 2023) and policy is starting to reflect the importance of babies' experiences in their environment and with their caregivers. The Government has recently launched guidance for healthcare practitioners to support them in asking parents about their relationship with their baby. It is suggested that, to meet the needs of infants in the UK, ten times more parent-infant relationship services are needed. The First 1001 Days Manifesto for Babies recommends that more needs to be spent on prevention and to tackle health inequalities to ensure all babies have a good start to life. The Start for Life campaign is providing some financial support to help services support parents in bonding with their baby.

This evaluation addresses the need for further work to understand and specify how parent-infant services work, for whom and in what context. This evaluation also comes at an important time for LEAP and PAIRS as the former ends in 2025 and PAIRS will become a Lambeth-wide service. Thus, these findings will also be used to inform local service improvement.

2. Methods

This evaluation used mixed methods including interviews with parents, the PAIRS team and local stakeholders, as well as analysis of data routinely collected by LEAP and PAIRS. Data collection and analysis was informed by theories of change developed by LEAP and PAIRS. The methodology is described below, with more detail provided in appendix 2. The PAIRS Theory of Change can be found in appendix 3.

2.1 Qualitative data

2.1.1 Parents

Fifteen parents who had taken part in PAIRS participated in an online interview (n=9) or face-to-face focus group (n=6). All nine who were interviewed and one parent in the focus group resided in the LEAP area (three lived outside of LEAP area but in deprived areas as defined by Index of Multiple Deprivation, two parents did not provide their post code). Of these parents, six had participated in parent-infant psychotherapy, and eight had participated in Together Time. One interviewee had participated in both. Participants were from a range of ethnic backgrounds. Most were first time parents and all but one had a child under three years, with the majority having an infant under one year at the time of the interview/focus group. Fourteen of those interviewed were women and one was a man who was interviewed together with his partner. All parents were offered a £15 voucher for their time. Interview/focus group questions focused on experiences with service referral, engagement with service and its impact on bond with infant.

2.1.2 PAIRS team and stakeholders

Six members of the PAIRS team and ten stakeholders took part in either online interviews or focus group discussions. The stakeholders had experience of referring families to PAIRS, attending consultations or reflective supervision sessions, supporting commissioning, and represented health visiting, midwifery and closely associated services. Interview/focus group questions focused on the population PAIRS work with, current service, its offer and engagement, impact on families and wider workforce and future opportunities and challenges associated with becoming a Lambeth-wide service.

2.1.3 Data analysis

All interviews and focus groups were recorded and transcribed verbatim using a professional transcription agency. Subsequently, transcripts were analysed thematically using NVivo software for qualitative analysis, with data from parents and PAIRS team/stakeholders analysed separately before findings were combined.

2.2 Quantitative data

2.2.1 Engagement data

Anonymised service engagement data were provided for 282 adults who accessed parent-infant psychotherapy between 23 June 2015 and 28 December 2023. Engagement data included appointment date, type of appointment (e.g. online or face-to-face), practitioner role, attendance status and whether a case was open or closed.

Engagement data for 198 Together Time service users (99 infants, 95 mothers and 4 fathers) were provided and showed the number of service users taking part and completing the scheduled groups.

Demographics of those entering the service were also provided (ethnicity, relationship status, gender and age).

Engagement data for Circle of Security Parenting groups were provided for the period during which PAIRS funded this service (2018-2020). In total, 113 adults attended during this time.

2.2.2 Outcome measures

PAIRS collects data on parental reflective functioning (Parental Reflective Functioning Questionnaire - PRFQ), children's social and emotional development (Ages and Stages Questionnaire 0-2 years Social and Emotional subscale - ASQ2-SE), caregiving dimensions and environment (DC:0-5 Levels of Adaptive Functioning - LOAF), and the caregiver-infant relationship (Mothers' Object Relations Scale - MORS). The time at which data are collected differs for each service. See section 3.6. for more information on these measures.

Parent-infant psychotherapy outcome data were provided for 284 clients; 279 were mothers and 3 were fathers; 2 were unknown or missing. Data were provided from July 2017 through to December 2023. There were 141 female children, 118 male children and 25 were unknown or data were missing. At the end of December 2023 there were 88 active cases, 195 were closed and 1 was unknown.

For the Together Time groups, outcome data were provided for 95 adults at the start and 62 adults at the end of the programme.

As is usual in service evaluations, some outcome data were missing. For example, the data provided for ASQ2-SE were minimal (approx. 8 participants) so statistical analysis was not appropriate. Frequency analysis is provided for all data, and paired samples t-tests were performed where suitable. It is possible that data has been collected for the same service user twice if they attended both parent-infant psychotherapy and Together Time. For example, Together Time and Circle of Security Parenting (COSP) referred 7 families to parent-infant psychotherapy between 2015 and 2024. Due to the anonymous data, the evaluation team could not assess if a parent was included in the dataset twice for different services, but if this occurred, it is unlikely that it influenced results considerably.

3. Findings

The interconnectedness of PAIRS

A key finding from this evaluation was how all PAIRS activities are interconnected. PAIRS could not be successful in supporting families living in Lambeth without also building capacity within the local early years' ecosystem and as such it is an overarching mechanism of change. The local workforce capacity building (section 3.1) that PAIRS was involved with led to more awareness of infant mental health and of the service which increased the number of appropriate referrals (section 3.3). This in turn meant that more parents and carers were being supported by PAIRS and reported benefits such as better parent-infant bond, improved confidence in their parenting skills and improved mental health (see sections 3.6 and 3.7). Capacity building across the local workforce allowed for the increase in numbers of families supported.

Themes generated from the interviews and focus groups and findings from the quantitative data analysis are presented and discussed below. To maintain participant anonymity, participants are referred to as parent,[2] PAIRS team member or stakeholder.

The findings section is structured as follows:

- Section 3.1 explores **how and to what extent PAIRS has built workforce capacity.** This is presented first as it underpins all the other work PAIRS does through early years' service engagement, appropriate referrals and multiagency working to support families. This section focuses on evaluation question - *to what extent and how does PAIRS build the capacity of Lambeth's Early Years ecosystem to support parent-infant relationships?*
- Section 3.2 presents findings on how **PAIRS targets social inequalities** by working with an ethnically diverse population experiencing multiple disadvantages. This relates to the evaluation question - w*hat is PAIRS' contribution to addressing social inequality in parent-infant relationship outcomes and experiences of support?*
- Section 3.3 and 3.4 are interlinked and detail **parents' journeys from being referred to PAIRS to engaging with the service**. This is important to understand to contextualise the key mechanisms of impact.
- Section 3.5 outlines the **mechanisms that underpins PAIRS success working with families** and contributes to the evaluation question - *to what extent and how does PAIRS improve parent-infant relationships and medium-term attachment outcomes for families?*
- Section 3.6 and 3.7 presents **quantitative and qualitative findings regarding the impact of PAIRS on families**, and answers the evaluation questions - *to what extent and how does PAIRS improve parent-infant relationships and medium-term attachment outcomes for families* and *what impact do PAIRS interventions have on long-term child health outcomes?*
- Sections 3.8 and 3.9 outline how **PAIRS has contributed to a local system change** and looks to the future regarding **service sustainability and scale up.**

[2] PAIRS supports both parents and carers, but no carers were interviewed for this evaluation.

3.1 Building capacity in the Early Years workforce

- Awareness of infant mental health and the parent-infant relationship within local early years services has improved through training, reflective supervision and consultation provided by PAIRS.
- Reflective supervision for the early years workforce and consultation about families and potential referrals were highly valued as these sessions built confidence and expertise and offered support to practitioners. This was in turn an enabler for appropriate service referral.
- Practitioners appreciated the support they received in reflective supervision sessions, and that their experiences were seen and heard by the Child and Adolescent Psychoanalytic Psychotherapists.
- More training was considered necessary and would also create relationships with, and referral opportunities from, other services supporting families in the antenatal and postnatal period.

This section of the findings answers evaluation question 1 (*To what extent and how does PAIRS build the capacity of Lambeth's early years ecosystem to support parent-infant relationships?*) and as such focuses both on mechanisms of change through close collaborative working and the influence on practitioners. This underpins all of PAIRS work and impact, and as such is provided first in this report (see also section 3.5.1). PAIRS has raised awareness of infant mental health and improved focus on the baby and built capacity regarding this topic within local early years services in a number of ways. The mechanisms for raising awareness included reflective supervision, consultation and training. These were discussed by all interviewed stakeholders:

> *I think, I think that they've [PAIRS] been really effective in increasing the kind of, understanding of infant mental health and of the parent infant relationship, and the kind of, everything about the importance of attachment and the kind of, long term outcomes for that. Um, so, there's a kind of, awareness raising through that public health messaging. Um, I think they've also developed and delivered a number of different training, and you know, training programmes, and workshops for staff.* (Stakeholder)

3.1.1 Reflective supervision and consultation

Reflective supervision is the most sustained support PAIRS provides for local practitioners. It is delivered to small groups of practitioners and focuses on their experiences with working with pregnant women, parents and families. Reflective supervision is sustained support that PAIRS offers to the local early years workforce and is mainly provided by the team's parent-infant psychotherapists. It is provided to Baby Steps facilitators (fortnightly), practitioners facilitating COSP groups (weekly) and the Lambeth early intervention health visiting team (monthly). Baby Steps is an NSPCC licensed programme focusing on antenatal and postnatal education and support offered across Lambeth funded by LEAP and subsequently by Lambeth Council. Previously reflective practice sessions have also been provided to parent champion coordinators and Family Nurse Partnership practitioners (the latter is no longer available in Lambeth).

An opportunity to consult with the PAIRS team about a parent/family is also offered to all professionals working in Lambeth. These consultations offer an opportunity to support practitioners in understanding babies and infants mental health and attachment needs, connect to other networks for support for the family, discuss how behaviour relates to attachment or relationship issues, and referral to PAIRS. Specific consultation space is available to the Lambeth perinatal mental health team and the Lambeth CAMHS through an under 4's consultation clinic.

The stakeholders who had taken part in these reflective supervision and consultation sessions, unanimously reported that these sessions were very helpful, and examples are provided in the next sections. Below are quotes from two different stakeholders regarding the reflective supervision and consultation, highlighting their experience:

> *I mean, I personally, think it's an invaluable part of our work, you know, to help us give our families the best possible start to life that we can.* (Stakeholder)

> *I think the reflective space is really helpful. I think having it there and it's about thinking about how the, it's there for a reason, you know, and we should all be having more of that gap to think things through. You know, when everybody's stretched and funding's been cut and everybody's like galloping along, that's when we kind of, miss the really important things.* (Stakeholder)

Bringing visibility to the needs of the baby

One of the aims of the reflective supervision and consultation sessions is to help early years practitioners consider the needs of the baby and understand how different factors may impact on the parent infant relationship. One of the PAIRS team members explained how they try to:

> *…Bring visibility to the needs of the baby, which can be, as I say, it can be overlooked, because it can … for a number of reasons it can be difficult to think about the baby's experience. Um, often these are pre-verbal experiences, often the needs/…/the critically important needs of the parents, and dominate, and sometimes the … the kind of needs of the baby can be overlooked, or trump carded in a way.* (PAIRS team member)

Stakeholders reported that this focus was helpful as the experience and voice of the baby can often be lost. A stakeholder explained:

> *…Three year olds throwing temper tantrums would take more attention than the baby just lying quietly in a cot all day, because they're not crying, they're fine, but actually it's about the not crying is a problem in and of itself. So, I think it's definitely been helpful to shift that focus and to think more about the babies, and to bring them more in mind when they would normally get lost in … bigger and busier families.* (Stakeholder)

The reflective supervision and consultation sessions also allows early years practitioners to discuss potential referrals to PAIRS, ensuring they are appropriate and fit PAIRS criteria. The sessions also aim to build expertise and capacity within the practitioner to support the parent-infant relationship in their own caseloads. The opportunity to discuss families with the PAIRS team was described as hugely valuable, and there were multiple examples of where these discussions had helped practitioners think about their families differently. Below are quotes from three different stakeholders:

> *Yeah, I think our sessions of [PAIRS team member] made us think in a different, different way, cos obviously, none of us are mental health trained, so, it just gives us a different view of how to work with, how to work with our families…* (Stakeholder)

> *So, it's not just about, and I think for me, and, that also for parents, what is it that's going on here? You know, what, what stuff you might be presenting with, isn't necessarily the thing that, that is going on.* (Stakeholder)

> *…It's very helpful for us to have somebody that we can discuss cases with, as a reflective space, that can advise us, that can help us see a different perspective, that we know that we can refer to, if we need them.* (Stakeholder)

When families were known to the PAIRS team or attended PAIRS and for example Baby Steps or perinatal mental health services, stakeholders shared how it was helpful to work jointly and liaise with each other. In consultations and reflective supervision stakeholders were able to share information, provide insight and receive updates and feedback on how families were doing which helped practitioners approach the family better understanding their circumstances.

