

### Question 1.4.2 - Service Delivery Proposal

Please provide a detailed description of the design and content of your offer for the provision including how this meets the requirements outlined within the IPES Specification.

As a minimum, your response should;

- Provide an example of a participant journey for an IPES participant, recognising different barriers to work and support needs, as outlined in the Specification. Detail how you will provide a structured programme of interventions for each participant from Warm Handover and referral until completion of the participant's IPES provision and the rationale for your approach.
- Detail how you will identify suitable organisations to act as Signposting Organisations and encourage referrals to IPES from these.
- Explain how you will engage participants from the Warm Handover and referral to start on IPES provision to minimise the attrition rate. Outline how you will ensure the Warm Handover positively promotes the IPES provision to the participant, including why you think these approaches will be effective.
- Explain how a Key Worker will be assigned to a participant and maintained throughout a participant's journey and how you will ensure frequent and consistent contact by the Key Worker to meet the support needs of the participant.
- Explain how a Key Worker will undertake regular reviews and ensure measurable progression of each participant in the following areas:
  - 1) Managing their health condition or disability;
  - 2) General self-efficacy;
  - 3) Wellbeing;
  - 4) Job search self-efficacy;
  - 5) Job seeking activity;
  - 6) Experience in a work environment.
- Explain how you will ensure participants remain actively engaged with your IPES provision to maximise outcomes and how you intend to re-engage participants who have disengaged from the IPES provision.

- Explain how you will identify suitable opportunities to support participants to gain the requisite experience of a work environment and how you will ensure this meets participants' individual needs and aspirations.
- Describe the In-Work Support you will provide to participants, including support for self-employed participants.
- Provide details on how you will support the Social Value agenda and how you will ensure you have a consistent approach across the whole CPA.
- Provide details on how you will support IPES to achieve a minimum of 40% direct or indirect spend with SMEs

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **5** sides of A4, **excluding** the question text and these instructions. A customer journey diagram may be attached as an annex in addition to the 5 sides of A4; this additional annex must be a maximum of **1** side of A4 and attached as **Appendix 6** on Bravo.

**Question 1.4.2 - Service Delivery Proposal**

Shaw Trust's offer (Appendix 6) draws on 37+ years' experience as a national charity (27 years in CPA5), supporting 20k+ people with disabilities/significant barriers annually to overcome challenges and enter/sustain employment. As the largest national provider of Work Choice (WC), we moved 25k+ people into work in nine years (5k+ in CPA5). Our Specialist Employability Support (SES) service has supported 2.6k+ people since 2015, with >25% entering employment.

Delivery Model: Shaw Trust (ST) will deliver IPES alongside two expert Joint Delivery Partners (JDPs): Genius Within (GW), and Health2Employment (H2E), working to a Joint Delivery Plan. ST/JDPs (all Disability Confident Leaders) will form nine integrated Multi-Disciplinary Teams (MDTs), operating within defined geographies relative to anticipated flows. Each local MDT is managed by a ST Team Manager, and brings together specialist Key Workers (KWs), on honorary ST contracts, from organisations that are leaders in: **Complex Needs: ST** brings significant experience of supporting participants with complex/multiple needs into sustained employment e.g. SES, Aim4Work.

**Physical/Mental Health: H2E** specialise in supporting the long term unemployed with physical/mental health needs e.g. support 1k participants in CPA5 annually.

**Learning Disabilities/Difficulties (LDD) and Neurodiversity: GW** are experts in LDD/neurodiversity e.g. 90% sustainment of in-work participants (all contracts). Each MDT will include a ST Employer Engagement Consultant (EEC), and be supported by a specialist supply chain, already in place through our Work & Health Programme (WHP) delivery across London/Home Counties. Through day-to-day integrated working, and weekly MDT Meetings/Caseload Reviews, KWs/EECs will draw on the combined skills-set/expertise of the MDT to address participants' multiple needs. This innovative approach to employability support takes inspiration from ST's Aim4Work delivery (ST Employment Advisers form part of 5 NHS Improving Access to Psychological Therapies (IAPT) teams across London), which provides a team around the participant and enables KWs/EECs to:

- Share expertise/resources pan-MDT e.g. ST KW supporting colleagues on Complex Needs, H2E KW advising on Physical/Mental Health, GW KW sharing best practise on Neurodiversity;
- Deliver multi-disciplinary support, coaching, and advocacy;
- Draw upon the specialist organisational resources of each JDP e.g. GW's Memory Genius workshops build participants' cognitive and communication skills;
- Leverage ST/JDP existing links to local/specialist services, to deliver an integrated/holistic provision and support development of sustainable support networks;
- Drive targeted/ability-appropriate job search e.g. as part of the MDT, EECs have in-depth understanding of each participant's job needs/goals;
- Coordinate three-way Case-Conferencing (KW→Participant→JCP Work Coach).

Our Participant Journey follows fictional participant Terry, a 28 year old male JSA Claimant from Norwich with autism and ADHD, a spent criminal conviction, a long-term cannabis habit and a social life focused on online gaming. **Terry's journey: Warm handover call** with ST Contact Centre Advisor (CCA), trained to use our Triage Assessment Tool (co-designed with our expert JDPs), to establish Terry's primary needs/barriers. Terry is assigned a Complex Needs KW as he believes his cannabis use is a bigger barrier to work than his autism/ADHD. Time/date agreed for Initial Face-to-Face Meeting (IFtFM) next week at ST's Norwich Hub.

**Welcome call** from KW to begin building rapport and establish

needs/adaptions for IFtFM e.g. Terry lives with his mum and would feel more comfortable if she attended the IFtFM with him. Date/time/location of IFtFM is confirmed. **Automatic SMS** sent to remind Terry of IFtFM (24 hours before appointment). **IFtFM** held <15 working days of referral/lasting 1-2 hours. KW undertakes final employment/benefit/identity/eligibility checks, issues Induction Pack, undertakes Initial Assessment, and produces draft Action Plan (AP) focusing on 3 key areas: a) *Employment* b) *Health* c) *Personal*. KW uses ST's bespoke Key Life Areas (KLA) Assessment to identify needs/goals (and later measure progress/distance travelled). Terry's mum attends for the first hour, providing insight on his condition, and supporting him to complete the KLA Assessment. Terry/KW build rapport, and discuss home-life frustrations, cannabis use, and lack of work experience. Regular breaks are taken due to his low attention span. Terry/KW agree long-term AP goals: a) *Employment*: including how to disclose a minor shoplifting criminal conviction, gain work experience (WE), find employment. b) *Health*: including better managing ADHD, improving diet. c) *Personal*: including stopping cannabis use, finding own flat, building a sustainable support network.

**Pre-employment support:** KW schedules weekly face-to-face meetings with the flexibility to catch up by phone when Terry cannot attend. Terry undertakes timetabled weekly activities to improve employability and tackle personal/health barriers. Progress is reviewed at every meeting/contact (formal/face-to-face review every 4 weeks). Activities include: a) *Employment*: • CV build (updated as skills/experience acquired); • Vocational profiling to map job goals; • Scheduled job-search, including self-directed; • Effective Communication workshop to address 'socially inappropriate' communication style (resulting from Terry's Autism); • EEC support to disclose conviction. • KW sourced WE – Route 1 (Personal Development) - to introduce Terry to a working routine and practice recently developed communication skills within a working environment (2 hours p/week, for 8 weeks at **REDACTED** in Norwich). KW/Terry undertake WE Lessons Learnt to inform future aspirations/working arrangements e.g. Terry requires regular/clear instruction. • Mock interview with ST Corporate Volunteer from **REDACTED** reveals Terry should improve his conversational skills, personal presentation, and disclosure of conditions (KW facilitates coaching); • EEC sourced WE – Route 2 (Employment Ready) – to build upon Terry's existing skills as a labourer/align WE with future job goals (8 hours p/week, for 2 weeks, at **REDACTED**). KW engages Terry/Employer weekly to understand progress/ identify emerging needs. KW/Terry undertake WE Lessons Learnt to inform future aspirations/working arrangements e.g. Terry confirms desire for a physically active role; • Reverse marketing using script co-created with KW, to develop self-esteem/ confidence. b) *Health*: • LDD KW support to help manage ADHD e.g. identifying habits, and develop Terry's understanding of his Autism e.g. recognising social cues; • Terry attends **REDACTED** 4 week cookery course (Norwich) delivered by **REDACTED**, to improve diet/develop social skills. c) *Personal*: • Routine change: Terry/KW review eating/activity habits to identify positive lifestyle changes; • Referral to (**REDACTED** Norwich) for cannabis dependency support; • Financial management to explore in-work benefit entitlements, provide budgeting support, and undertake Better Off Calculation to promote engagement.

**Employer Engagement:** • EEC has been supporting a local Housing Association to adopt inclusive recruitment policies/practices, and sources a building maintenance vacancy with them for Terry (national living wage, set

routine, physical, well supervised). With consent, EEC shares Terry's background and arranges an interview - employer is happy for KW to attend/support Terry; • KW arranges a call with their LDD KW colleague to refresh advice on social cues and communication. Interview practice is arranged with ST Corporate Volunteer.

**Pre-Job Start Support:** • Successful at interview, KW/Terry meet twice (avoiding information overload) to cover job-start essentials e.g. travel planning; • Draft Employer Support Plan (ESP) developed with Terry, including support frequency. KW/employer discuss employer needs which are included in the ESP. ESP signed by KW/Terry/employer (copy sent <10 working days before job start), and updated throughout In Work Support (IWS); • Confirmation of continued addiction support; • Workplace behaviours guidance from LDD KW; • Buddy identified within employer's existing staff; • EEC arranges employer visit from ST's Inclusive Employment Team to discuss Disability Confident accreditation; • KW accompanies/supports Terry on first day. **Tailored IWS:** Terry begins work (2 days p/wk). KW meets Terry for 1 hour p/week to discuss wellbeing, work, concerns, challenges, and to research rental properties. Terry is offered weekly meetings throughout, but chooses to phase out support as his independence/resilience increases. KW arranges GW ADHD/Autism Awareness training for Terry's Line Manager/Work Buddy, provides insight into Terry's condition/employing a person with autism, performs regular progress reviews/ESP updates. **Transition support** for further 6 months (2 months proactive KW contact, 4 months 'open door') to support Terry's/employer's continuation of ESP actions beyond IPES.