> *…To give a little bit of an insight when something doesn't quite make sense, and they can kind of say oh, well no, but it does make sense in this context that we know from our other interactions with them. (Stakeholder)*

Holistic support for practitioners

Whilst the focus of the reflective supervision sessions and consultations were on parents, babies and families, it was clear from those who had received these sessions that they provided so much more. This included discussing referral to other services and assessing the family's need and how to work with families that face barriers to service engagement. Those who delivered group sessions such as Baby Steps and COSP also spoke about the benefit of having space to discuss how to best facilitate groups and group dynamics, discussed by two stakeholders below:

> *I think when we've had a few groups that have been a bit … either quite confrontational /…/, or not agreeing with what we're saying, and how to sort of like respond to that rather than just going 'woo-oo'. … or if you've, if you've got a quiet group /…/ the extremes of facilitation and sort of like how to sort of like support our delivery, that, that's been helpful.* (Stakeholder)

> *We got a real good space [in supervision] to kind of talk about the parents, talk about the group dynamics, but also talk about the co-facilitation relationship and what was working and what wasn't working.* (Stakeholder)

Another consistent finding was the appreciation for support and being seen and heard by the Child and Adolescent Psychoanalytic Psychotherapists. It was recognised that working with families living with vulnerabilities in the perinatal and early years period can be difficult and emotionally draining for practitioners. The focus on them rarely happened in other settings such as the NHS which was an *'environment that didn't necessarily do that'* (stakeholder). Another stakeholder told us that their wellbeing was also focused on in the reflective supervision sessions:

> *So, they [PAIRS team member], they talked about … the parents, the many, the amount of parents that we meet, welcoming these parents, holding these parents in mind, letting these parents go. But the impact on* ***you*** *when you've got a parent that's really very vulnerable and has added needs. And that sort of … kind of made you think a little bit deeper, because you get into the role, you do your job, and you may masking what you are doing, you try to deliver the best as possible, but they kind of would unpick some of the things that we … if we had like the very quiet group, or if we had a parent that had lost a baby, or something like that, looking at your wellbeing, how are you dealing with it, what do you take away from it, and then still having to go on delivering to … I mean your work does not stop, and taking care of yourself, looking after your wellbeing.* (Stakeholder)

3.1.2 Training

Healthcare professional training is a core component of many parent-infant mental health services (Olander et al, 2021) and PAIRS has provided a considerable amount of training for LEAP services and the local early years' workforce over the years. The stakeholders working within LEAP had also attended training sessions, workshops and/or webinars and had enjoyed and learnt about infant mental health from these events. The close working relationship between PAIRS and other LEAP services was clear and benefitted both services equally. That said, the need for more parent-infant relationship training was highlighted by several stakeholders, suggesting training was made available for teams within CAMHS, primary care and maternity services:

> *I mean that would be great, I think that would be fantastic, I think, you know, we have statutory mandatory training, once a year, I, I don't see why they couldn't do an hour slot, and the thing is, [Trust], I mean we cover [a wider geographical area], cos it's still only Lambeth women. /…/ but it's still relevant, you know, for the knowledge for midwives, you know, about the bonding, I think that would be great.* (Stakeholder)

The forthcoming change of PAIRS geographical catchment area can be used as an opportunity to introduce PAIRS to new Lambeth services and also offer training. Initial meetings/training events had also led to a stronger collaboration with services such as through reflective supervision, showing the interconnectedness of PAIRS activities. It was acknowledged that many early years services *'…don't have resources, they don't have the money, and whereas we would have just kind of freely provided a day or something …'* (PAIRS team member) which thanks to being part of LEAP, PAIRS could offer.

3.2 Targeting social inequality

- The parents and babies who PAIRS support are of diverse ethnic backgrounds and many live in areas of deprivation.
- Parents and babies in the LEAP area experience multiple disadvantages and some are sceptical about engaging with services.
- Mental health stigma and social isolation are common problems that PAIRS encounter and support.
- The PAIRS team invest significant effort and time into building rapport with parents and encouraging them to attend to appointments.

This section addresses evaluation question 2 (*What is PAIRS' contribution to addressing social inequality in parent-infant relationship outcomes and experiences of support?*). PAIRS works with a highly diverse population based in areas of deprivation and this section presents the multiple disadvantages facing this population as well as data on deprivation and ethnicity of those families engaging with PAIRS.

The LEAP catchment area is a diverse and culturally rich inner-London community. A LEAP report found that 58% of pregnant women living in LEAPs wards were from Black, Asian and Multiple Ethnic groups and 25% did not speak English as a first language (LEAP, 2022). There was also a higher proportion of women experiencing at least one social risk factor (e.g. learning disabilities, difficulty speaking English, involvement of social services) in 2018/19 and 2019/20 in the women living in LEAP areas compared to those who did not. In 2019/20, 23% of women living in the LEAP catchment area had a social risk factor recorded, compared with 15% of women living elsewhere.

In summary, this section shows how the parents and babies who PAIRS support are of diverse ethnic backgrounds and many live in areas of deprivation. This means that the service reaches the population LEAP aims to target.

3.2.1 Multiple disadvantage

The multiple disadvantages faced by many families in the LEAP area can contribute to a poor parent-infant relationship, and their circumstances was mentioned in interviews with the PAIRS team and stakeholders. These multiple disadvantages included poverty, poor housing, recent migration to the UK, mental health issues, social isolation, intimate partner violence, baby loss and current/previous trauma. It was common to have more than one of the above disadvantages represented within a parent/family, which resulted in being '*referred complex cases where there's various different strands and components and kind of simultaneous things going on, simultaneous needs happening for that family.*' (PAIRS team member). Another PAIRS team member mentioned that for some parents '*it's almost like luxury thinking about relationship*' where they instead had to prioritise food and housing issues.

For the group-based services Together time and COSP, social isolation was commonly mentioned.

> *We get a lot of families who don't have family support around them, maybe it's abroad, maybe it's outside of London, or … maybe it's just not a good experience. So, the biggest thing we get, the commonest theme is isolation.* (Stakeholder)

The PAIRS team and stakeholders explained how they often worked with families that were suspicious of mental health and other healthcare and voluntary services. These suspicions were based on previous experiences or perceptions of services. Other barriers to engagement were the circumstances families found themselves in mentioned above.

There is established evidence that women of Black ethnicity and those living in deprived communities often have poor experiences of maternity services and have worse health outcomes during and after pregnancy (MBRRACE-UK, 2023) which may contribute to trauma and not wanting to engage in healthcare services. Research has also found how minority ethnic women may not access perinatal mental health support due to cultural beliefs and family influences (Pilav et al, 2022).

Approximately 24.5% of women who have received or are receiving parent-infant psychotherapy are of Black ethnicity and one PAIRS team member told us that their previous experiences with services were important to acknowledge:

> *Some of these mothers [of Black ethnicity], as we know from national research, experience kind of difficulties in terms of kind of maternity services and feel that their voice is not always heard. And may have um, kind of a mistrust or apprehension of maternity or mental, and/or mental health services.* (PAIRS team member)

It was acknowledged by several interviewees that poor mental health was often stigmatised, which created another hurdle to engage with families. Several stakeholders mentioned how the PAIRS team worked hard to build rapport with families to overcome any barriers to engagement:

> *We've sort of, not someone who would probably um, use psychological services, but um, she's got a lot of underlying issues, that it's, it's good that she's stuck with it, and obviously, that's*

> *credit to them [PAIRS team], so, they've made her comfortable to, to keep coming back.* (Stakeholder)

To overcome barriers related to multiple disadvantages, the PAIRS team worked with other services to support the family at the time of referral, initial assessment and throughout intervention if needed, referring them to other services at the end if appropriate. The PAIRS team also offered flexibility in terms of types of appointments to engage with and build rapport with families such as online, phone or face-to-face (see section 3.5.1). Finally, there was also recognition from the PAIRS team and stakeholders that any family may struggle with parent-infant bonding, and that '*every pregnant family is vulnerable*' (Stakeholder).

3.2.2 Ethnicity

The main population group parent-infant psychotherapy worked with was with parents and carers identifying as Black, Black British, Black Welsh, Caribbean or African at 24.5%. For Together Time, this number was 15.2%. The main population for Together Time was those identifying as White (46.6%). See table 1 for data on parent and carer ethnicity.

Ethnic group	**Parent-infant psychotherapy N (%)**	**Together Time N (%)**
Asian, Asian British or Asian Welsh	0	4 (3.4%)
Black, Black British, Black Welsh, Caribbean or African	70 (24.5%)	18 (15.2%)
Mixed or Multiple ethnic groups	0	5 (4.2%)
White	66 (23.1%)	55 (46.6%)
Other ethnic group	61 (21.4%)	0
Unknown/missing	88 (30.9%)	36 (30.5%)
Total	**285 (100%)**	**118 (100%)**

Table 1. Demographic characteristics of parent-infant psychotherapy and Together Time parents.

3.2.3 Deprivation

We used the Ministry of Housing, Communities and Local Government 2019 Index of Multiple Deprivation (IMD) data to report the IMD decile in which parent-infant psychotherapy and Together Time participants lived (see Table 2 below). The index of multiple deprivation is an overall relative measure of deprivation which is a combination of seven domains of deprivation: income; employment; education, skills and training; health and disability; crime; barriers to housing and services; and living environment. Participants who lived in a postcode with an IMD of 1 live in the most deprived 10% of areas in England and those in decile 10 in the 10% of least deprived areas.

The data showed that for both Together Time and parent-infant psychotherapy services, a majority (60%) of service users lived in the most deprived 30% of areas in England and between 35-40% of service users in both services lived in the most deprived 20% of areas in England. There were no strong differences between parent-infant psychotherapy and Together Time service users, but slightly more Together Time participants lived in the 20% most deprived areas (39.5% versus 34.1% one to one psychotherapy).

Index of Multiple Deprivation	Parent-infant Psychotherapy N (%)	Together Time N (%)
Decile 2	125 (34.2%)	90 (39.5%)
Decile 3	111 (30.3%)	44 (19.3%)
Decile 4	66 (18%)	44 (19.3%)
Decile 5	30 (8.2%)	14 (6.1%)
Decile 6	9 (2.5%)	18 (7.9%)
Decile 7	4 (1%)	4 (1.8%)
Decile 8	2 (0.5%)	0
Missing	19 (5.2%)	14 (6.1%)
Total	**366 (100%)**	**228 (100%)**

Table 2. Index of Multiple Deprivation of service user post codes. Decile 1 is most deprived and decile 10 least deprived. There are no decile 1 neighbourhoods in Lambeth.

3.3 Service referral

- Referrals to PAIRS comes from a variety of organisations, but the service is reliant on a few 'super referrers' who know the service and its staff well.
- Parent-infant psychotherapy accepted 79% of referrals to the service.
- The parent-infant psychotherapy service is unique amongst parent-infant services in starting therapeutic work with 74% of parents before their baby is born.
- A significant amount of time needs to be spent on developing and maintaining relationships with potential referral agencies to mitigate the effect of reliance on a few 'super referrers'.

This section presents findings on what early years services referred families to PAIRS, population engaging with PAIRS, initial assessment and how parents understand the service. It is closely linked to the next section 3.4 – Service engagement.

3.3.1 Reliance on super referrers

Parent-infant dyads were referred to PAIRS from several different services, with the most referrals coming from midwifery (22.1% of referrals) and health visiting services (17.3% of referrals). The PAIRS team reported having a few '*super referrers'* who referred several parent-baby dyads every year and understood what PAIRS can offer well. Many of these referrers had also had contact with the service through training, consultation or ad hoc support from the service regarding families in their care. Whilst having practitioners who refer many families is positive, this leaves the service vulnerable if those staff leave, and it is important to keep marketing and explaining the service to practitioners and establish strong pathways for referral that rely less on individual practitioners.

Importantly, 18.7% of the midwifery referrals came from a LEAP-funded continuity of care midwifery team who provided antenatal and postnatal care for women living with vulnerabilities within the LEAP area. There is also a local early intervention health visiting team which provides parents who

require additional support (due to for example poor mental health, intimate partner violence, alcohol and substance misuse) with continuity of care throughout pregnancy to when their child is two (sometimes four) years of age. Members from these teams reported that the continuity of their work, as well as longer appointment times, helped them build strong relationships with the families in their caseload and visit parents in their homes, allowing them to observe how parents interact with their child and identify potential issues within the parent-infant relationship. Whilst it was the general health visiting service that had referred most families, there was a trend suggesting that referrals were on the increase from the (recently implemented) early intervention health visiting team.

There was also recognition from the PAIRS team that both midwifery continuity of care team and early intervention health visiting had engaged well with them; the early intervention health visiting team had recently started monthly reflection sessions with a PAIRS practitioner and had also received training from a PAIRS parent-infant psychotherapist. Regarding the midwifery team, a PAIRS team member explained *'there's kind of particular individuals in that team that we've made really good relationships with. And we've offered kind of good /…/ the consultation offer that we've offered, has been taken up.'*

In addition to midwifery and health visiting services, referrals came from a wide range of services. Of the 358 parent-infant dyads referred (from Q1 2015/16 to Q4 2023/24) to parent-infant psychotherapy, there were 29 different referrer categories (see appendix 4 for full breakdown of data). After midwifery and health visiting, Better Start workers in Children's Centres (11.2%) were the largest referrer. This is likely due to the strong links that PAIRS has to the local Children's Centres, embedding themselves within their service. This again shows the interconnectedness of PAIRS activities to support local services and families. Other referrer categories included self-referrals (6.7%), GPs (5.6%) and adult mental health (including perinatal mental health, Talking Therapies; 4.8%). Other referrers included PAIRS COSP and Together Time (2.2%), LEAP services such as Community, Activity and Nutrition and an enhanced casework for survivors of domestic abuse service (4.2%) and local services working with children and families with vulnerabilities such as CAMHS (3.6%), FNP (3%) and children's social care (1.7%). This shows how PAIRS has benefitted from being part of LEAP, and reached several key local early years services, evidencing their influence on the local workforce.

3.3.2 Parents experiences of referral

Three of the interviewed Together Time parents had learned about PAIRS during their participation in the Baby Steps programme. Four had been signposted or invited to PAIRS Together Time when they accessed other sessions and services provided at Children's Centres or local Libraries, and two had found Together Time when looking online at the event calendar on the LEAP website. It was clear that the proactive approach by one PAIRS practitioner who attended groups such as Baby Steps and Children's Centres to tell parents about PAIRS and to invite parents with babies in the 3-8 month age range to the Together Time group worked. This proactive approach was appreciated by the Baby Steps interviewees and recognised as a strength by stakeholders and PAIRS team members.

Of the seven parents interviewed who had had parent-infant psychotherapy, five had been referred by a LEAP practitioner or health professional, usually a midwife, to the PAIRS service. Three of these were referred antenatally and began their psychotherapy with PAIRS whilst pregnant. Of the two who had not been referred by a LEAP practitioner or health professional, one had contacted the service herself having heard about it through the Baby Steps programme, and the other was the partner of a woman who had been referred by a midwife. All had an initial assessment with PAIRS and were offered parent-infant psychotherapy.

One parent described how she had taken part in the LEAP Baby Steps programme and the facilitator noticed her distress and suggested a referral to PAIRS. She said she would not have contacted PAIRS herself because:

> *PAIRS is part of the NHS system and, quite frankly, you know, ninety-nine percent of the time, your experience of ringing up any NHS service is distressing. So why would you wanna do that? Why would you [ ] when you're feeling low, ring up somewhere that someone might go, no, can't help you? You'd feel even worse.* (Parent, parent-infant psychotherapy)

However, she accepted the referral because the Baby Steps programme was good, and she had built trust with the facilitator.

3.3.3 High acceptance of referrals

Data from the parent-infant psychotherapy service shows that 79% of referrals were accepted. Reasons for non-acceptance was not living in the LEAP catchment area or having a child too old for the service. The high acceptance rate may be partly explained by the consultations the PAIRS team provides (see section 3.1):

> *We have conversations and discussions with people who are thinking of referring. So, we offer consultations which might lead to referrals.* (PAIRS team member)

One of the stakeholders not working within LEAP explained that there had been some referral confusion regarding what families can be referred to the service, and which may have influenced the acceptance rate. This is likely to reduce as PAIRS becomes a Lambeth-wide service.

> *…There was a long period of time where we couldn't refer…some of our families into PAIRS because they weren't LEAP families [i.e. parents living in LEAP area].* (Stakeholder)

Finally, the PAIRS team recognised that despite good referral rates and a wide variety of referral agents, there were some families that they did not reach. This was mainly due to those families not consenting to be contacted by PAIRS, or not engaging with any of the referrer services (such as health visiting) so their need for PAIRS was not identified, and without attending Children's Centres for example they would not be aware of the service to self-refer.

> *They won't consent to refer to the service. So, we're very clear that there are definitely pockets of families that are not getting seen by our service. And so, we're not representing all our communities out there, definitely.* (PAIRS Team member)

3.3.4 Antenatal referrals

Approximately 74% of referrals accepted into parent-infant psychotherapy happen antenatally. This is quite rare, with other parent-infant relationship services mainly referring families postnatally (Olander et al, 2021; Woodrow et al, 2024).

> *And if they come from that team [Midwifery continuity of care team], they're always in pregnancy. So, it's not the baby that's being referred, it is the mother that's being referred to the service.* (PAIRS Team member)

Another PAIRS Team member emphasised the importance of considering the parent-infant relationship as starting antenatally:

> *The parent-infant relationship antenatally is a really important … there's a correlation between that and postnatal interactions and the … you know, postnatal relationship. So I think it's the ultimate early intervention if you like.* (PAIRS Team member)

One of the benefits of working with parents antenatally was that they may not need support postnatally or that PAIRS can support them very early on after the birth of the baby.

> *And I think that's been such an achievement for our service, to be helping practitioners in Lambeth, to recognise that their … that the parent-infant relationship in pregnancy is a thing.* (PAIRS Team member)

3.3.5 Parental understanding of the PAIRS offer at referral

The interviewed Together Time parents all felt they had benefited enormously from attending the group, but some spoke of having had the impression from the way it was described to them (for example on the LEAP online event calendar) that it would be more focused on play activities and learning about child development. Instead, and unlike other classes and activities offered at Children's Centres, they found Together Time to be far less focused on baby activities and far more focused on sharing experiences. As one parent put it:

> *Actually it was more [ ] like a therapy and a sharing group and a chance to listen and I think I probably needed that more than I thought that I needed it.* (Parent, Together Time)

> *...A lot of the groups that we go to, is focused on the baby, right? And it's just about making the baby entertained, playing with the baby, stimulating the baby, but this was more of your relationship with your baby, and, being able to express how you feel with others as well.* (Parent, Together Time)

The idea expressed by a parent that in hindsight she probably needed the group more than she had thought is also reflected in the initial hesitance of a woman described by one of the stakeholders:

> *She wasn't sure if she was gonna get anything out of it, but then she went back and she realised that this was going to be really valuable for her.* (Stakeholder)

The PAIRS team and stakeholders interviewed also recognised that the promise of baby-led play may draw some people, but that there are a whole range of reasons why people choose to join Together Time:

> *We ask why … what's your reasoning for … to come to Together Time, and some might say yes, the baby led play, which is the interesting thing that draws them, but many do say 'I want to connect to other parents, I've recently moved to the area, I don't know anybody here.' Or 'I don't have any more friends because now I've become a parent all those friends I had, they've fallen away, and I feel … alone.'* (PAIRS Team member)

3.3.6 Initial assessment

After each referral is discussed in a PAIRS team meeting, parents are contacted by phone for a specialist assessment and information gathering. At this point, the PAIRS team may contact other services (such as perinatal mental health, see section 3.5.1) that parents are being supported by, with the parents' consent, and may consider what other services might help support them:

> *So we're often assessing a whole kind of … the whole world around that parent-infant relationship, which starts with the baby, kind of expands out into the parent-infant*

> *relationship, and then takes in some of the wider socioeconomic factors /…/ and not saying we can't solve all of those issues, but we can certainly think about the kind of care planning, and services that might support that baby at the right time.* (PAIRS Team member)

In the assessments the timing as well as the appropriateness of therapeutic services PAIRS offer is considered (see pyramid, figure 1 in section 1.2). Two PAIRS team members explained that the few referrals a week allowed flexibility when supporting parent-baby dyads living in complex circumstances:

> *You know, maximum, probably two referrals a week at a time. So, we very much can operate that model, and that's why we ... We've got the time and energy to follow up referrals, to do the consultation, to really make sure that we can make those referrals appropriate, if it's right for our service and the parent, obviously, and the child.* (PAIRS Team member)
>
> *Thinking when would be most effective to offer a parent-infant relationship intervention. [ ] And crucially, whether that parent and baby is a … is in the right space to kind of access a therapeutic intervention.* (PAIRS Team member)

Parents who had experienced parent-infant psychotherapy spoke of a positive experience of their first contact and initial assessment with PAIRS, with one emphasizing what a huge difference that first impression of the PAIRS service made to her:

> *The lady was extremely kind, she listened to me, she was very supportive and validated my feelings and what I was experiencing.* (Parent, parent-infant psychotherapy)

3.4 Service engagement

- PAIRS parent-infant psychotherapy has grown steadily since inception: there were 97 appointments in 2015/16 and 777 appointments in 2023/24.
- 24.5% of parent-infant psychotherapy parents and 15.2% of Together Time parents identified as Black, Black British, Black Welsh, Caribbean or African.
- Over 73% of parent-infant psychotherapy appointments were attended.
- In total 198 service users (99 infants, 95 mothers and 4 fathers) attended Together Time groups between October 2018 and January 2024.

This section of the findings focuses on who has engaged with the PAIRS parent-infant psychotherapy and Together Time and as such it relates to research question 2 (*What is PAIRS' contribution to addressing social inequality in parent-infant relationship outcomes and experiences of support?*).

3.4.1 Parent-infant psychotherapy

Between 23rd June 2015 and 23rd December 2023, the parent-infant psychotherapy service recorded 4171 appointments for 284 adult clients. At the end of December 2023 there were 88 active cases and 195 closed cases.

The number of parents seen has increased during the time the service has been running. There has been a linear trend for an increase in appointments yearly. In 2015/16 there were 97 appointments and in 2023/24 there were 777 appointments. An interruption in the trend for increased appointments occurred between 2019/20 and 2020/21 during the COVID-19 pandemic, with a return to the pre-COVID-19 increase in appointments from 2021/22. See Figure 2.

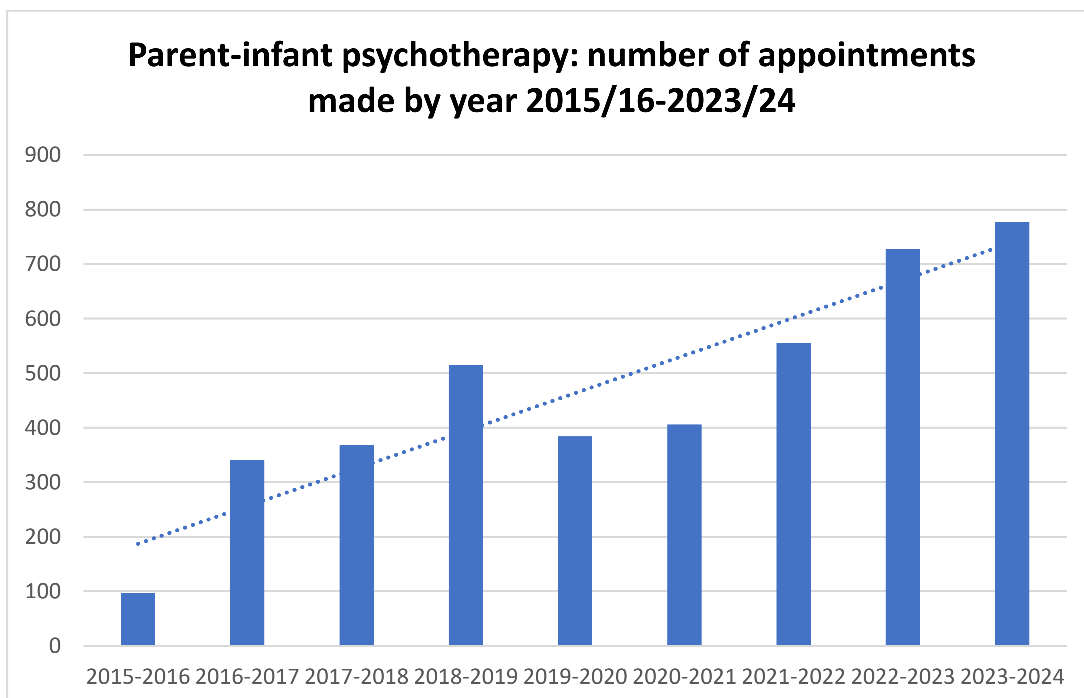

Figure 2. Number of parent-infant psychotherapy appointments made by year 2015/16 to 2023/24

Over 73% of appointments were attended; 14% were cancelled and 11% of appointments were not attended. The percentage of appointments not attended is favourable in comparison with national CAMHS data which shows non-attendance rates of 15-20% between 2019/20 and 2020/21. A further 2% of appointments were classified as remaining to be attended. One PAIRS team member explained that PAIRS were able to support parents to engage with the service:

> *We sort of do really work hard to try and engage with the parents. So, that's why often you'll see cases are open longer on our, on our system.* (PAIRS team member)

The data presented in section 3.2 and below provides a picture of who is accessing parent-infant psychotherapy. Overall, 285 parent-infant dyads were enrolled in parent-infant psychotherapy. Parents enrolled were largely mothers (275; 96.50%) and were most often (24.5%) identifying as Black, Black British, Black Welsh, Caribbean or African. English was the named home language for 81%. The youngest parent was 16 years old and the eldest 57 years old; the average age was 32 years. Almost three quarters (73.59%) of referrals were during pregnancy. Demographic characteristics are presented for the 285 adults entering the service in table 3.

Role	Adult n (%)
Mother	275 (96.50)
Father	7 (2.46)
Foster Carer	1 (0.35)
Other Primary Carer	2 (0.70)
Total	285
Single parent	
Yes	48 (16.84)
No	86 (30.18)
Unknown	26 (9.12)
Missing	125 (43.86)
Total	285 (100)
Ante- or postnatal referral	
Antenatal	209 (73.59)
Postnatal	75 (26.40)
Missing	1 (0.01)
Total	284

Table 3. Demographic characteristics of accepted PAIRS parent-infant psychotherapy parents.

3.4.2 Together Time

Together Time is a six-week therapeutic parent-baby group. In total 198 service users (99 infants, 95 mothers and 4 fathers) attended Together Time groups between October 2018 and January 2024.

Out of these individuals, data were available for 114 participants who took part in the programme between 11 October 2018 and 14th July 2023, across 19 presentations of the programme. This indicates an average of 5.84 participants per programme. Of the 114 participants for whom user data were available, 108 (94.74%) were mothers and 6 (5.26%) were fathers. The youngest parent was 18 years old and the oldest was 54 years old. The average age was 33.54 years. The largest ethnic group was White at 46.6%.

3.4.3 Circle of Security Parenting

PAIRS led the implementation of Circle of Security Parenting (COSP) groups throughout Lambeth. Groups were run by PAIRS between autumn 2018 and summer 2021, including virtual groups during COVID-19 lockdowns. In total 113 adults took part in the groups, of whom 96 were mothers, 6 were fathers, 4 reported themselves as 'other' and 7 were unknown. Of those who took part, 62 (55%) completed the course.

3.5 Key mechanisms of impact

- Parents and practitioners recognised the importance of working flexibly with families in the parent-infant psychotherapy service. This included working to understanding individuals' context and needs, and being flexible with appointment types and the spacing of appointments.
- Together Time is a therapeutic parent-baby group and its focus on both the parent and the baby was greatly appreciated by parents for whom it provided a sense of community as well as support and learning about child development.
- Close collaborative working between PAIRS and early years services was essential to the successful functioning of PAIRS including ensuring appropriate referrals, initial assessments, and in supporting families.