We will identify suitable Signposting Organisations (SOs) through targeted engagement of ST/JDP existing and new stakeholders, including: • Primary healthcare providers e.g. GPs; • Community pharmacists e.g. REDACTED (Middlesex); • CVS organisations whose members work with IPES participant groups e.g. REDACTED; • Secondary healthcare providers e.g. (REDACTED London); • Local Authority Adult Social Care/other support services; • Housing Associations e.g. REDACTED •CRCs/Probation e.g.; REDACTED • Public Health commissioned providers e.g. REDACTED; • Domestic violence support e.g., REDACTED Tonbridge; • Troubled Families providers e.g. REDACTED. ST's IPES Contract Manager will coordinate stakeholder engagement, completion of expression of interest forms, liaise with JCPs to promote referrals/agree local arrangements. KWs/EECs will market benefits of IPES, highlighting support available to the specific cohorts of SOs.

Engaging participants: **We will minimise attrition rates** by: • Providing JCP/SOs with marketing packs e.g. case-studies/evidence of success, to promote/ demonstrate benefits of IPES and motivate/inspire engagement; • Allocating a named/specialist KW during Warm Handover; • KWs making a Welcome Call to begin building rapport, establish any needs/adaptions and confirm details for the Initial Face-to-Face Meeting (IFtFM); • Arranging IFtFM at a time/date/location convenient to the participant e.g. outreach in familiar location; • Sending an SMS to remind participants of IFtFM (24 hours before). **We will ensure the Warm Handover positively promotes IPES** by training CCAs to outline the benefits of participation e.g. voluntary, MDT expertise, strengths-based approach, extensive employer links, explain ST/JDP's expertise/suitability to deliver, answer any questions. **We know these approaches are effective** because: • DWP's Work Programme evaluation (2014), noted REDACTED of clients found a warm handover very/fairly useful. • DWP Research Reports 122/144/294 show a

named KW to be the most effective way of engaging participants; • We reduced our WHP attrition rate by **REDACTED** (rolling year) through introducing the methods described above.

KWs will be assigned to participants at Warm Handover and will be a trusted mentor/coach throughout their journey (including IWS/Transition). KWs are allocated based on each participant's primary need (identified using our Triage Assessment Tool): LDD/Neurological conditions e.g. autism; Physical/Mental Health conditions e.g. spina bifida, or other complex needs e.g. addiction. Frequent/consistent contact will be ensured by offering participants weekly face-to-face KW contact, with the expectation it will be minimum fortnightly, supplemented by telephone/digital e.g. Cisco Jabber, in the weeks where it does not occur. Consultation with ST SES customers showed 89% prefer face-to-face contact - our low caseloads (max. 1:22) ensure more time for in-depth one-to-one support and meaningful review. All KWs will have the skills to deliver basic employability and motivation/confidence support alongside their health specialism e.g. ST deliver WHP, H2E delivered Work Programme, GW deliver SES, and will be supported by a ST Team Manager with suitable experience. At each meeting KWs will • Review AP progress; • Plan/book next step activities e.g. with other MDT KWs/EECs; • Discuss activity outside of KW engagement e.g. addiction support, or long term actions e.g. exercise/diet regimes; • review emerging needs/support.

KWs will undertake reviews at every meeting/contact, with mandatory/formal face-to-face reviews minimum every month, to measure progression against AP targets/ update AP accordingly. IPES has targets for: **1.** Managing health condition/ disability; **2.** Self-efficacy; **3.** Wellbeing; **4.** Job-search self-efficacy; **5.** Job-seeking activity; **6.** Experience in a work environment. We will measure **1, 2, 3,** and **4** through our KLA Assessment covering 9 work readiness themes: life-skills, finding/preparing for work, physical wellbeing, mental wellbeing, housing, finance, social/support networks, lifestyle/family, and personal responsibilities. KW/ participant explore each KLA to identify areas having most impact on ability to enter/sustain work (strengths to build on/needs to address). Prioritising key areas provides a structure around which to agree goals/develop AP. Progress against KLAs is assessed weekly to measure distance-travelled. KWs use additional tools to assess specific conditions in more depth e.g. GW Cognitive Assessment to identify Dyslexia/Dyspraxia/Dyscalculia. **5.** Will be monitored via Job Search Logs. **6.** Will be measured via employer/participant feedback during/ post WE with a self-assessment questionnaire measuring e.g. confidence in the workplace, motivation levels, improved communication, suitability of the WE. Where possible/appropriate, employers will attend the weekly meeting/review, at their premises. Participants/ employers will complete/sign weekly time/activity logs.

To ensure participants remain actively engaged we will: • Develop/maintain good KW rapport/effective relationships of trust; • Collaborate to co-produce a journey that meets needs/priorities, e.g. outreach delivery for accessibility issues; • Continually review to ensure support meets emerging/changing needs and prevent disengagement; • Draw on MDT/specialist support to address barriers to participation e.g. condition management; • Provide WE that meets individual needs/aspirations e.g. our WE Routes: 1) *Personal Development*, 2) *Work Ready*; • Maintain weekly contact to monitor circumstances and deliver KW pastoral/ practical support; • Agree weekly interventions/activities linked to goals/priorities; • Promote multi-modal

delivery to meet needs/preferences e.g. one-to-one/digital; • Involve participants in service review/design via our user involvement strategies. To re-engage participants who disengage the KW will (proportionate to need): • Undertake 3 calls in first 5 days (first call <24 hours) to encourage contact, establish reasons for disengagement, and promote positive changes that support re-engagement e.g. improved health. Each call is followed (next day) by text/email to inform participant of time the KW will attempt to call the following day; • Liaise with participant's support network to promote re-engagement; • Develop a re-engagement plan to address potential issues e.g. revised attendance time/days. **These approaches are effective** because: • They address common issues we know impact on participation/progression e.g. lack of confidence/motivation, support networks, knowledge of/ability to access services; • Positive relationships between participants/KWs promote ongoing engagement/progress (*Work Programme Evaluation 2014*); • Customer feedback highlights active involvement in decision-making/valuing personal priorities increases commitment; • Regular contact/activity maintains momentum; • Flexible content/delivery methods enable us to respond to individual needs/adapt services to promote re-engagement.

EECs will identify suitable opportunities for participants to gain experience of work environments by understanding each participant's employment goals (captured in AP by KW) e.g. via MDT Caseload Reviews, and sourcing differentiated WE suitable for individual needs/capabilities e.g. via our two WE routes. As CPA5 WHP Prime we have access to 840+ engaged/committed employers already supporting disadvantaged people through ST programmes. This ensures we are able to access appropriate WE activities including • Work tasters to determine career path preferences; • Work shadowing to explore specific roles; • Supported work placements with third/public sector employers for participants with particularly complex needs/challenges; • Work trials with guaranteed interviews (as part of co-designed - ST/JDP/employer/college - pre-employment route-ways). VCS/SME employers are central to our offer as they are key to tackling entrenched unemployment (Federation of Small Businesses, 2013), employing approx. 1.3m unemployed/disadvantaged people annually (large businesses hire <130k). EECs, will be embedded in MDTs, have full understanding of individual participant needs, and will use vacancy matching/reverse marketing to match participants to WE.

In-Work Support will be delivered by the participant's KW and includes ongoing access to KW/MDT support, mentoring, coaching to ensure sustainment. IWS for participants will be commensurate with each employer's capacity to support the participant e.g. those working in businesses with limited internal resources (no embedded buddy systems/training/experience supporting complex needs) will need more intensive IWS. IWS will be documented in the ESP and cover immediate support for entering work, medium-term activity promoting sustainment, and long-term focus on progression/transition from IPES. All IWS is available to all participants. KWs will complete a Transition to Work Assessment to identify critical factors that could impact sustainment. This will inform our tailored IWS, including: • Pre-job start support e.g. allaying fears, journey planning, benefit entitlement check, workplace buddy from existing staff; • Offer of weekly face-to-face meetings/reviews (mandatory 4 weekly); • Workplace adjustments/Access to Work applications; • Ongoing engagement of/support from the participant's wider sustainable support network e.g. condition management; • Work-based coaching, • ST

Volunteer support e.g. travel buddy; • Peer mentoring/orientation to assimilate with colleagues; • Workplace advocacy; • Sign-posting to support e.g. budgeting; • KW/MDT “Open Door” policy, facilitating rapid response interventions. **Support for self-employed participants** will be delivered by our expert partner **REDACTED**). Self-employed participants will receive dual support from their KW and **REDACTED** Business Mentor (BM). BMs will support participants to develop business ideas and provide one-to-one support, with fortnightly sessions when the participant starts self-employment, either face-to-face/digital to maintain contact. Participants will access refresher group sessions on marketing and finance, or email individual queries to their BM between sessions. BM will maintain regular contact with the KW, ensuring support is sequenced/complimentary. We will support the Social Value agenda by delivering against targets for themed social value outcomes including: **Jobs:** • Meeting DWP’s Life Chances Through Procurement requirements e.g. prioritising recruitment of DWP target cohorts for the 40+ jobs that will be created; • Linking skills development to local employer needs, supporting growth; • Supporting employers as a Disability Confident Leader e.g. ST supported **REDACTED** to make workplace adaptations/place 2K+ disabled people into work. **Social:** • Supporting local communities e.g. our Community Hubs; • Supporting participants into local job opportunities; • Supporting local supply chains/buying local; • Using local ST Volunteers to provide additional support/expertise. **Environmental:** • Reducing waste/improving energy efficiency e.g. electronic documentation; • Promoting recycling; • Reducing CO2 emissions through car share/public transport and virtual meetings; • Ensuring sustainability principles/environmental responsibility are adhered to throughout the supply chain; • Grouping participant appointments in local areas/sites to reduce KW travel. **We will ensure a consistent approach across the CPA** by setting and monitoring standardised targets across the CPA and across our supply chain. SME spend: Our JDPs H2E/GW are both SMEs meaning that **REDACTED** of our JDP supply chain spend is with SMEs. of **REDACTED** ST’s overall IPES supply chain is SME.