This section of the findings outlines key mechanisms of impact, first for both early years workforce and families (section 3.5.1) and subsequently for families (section 3.5.2 and 3.5.3). It is closely linked to section 3.1 on capacity building and section 3.2 on targeting inequalities. PAIRS aims to produce change through providing therapeutic intervention with babies and parents focusing on the parent-infant relationship. As explained in section 3.1, PAIRS also works closely with local services and builds capacity within the early years workforce. Through the interviews and focus groups several factors were identified that helped PAIRS deliver its outcomes. These interconnected activities included information sharing with colleagues within the early years workforce, joint working, building relationships with families and flexibly working with families. It is another example of how the sum of the service is greater than all of its parts, and its success lies in providing support on different levels (see figure 1 in section 1.2). These interconnected activities are discussed below.

3.5.1 Close collaboration with other early years services

LEAP

It was clear from interviews with the PAIRS team and stakeholders that close collaboration with other services was a fundamental part in how PAIRS operates. This is similar to other parent-infant services (Moran et al, 2023) and in line with good practice guidelines for safeguarding. A strong relationship with LEAP, for example, was described by the PAIRS team, including LEAP championing the service and raising awareness.

CAMHS

A good working relationship with CAMHS was also depicted, although it was acknowledged that PAIRS was an unusual team to have as part of CAMHS due to its focus on the infant, community and prevention. That said, including the focus on infant mental health within CAMHS was identified as important by both PAIRS team and stakeholders and regular consultation meetings had been set up to facilitate information sharing and discussion.

Other services

Several stakeholders provided examples of how they worked jointly and regularly liaised with PAIRS about families through meetings such as reflective supervision, consultations or ad hoc contact. This included Baby Step facilitators, COSP facilitators, early intervention health visitors and those working within perinatal mental health services. This latter team was described by a PAIRS team member as a good professional partnership, '*where there was a mutual respect and understanding of the expertise of each other's service'.* Other services PAIRS works with includes Children's Centres, social services (including attending child protection conferences), Better Start and Early Help. Below are examples of

how this close collaboration benefits referrals to PAIRS, initial assessments with families and working with families.

To advertise PAIRS and its offer for families, PAIRS team members visit other services such as Baby Steps to explain their service. This was acknowledged as good practice by several stakeholders, with one of them explaining '*they [parents] see that friendly face, they get a feeling for what the service is and I think that's a really good outreach method'* (Stakeholder).

Collaboration in practice with families

Collaborative practice was also evident in the initial assessments PAIRS do with families. A PAIRS team member explained how during the initial assessment for a recently referred family:

> *We needed to think about what other services um, would kind of help to meet the needs of this family, so you know, thinking about housing and the right organisation to support this family through their housing situation. /…/ a service that thinks about domestic violence … that supports parents with issues around domestic violence, which was also relevant to that family too.* (PAIRS team member)

The aim of these initial assessments was to build a team around the family and the parent-infant relationship if necessary. This will in turn identify what the parent needs to give the baby what it needs. Another PAIRS team member explained:

> *Other professionals are working with the parent around their health, and you've got older siblings with schools and other things, but nobody's thinking 'baby'. So, yeah, part of our job is to bring everybody together and think about the baby.* (PAIRS team member)

Whilst the focus of PAIRS close collaboration with other services was on the parent-infant relationship, it was also mentioned that how you work together with a family needed discussing. One of the stakeholders told us their interaction with PAIRS was:

> *About specific cases, sometimes more about um, we're having to co-work, will we, how will we make that, how will we make it work, if we have to kind of, work at the same time, with a family, that sort of thing? So, establishing pathways of communication, etc.* (Stakeholder)

Impact on PAIRS of changes in other services

Working closely with other services also means that PAIRS are affected by changes to these services. One of these recent changes was the disbandment of LEAP's midwifery continuity of care team, who had been regular referrers to the service. Other local changes included the end of the Family Nurse Partnership team who work with young parents, making the health visitors more burdened. Both local social services and the health visiting service had gone through organisational change and the healthy visiting service was described as 'overwhelmed', with large caseloads making it hard to identify families with poor parent-infant relationships. This is very similar to other areas in England where midwifery continuity of care teams are being disbanded and health visitors face large caseloads (Institute of Health Visiting, 2024).

However, change can also be positive. In this case, it was a new manager in the early intervention health visiting team and collaboration with a neighbouring CAMHS service, which led to the regular reflection meetings between the health visitors and PAIRS. This was recognised as a fruitful way to build relationships and capacity within the wider workforce. One PAIRS team member told us '*we introduced that [reflective supervision] last year and we've started to get referrals from two of the*

health visitors in that. So, it shows that these things can work, but it's consistency and it's ... It actually takes, sometimes, years to build that up.'

3.5.2 Parent-infant psychotherapy

Feeling understood and supported

The PAIRS team had excellent understanding of the population they work with, including empathy for the potential disadvantage and vulnerability this population faces. This understanding was key to supporting families sensitively and appropriately. One parent said that PAIRS parent-infant psychotherapy was beneficial because it was not just about talking to a therapist, it was about her and the therapist working together to improve her situation:

> *...Because it doesn't only teach you about how to handle your situation, but also how to, manoeuvre around your own life, your family, your friends and your own mental state, compared to other therapies I've been to before, going up, there's just one thing they focus on, so, it wasn't much, as helpful. [In other therapy] all I do is just talk and talk and talk, because I'm listening to myself, but with PAIRS and especially with [PAIRS team member], it's like, I built a relationship with [PAIRS team member], not only like, it, it's not only me talking to a stranger. [PAIRS team member] made me feel comfortable, [PAIRS team member], made me understand that we're here to help you and we're all friends, we're all one. And we're not just here to sit down, for you to be just talking and blabbing and blabbing, I understand you, and I can understand where you're coming from, so, you see, that's the difference.* (Parent, parent-infant psychotherapy)

This feeling of support extended beyond the therapy sessions, as parents spoke of feeling like the door had been left open to them to contact PAIRS for further help if they needed it:

> *I certainly feel like the door's been left open for me to …for either of us to refer ourselves back if we felt it appropriate.* (Parent, parent-infant psychotherapy)

> *[PAIRS team member] always made sure they told me, [PAIRS team member] reminded me, you can always email me, you can always text me, when I see your text, I'll respond back. [ ] It doesn't have to be on an appointment basis. [ ] I have an emergency contact, obviously, if [PAIRS team member] is not around, the other LEAP, the other PAIRS will have contact with me and stuff, so yeah.* (Parent, parent-infant psychotherapy)

Flexibly working with families

Findings from the quantitative data and interviews showed the flexibility the PAIRS team provided when supporting families and its significance. This was particularly important considering the population that PAIRS works with (see section 3.2). The majority of appointments (62%) were face to face. Video link/online accounted for 18% of appointments and 15% took place by telephone. The remaining 5% took place by email or text message. For parents who regularly stayed with different family members (such as mother or partner) in different parts of London, this flexibility was imperative and ensured they could keep in regular contact with their PAIRS practitioner.
There was also flexibility in the number and frequency of psychotherapy sessions. Five of the parents interviewed said they had between 3 and 10 sessions (although they could not always recall the precise number) and that they were scheduled either weekly, fortnightly or once every few weeks, depending on the parent's needs and preferences. Two parents had PAIRS psychotherapy for over a year.

The flexibility of the psychotherapist was also appreciated in that whilst the focus was on the parent-infant relationship, the therapist was also willing to work with the parent on personal and contextual issues that ultimately might affect that relationship. For example, one parent said:

> *When I was struggling, it wasn't to do with my relationship with my daughter. That's why I was even more apprehensive to PAIRS. [ ] I didn't feel a strain with my relationship with my daughter, I felt a strain on myself, as a mum. [..But] my fear was what if I just have a massive breakdown? And then, who's gonna help my baby? I need to be present and like, the best possible self for her and my fear was, if I don't try and sort myself out, then it will affect her and that will be bad.* (Parent, parent-infant psychotherapy)

Two other parents were appreciative of the therapist's willingness to look at the wider family dynamics impacted by the arrival of a new baby.

The importance of flexibility and being able to respond to the needs of the family was recognised by the PAIRS team. One of the PAIRS team members said '*I think what's really, um, valuable and different about our service is that we are flexible and responsive to the needs of the family and baby'* and went on to say '*rather than kind of prescribing here's our one size fits all intervention.'*

There was another example of a parent who experienced high levels of anxiety, making it difficult for them to attend in-person appointments regularly. In this case, there was a mix of in-person and online appointments used. Other examples included when families had moved out of the area and the team had continued to see them a few times after this. This flexibility expanded to offer different kinds of intervention (such as video interaction for positive parenting) and length of intervention.

3.5.3 Together Time

One of the Together Time parents described Together Time as '*a really small community that you have every week'*. Like with other groups and activities provided at the Children's Centre, parents said they appreciated the opportunity to get out and go somewhere regularly with their babies. However, there were features of Together Time that parents said made Together Time significantly different to other groups and activities available. Unlike other drop-in activities, Together Time parents meet with the same group of people with similarly aged infants every week, supporting parents to feel able to have deep conversations with each other over a relatively short period of time:

> *It's been great to come and see the same people, the same familiar faces, and getting to know each other, kind of a, a bit more deeply than you would in some of the other baby activities that we've been going to, so, whilst the other activities are great/…/ it's different people every week and you don't know who you're going to be next to, but this is a closed group and you know that you all signed up for the duration so you feel a lot more comfortable, and able to share, more personal things than you would otherwise and, that's been really great, and, for us it's been really, really helpful to kind of hear others experiencing similar kind of thoughts and feelings.* (Parent, Together Time)

Parents said the guided structure of the sessions, which includes weekly discussion topics, also helped to support openly sharing experiences and emotions.

In contrast to other groups and activities available locally which focus on the baby, such as sensory play, parents spoke positively that the focus of Together Time was as much on them as parents and people as it was on their babies. Two parents said:

It's sort of focused on the mother, rather than the child. So it's also focused on how I'm doing and how I'm feeling and how I'm handling being a mother (Parent, Together Time)

...Even though we were mostly talking about parenthood, it just felt like, um, we were people, we weren't just kind of the parent of this baby, so that was really nice. (Parent, Together Time)

3.6 Impact on children and families (quantitative impact measures)

- Similarly to other parent-infant relationship services, quantitative data was not provided for all parents and as such should be interpreted with caution.
- The small number of pre-post quantitative data available for parents taking part in parent-infant psychotherapy made it hard to identify clear clinical benefits, although data showed positive trends.
- For Together Time parents more pre-post data was available and showed positive impacts for example feeling warmer towards the infant and that the infant was considerd less intrusive.
- This section should be read together with section 3.7 to fully understand the impact of the service.

3.6.1 Parent-infant psychotherapy

Clinical outcomes of the parent-infant psychotherapy service largely align with a recent systematic review of international evidence which examined the effectiveness of psychoanalytic, psychodynamically informed and attachment-based interventions for children aged under 5 (Sleed et al., 2023). The review included over one and a half thousand families and concluded that psychodynamic and psychoanalytic interventions, including parent-infant psychotherapy, have a positive impact across the key domains of parental reflective functioning, infant behaviour, and infant attachment. Detail on findings from PAIRS is given below.

Prenatal Attachment

Emotional attachment to the unborn baby was not an integral part of LEAP's measurement framework but was sometimes explored using the 21-item Prenatal Attachment Inventory (PAI; Muller, 1993); this scale is designed to assess the initial bond that develops between a woman and her unborn baby. Responses to the PAI are made on a four-point Likert scale and scores may range from 21 to 84 with higher scores indicating increased attachment quality/intensity. No cut-off scores or norms are in use for this scale; one study has suggested that scores between 21 and 42 show a low level of prenatal attachment; between 43 and 63, a medium level of prenatal attachment; between 64 and 84 high/good level of prenatal attachment (Karaca et al., 2022). Data were available for 31 clients. The average score was 49.84 (SD 10.60). This measure is not suitable for correlation with postnatal interaction and in future a prenatal measure that can be compared over time with postnatal experience should be considered.

Mothers Object Relations Scale (MORS)

PAIRS collected information on how the parent perceives their baby's relations towards them – how warm they feel the baby is toward them, and how intrusive or controlling they feel the baby is. Data are collected using the Mothers Object Relations Scale (MORS). Examples of warmth items are: 'my baby is affectionate towards me' and 'my baby 'talks' to me', whilst examples of intrusion/invasiveness include: 'my baby irritates me'; and 'my baby wants too much attention.'

A higher score on the warmth scale indicates that the parent perceives that their baby shows them more warmth. A higher score on the intrusion scale indicates that the parent feels their baby shows more unwelcome invasion towards them. An average score for warmth in low-risk community populations is 29, and scores lower than 20 should indicate concern (Oates & Gervai, 2019). An average score for invasion is 10 and a score higher than 12 may indicate concern. The MORS has defined concern thresholds based on combinations of warmth and invasiveness scores.

Most data were available from the initial appointment (n = 88). The average warmth score at the initial appointment was 26.53 (SD 6.06) and for invasiveness the average score was 11.97 (SD 5.37). Between the 10th and 15th appointments (n = 36) average warmth scores were 28.47 (SD 4.30) and for invasiveness the average score was 9.65 (4.54). Between the 20th and 65th appointments (n = 20), the average warmth score was 27.10 (SD 5.41) and invasiveness 13.80 (SD 7.21). Warmth scores were available for 16 clients at their closing appointment. The average score for warmth was 27.94 (SD 3.13) and for invasiveness the average score was 11.06 (SD 4.11).

The average warmth score was lower than the population average at the initial appointment and approached the population average for those clients whose data were collected between the 10th and 15th appointment or at the closing appointment. Invasiveness scores approached a problematic level at initial appointment and were lower for those whose data were collected at the 10th-15th appointment. Invasiveness scores were highest for those whose data were collected between 20th and 65th appointments. This may indicate that those who had more appointments experienced more difficulties with the parent-infant relationship. An alternative explanation is that the therapeutic work has succeeded in facilitating families to acknowledge the ambivalent feelings parents have about their babies and young children; this is significant in communities where there is stigma associated with mental health and parent-infant relationship difficulties.

Levels of Adaptive Functioning (LOAF)

The Levels of Adaptive Functioning (LOAF) section of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–5™) is used to assess and report on observable difficulties in infants/young children, and the impact of any difficulties on the family and child. The subsection of the DC:0-5 used by PAIRS assesses Caregiving Dimensions (but not Caregiving Environment).

The Caregiving Dimensions of LOAF appraises the adequacy of caregiving by examining the emotional availability, mentalisation capacity and competency of the caregiver.

There are four levels available in which caregiving can be 'scored' although each level encompasses a range of functioning. The levels are not equally distributed, and it is expected that all primary caregiving relationships that do not need clinical attention would sit within level one. The levels indicate the range of functioning that the clinician has determined is the best fit for the relationship in question, on the basis of clinical assessment:

- Level 1: *Well-Adapted to Good-Enough Relationships* (relationships that are not of clinical concern);
- Level 2: *Strained to Concerning Relationships* (relationships in which careful monitoring (at least) is definitely indicated, and intervention may be required);
- Level 3: *Compromised to Disturbed Relationships* (relationships in which intervention is definitely indicated);
- Level 4: *Disordered to Dangerous Relationships* (relationships in which intervention is urgently needed because of the severity of the relationship impairment).

Data were available for 162 children across all time points within the service. As shown in figure 3, Level 2 (strained to concerning relationships) included the largest group of children (69; 42.59%), followed by level 3, compromised to disturbed relationships (53; 32.72%). A further 37 (22.84%) of children were functioning at level 1 (well-adapted, not in need of clinical attention) and fewest (3; 1.85%) at level 4 (disordered to dangerous relationships). Initial appointment data were available for 75 children and closing appointment data for 17 children.

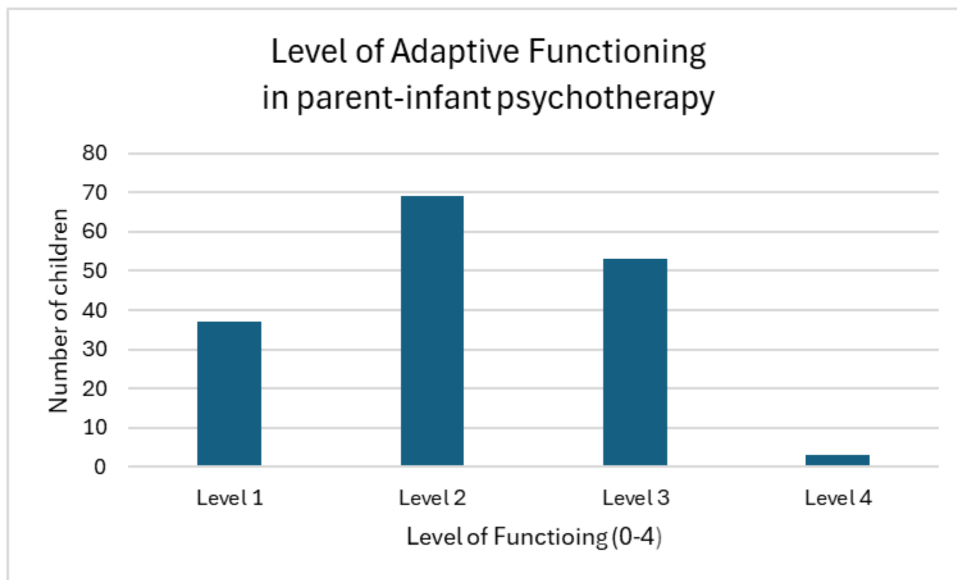

Figure 3. Number of children in each level of adaptive functioning

3.6.2 Together Time

Mothers Object Relations Scale (MORS)

MORS data were available for 95 Together Time clients at the initial appointment and for 62 clients at the end of the programme. The average score for warmth on entry to the service was 26.56 (SD 4.67) and the average score for invasion was 10.72 (SD 4.82). Once parents had completed the programme the average score for warmth had increased very slightly in the whole data set (M 26.63, SD 4.06). Invasion scores had decreased slightly (M 9.5, SD 4.39).

Analysis of complete data for 59 parents indicated that parental warmth had significantly improved after completing the programme. A paired samples t-test was performed to compare total warmth scores before and after taking part in Together Time. There was a statistically significant increase in total warmth score before (M 25.73, SD 3.12) compared with after (M 26.86, SD 3.23); $t(58) = -2.35$, $p = < .01$, indicating that parents perceived their baby as being warmer towards them after completing the programme. Warmth scores remained slightly lower than the population average.

Analysis of complete data for 59 parents indicated that invasiveness scores had significantly improved after completing the programme. A paired samples t-test was performed to compare total invasiveness scores before and after taking part in Together Time. There was a statistically significant decrease in total invasiveness score (before M 10.80, SD 4.06) compared with after (M 9.41, SD 4.32); $t(58) = 2.65$, $p = < .05$, indicating that parents perceived their baby as less intrusive and controlling than before the programme. Invasion scores were similar to the population average on completion of Together Time. Overall, concern levels reduced between initiation and completion of the programme (see Figure 4).

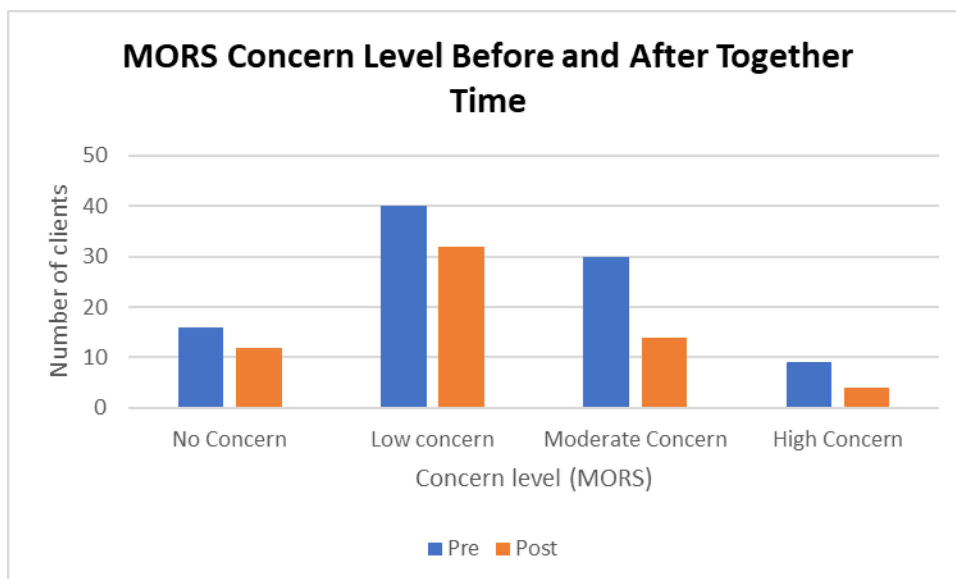

Figure 4. MORS Concern levels for participants in PAIRS Together Time

Parental Reflective Functioning Questionnaire (PRFQ)

Parental reflective functioning refers to the caregiver's understanding of themselves and their child as motivated by intentional mental states, such as feelings, desires, wishes, goals and attitudes. Compromised reflective functioning is associate with mental health and behavioural problems. Parental reflective functioning plays a role in the development of the child's reflective functioning which is important for the development of secure attachment, a child's sense of agency, and ability to regulate emotions.

The Parental Reflective Functioning Questionnaire (PRFQ) is a screening measure designed for use in research with large samples, and as such cannot be used as an outcome measure. However, it may be commonly used because it provides brief, multidimensional assessment of parental reflective functioning that is easy to administer to parents with a wide range of socioeconomic and educational backgrounds.

The PRFQ consists of 18 statements within one of three dimensions:

1) interest and curiosity in the child's mental state (e.g. 'I like to think about the reasons behind the way my child behaves and feels'),
2) the degree of certainty about the child's mental state (e.g. 'I can completely read my child's mind') and
3) prementalising, i.e. difficulties recognizing the child's mental state, including simplistic attributions or ascribing manipulative intentions to the child's behaviour (e.g. 'My child cries around strangers to embarrass me').

Statements are rated on a 7-point Likert scale from 'completely agree' to 'completely disagree'. A high total PRF score indicates that parents regard their child as an independent psychological agent and understand children's thoughts and feelings from children's perspectives (Sharp et al., 2008). It indicates greater ability to understand and respond empathetically to their child's emotional needs. In contrast, parents with lower scores may not be able to take the perspective of their children and may suggest potential challenges in attuning to the child's mental states. In their validation paper, Luyten et al. (2017) describe how scores indicating adequate PRF might differ depending on the sample characteristics and the specific PRFQ scale, and there are no established cut-offs.

PRFQ data were available for 92 participants at initiation of the programme and for 78 participants at completion. The average total PRFQ score on entry to the service was 68.99 (SD 9.66). Once caregivers had completed the programme, the average total score had increased to 72.14 (SD 10.02). Analysis of complete data for 76 parents indicated that reflective functioning had significantly improved after completing the programme. A paired samples t-test was performed to compare total PRFQ scores before and after taking part in Together Time. There was a significant increase in total PRFQ score after the programme (before M 69.20, SD 9.22), after (M 71.80, SD 10.00); $t(75) = -3.99$, $p = < .001$.

Parents' goals

At initiation of the programme parents are asked to set a goal for themselves and their child that they would like to improve upon by the end of the group. Goals are scored from 0 (I never achieve this goal) to 10 (I achieve this goal 100% of the time).

Parent goal data were available for 99 parents in the first Together Time session and 28 parents completed this data at the end of the programme. For the 28 parents with complete data there was a statistically significant improvement in the extent to which parents felt they were achieving their goal (before M 5.18, SD 2.04; after M 7.73 SD 1.42), $t(27) = -8.41$, $p < .001$.

Levels of Adaptive Functioning (LOAF) - Caregiving Dimension

Levels of Adaptive Functioning data were available for 85 children in Together Time. Data were collected at initiation of the programme and after the programme and indicated that there was very little change in level of adaptive functioning (see figure 5). Many families were functioning at level 1 (well-adapted, not in need of clinical attention) both before (54.11%) and after (53.57%) the programme. After the programme there were two fewer children in level 3 (compromised to disturbed) or 4 (disturbed to dangerous) relationships.

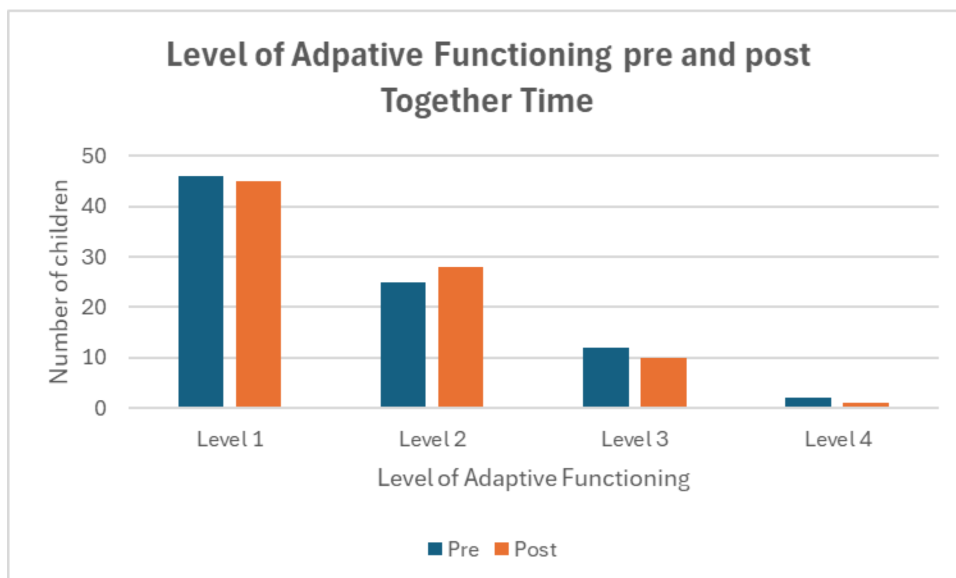

Figure 5. Level of adaptive functioning pre and post Together Time

3.6.3 Difficulties capturing impact quantitatively

PAIRS stakeholders understood the importance of collecting outcomes measures to evidence the impact of the services they provide and a significant amount of work was undertaken to create the service theories of change and select appropriate measures at inception of the service (e.g. Practitioner Guide to LEAP's Shared Measurement System, 2021). The Together Time service

collected data at the beginning and end of the 6-week programme which allowed for comparison of variables over time and therefore to understand the impact of the service. It was harder to capture the impact of the parent-infant psychotherapy service quantitatively due to the outcome measures not being appropriate for their largely antenatal service users.

Outcomes measurement is a universal challenge in parent-infant services and evidence shows that there are a number of challenges faced by parent-infant services in capturing outcome data (Measuring What Matters, 2021). Challenges can be summarised into to three areas:

1) *Choice of outcome measures*

Selecting appropriate measures to capture outcomes defined in a theory of change is a universal challenge across parent-infant services. Measures may not be designed to capture the outcomes in the theory of change, they may not be suitable for the specific population, they may not be culturally appropriate for differing groups, they may not have an evidence base to demonstrate their effectiveness at capturing the outcome they are supposed to (i.e. that they are valid), and they may not have an evidence base suggesting they capture outcomes consistently (i.e. that they are reliable). There is a lack of consensus in the academic literature and amongst practitioners about which measures are most effective, and there is very little evidence to indicate which measures are most acceptable to practitioners and parents.