#### Question 1.4.4 - Delivering a Personalised Service

Explain how you will identify and provide support for the specific needs and barriers to work of participants including, but not limited to, those detailed at Section 2, the Service Requirement, of the Specification.

As a minimum, your response should;

- Provide details of how you will identify the individual strengths and needs of each participant through the initial needs assessment and how this information will be used to build a structured, sequenced and personalised action plan with goals which are specific, realistic, and achievable.
- Outline how you will identify and understand the impact of barriers to work for each IPES participant and how these will be addressed throughout the participant's time on IPES provision.
- Explain how you will ensure all participants receive on-going, personalised support throughout their time on IPES provision, providing a positive and meaningful experience for each participant.
- Outline how you will assess the on-going relevance and effectiveness of a participant's Action Plan and how it will be updated over their time on IPES provision.
- Outline how you propose to deliver Case Conferencing, as detailed at paragraphs 2.41 – 2.45 of the IPES specification, to help ensure the participant's needs are being addressed through the Action Plan.
- Please specify no more than two quantitative measures to demonstrate that you will deliver Case Conferences as intended, which will become Customer Service Standards (CSSs).
- Explain how you will tailor experience in a work environment to meet the needs of each participant, taking into account their abilities and aspirations.
- Describe how you will build and utilise a sustainable support network for each participant, including addressing any issues arising from negative support networks, and ensuring you engage key stakeholders.

- Explain how you will manage participant exit from the IPES provision including the warm hand-back and describe the process involved.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **5** sides of A4, **excluding** the question text and these instructions.

**Question 1.4.4- Delivering a Personalised Service**

Shaw Trust's (ST) IPES delivery provides a holistic, person-centred approach to assessment, review and support, moving participants furthest from the labour market into jobs. We will employ proven/effective assessment tools, a bespoke distance-travelled tool embedded into our Multi-Platform System (MPS), and asset-focused planning that maximises individual strengths. Our delivery puts participants in control via a co-produced Action Plan (AP), personalised support, and IPES discretionary fund, to ensure a flexible, needs-based journey.

ST's Multi-Disciplinary Team (MDT) delivery ensures each participant's multiple needs/barriers are supported via one team, providing access to personalised support without multiple/external referrals. Our IPES MDTs will comprise of specialist Key Workers (KWs) from ST and two expert Joint Delivery Partners (JDPs), enabling participants to seamlessly access specialist KW support for a) Complex Needs e.g. addiction/homelessness, (ST), b) Physical/Mental Health (Health2Employment (H2E)), and Learning Disability/Difficulty and/or neurodiversity (Genius Within (GW)). MDT working enables KWs to draw upon the expertise of their colleagues, and the specialist resources of each JDP e.g. H2E's Occupational Health advice line, to provide fast-track specialist support that supports successful/sustainable outcomes. This builds on NHS best practice to provide: • Participant-centred/personalised support, • Integrated/specialist KWs, • Shared objectives/goals, • Collaboration/shared decision making, • Co-location with external services that meet participant needs e.g. at **REDACTED**. KWs will have the interpersonal skills needed to build trusting relationships with participants, utilising motivational CBT-based interviewing to engage them effectively. KWs will be trained to use all assessment/planning tools, including specialist training from JDPs e.g. GW's Recognising Neurodiversity, ensuring consistently high standards of assessment/planning/support. Each MDT will have in-depth participant group knowledge, local delivery experience, and links to local services, ensuring quick and effective integration with local services that support participant needs/barriers.

We will identify strengths/needs through our multi-faceted, in-depth assessment process that includes: **Warm Handover** – ST's Contact Centre Advisors (CCAs) are trained to deliver our Triage Assessment Tool (co-designed with our expert JDPs), to identify each participant's primary need/barrier to employment. Participants are then allocated to a specialist KW, according to their primary need: LDD/Neurological (LDD/N) e.g. autism, Physical/Mental Health (PH/MH) e.g. spina bifida, Complex Needs (CN) e.g. homelessness. **Welcome call** from participant's allocated KW 48-72 hours before the Initial Face-to-Face Meeting (IFtFM) to identify/alleviate concerns and establish any needs for the IFtFM e.g. hearing loop. **IFtFM** within 15 working days of referral to: build rapport; discuss ambitions, interests and immediate needs/priorities; start Vocational Profiling e.g. previous work experience, transferable skills, workplace needs/preferences; identify/gain consent to contact other agencies/individuals making up the participant's sustainable support network (SSN), to ensure a holistic joined-up approach from day one. **Key Life Areas** (KLA) collaborative assessment covering 9 work readiness themes: life-skills/experience, finding/preparing for work, physical wellbeing, mental wellbeing, housing, finance, social/support networks, lifestyle/ family, personal responsibilities. KW/participant explore each KLA, identifying those areas that most impact the individual's ability to enter/sustain employment,

and developing support/the Action Plan (AP) accordingly. Progress against each KLA is assessed at each meeting/contact, and formally/face-to-face minimum monthly, to measure distance-travelled. **Assessment & Review Toolkit (ART):** to further explore high-impact KLAs and assess additional needs identified throughout the journey e.g. KW identifies that the participant struggles with writing so completes GW's Dyslexia Checklist. The number/type of assessments will be determined by the multiplicity/complexity of needs. The ART includes: *GAD7* (anxiety); *PHQ9* (depression); *SWEMWBS* (mental wellbeing); *Adult Dyslexia Checklist*; *BKSB* (functional skills); *EQ5D* (generic health screening); *MAS Financial Health Checker*. **Setting Realistic Job Goals** including: vocational profiling; use of National Careers Service Skills Health Check; Employer Engagement Consultant (EEC) workshops/one-to-ones to explore locally available sectors/jobs; Employer led Q&As to increase understanding of job requirements e.g. 20 ST Work & Health Programme (WHP) participants recently attended a Q&A with Apple. The AP documents realistic job goals linked directly to priorities agreed via the KLA, and themed around three key areas (Employment, Health, Personal). This enables KWs to measure progress against defined areas (managing health condition/disability self-efficacy; wellbeing; job-search self-efficacy; job-seeking activity; work experience) and map SSN development activities. All participants will agree a target date into employment (TDiE) to drive all activities/interventions.

KWs will record all assessment results on MPS and use outputs to build an AP with the participant within 20 days of referral (draft agreed/signed-off at IFtFM). AP activities are sequenced to address highest impact areas first e.g. barriers like homelessness/unmanaged mental health will be a higher priority than gaining work experience. Sequencing also informs the type/intensity of engagement e.g. a participant closer to the labour market may engage in daily intensive employment-focused activity (one-to-one with KW, prioritising work experience that offers a work trial, accessing digital services); a participant with more entrenched issues may undertake graduated weekly activity to address wider barriers before moving to more intensive job-search activity. Initial bite-sized SMART (Specific, Measurable, Achievable, Relevant & Time-bound) actions for each KLA goal will be updated at each review to ensure progress. The AP is an iterative document that spans the entire journey (including into work), is updated at each face-to-face meeting, and is formally reviewed/updated minimum every 4 weeks.

We will identify/understand/address barriers impacting on individuals via the assessment process (above), identifying key barriers to work using our KLA Assessment/ART. Once key barriers are identified, KWs will explore their root causes e.g. through motivational interviewing, to increase understanding and enable development of strategies/activities to address them e.g. sourcing additional support via the participants' SSN or from ST's bank of CPA-wide specialist delivery partners (already established to support our WHP delivery in the CPA). By continuously reviewing progress, measuring change (distance travelled) and maintaining consistent dialogue we can continually refine/improve the journey to ensure it remains relevant to emerging needs/changing circumstances. As KW/ participant trust develops, the KW's understanding of the individual's needs increases, allowing them to better support the participant and ensure progression to sustained employment. **Specific issues/impacts** vary across the CPA localities but include: rural isolation/poor transport infrastructure (Fenland)

impacting access to jobs/services; high levels of micro businesses (Southend-on-Sea) means fewer regular vacancies; seasonal employment in coastal areas impacts on sustainability/progression. To address this we will: link with rural transport initiatives e.g. REDACTED moped lending scheme; focus on self-employment as a route to work; employer engagement aligning with sustainable local economic growth sectors e.g. Energy, Engineering & Advanced Manufacturing (Great Yarmouth/New Anglia LEP). Our MDT approach ensures access to the knowledge base, local provider networks, and wider services of each JDP.

To ensure all participants receive on-going, personalised support ST will take a person-centred approach, with participants empowered to take charge of their own journey. Support is focused on individual needs/goals - which they identify/own – to ensure a positive/meaningful experience. To achieve this we will: •Co-produce APs/activities to ensure they address personal priorities/ambitions; •Take a holistic person-centred approach to moving participants into/closer to work, with a focus on social/emotional support as well as employment; • Demonstrate clear links between identified needs/priorities and activity so participants can see the relevance of interventions; • Deliver activities resulting in measurable achievements to increase confidence e.g. certified training, gaining new skills through work experience; • Establish realistic goal milestones to easily measure/demonstrate progress; • Highlight achievements at each progress review; • Use KLA distance travelled indicators to measure/demonstrate progression.