The PAIRS team were aware of the problems associated with the chosen quantitative outcome measures and their limitation in capturing impact. One PAIRS team member discussed that the main measures, PRFQ and MORS, were decided upon when the service began in 2015 after considering issues such as psychometric properties, administration time and acceptability to service users. The measures were decided by LEAP and PAIRS to make sure they were the best possible and also aligned with measures used in other LEAP services when appropriate. One PAIRS team member explained:

> *…It's actually our agreement with LEAP that holds us to those measures...So I guess with LEAP disappearing, it's an opportunity to look at measures. In particular if they are continuing to working with so many pregnant women.* (PAIRS team member)

Currently, the gold standard in terms of measurement of parent-infant relationship is unknown, and '*a bigger piece of work is needed nationally'* (PAIRS team member).

To mitigate problems with current measures, some PAIRS team members started writing down comments from families and contacted parents via phone after they had completed the intervention to seek feedback. One PAIRS team member explained:

> *…The quantitative bit doesn't really capture it. And it's interesting, isn't it, because in the Together Time group, you know, you hand out the feedback form from LEAP or whoever and it says, you know, how was the group, and they might just say something like 'really nice' and then … or 'nice facilitators and biscuits' or, you know … /…/ something like that. It's really kind of … but then you ring them and then they, and then you ask them, and they say oh my God, it changed my life.* (PAIRS team member)

2) *Measuring outcomes in the therapeutic space*

Once the outcome measures have been decided on, the challenge lies in embedding those measures into practice. Whilst practitioners understand that quantitative data are required and preferred by those funding services, it is the practitioners who are faced with having to incorporate the measurement or data collection into their therapeutic space. This is challenging for a number of reasons, including disagreement with the choice of measure selected; difficulties in completing the

measure in practice because it feels inappropriate immediately before or after a therapy session; lack of time to complete measures particularly if measures are observational rather than a questionnaire; and parents disliking the data collection and potential knock-on effects on the therapeutic relationship or engagement.

In the qualitative interviews with parents, one parent commented that she found the evaluation forms and goal-setting quite difficult and *'really quite annoying'* to do. She said: *'a lot of the questionnaires, how do you, do you want to, I don't know, how angry do you feel with your child? Or whatever, they're not, it's not got any relevance to what the therapy sessions were about, I felt'* (Parent, parent-infant psychotherapy). The finding that some parents find the outcome measures frustrating to complete was also acknowledged by the PAIRS team members in their interviews/focus group.

3) Deciding on what outcomes should be captured

All services need to understand what outcomes they are trying to change to enable successful measurement of those outcomes. PAIRS' theory of change identifies the expected service outcomes and there is a strong monitoring and evaluation ethos which are strengths. In this evaluation, parents reported feeling improved confidence in parenting, better coping and impact on mental health which are in line with the PAIRS theory of change, but which were not included as outcome measures. Parents who had taken part in Together Time also reported that it had reduced their feelings of isolation, which could be included in the theory of change and formally measured in the future.

The recent report Measuring What Matters (2021) reviewed what outcome measures are used in parent-infant relationship services and made five recommendations:

1) Be realistic, it is not possible to capture all outcomes in one measure.
2) Be clear on outcome, focus on what can be captured in a measure and avoid proxy measures.
3) Capture observation, commit resource to conduct observational measures.
4) Think long-term, try to capture long-term outcomes when possible; *and*
5) Work together with stakeholders (including parents, practitioners, commissioners and researchers) to identify best measures for local needs.

3.7 Impact on children and families (interviews with families and practitioners)

- The PAIRS service is viewed very positively and valued by those referred and those referring.
- Qualitative data suggests the service has an impact on parent-infant bonding, reducing isolation and building confidence.
- Parent-infant psychotherapy PAIRS offer helps parents feel heard, re-frame thoughts and developing coping strategies.
- Siblings and other relationships benefit and impact may be longer-term.

This section of the findings answers evaluation questions 2 (*To what extent and how does PAIRS improve parent-infant relationships and medium-term attachment outcomes for families?*) and 4 (*What impact do PAIRS interventions have on long-term child health outcomes?*). This section presents findings on parents' goals when entering PAIRS, how the service improved parent-infant bonding, parenting confidence, reduced loneliness, helped parents re-frame their thoughts and develop coping strategies. Further, this section provides findings on how PAIRS had an impact on other siblings and relationships, how it helped parents access other local services and the long-term

impact. This section should be read in conjunction with section 3.6 where the quantitative findings are presented.

3.7.1 Parents' goals on entering parent-infant psychotherapy and Together Time

For parent-infant psychotherapy and Together Time, information is collected about parents' goals when entering the service and at the last session for Together Time.

Thematic analysis suggests that for parent-infant psychotherapy, goals fall within three overarching themes of: reducing anxiety; building confidence in parenting; and improving the quality of the relationship between parent and baby. A brief outline of the content of these themes is presented with the corresponding section that provides qualitative evidence of how PAIRS helped parents to achieve their goals. Reducing anxiety was the most endorsed goal, and parents felt that their anxiety was preventing them from enjoying their relationship with their baby and the wider family. Parents felt that 'bad thoughts', 'worry' and 'stress' could 'outweigh the pleasure' they felt they should experience with their baby. Section 3.7.4 outlines parent's experiences of learning to reframe and cope with anxieties.

Parents wanted to improve their confidence in making choices that impacted their baby or child including sleep routines and needs, and generally in understanding their baby or child. Section 3.7.3 relates how PAIRS supported parents in building confidence and reducing isolation.

Improving the quality of the relationship between parent and baby covered areas such as feeling liked by baby, feeling a stronger connection, encouraging a relationship in which feelings and needs could be openly discussed, improving wider family wellbeing and reducing conflict. Section 3.7.2 indicates that both parent-infant psychotherapy and Together Time supported bonding and 3.7.5 discusses the wider impact of PAIRS on the family.

By contrast, parents' goals in Together Time (see section 3.6.2) mainly concerned supporting their child's development and understanding their child. Making time to enjoy their child and meeting other parents were also frequently mentioned. Reducing anxiety was mentioned only by a handful of parents in Together Time.

3.7.2 Supporting parent-infant bonding

Each Together Time session involves each parent spending a few minutes observing their baby. Whilst most of the Together Time parents said they took moments to observe their baby in daily life anyway, one parent said that Together Time helped her to understand the importance of doing this, and that this understanding gave her permission to pause her busy life to purposefully observe her baby. Two other parents explained how they have changed their approach to their babies as a result of taking part in Together Time:

> *…I take from this programme to think more about the feelings of my baby, so have that together time, that moment to observe her has been useful, just to be mindful of her feelings…* (Parent, Together Time)

> *I'm not always jumping to fixing things in case [my baby] is crying. I try to see what really is the, the reason behind it, try to think, what his thoughts might be and, erm, it's just a different approach that I have nowadays…* (Parent, Together Time)

Echoing what these parents said, a PAIRS team member said a parent had told her that Together Time helped her to pause when her baby was unsettled, that '*rather than jump into the action and*

kind of try and settle them, it's kind of to pause a little bit and see, and actually, like a minute or two later the baby just settled by themselves. It's kind of helped them to create the space in that relationship where they have a space to reflect …' (PAIRS team member).

Two of the parents who had received PAIRS parent-infant psychotherapy during pregnancy spoke of the impact it had on their perception of their pregnancies and their bond with their child after birth:

> *If I didn't have the PAIRS support, maybe it would have been a different story by now. A whole different story.* (Parent, parent-infant psychotherapy)

> *…I was also feeling as though I was the only person that was, going through what I was going through and I felt as though everyone was excited when … everyone is excited when they are pregnant, and I just felt so alone with not feeling the same way. So, having someone to speak to and just help me through those emotions and feelings, were very important and helpful to me, and it helped me kind of continue on with my pregnancy in a better mood and with a better mindset.* (Parent, parent-infant psychotherapy)

A PAIRS team member explained that parents may come away from the service feeling a closer bond with their baby because *'they might feel more able to make links with behaviour and their own thinking. So, might be able to understand more about what's their feelings. What's their stuff, and what's baby's stuff, and what they need to think about. So, again it's understanding the relational impact of attachment and ... And I think, actually, that it's recognising what some of the difficulties are and having that safe space.'*

The improved parent-infant bond was also mentioned by several of the stakeholders interviewed. One stakeholder told us of how a mother they knew, who had received parent-infant psychotherapy from PAIRS, went from '*not much of interaction with baby'* to '*a very different … mother. She was now talking to baby, she called the baby '[name]' so she used to talk to baby, engage with baby, in her own way, not … I mean everybody interacts very differently with the … their babies. But there, you could see there was an attachment that was forming'*.

One of the PAIRS team members provided an example of how they felt the PAIRS psychotherapy was transformational to babies, with *'babies feeling much more confident about communication'* and showing a range of emotional expression, where they may have previously shown very little. Another PAIRS team member described how she had worked with a parent and their baby and how the baby's face *'...was like frowning, really burdened by all the … and you could take a picture after, it was just the, the face was much freer.'*

3.7.3 Reducing isolation and building confidence

Parents spoke of feeling less isolated as a result of the PAIRS Together Time and parent-infant psychotherapy:

> *...Loneliness and isolation, particularly in parenthood in London, is a major issue, and this time it didn't, it doesn't, it hasn't felt like that.* (Parent, parent-infant psychotherapy)

In particular, they spoke of how discovering that other parents struggle too made them feel less alone, and less like their struggles were failures:

> *I found it quite reassuring to go to these groups and realise that everyone was having the same kind of challenges, it wasn't just [me]. I think up until that point, until I started going to groups, I thought that it was, you know I was having a particularly rough time of it, whereas*

actually, meeting other parents I realized no, I think this is just universal. (Parent, Together Time)

It's easy to feel like you're failing or you're letting your baby down and actually hearing others that, you know, it's more common than you think and actually talking to people who are, similarly, kind of experiencing those things has been, it makes you feel like you're less alone and less, like you're the only one who's maybe having a tough time. (Parent, Together Time)

I definitely felt that [the psychotherapist] understood what I was going through and [the psychotherapist] definitely helped to make me feel comfortable and validated my feelings. Because a lot of the times I felt alone, and I felt I was the only one that was experiencing what I was experiencing. [ ] …[the psychotherapist] letting me know that other women have experienced it too, that was a helpful thing. (Parent, parent-infant psychotherapy)

Confidence in parenting was also mentioned by several of the PAIRS team and stakeholders as something they had seen firsthand in parents supported by PAIRS:

I think that parents are hopefully more confident in their parenting; that they ... That they, sort of like, are better able to manage some of the difficulties and challenges that come up with behaviour. (PAIRS team member)

You can see the parent growing in confidence, and attunement, and responding to needs of the baby. (PAIRS team member)

The PAIRS team also recognised that, in addition to what parents learn and experience about connecting with their babies from Together Time, they also benefit from knowing they are not alone and from connecting with other parents:

So, I think, I think there certainly has been that um, what I understand from the Together Time groups as I said, it's really helpful, not only, you know, receiving some of the information, and, being, being there and having, being affirmed in, you know, really looking at your baby and responding to them, but what I, I think what parents also find is that it's really helpful to be with other parents and understand that you are not on your own in some of those, sometimes dark thoughts that we have about ourselves and our babies and, and areas of that kind. So, I believe it's been really helpful. (PAIRS team member)

The PAIRS team also reported that Together Time parents exchange numbers and connect with each other outside the group.

3.7.4 Being heard, re-framing thoughts and developing coping strategies

Parents across all services found it helpful to be able to share their feelings and experiences. Those who had parent-infant psychotherapy in particular spoke of how they were not just listened to, but also supported to reframe their thoughts and anxieties and their own perception that they are failing. As one parent said, '*they were actually explaining to me, 'No, you're a good parent, because you can recognize that you're having a difficult time, and you're trying to get help so that it doesn't affect your child'.*' This same parent spoke of how the therapist helped her recognise the progress she was making and the things she was doing well and how she has continued to use the strategies she had learned in the therapy to reframe her negative thoughts. Similarly, another parent living in challenging circumstances spoke of being supported with strategies as well as a sympathetic ear:

Having [the therapist] at that moment in time was like a strong support system, cos I needed someone to talk to, someone that can literally hear me vent and cry and express myself, and I'm not being judged or being accused of anything. And, someone that can understand the emotions you're feeling and like, they can feel it and they can relate and they can give you like, not solutions, but like, like strategies to go ways around it. (Parent, parent-infant psychotherapy)

The importance of feeling heard was reiterated by the PAIRS team:

Some of these parents have never been heard, they have not had their voices heard. (PAIRS Team member)

I think it is particularly with the most disadvantaged families, and mothers and fathers who have not had their voice heard, and babies who have not had their voice heard. And I think that's the feedback that I get that we listen and we observe in a non-judgmental um, kind of baby led, parent led way. (PAIRS Team member)

PAIRS team members explained how being heard without judgement and being given a non-judgemental space in which to be heard and gain an understanding of their own emotions, helped not just parents but also their relationships with and the wellbeing of their children:

I think they would have; I think they would have muddled along, but I don't think they'd have recognised the impact of their emotions having on their children. I think PAIRS does it in such a way that they don't feel guilty about how they're, they're feeling. You know, they can, it helps them understand how these things have, have come about really. So, I think in the long run, hopefully the outcome for those children will be, will be much better, much more positive and they'll feel more emotionally secure. (PAIRS Team member)

And sometimes it opens up space, and I think, for this woman, it opened up space for her to … think about her … children, but also what she needed for herself and how, you know, she had never actually had a space where she had felt listened to, or her feelings had been thought about. And so, that wasn't something that she could do for her children, because every time she had her children … kind of screaming for something, it kind of felt a bit like her kind of screaming for something, and why would I listen to you when I wasn't listened to sort of thing. (PAIRS Team member)

It's about parents feeling supported to have a better relationship. So, if they can come away with some of that, then that's something that we feel our service is able to help with. So, by having a space to talk, they're then able to think about strategies. (PAIRS Team member)

3.7.5 Impact on other siblings and relationships

In addition to the infant that was the focus of intervention, the PAIRS team also mentioned potential positive impacts on other siblings and relationships:

I hear parents bringing in examples of their relationship with their older children. And you can see the ripple effect really, both in terms of how they relate to their older children, but also perhaps how they might relate to their partner, or other people in their family. (PAIRS Team member)

It was recognised that the confidence parents developed would influence other family relationships. Some of the parents interviewed who had experienced parent-infant psychotherapy reflected on its

positive impact on their interactions and relationships with others. One spoke of the therapy as taking the strain off her other relationships as she had '*someone that was impartial, [ ] someone from the outside'* with whom to share her anxieties. Another spoke of how she was better able to interact positively in day-to-day interactions that would have previously challenged her.