KWs provide consistency of contact/support, developing a relationship of trust, and facilitating access to wider support networks. Through our Specialist Employability Support (SES) delivery, we expect a high proportion of IPES participants with LDD/N and MH/PH needs. Our JDPs, GW/H2E will provide specialist LDD/N and MH/PH KWs within the MDT, ensuring staff expertise, organisational resources, and local stakeholder links. MDTs will hold weekly digital/face-to-face meetings, including Caseload Reviews, to share best practice, inform referrals, and update on participant progress. Meetings will be held between KWs, EECs and representatives from the participant's SSN. EECs (embedded in each MDT) will source job/work experience opportunities, suitable to individual participant needs.

We will assess the on-going relevance/effectiveness of APs through a continuous cycle of review/assessment e.g. at every meeting/contact (offered weekly), as participants start/complete activities, at key stages of the journey (starting work/work experience), and via a formal/face-to-face four-weekly review. The AP is continually refreshed as SMART actions are agreed, achieved, or superseded. As part of the formal/four weekly review the KW will: • Review actions achieved/ missed to celebrate success/identify emerging strengths/needs; • Measure progress towards each goal, including TDiE; • Revisit KLA/other assessments to identify changes in priorities and update AP accordingly; • Undertake further assessments to understand emerging issues; • Engage with participant's SSN to ensure ongoing relevance of AP in light of changing circumstances. Participants entering work will undertake a Transition to Work Assessment and the AP will be refreshed to reflect the agreed In-Work Support (IWS). The review process described above will continue until Exit. ST's Risk & Quality Assurance team will monitor the relevance/effectiveness of APs as part of our risk-based quality assurance activity. This ensures APs reflect assessment outcomes, agreed priorities, local labour market, and effectively

progress participants towards Employment, Health, and Personal goals. Addressed barriers are signed off, enabling KWs to map against targeted achievement date and identify trends/flag potential barriers e.g. if progress is slower than expected.

Three Case Conferences (CCs) will be held between KW/participant/JCP Work Coach (JCPWC) at 3 months (maintain momentum), 9 months (encourage), and 15 months as part of the Warm Hand-Back if participant is not receiving IWS. CCs will be held at JCP (or by telephone if preferred by participant/cross-CPA migration has occurred). KW will call the participant 24 hours prior to confirm attendance. If unable to attend CC at the Jobcentre we will a) make 2 attempts to re-arrange (if >24 hours' notice given) then, after a 3<sup>rd</sup> cancellation, submit the participant's AP and next steps report to the JCPWC; b) switch to video/conference call with the participant at ST/JDP premises, pre-vetted co-location site, or from home (<24 hours' notice given). If the participant fails to attend/join the call the CC will, after 10 minutes of attempting contact, proceed without the participant. CCs will be led by KWs and focus on progress against AP milestones, new/unresolved needs and next steps – always with a focus on achieving sustainable employment.

Two quantitative measures (Customer Service Standards) will demonstrate that CCs have been delivered as intended: 1) Participants contacted 24 hours before scheduled CC. 2) Frequency of CCs (described above - 3 months (maintain momentum), 9 months (encourage), 15 months (warm handback to JCP)).

To tailor experience in a work environment EECs will be embedded in each MDT, liaising with KWs to develop understanding of individual participant's barriers/assets/aspirations and matching these to suitable local opportunities. EECs use their understanding of each participant's strengths/needs to direct targeted sourcing of work experience opportunities and improve employer understanding of the type of work experience sought by participants. EECs will analyse employer strengths/opportunities to support the development/tailoring/ carving of existing opportunities and meet the needs of participants e.g. adapting responsibilities/working hours. Ongoing participant trend analysis ensures we understand the types of work experience that participants with different primary barriers/conditions/abilities need. ST's SES delivery informs our strategy for targeting employers appropriate to participant needs e.g. participants with LDD benefit from a more supported work experience environment where there is structure, supervision/support (work buddy/mentor). Once in work experience, KWs will maintain weekly participant/employer contact to review progress, gain feedback and identify/address emerging barriers. This will involve liaising directly with the employer to discuss/address issues. Where additional support is required, KW/EEC will collaborate with the participant/employer to determine/implement a plan for additional support. Additional support for participants undertaking work experience will be provided by ST Volunteers e.g. travel buddy, and the employer e.g. work buddy. A minimum 16 hours of work experience offered via two routes, determined by the participant's readiness to work:

**Route 1: Personal Development** provides soft/social skills development and confidence building, for participants furthest from entering employment. Route 1 participants may undertake e.g. 1 hour of volunteering per week, in a supportive third sector environment e.g. **REDACTED** in Norfolk. KW will provide regular/intensive support.

**Route 2: Work Ready** provides on-the-job experience for participants closer to entering employment. Route 2 participants may undertake e.g. 1 day per week, in a role/sector matched to the participant's job goals. Hours/days worked can increase as confidence grows, with support tapering off, and/or more challenging activities being undertaken.

Where appropriate, participants may complete both Work Experience Routes, accessing a range of opportunities sequenced to suit their progression e.g. high need participants may undertake 3-4 different opportunities starting with a taster (accompanied by work buddy), followed by work shadowing (with no external support), work experience (social enterprise with tapered support), building up to a commercial work trial with guaranteed interview.

**SSN:** After needs/barriers have been identified at IFtFM, the participant/KW will agree the make-up of an appropriate SSN that can support the participant to overcome their barriers/achieve their goals. The KW will capture existing support networks and seek permission to contact key stakeholders with a view to maintaining/coordinating existing networks and drawing on them for IPES delivery. Any gaps in the existing SSN will be identified and actions to address them incorporated in the AP. For example, a participant with childcare responsibilities/ LDD admits to a poor relationship with immediate family, and no social circle, meaning that they have no emotional support (encouragement, motivation), and no childcare respite. The KW will explore a) Strategies for improving family relationships e.g. discussing the issues, signposting to mediation services; b) Development of social networks online/within the local community e.g. identifying LDD support group, signposting to a faith/social group like **REDACTED**; c) Childcare funding/options e.g. via **REDACTED**. This helps participants to develop a relevant support network that improves social inclusion, anchors them closer to their community, helps develop resilience, and supports progression to employment. KWs will engage a range of stakeholders e.g. **REDACTED** Key Worker, Leaving Care Manager, Housing Support Worker, that participants may already be working with, or need to access for specialist support (including personal/pastoral/emotional support), to join up services and create a team around the participant. We will engage stakeholders via: a) Agreed communication sharing protocols (assessments, APs, reviews, updates), to avoid duplication/provide more holistic support e.g. monthly meetings with Local Area Coordinators for MH (Ipswich/Lowestoft); b) Formal case-conferencing e.g. our WHP staff case-conference with **REDACTED** Key Workers; c) three-way meetings e.g. video conferencing, to promote joined-up working, and assume defined roles for distinct aspects of the participant journey; d) Agreeing triggers for individuals that flag the need for specialist intervention/ rapid response e.g. Counsellor. We will gain participant consent to engage stakeholders at IFtFM, clearly explaining the purpose/nature of information and the benefits of sharing it. Participants will be asked to complete a Consent Form listing the agencies/people they consent to us sharing information with, and the nature of that information. Participants can withdraw/restrict consent at any time. We will use stakeholder information to inform participant goals and effectively sequence interventions/actions. This facilitates a holistic service, joined up approach, and cost effectiveness. To address issues arising from negative networks, KWs will support the participant to formulate actions/resolutions e.g. family counselling.

Participant exit from the programme will be managed through a rules-based system-driven process. MPS produces daily KW dashboard notifications, highlighting upcoming exit dates for participants based on a combination of on-programme dates, employment status and earnings data. Action is first prompted two weeks prior to the anticipated exit date. Warnings are flagged to Team Managers if no action is recorded within five working days for follow up/remedial action. When a participant reaches the end of programme (a. 456 days if not in employment; b. up to 639 days if in employment; c. at least 456 days, where in IWS but employment ends; d. entered employment <456 days, received minimum 182 days IWS and support no longer needed):

- IPES Progress Report is completed detailing reasons why provision has ended, progress the participant has made whilst on provision, experience gained in a working environment, and next steps following IPES;
- Warm Handback made to JCP (unless in employment) which will incorporate the final CC (detailed above), with a copy of IPES Progress Report shared with JCPWC;
- IPES Exit Activity Plan produced by KW when participant reaches the end of their permitted time but is not in employment, or reaches the end of IWS period and support responsibility is transitioned to the employer. The IPES Exit Activity Plan will outline next steps/continuing support recommendations, including any support the employer can provide e.g. linking with participants SSN. The plan will be agreed with the participant at the final CC, and sent to the participant within 10 working days of IPES end;
- If in employment, KW will undertake a warm handover to the employer, to transition support, and the Employer Support Plan will be revisited/revised. The participant can choose to share the Exit Activity Plan with their employer.

**Question 1.4.5 - Employer Engagement and Employer Support Offer**

Describe how you will build and maintain effective links with national and local employers and outline the Employer Support Offer you will provide as detailed at paragraphs 2.68 - 2.70 of the IPES Specification.

As a minimum, your response should;

- Outline your approach to working with;
  - local large employers; and
  - local small and medium enterprises (SMEs); and

explain how your approach will differ in terms of the in-work support offered to participants employed by different employers with different types of infrastructure and with diverse needs.

- Explain how you will source, engage and support employers to provide sustained employment opportunities, tailored to each participant's needs.
- Outline how you will capitalise on and develop employment opportunities in the locality to achieve outcomes for participants throughout the life of the contract.
- Outline how you will source and tailor opportunities for experience in a work environment in the local area to meet each participant's abilities and aspirations.
- Describe how you will up-skill employers to ensure they have the capability to support participants in their employment and provide access to appropriate external resources after completion of IPES provision.
- Detail how you will promote the Disability Confident scheme to national and local employers, with an emphasis on those employing IPES participants, to help increase employment opportunities for disabled people.