One of the parents referred to parent-infant psychotherapy was asked in the initial assessment with PAIRS if her husband would like to join the therapy sessions. They had three sessions together as a couple and then agreed that the husband would continue with the therapy sessions on his own and with his baby. He had previously been to his GP as he was struggling with his mental health but had only been referred to an online cognitive behavioural therapy course which he found far less impactful than talking with the PAIRS therapist face-to-face. He particularly appreciated the therapist's openness to focusing on the changing dynamics in the family, including siblings, rather than just on the relationship with the baby:

> *…It wasn't just centred around our youngest child, it was also centred around our other two children, and actually understanding how the dynamic had shifted.* (Parent, parent-infant psychotherapy)

Two parents who took part in Together Time spoke of the impact on their family relationships. One felt when she told her mother about Together Time her mother gained a better understanding of how she wanted to parent. The other spoke of the impact on her relationship with her husband:

> *It's definitely had an impact on sort of, the way me and my husband sort of, not talk about things, but I think, I think for him, for him, he was struggling with kind of, me, offloading everything to him and only him all the time. Whereas, actually, having other people to talk to, it was then quite nice that we had that space to sort of, bond about other things, maybe. So, that, that's been nice, definitely.* (Parent, Together Time)

3.7.6 Accessing other services

Two of the parents who had had parent-infant psychotherapy had gone on to seek therapy beyond PAIRS to address issues that the PAIRS therapy had helped them identify. This included one who had initially accepted her referral to PAIRS with reservations and for whom PAIRS had been her first experience of therapy.

Many of the parents who had taken part in a Together Time group spoke of seeking out other groups and activities at the Children's Centres in which the Together Time sessions had been held. Further engagement with services was mentioned by several of the PAIRS team members and stakeholders, recognising that '…*if people can have a good experience with one service then they carry that forward to other places.' (*PAIRS Team member).

3.7.7 Long-term impact on children and families

It was acknowledged by many of the PAIRS team and stakeholders that the impact of PAIRS is likely to be long-term, as psychotherapy is designed to have a long-term impact due to helping parents have a different mindset. Benefits mentioned included better infant/child mental health reducing the need to access CAMHS later in life, and children feeling safe to talk about their feelings and emotions and not carrying their parents' anxieties as they grow up. Benefits for parents included having a different approach to parenting:

> *And the idea, of course, is that by accessing services like ours, they will hopefully be able to better ... have a better relationship, which in turn supports that infant's mental health, so*

they don't end up in, necessarily, services like CAMHS, for example. I mean, that's the ultimate, you know, achievement. (PAIRS team member)

One of the PAIRS team members gave an example of a child they had worked with who had suffered from their parents' anxiety. After working with the family for a while the parent managed to separate their anxiety to make sure it did not become her child's. The PAIRS team member explained:

> *But I think if [the child] could be relieved of that anxiety, [the child] then wouldn't have to carry that for [their] life … If you can kind of …… release the burden, or relieve the burden of something that the parent is … passing on when they're very little, you know, they don't then have to … carry that through, and they're freer to develop in … you know …/…/ more healthy ways, and thrive, and grow.* (PAIRS team member)

3.8 System change

- PAIRS has contributed to the redesign of the parenting offer in Lambeth.
- Child and parent-infant psychotherapy expertise provided by PAIRS to other services supporting families in Lambeth would be absent if PAIRS did not exist – this would leave a vacuum for babies in the area who need intervention.
- Over time, other services have come to understand the purpose of PAIRS and the importance of the parent-infant relationship.

This findings section focuses on the impact PAIRS has had on the local early years ecosystem and services available in Lambeth. The impact that PAIRS has had, not just in the LEAP area, but throughout Lambeth has been substantial. One stakeholder told us that '*through the work with the team, we've kind of, fundamentally, we've fundamentally redesigned our parenting service offer [in Lambeth]'.* This included implementing COSP groups in 2018, before Lambeth Council adopted it to be available borough wide in 2021. PAIRS still supports the COSP groups through regular reflective supervision.

The PAIRS team similarly supports Baby Steps and Together Time, which in 2024 is being offered more widely in Lambeth. Baby Steps is a NSPCC licensed programme with a compulsory reflective component. The Baby Steps facilitators were positive about the '*benefit to have this so very experienced team, and the fact that we can refer into it as well.'* (Stakeholder)

One of the stakeholders, with good insight into both LEAP and PAIRS, told us that PAIRS consistent championing of parent-infant relationships '*has infiltrated through our whole offer [of parenting services], is kind of, focused around relationships. So in terms of the kind of, impact that that has on families, they may not see that coming directly from the PAIRS team.'* (Stakeholder).

System change also comes from building capacity within the wider workforce (see section 3.1). Stakeholders provided many examples of how they had, with the help of PAIRS, a better understanding of parent-infant relationships. One of the PAIRS team members explained:

> *But I think in general … it does feel like people are just thinking about babies and families and relationships in a really different way. You know, like you can see people that we've worked with, who I think at the beginning were perhaps kind of like oh yeah, there's this service, oh yeah, we'll just kind of refer to them. But I think, actually, there are a lot of people who are now really … referring because they really see how helpful it is, not just because it's a oh my God, I don't know what to do with this family so, let's just kind of put them in PAIRS. It's*

> *because no, actually, this is really important and this is something that PAIRS will do and, you know, this is something that they can support with in a much more kind of focused way.* (PAIRS team member)

This was supported by a stakeholder who said:

> *Yes, yes it does um, because it's the parenting infant expertise, the relationship expertise that matters, and because sometimes the disturbance is in the, either infant or a toddler and sometimes, we notice that something's not right, in an older sibling of the baby that we're involved with. And they are the ones that we would go to for advice or to ask them whether they think that we should refer.* (Stakeholder)

Finally, the PAIRS team and stakeholders were asked what would happen if PAIRS did not exist. Answers to this question showed PAIRS' impact on local service provision, as it was felt that without PAIRS there would be no parent-infant psychotherapy expertise. Instead, it was perceived that some clinical intervention might be provided by perinatal mental health services and/or by social workers in pockets, rather than having a consistent offer focusing on the relational work, as is currently the case thanks to PAIRS. Without PAIRS the service offer for families would be less effective. One stakeholder told us:

> *If PAIRS didn't exist,it would be, it would be a real loss, because sometimes we really need child psychotherapist expertise, to help us with cases, where babies or young children, appear to be emotionally damaged.* (Stakeholder)

3.9 Service sustainability and scale up

- Continuation of the PAIRS service was considered vital by families and welcomed by practitioners.
- Widening the service to be available Lambeth-wide will eliminate the current 'postcode lottery' and confusion amongst practitioners and other services about who could be referred to PAIRS.
- PAIRS has built strong relationships with some services. Relationship building must be embedded in their work to ensure continuity and development of relationships with more services.
- Uncertainty about future funding streams makes future service planning difficult and undermines the importance of the parent-infant relationship.

This section of the findings has been added to discuss some of the factors that influence the sustainability and scale up of PAIRS. It was added to the evaluation based on the changes that PAIRS is going through with the end of LEAP support and funding in 2024. A consistent finding from the PAIRS team and stakeholders was the need for PAIRS to continue and expand if possible. Two stakeholders told us:

> *So, I suppose, we've been in a really lucky position over recent years, in that we have had the LEAP funding, and that's kind of, dealt with the need that we've got there, because we've used the LEAP funding to do it. Um, but kind of the key priority for me, is making sure that it's a sustainable model for that service, as we go forward.* (Stakeholder)

I really, really hope this service can continue to function and in fact expand, because it's really important and really useful. (Stakeholder)

The importance of the service was echoed by the parents who had engaged with the service:

I just congratulate Lambeth for having the service [ ] and I think there's a lot of women that definitely would need help and just need someone to speak to. (Parent, parent-infant psychotherapy)

I just hope it doesn't end, it would be a real shame if it did [ ]. If LEAP completely ended, I still think PAIRS shouldn't go down with it. I think it's a service that needs to continue. (Parent, parent-infant psychotherapy)

As of April 2024, a number of changes to PAIRS and related services (such as Baby Steps) are being implemented. This includes a wider geographical area for referrals (Lambeth wide), while Together Time is expanding to more Children's Centres and being co-facilitated by non-PAIRS practitioners. Baby Steps is also expanding and moving to monthly instead of fortnightly reflective supervision session for a trial of three months. One of the Baby Steps facilitators told us:

We see how it goes, when we go to once a month but see how that how, how supported do we feel, with that lesser amount, but I think it will be enough, at the moment, I feel like that's enough. (Stakeholder)

These changes provide an opportunity to consider how PAIRS can facilitate scale up, and the supervision model was identified as very positive. For example, with Together Time:

We're looking at a model where that's a co-facilitation model, with a member of the PAIRS team, but I suppose, in the longer term, I would like a wider workforce, to have the skills to deliver those, without needing that PAIRS input all the time, but maybe through a supervision model. (Stakeholder)

3.9.1 Being available Lambeth-wide

Previous LEAP funding has limited some PAIRS interventions to those living in LEAP postcodes. Since April 2024, the funding has changed and families in Lambeth borough can now be referred to PAIRS. Both the PAIRS team and stakeholders recognised the benefit of having LEAP funding, however many also reported on how the current Start for Life funding made it easier to refer to the service and make it more accessible:

So I think it will be in many ways, kind of a clearer offer for families and for practitioners, to know that we are a Lambeth wide service. (PAIRS team member)

If it was to scale-up and be more widely available, that would only be a good thing, that, that's, I suppose that's one of the things that can be frustrating that it's unfortunately, restricted, because of the commissioning arrangement, to a smallish group. So, there's a bit of that postcode lottery problem. (Stakeholder)

It was recognised that not being able to work with all families in Lambeth may have made referring to LEAP difficult for some practitioners and that services would need information about this criteria change:

… It was very evident that, you know, some referrers, maybe they did refer at the beginning, and then their kind of interest dropped because like every time they did have a case it was out of LEAP, so there's like oh right, there's no point referring to PAIRS because they can't work with them anyway. (PAIRS team member)

The community teams, you know, they need to go, well, I would suggest they go to the meeting, community meeting, so, that that team leads, and all the community midwifery teams, can, can sort of um, disseminate that information, that this service is now available, for everyone in Lambeth. (Stakeholder)

A larger geographical area will mean a likely increase in referrals, which will impact on capacity. The current Start for Life funding has enabled recruitment of new staff which in turn has enabled service scale up. That said, PAIRS remains a quite small team and to manage scale-up a PAIRS team member suggested:

We might need to think about shorter interventions and different ways of working with families. I think we need to be sharper at the referral pathway, when it comes in, on timescales and timeframes and assessment timeframes. (PAIRS team member)

Stakeholders also acknowledge this potential increase in referrals, having an impact on waiting list times:

Then they might get overwhelmed with referrals [chuckling], that, that's what I would say and then the waiting list might be, might grow. (Stakeholder)

3.9.2 Strengthening local collaboration

One of the strengths of PAIRS is its strong collaboration with local early years services (see sections 3.1 and 3.5.1). A service like PAIRS is very dependent on other practitioners to identify and refer families that may need the service, so it is important to continue these close working relationships through consultations and reflective supervision. There were also several examples from interviews with the PAIRS team and stakeholders of relationships that could be developed further, such as with the current health visiting service, local authority, mother and baby unit and neonatal services.

When developing new as well as maintaining current collaborations, it is important to consider how these partnerships can be formalised, to avoid relying on a few professionals championing the service and instead ensure that partnerships are '*embedded in the way that services work together'* (PAIRS team member). This included a more defined pathway within CAMHS, as another PAIRS team member explained:

So, it's creating a model and a pathway that's quite simple and easy to follow, and that actually there's a single point of access within CAMHS. (PAIRS team member)

It was also recognised that collaboration must not only be with other service providers, but also continue to be with the local community. PAIRS is currently at an important juncture where it is becoming available Lambeth-wide and there is thus an opportunity to look at the current service model, how and what is offered and discuss it with Lambeth residents. One stakeholder suggested:

…The users of the service, or the local community, can direct a bit more of how they want services to look. At the moment, we will still be going out and saying, well this is our PAIRS model, and this is what we're going to have. But it might be important that what we do is get genuine feedback from the local community, to go, we don't want to change what you're

offering, but could you offer it in this? You know, perhaps there are different places or different ways that we want to receive some of it. (Stakeholder)

Finally, also it was also mentioned by a few PAIRS team members and stakeholders that it is important to share good practice with and learn from other parent-infant services. This is particularly important as issues such as appropriate outcome measures and funding are issues faced by many parent-infant services. This sharing of information and learning has already happened with services such as Little Minds Matter in Bradford.