- Outline how you will facilitate partnership working with employers, specialist services and the participants' wider support networks to support participants to overcome their barriers to work.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **5** sides of A4, **excluding** the question text and these instructions.

**Question 1.4.5 - Employer Engagement and Employer Support Offer**

Shaw Trust (ST) is a national disability/employment charity and current provider of the DWP Work and Health Programme (WHP) (CPA5), West London Alliance (WLA) WHP and Specialist Employment Support nationally. We already work alongside national/Home Counties/London employers who support participants with multiple/diverse needs, similar to those of IPES participants, into sustainable employment. ST will deliver IPES in CPA5 via nine Multi-Disciplinary Teams (MDTs) consisting of expert Key Workers (KWs) from ST and Joint Delivery Partners (JDPs): Genius Within (GW), Health2Employment (H2E) and ST IPES dedicated Employer Engagement Consultants (EECs). The MDT will work with:

**Local Small/Medium Enterprises:** through KWs/EECs undertaking reverse marketing/job carving to identify and tailor opportunities for participants with local SMEs e.g. REDACTED in Harlow. SMEs constitute 99.9% of all enterprises in the South East (Business Statistics, Dec 2018) making SME engagement in CPA5 essential in securing diverse opportunities that reflect participant need/aspirations. We will have full MDT coverage at go-live to share employer engagement expertise/experience e.g. all Disability Confident (DC) Leaders, and local employer relationships e.g. ensuring a pipeline of employers/opportunities from the outset. Our MDT approach ensures we can fully support SMEs to employ participants with multiple high needs e.g. GW KW for learning difficulties, disabilities and/or neurodiversity (LDD), H2E KW for physical/mental health, ST KW for participants with complex needs e.g. addiction.

**Local Large Employers:** through EECs delivering bespoke/intensive support for individual businesses to recruit/retain participants with disabilities/complex needs. EECs will be the gate keepers of employer relations, managing the relationship through: awareness raising/training e.g. Equality Act; systems development e.g. through our Web-Accessibility Team; information about/access to funding e.g. GW/H2E are both experienced Access to Work (AtW) providers; and offering intensive levels of support e.g. co-design/production of work environment Experience Routes (see below) tailored to employer/participant demand.

**National Employers:** through our National Employer Team (NET) creating opportunities via national accounts with responsible/inclusive employers e.g. REDACTED (Disability Confident). The NET will promote active involvement in IPES delivery from national employers at a local level e.g. REDACTED corporate volunteers deliver employability workshops across London for our WHP participants. Large employers with local autonomous structures e.g. REDACTED, are referred to local EECs.

**In-Work Support (IWS):** IWS for participants will be flexible/tailored and commensurate with each employer's capacity to support the participant e.g. those working for employers with limited internal resources (no embedded buddy systems/training) will need more intensive IWS; employers with existing support mechanisms e.g. REDACTED (DC Leader), would require less support e.g. KW pastoral support only. With consent from the participant, regardless of the size of the organisation, KW/employer will co-design IWS to ensure it maximises existing internal support mechanisms/is tailored to the individual business/participant need. **IWS for participants working for employers with limited resource** may include: added value of a ST Volunteer to strengthen the participant's support network e.g. Work Buddy (where employer does not have the resource to provide a buddy themselves), tools/resources e.g. process guides/picture reminders for

participants with cognitive/learning difficulties, employer negotiation e.g. to reshape job role, coaching a participant's Line Manager directly e.g. GW workshops, such as De-mystifying the Performance Management of Neurodiverse Individuals. **IWS for participants working for employers with existing support mechanisms/ infrastructure** may include: continued KW pastoral/condition-specific support; developing strong support networks in the workplace e.g. identifying employer social clubs/events for participants to attend; ongoing review of job roles/responsibilities to avoid unachievable expectations.

Sourcing employers: Since March 2018, ST has worked with 840+ CPA5 employers to support participants into employment. We will build on these existing relationships, as well as the national network of 2100+ employers our JDPs work with, to ensure a wide range of opportunities are available to IPES participants from go-live. During implementation we will analyse LMI data, draw on insight from existing ST delivery in CPA5 e.g. DWP WHP, and use intelligence from ST/JDP employer partners to understand where job opportunities are likely to arise e.g. key growth sectors (Construction), large employers (**REDACTED**), SMEs (**REDACTED**), local developments (London Gateway), and Enterprise Zones (Discovery Park in Sandwich). We will undertake local employer mapping throughout delivery to identify key employers within these parameters and perform targeted employer engagement at KW, EEC, and NET level.

Engaging employers: ST will engage CPA5 employers from go-live, including through:

- Building on existing employer relationships e.g. **REDACTED** already support our DWP WHP delivery, to ensure their continued commitment.
- Mobilising our NET prior to contract start, ensuring a pipeline of potentially suitable opportunities at go-live.
- NET introducing national employers to IPES EECs to support new CPA5 opportunities.
- NET engaging relevant strategic bodies e.g. Skills East Sussex, and EECs engaging local employer forums e.g. **REDACTED**, to promote IPES to their members/strategic partners.
- EECs/employers co-designing/delivering pre-employment routes that equip participants with core skills linked to local jobs e.g. we currently manage **REDACTED** Launch Disability Programme which provides Customer Service Training, extended work placements, and guaranteed interviews for participants.
- Promoting work experience/trials to provide an extended introductory period to reduce the perceived 'risk' of employing participants with disabilities and/or complex needs. We will agree codes of practice with work placement providers e.g. **REDACTED** in Sittingbourne guarantees interviews upon completion of work placements.
- Involving employers in programme development via Service Review meetings/delivery e.g. **REDACTED** have co-designed/delivered sector specific workshops for our WLA WHP participants.

Supporting employers: ST/JDPs (GW/H2E) are all DC Leaders, ensuring all IPES frontline staff have the knowledge/organisational experience to support employers to recruit/retain participants with disabilities/complex needs, including through:

- EECs with input from KWs, providing advice/guidance for Line Managers to build their offer of support for our participants/their employees in the workplace e.g. we deliver presentations to local **REDACTED** Store Managers that outline how to support participants/become more inclusive.
- KW/employers co-producing Employer Support Plans (ESPs) providing mechanisms to retain participants in their role from day one of IWS.
- KW/employer/participant

handover meeting, at the end of the initial six months of IWS, to review ESP and ensure employer is fully supported for the Transition phase e.g. reminding them of the support network available through our EECs/NET/MDT. • Transition phase (months 7-12 of IWS) includes two months active contact e.g. phone/email, with the employer (via the EEC) and participant (via the KW). This will ensure further advice/signposting and support is available to employers; followed by four months of an Open Door Policy between EEC/employer and KW/participant for adhoc advice/guidance. • Our NET providing quarterly employer Service Review Meetings for large/national accounts e.g. REDACTED, to inform continuous improvement/best practise. • EECs advising on employment policies/practices e.g. to ensure Equality Act compliance. • Facilitating workplace adjustments e.g. via AtW. • ST Volunteers adding value to our core offer e.g. Travel Buddy. • Delivering training that supports employers to recruit/retain participants with disabilities/complex needs e.g. Mental Health/ Disability Awareness. • Regular engagement e.g. site visits/lunch break meetings, and rapid response to issues e.g. participant/employer mediation to resolve issues. • Inclusive Business Audits and full support to implement recommended changes e.g. adapting employment policies/practices. • Facilitating links to funding e.g. REDACTED. • Expert/supplementary support from JDPs e.g. REDACTED Mental Health Nurses. • Facilitating access to other local specialist support e.g. childcare providers/funding such as REDACTED.

Tailoring employment opportunities to participant needs: ST/JDP KWs will use Vocational Profiling, as part of our asset-based approach, to inform job goals. This information, alongside outputs from the Key Life Areas Assessment, will be used to identify potential job sectors/roles for each participant. We will ensure employers are appropriate to participant need through: • KWs/EECs performing local reverse marketing that matches participants to appropriate roles with local SMEs e.g. REDACTED. • KWs/EECs job carving and educating/supporting employers to develop/tailor opportunities to participant needs e.g. adapting responsibilities/duties for specific conditions, and adapting working hours for participants with care responsibilities. • KWs communicating participant needs to EECs e.g. via MDT Caseload Reviews, enabling them to target appropriate employers. • Using ST/JDP DC Leader status/charitable ethos to identify/engage employers who are open to improving inclusivity/employing participants. • EECs facilitating/providing employer support to meet IPES participants' high level of need.

Capitalising on/developing local employment opportunities: As the existing provider of WHP in CPA5, ST has an in-depth knowledge of local current/emerging employment opportunities. EECs will maintain/develop this knowledge through: • Gaining employer insights e.g. NET/EEC quarterly forecasting meetings with national/local employers. • Joining/contributing to employer networks e.g. REDACTED. • Working with Local Authority Economic Development teams and Local Enterprise Partnerships to understand local development and access ring-fenced opportunities. • Analysing economic development strategies e.g. SELEP Strategic Economic Plan. • Providing specialist employer consultancy with the support of KWs e.g. GW supported REDACTED County Council to develop opportunities for participants with Autism, H2E supported REDACTED to develop sector route-ways/apprenticeships. • Recruiting existing employer partners to become IPES champions and promote the

service to other employers/their supply chain e.g. REDACTED introduced us to (REDACTED contracted to maintain REDACTED car parks).

Sourcing/tailoring work experience: As the existing provider of WLA/DWP WHP CPA5, ST has relationships with a range of employers who provide meaningful experience within a work environment. We develop our approach for IPES by:

- Sourcing opportunities at multiple levels e.g. local (KWs/EECs), CPA-specific (EECs), and national (NET). This ensures a wide range of sectors/employers/ opportunities tailored to support the diverse aspirations of participants, including by leveraging the organisational experience of our JDP networks e.g. GW placed a participant with Autism and a special interest in elections into a local government role in Essex.
- NET/EECs supporting employers to develop structured work experience programmes that cater to participant abilities e.g. ST are currently supporting REDACTED to develop an inclusive work placement programme.
- Identifying trends/links between participant abilities and their conditions. These insights will be gained through JDP assessments e.g. GW's Full Cognitive Diagnostic Assessment, and work experience Lessons Learnt Reviews e.g. GW identified strong verbal dexterity in a group of their participants with Dyslexia and targeted/successfully placed participants into work at auction houses.
- KWs performing reverse marketing to local SMEs that align with participant aspirations.
- EECs leveraging existing employer relationships in CPA5 e.g. REDACTED.
- NET negotiating access to local opportunities with national employers.

Every IPES participant will be offered a minimum of 16 hours work experience via ST's two Experience Routes, tailored to meet the needs of participants, dependent on their readiness to enter employment:

**Route 1 - Personal Development:** for participants furthest from the labour market e.g. no/limited work experience or transferable skills, and multiple needs/barriers. Opportunity to develop soft skills and build independence, confidence and motivation within a work environment. Includes multi-skilled roles within social enterprises e.g. REDACTED, small local businesses e.g., REDACTED and supported businesses e.g. REDACTED in Norfolk.

**Route 2 - Employment Ready:** for those participants closer to employment e.g. prior/relevant work experience and/or appropriate/transferable skills. Opportunity to develop sector-specific experience related to individual job goals/aspirations, role-specific insights associated with their chosen career route, and on the job learning/training. Includes local key/growth sector roles including construction e.g. REDACTED, hospitality e.g. REDACTED, education e.g. REDACTED

Where appropriate, participants may complete both Work Experience Routes.

Upskilling employers: ST's EECs will upskill CPA5 employers, including through:

- Undertaking Management Training Needs Analysis to assess the inclusive processes/procedures in place to support employees/participants, and implement changes where necessary e.g. GW trained REDACTED senior management to implement a new Reasonable Adjustment Strategy.
- Co-producing packages of support that meet individual employers skills/training needs e.g. our skills partner Ixion (part of the ST Group) have developed a Traineeship programme with REDACTED.
- Providing support to adapt to expected market changes/macro-economics (Brexit) e.g. co-designing training with local colleges/employers to address skills gaps.
- Access to the Apprenticeship Levy.
- Providing face-to-face interventions, workshops, and training e.g. Disability Equality Awareness. •

Virtual training e.g. Inclusive Recruitment Practice webinars. • DC information, advice and guidance (see below).

We will provide access to information, resources and establish networks that support employers to continue developing beyond IPES, including through: **A Disabled Employee Network:** We have engaged PurpleSpace – the **world's only professional development hub for disabled employees** – to develop our strategy for establishing effective/formalised sustainable employer support networks for employees/participants. We will signpost employers to PurpleSpace following IPES for ongoing external guidance to support employers' accessibility.

**Employer Inclusion Champions (EICs):** to support the establishment and activity of the Disabled Employee Network. We will support employers to nominate/ support EICs from their existing workforce to coordinate inclusive activity in the business. Following IPES, we will distribute regular good news stories and local updates e.g. via email-shots, to EICs signposting local specialist services/training. **Specialist Provider Services:** which employers will access through ST/JDP's extensive network of local services. The ESP will identify employer needs/suitable local specialists e.g.

**REDACTED** supporting employees/participants with their mental health needs, beyond the life of the contract.

**The DC Scheme:** Having supported employers to become DC they will join our CPA5 network of DC employers and can extend their networks e.g. attending our Quarterly IPES steering groups/provider forums, to share successes/best practice with likeminded employers.

Promoting Disability Confident: JDPs (ST/GW/H2E) are all DC Leaders. We have a proven track record of supporting local CPA5 employers e.g.

(**REDACTED** GW), and national employers e.g. **REDACTED** (ST). We will promote DC to local/national employers through: • Virtual training/support for IPES employers via regular webinars. • NET undertaking Inclusive Employment Audits to assess employers existing practices. EECs will support them to identify/implement appropriate actions to achieve/improve their DC accreditation. • Providing advice/guidance on additional support/funding e.g. AtW. • Linking employers to relevant local organisations e.g., **REDACTED** to access guidance to support inclusive practices. • Sharing good practice through social media e.g.

LinkedIn/Twitter. • Linking to targeted resources e.g. Disability Living Foundation, part of ST group, to offer employers free consultancy/specialist equipment information/tutorials.

Facilitating Partnership Working: ST is embedded in communities across the Home Counties/London e.g. through our DWP/WLA WHP delivery, and works with a diverse range of employers and specialist providers to support participants with disabilities and/or complex needs to enter/sustain employment. We will build local relationships at:

**Participant Level** by ST/JDP KWs working alongside local keyworkers e.g. Communities for Work Triage Coordinators, Community Drug & Alcohol Workers, Jobcentre Plus Work Coaches and participants' wider support networks.

**Operational Level** by ST Team Managers building networks of local providers, to establish new/join existing mechanisms for joint-working e.g. Local Authority data sharing arrangements.

**Strategic Level** by ST's IPES Contract Manager consulting key stakeholders e.g. CCGs, NHS Trusts, and Local Authorities, to review/inform delivery in line with regional priorities and approaches.

We will ensure integrated partnership working with:

**Employers** through: • Our IPES Stakeholder Panel of representatives from local/national employers, local specialists, participants and members of their own wider support networks, to share best practice, review progress, and ensure responsiveness to opportunity e.g. supporting inclusive recruitment for SMEs opening businesses locally. • Embedding KW/EEC into employer locations e.g. at lunch meetings, employee/EIC/Work Buddy training sessions.

**Specialist services** through: • KWs coordinating participant access to specialist provision. • KWs/employers/Local Specialists performing warm handovers/joint-meetings to ensure seamless support. • ST/JDP attendance/contribution to relevant meetings e.g. **REDACTED** (H2E), to promote IPES/establish mechanisms for joint working. • Regular three-way case conferencing between KWs/employers/local specialists e.g. Health Visitors, to co-produce ESPs, ensuring responsive/effectively sequenced support that sustains participants in their roles. • Embedding employers and specialists e.g. Drug/Alcohol Workers, in ST sites e.g. our Norwich/Tonbridge hubs, and KWs co-locating with local services e.g. at Braintree Wellbeing Hub. **Participants' wider support networks** through: • KW introductory call/meeting with participant's wider support network e.g. a family member or close friend. • KW sharing their email/telephone number with the participant's wider support network, encouraging them to contact for any issues/concerns regarding the participant's progress. • KW/EEC leading/facilitating an introduction between Work Buddy/wider support network (all contact/data sharing will be in accordance with GDPR and the permission of the participant).

**Question 1.4.6 Supply Chain (a)**

(a) Please describe your approach to choosing your supply chain partners who will have responsibility for a proportion of end to end service delivery. If you do not intend to use a supply chain in this end to end sense, please do not answer this question and instead answer question (b).

Your response should include as a minimum, but not be limited to:

- How you have identified the organisations that provide all in-scope Services (see 1.13 of the IPES Specification) and why you have chosen these as partners to deliver IPES.
- The likely size and location of your supply chain both from the Contract Start Date and throughout the contract term to the Contract End Date.
- A clear explanation of your contract management practices with your supply chain, including how these comply with the principles of the Merlin Standard.
- How you will provide the Authority with transparency of costs, margin and overall profit of sub-contractors, including by way of open book accounting.
- How your supply chain's delivery will be aligned to the requirements of the contract.
- How you will incentivise and motivate your supply chain throughout the term of the contract.
- How you will provide the Authority with assurance that participants' requirements will be met by your supply chain, and if not what your process will be to engage with specialist providers. Please provide details of these specialist providers including their location and portfolio.
- How you will ensure continuity of service provision where there is any change within the supply chain.

- Detail your contingency plan for maintaining the entire scope of your proposal within your bid should members of your supply chain withdraw prior to commencement of delivery of this contract.
- Please also complete Appendix 1 detailing your supply chain partners, including SMEs, and provide a completed Subcontractor Declaration (Appendix 2) from all subcontractors listed in your response to this question.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **3** sides of A4, **excluding** the question text and these instructions.

**Question 1.4.6 Supply Chain (a)**

Shaw Trust (ST) is a national disability charity, Disability Confident Leader, and the current provider of DWP Work & Health Programme (WHP) (CPA 5), West London Alliance WHP, Specialist Employment Support (SES) nationally. Our Partnerships Team have identified/built high performing supply chains (SC) for 37+ years and currently manage approx. 120 partners (REDACTED pa) nationally, providing ST with a broad range of multi-sector SC management experience. We already successfully manage diverse networks of SC partners who work alongside us to support the complex needs of participants in CPA 5 (Merlin Grade 'Excellent', 2018).

Identifying Organisations/Partners: ST used data, learning, and feedback from existing contracts with participant groups comprising similar needs, to understand/anticipate the primary needs of IPES participants e.g. the most significant groups/cohorts for SES are: • Learning Difficulties/Disabilities (28%). • Mental Health (27%). • Physical Health (13%). • Neurological (6%). The primary barrier to work is often complex e.g. housing, rather than a principle health condition. As a result, we have identified 3 primary areas of support for IPES participants: 1) Physical/Mental Health. 2) Learning Difficulties/Disabilities (LDD)/ Neurodiversity. 3) Complex Needs.