3.9.3 Funding uncertainty

The current commissioning arrangements reflect good practice as defined by the Parent-Infant Foundation (see their self-audit tool for parent-infant teams) and funding and its uncertainty was discussed by several PAIRS team members and stakeholders within the context of service scale up and sustainability. One stakeholder with insight into service commissioning said:

It's a difficult balance, between how, how, how you make, how you really prioritise the work that really needs to happen, at that early stage in the Early Years and sets that foundation up for the future, against, kind of the NHS targets. (Stakeholder)

Interviewees recognised that whilst the current Start for Life funding was very positive, it was only available for a year, and future Start for Life and other funding for the service was unknown. One PAIRS team member explained how '*the kind of uncertainty of what the future of PAIRS will be, is making some of that planning quite difficult, because we're not entirely clear what our service might look like beyond the LEAP and National Lottery chapter of our journey.*'

Overall, there was a sense by several stakeholders involved with funding that PAIRS would find funding past March 2025, but views diverged where funding should ideally come from. Several interviewees suggested that PAIRS should be NHS funded as otherwise:

It just doesn't last, you know, you can kind of have two years of such and such, and then a year of such and such, but actually it just needs to be completely embedded … (PAIRS team member)

Significantly, having funding from the NHS was also important in terms of having infant mental health seen as important by the NHS and services such as CAMHS proactively '*claiming the baby*' (PAIRS team member). Others recognised that a mix of funding streams could be beneficial, although it was likely that some of these streams would be short-term. There was also a recognition that this not solely a Lambeth issue, but a national one, and therefore it is important to look at how other services were funded in London and around the country.

4. Evaluation strengths and weaknesses

There are several strengths of this evaluation. These include the diversity in stakeholders (N=10) interviewed providing different perspectives to identify consistent and divergent experiences. Other service evaluations have interviewed parents only (Burns, Brown & Rankin, 2021) or a limited number of practitioners and stakeholders (Woodrow et al, 2024). It is also a strength to explore the impact of participating in the services on families using both qualitative and quantitative measures, to compare findings and identifying benefits that the quantitative measures do not capture.

Some limitations also need to be noted. A weakness is that of the seven interviews with parents who had received parent-infant psychotherapy, all but one had had the same PAIRS psychotherapist. This was due to the short timelines of the evaluation and only wanting to interview parents who were in an appropriate place in their therapeutic journey to take part in the interview. We were also unable to interview any pregnant women due to the short evaluation timescales that precluded ethical approval for this. That said, we interviewed three women who had started parent-infant psychotherapy whilst pregnant and included those experiences within this report.

Additionally, there were limitations regarding quantitative assessment in terms of data available and also the scope of the measurements, these have been discussed in section 3.6.3.

5. Recommendations

This evaluation, using qualitative and quantitative measures, has shown that PAIRS has made a positive impact on families, the local early years workforce and their services.

Within this context, it is worth noting that the positive experiences of parent-infant psychotherapy and Together Time captured in interviews were not quite reflected in quantitative measures. The difficulties capturing impact quantitatively is a common difficulty in parent-infant relationship services and challenges include a lack of measure appropriate for tracking change over time particularly between antenatal and postnatal periods, identifying what outcomes should be measured, choice of outcome measures, and measuring outcomes in the therapeutic space.

Another main finding from this evaluation is the good practice the PAIRS team currently engages in and the interconnectedness of these activities. This results in improved confidence regarding parent-infant relationships and referrals from Lambeth's early years workforce and improved parent-infant bonding, parenting confidence and mental health in an often deprived, diverse and vulnerable population. Key mechanisms to these outcomes include:

- being community-based;
- offering consultation and reflective supervision to early years workforce;
- establishing and nurturing long term collaborative relationships with local service providers;
- showing understanding and empathy towards the needs of the families they work with;
- providing a friendly and reassuring first contact with families; and
- showing flexibility in how they deliver parent-infant psychotherapy.

Thus, the first recommendation must be to **continue this good practice** whilst scaling up to being available to families Lambeth-wide and facing a larger number of referrals than previously. Whilst the service is well-embedded within LEAP and some other wider services, the continued efficacy of the service will depend on how well it becomes embedded Lambeth-wide.

In addition, we make the following recommendations

PAIRS team

- To continue capacity building: **offer training Lambeth-wide for early years workforce staff** who are now able to refer to PAIRS. This should include its offer for families and referral process. Consider offering further regular and targeted consultation and reflective supervision sessions for different services.
- To engage service users: **review the marketing of PAIRS**, in particular Together Time. This could be done together with parents who have attended the group to help identify appropriate wording on advertising material.
- To improve the quantitative measurement of impact: **review PAIRS theory of change considering the evaluation findings and revisit the quantitative measures used to assess clinical outcomes**. Use the qualitative findings from this evaluation to guide what may be important to measure and consider who engages with the service (74% pregnant women) and how to implement measures within the therapeutic space. This includes revisiting how outcome measures are explained to parents, to make sure parents understand their use and importance.
- To aid further service evaluation: **use a consistent approach when capturing data on families and their engagement with PAIRS**. For example, 30% of ethnicity data is missing for PAIRS service users. Consider including quantitative measures to capture PAIRS capacity

building activities. For example, routine quantitative measures regarding engagement and referral rates to PAIRS can be implemented to allow for continuous evaluation of reflective supervision and consultation.

- To stay sustainable and support scale up**: Start planning for an increase in referrals** after becoming a Lambeth-wide service and how to manage this. This includes relying less on *'super referrers'* and establishing strong pathways for referral between services.

SLaM and PAIRS team

- **Identify a clear and straightforward pathway** within CAMHS to make referral to PAIRS an easy process

Service commissioners

- Work together with SLaM, other NHS and non-NHS services to **identify funding opportunities** to aid service sustainability. This could include using local and national networks and resources (such as Parent-Infant Foundation self-audit tool) to identify good practice and services with other funding sources.

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Appendix 1 – evaluation objectives and key questions

Current key questions identified in the Invitation to Tender document are

1. To what extent and how does PAIRS build the capacity of Lambeth's Early Years ecosystem to support parent-infant relationships? *THEME: Capacity building (3.1)*
2. To what extent and how does PAIRS improve parent-infant relationships and medium-term attachment outcomes for families? *THEME: Impact on children and families (3.6 and 3.7)*
3. What is PAIRS' contribution to addressing social inequality in parent-infant relationship outcomes and experiences of support? *THEME: Targeting social inequality (3.2)*
4. What impact do PAIRS interventions have on long-term child health outcomes? *THEME: Long-term impact on children and families (3.7.6)*

Objectives	**Report section**
Process objectives	
Define PAIRS' activities and how these were intended to be implemented	Capacity building (3.1) and service engagement (3.4)
Explore how PAIRS activities have been implemented in the Lambeth context, and identifying barriers and enablers informing implementation and family and practitioner engagement	Capacity building (3.1)
Identify key mechanisms of impact that inform practitioner and family outcomes	Key mechanisms of impact (3.5)
Explore how different groups experience taking part in the PAIRS service	Targeting social inequality (3.2) and key mechanisms of impact (3.5)
Impact objectives	
Exploring perceived changes to practitioner knowledge, confidence and practice as a result of PAIRS activities	Capacity building (3.1)
Exploring other system-level changes in Lambeth as a result of PAIRS activities	Capacity building (3.1), system change (3.8)
Identifying medium-term attachment outcomes for participating families	Impact on children and families (3.6 and 3.7)
Identifying long-term impact on child health outcomes as a result of PAIRS activities	Long-term impact on children and families (3.7.6)

Appendix 2 – Additional information about evaluation methods

Ethical approval

Ethical approval for this evaluation was received from City, University of London, School of Health and Psychological Sciences Ethics Committee. SLaM was also made aware of the evaluation and had no objections to it being conducted. All participants verbally consented to taking part in the interview/focus group.

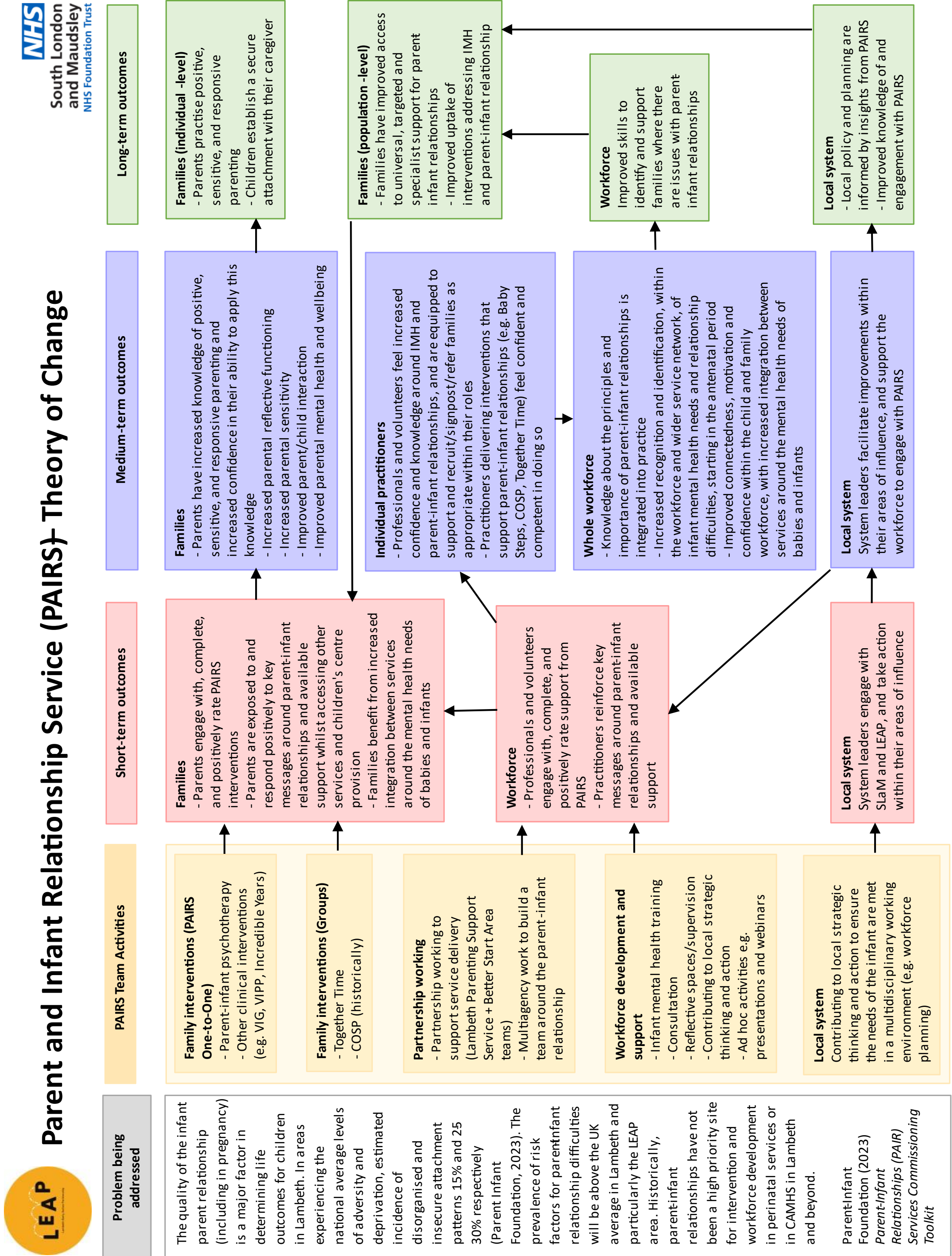
Recruitment and data collection: Parents

Parents were contacted by the PAIRS team about taking part in the evaluation. If interested they passed on the details to the evaluation team who made contact. One focus group was held at the end of a Together Time session. Interviews took between 23 and 56 minutes, the focus group took 27 minutes.

Recruitment and data collection: Stakeholders and PAIRS team

Stakeholders and PAIRS team members were recruited via LEAP and PAIRS. Stakeholders were identified by LEAP and PAIRS as those involved with PAIRS in different capacities, and LEAP/PAIRS made the first contact about the evaluation. If interested, the evaluation team got in touch to set up an interview. Interviews took between 17 and 71 minutes.

Appendix 3- PAIRS Theory of Change



Appendix 4 – Referrer categories for parent-infant psychotherapy

Referrer category	**n**	**%**
LEAP midwifery continuity of carer team	67	18.7%
Health visiting, including early intervention health visiting (n=3)	62	17.3%
Children Centres (Better Start worker)	40	11.2%
Self-referral	24	6.7%
GP	20	5.6%
Adult Mental Health (including perinatal mental health, Talking Therapies, adult mental health and mother and baby unit)	17	4.8%
LEAP Domestic Abuse Enhanced Casework	15	4.2%
CAMHS	13	3.6%
Midwife or midwifery service	12	3.4%
Family Nurse Partnership	11	3%
Paediatric Services	10	2.8%
Baby Steps	10	2.8%
PAIRS, including COSP and Together Time	8	2.2%
Early Help Services	6	1.7%
Children's social care	6	1.7%
Other*	37	7.4%
Total	**358**	**100%**

Categories of services who have referred a parent/carer-infant dyad to parent-infant psychotherapy. *Other include breastfeeding support (n=2), Ekaya housing (n=4), HomeStart Lambeth (n=1), key worker (n=1), LEAP community engagement (n=2), LEAP Community, Activity and Nutrition Programme (n=5), nursery SENCO (n=1), other (n=3), parenting worker (n=5), speech and language therapy (n=5), St Michael's Fellowship (n=3), support worker (n=1), unknown (n=3) and youth parent practitioner (n=1).