We have engaged with existing specialist partners e.g. REDACTED, to design our IPES model, agreeing that the 3 key areas of support (above) should be delivered within a Multi-Disciplinary Team (MDT) by Key Workers (KWs) from specialist Joint Delivery Partners (JDPs) employed on ST honorary contracts. We identified/ selected appropriate JDPs according to their status as industry leading experts in their respective fields, ability/aptitude to achieve outcomes within a MDT setting, and experience of working within ST's SC/management practices. Our IPES JDPs are specialists in:

**Complex Needs:** ST KWs will support participants whose primary need/barrier to entering employment is complex e.g. addiction. ST are: • Experienced providers of supporting participants with complex needs on other programmes e.g. Work Choice (WC), SES, and HMPPS CFO3. • Experts in the case management of intensive employment support e.g. REDACTED in North and East London. • Experienced in employment-focussed provisions e.g. WHP (CPA 5). • A Disability Confident Leader.

**Physical/Mental Health:** Health 2 Employment (H2E) KWs will support participants whose primary need/barrier to entering employment is physical/mental health. H2E were selected because they are: • Specialist occupational health providers for WHP/WC. • Experienced in case management for health/ employment support e.g. Access to Work: Mental Health Support Service. • Employers/trainers of specialist staff/professionals e.g. Registered General Nurses, Mental Health Nurses/Counsellors. • A Disability Confident Leader.

**LDD/Neurodiversity:** Genius Within (GW) KWs will support participants whose primary need/barrier to entering employment is LDD/neurodiversity. GW were selected because they are: • Experienced in supporting participants with LDD/Neurodiversity into sustained employment e.g. ST's Specialist SC Partner for WHP (CPA 5). • Integrating staff in MDTs e.g. on HMPPS contracts. • Experts in designing specialist assessments to support caseload/employers e.g. GW's Genius Screening Tool. • A Disability Confident Leader.

SC Size and Location: 9 MDTs will deliver the IPES contract provision across CPA 5, each consisting of 3 specialist KWs from each JDP and 1 ST Employer Engagement Consultant (EEC). Each MDT will be responsible for

a defined geography, ensuring full coverage across the CPA from Day 1/throughout the contract: • 2 x Local/South London. • 2 x Central/West London. • 1 x Kent/East Sussex. • 1 x Hertfordshire. • 1 x Essex. • 1 x East Anglia. • 1 x Peterborough/ Cambridgeshire.

We will use existing ST specialist partners to enhance provision and deliver tailored support for individual participant needs e.g. **REDACTED** for participants' with sensory impairments.

**Contract Management Practices:** ST's MDT approach uses a matrix management model to provide integrated staff management, and robust contract management practices that align with Merlin Standard principles, as evidenced in our 2018 Merlin assessment: Excellent overall (**REDACTED**) and 'Performance Manage' (**REDACTED**). ST's SC Management Framework (MF) evidences our collaborative relationships with partners, sharing core delivery values/approaches to communication, performance, quality monitoring/management, feedback and capacity building support available. Contained within the SC MF is our Performance Management Framework (PMF), which explains how we promote transparent sharing of data, open/honest conversations and clear business relationships e.g. outlining clear objectives/delivery expectations complying with Merlin Standard principles. The contract management structure will consist of: • ST Managing Director, Employability managing the ST IPES Contract Manager (CM). • ST IPES CM (supported by JDP CMs) managing the ST Team Managers (TMs). • ST TMs (supported by JDP Managers) managing each MDT including JDP KWs, and overseeing day-to-day case management/resource allocation. Formal line management will remain with the KW's employing organisations. ST/H2E/GW co-designed the delivery model including developing appropriate contract management practices at:

**Contract Level:** ST IPES CM use the tools within the contract-specific PMF to ensure we achieve all in-scope services e.g. completing monthly Contract Performance Reviews (CPRs) with JDP CMs. CPRs include JDP performance against KPIs/Quality of Service Reviews, undertaken by JDP CMs, and continuous improvement planning. Any improvement actions are owned by the JDP CMs and cascaded to JDP Managers.

**Management Level:** ST TMs are responsible for contract compliance/meeting Customer Service Standards using our Multi-Platform System (MPS) data. ST TMs/JDP Managers will provide collaborative quality assurance of the service e.g. observations/performance management, reviewed at monthly tele-kits/quarterly face-to-face meetings. The PMF includes processes to support the development of JDP organisations.

**MDT Level:** ST TMs will be responsible for monitoring the Quality Assurance/ performance of their MDTs, including JDP KWs, through monthly 1:1s. Where underperformance is identified, ST TMs will use a clear 4-stage Performance Improvement Planning (PIP) process for ST KWs/EECs, with JDP Managers using their organisational equivalent processes for the first stage of performance management with their KWs. If JDP KW performance does not improve, they will undertake the ST PIP process. Where performance still fails to improve ST hold the right to revoke JDP KWs honorary contracts and JDPs must provide suitable specialist replacements. JDP Managers will undertake specialist assessments as required e.g. annual clinical observations as part of a qualification. This ensures the quality of JDP specialist support is checked/supported by JDP Managers with relevant/expert knowledge. ST TMs/JDP Managers will

implement a risk-based approach to quality management with frequency of supervisions increasing/decreasing in alignment with individual staff performance. JDP Managers will retain responsibility for the personal development of JDP KWs e.g. identifying/supporting training needs.

Transparency of costs, margin and overall profit of sub-contractors: ST will flow down open book accounting to H2E and GW, reviewing their management accounts quarterly. All participant spend will be recorded on our shared MPS, ensuring easy/transparent reconciliation. ST will retain all delivery costs (except H2E/GW staff salaries). This reduces subcontractor variable costs, provides further transparency of costs, margin and overall profit, and ensures we benefit from economy of scale.

SC Delivery Alignment with Contract Requirements: ST will hold full responsibility for ensuring delivery aligns with IPES contract requirements e.g. KPIs. JDP KWs will hold honorary ST contracts, receiving day-to-day management from ST TMs, to provide consistency of delivery against contract requirements. Clear reporting lines and performance/quality management (including monitoring contract compliance), will be ensured/aligned via the MPS.

Incentivising & Motivating our Supply Chain: ST takes a partnership approach to SC management e.g. our SC Partners have confirmed that there is a positive, open, honest culture of communication (in line with the Merlin standards). ST engaged JDPs to co-design our IPES MDT model, ensuring early engagement/motivation. We have divided delivery equally between all three partners, with payment on results, to ensure JDPs are invested in the success of the contract. JDP KWs, as honorary ST staff, will be embedded within the MDT and benefit from ST's personal/professional development opportunities e.g. internal training courses.

Assurance that participant needs are met by our supply chain: Our MDT is designed to meet the complex needs of IPES participants e.g. each participant will be assigned a specialist KW based on their identified primary barrier to employment. They will then benefit from the support of the full MDT to ensure their progression into employment e.g. EEC interview training, condition specific support from other specialist KWs. All KWs will receive role-specific specialist training, delivered/designed by ST/JDPs dependent on specialism. ST's direct management of JDP KWs will enable us to quickly identify underperformance and provide assurance that participant needs are being met. All KWs will be trained to deliver ST holistic Key Life Areas Assessment to identify participants' needs/goals and inform individual Action Plans that meet the needs of each participant. ST will use our existing CPA-wide specialist providers to meet participants' individual needs, these are: • **REDACTED** (Housing). • **REDACTED** Debt/Social Exclusion). • **REDACTED** (Visual Impairment). • **REDACTED** Hearing Impairment). • **REDACTED** (Addiction). • **REDACTED** Self Employment). Should new Specialists be required to meet local/emerging needs, they will be selected using an open, transparent methodology assessing the partner's capability, capacity, cost/coverage, and alignment to ST ethos /values, and complementarity with our MDT delivery model.

Ensuring Continuity of Service: ST's robust business continuity planning will ensure continuity of service provision, even if changes occur. This includes:

- Clear communication with all parties, including participants, to allay fears/uncertainty.
- Providing maximum notice, where possible, to minimise disruption.
- Using MPS to transfer historic/current data.
- Efficient JDP on-boarding.
- Seconding ST staff to assist transition.
- Facilitating/overseeing

staff transfer between JDPs/ST. Our MDT approach with ST honorary contracts/matrix management ensures minimal delivery disruption during JDP KW transfer.

Contingency plan: Risk management, early/comprehensive due diligence, and partnering with organisations with sufficient capacity mitigates the likelihood of a partner withdrawing prior to contract commencement.

However should a change occur our contingency plan includes: • Identification/on-boarding of contingency partners from the 400+ organisations on ST's Approved Provider Framework. • Specialist training for ST KWs to enable MDT approach e.g. **REDACTED**

#### **Question 1.4.10 - Performance Rationale**

Please outline the rationale for the Performance Offer and Outcome Profile as outlined in the Contract Cost Register (CCR).

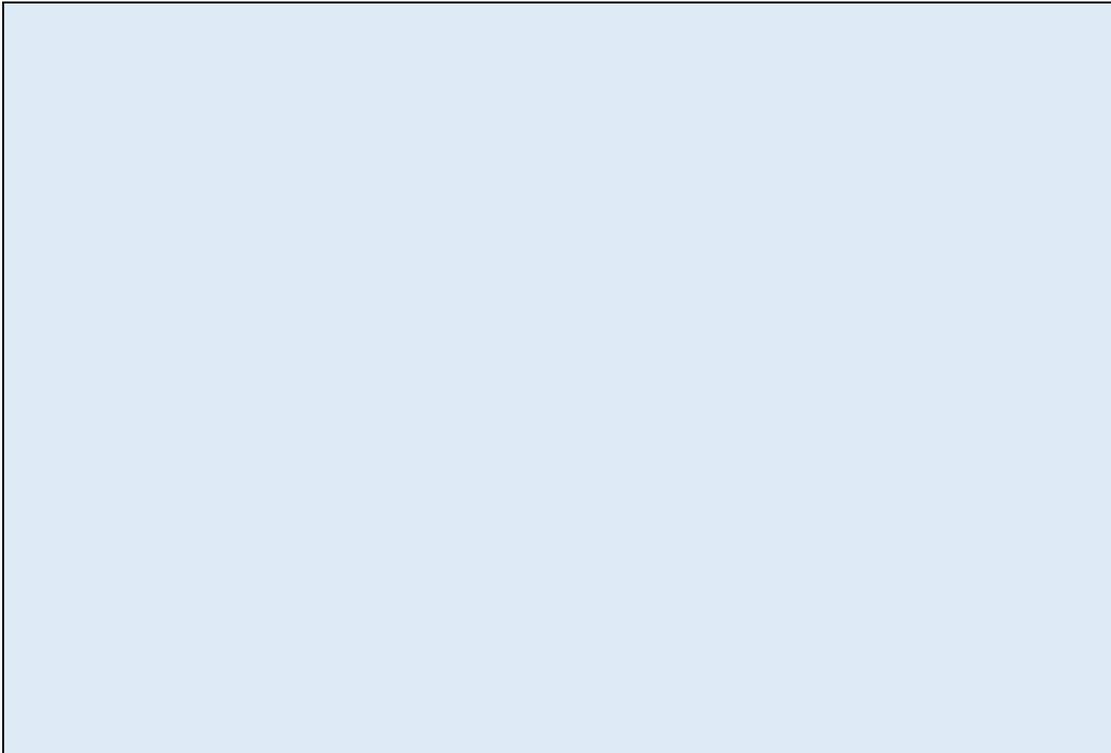
As a minimum, your response should;

- Clearly identify each step in how you calculated your Performance Offer and Outcome Profile for IPES, including any supporting assumptions
- Detail any research, evidence and/or experience from relevant past delivery which underpins your Performance Offer and Outcome Profile including any assumptions and dependencies.
- Provide a rationale for your Starting Baseline, detailing the key elements of delivery and the associated level of increase/decrease for each element that you expect to make up your Performance Offer. To note, your Starting Baseline does not have to be 0%.
- Clearly explain how you will support and achieve the conversion rate of each outcome offered and your approach to driving evidence-based innovation and continuous improvement in order to achieve year on year improvements in the Performance Offer.
- Please specify your predicted Earnings Performance Indicator (Earnings PI) figures by month for the contract period, as per paragraph 4.5 of the IPES specification.
- Describe how you will proactively manage the achievement of performance levels and customer service standards, as detailed in the IPES Specification or outlined within your response below, by you and your supply chain, including the frequency and level of detail of monitoring activity and trend analysis.
- Identify how you will act on any findings, including how you will develop and implement effective solutions to correct failures to meet performance levels and customer service standards in a timely manner and ensure that they do not re-occur, for both you and your supply chain.

- Explain how you will proactively engage with the Authority to notify any issues and remedial actions rather than waiting for scheduled review meetings.
- Identify the three main risks to achieving your target performance level in the CPA, how you plan to mitigate these risks and why you think these approaches will be successful.
- Give one example of lessons learned from a situation where you have successfully put in place remedial action to address a performance issue on a relevant current or previous contract that you will deploy on IPES. If you have no experience of performance issues, please outline how you would address them, including any remedial action you would put in place.

You should summarise your performance rationale in the table provided, please see an example below. This is provided for illustrative purposes only, it is not linked to IPES or any performance expectation the Department may have for IPES.

<b><i>New Delivery Elements</i></b>	
<b><i>Starting Baseline</i></b>	<b><i>0%</i></b>
<i>DWP Published Performance Information</i>	<i>+30%</i>
<i>Experience of delivering similar services</i>	<i>+5%</i>
<i>Enhanced employer relationships in geography</i>	<i>+10%</i>
<i>Job Outcome Definition</i>	<i>+5%</i>
<i>Retail Closures in geography</i>	<i>-5%</i>
<b><i>Total Delivery Element Uplift</i></b>	<b><i>45%</i></b>
<b><i>Overall Performance Offer</i></b>	<b><i>45%</i></b>



Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to 7 sides of A4, **excluding** the question text, these instructions and Table A on page 11.

**Question 1.4.10 - Performance Rationale**

**Section redacted in its entirety**

**Question 1.4.11 - Quality, Management and Assurance of provision**

Please confirm whether you will be using a supply chain and provide a detailed description of how you and your supply chain (where relevant) will ensure the quality of service delivery through your management practices. If your delivery model does not include the use of a supply chain please outline this, and the rationale for not using a supply chain.

Your response should include as a minimum, but not be limited to:

- Explain how you, and your supply chain (where relevant), will monitor and manage the quality of provision to ensure that the standards set within the IPES Specification and your tender will be met from the start and throughout the term of the contract.
- How you, and your supply chain (where relevant), will ensure the quality of staff, frequency and appropriateness of participant engagement.
- Clearly describe (where relevant) how you will manage and ensure the quality of delivery by any sub-contractors e.g. site visits, audits and observing delivery.
- Outline how you will engender collaborative working across the IPES market and the wider market as collaboration evolves, and how this will support continuous improvement of your IPES service and of IPES as a national programme. Your response should include identifying and sharing of best practice, successful delivery methods, and emerging innovation.
- Provide one example of when you have worked collaboratively with a peer or partner organisation to deliver a performance improvement and describe how this was achieved.
- Identify how you will continuously improve the quality of delivery of IPES provision, using evidence gathered from the live running of the service, capacity to build the supply chain partner (where relevant) and share best practice throughout your supply chain (where relevant).
- Describe how you will continually review procedures and share learning with the Authority to improve current and future provision.

- Explain how you, and your supply chain (where relevant), will obtain feedback from participants and proactively act upon this, including details of procedures and timings.
- Describe how you, and your supply chain (where relevant), will handle complaints and act on any findings, including details of procedures, timescales, escalation routes, how participants will be made aware of these procedures, and how you will ensure the impartiality of any decision makers.
- Clearly explain how you, and your supply chain (where relevant), will accurately track and monitor the progress of each IPES participant so that you can clearly articulate at any given time where each participant is in your participant journey towards achievement of outcomes.
- How your proposals for delivery of services will be put in place without adversely affecting the ability of either your organisation or your supply chain (where relevant) to deliver existing and recently won contracts as well as other contracts which you are bidding for and how you will provide such information for DWP checking.
- Your approach for ensuring continuity of performance during the final 18 months of IPES provision, including how you will monitor and manage performance and participant support to ensure it does not deteriorate during the exit phase of the contract.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **3** sides of A4, **excluding** the question text and these instructions.

**Question 1.4.11 - Quality, Management and Assurance of provision**

Shaw Trust (ST) will deliver IPES in CPA5 alongside two expert Joint Delivery Partners (JDPs), Health2Employment (H2E) and Genius Within (GW). ST/JDPs (all Disability Confident Leaders) will form 9 local integrated Multi-Disciplinary Teams (MDTs) across the CPA, each consisting of specialist Key Workers (KWs) from organisations that are leaders in:

**Complex Needs:** ST brings significant experience of supporting participants with complex/multiple needs into sustained employment e.g. Specialist Employability Support (SES), DWP Work Choice and Work & Health Programme.

**Physical/Mental Health:** H2E specialise in supporting the long term unemployed with physical/mental health needs e.g. 32k participants on DWP Work Programme.

**Learning Disabilities/Difficulties (LDD) and Neurodiversity:** GW are experts in LDD/neurodiversity e.g. 90% in-work sustainment (across all contracts). JDP KWs will operate on ST honorary contracts, and each MDT will be managed by a ST Team Manager (TM). ST Employer Engagement Consultants (EECs) will be embedded in each MDT, working alongside KWs to ensure understanding of participant needs and targeting sectors/employers/roles accordingly. KWs will be specialists in their field and draw on ST/JDP organisational expertise/resource e.g. H2E employ Registered General Nurses. KWs will be allocated based on each participant's primary need/barrier to employment. Integrated MDT working ensures participants benefit from the full range of available MDT expertise without multiple external referrals. MDTs will be supported by our existing network of WHP Specialist Delivery Partners in CPA5 e.g. (REDACTED visual impairment).

Monitoring/Managing quality: ST's Director of Compliance (DoC) has responsibility for monitoring/managing quality of provision in line with our ISO9001:2015 Quality Management System. The DoC is supported by our Risk & Assurance (R&A) Team, with oversight from ST's Audit Committee, to review risks/controls/audit activity. ST's IPES Contract Manager (CM), ST TMs, and JDP Managers will have day-to-day responsibility for quality of provision. All MDT staff will operate to common policies/procedures and quality management/monitoring processes (see below), ensuring standards are met/maintained. ST TMs will oversee all KW (including JDP KW) day-to-day case management/resource allocation. Formal HR management/supervision will remain with KWs' employing organisation. Matrix management of JDP staff ensures we draw on their expert input/organisational resource, whilst ensuring high/common standards. Quality of delivery will be managed/monitored through: **a)** Contract-specific operating procedures based on our tender/IPES specification/best practice; **b)** Systematic daily/weekly/monthly quantitative and qualitative performance data analysis using our Multi Platform System (MPS). Analysis will be undertaken at staff/JDP/contract level, monitoring against Minimum Performance Levels (MPLs), Customer Service Standards (CSS), and IPES Predicted Earnings Performance Indicator (PI), taking immediate action where necessary; **c)** ST's Management Assurance Framework (MAF) toolkit which details: a risk based approach to KW observation by ST TM/JDP Manager; monthly staff supervision; TM monthly caseload reviews (bi-monthly face-to-face); performance review against MPLs/Pis/CSSs; **d)** Participant feedback e.g. focus groups; **e)** Rolling schedule of audits (supported by R&A) providing assurance of systems/contract compliance; **f)** Annual self-assessment involving staff/participants/stakeholders feeding into Quality Improvement Plans (QulPs).

ST/JDPs will ensure quality of staff through:

- Recruiting to common/stringent person/job specifications;
- Mandatory training e.g. Safeguarding;
- Monthly one-to-ones informed by audit/observations;
- Role-specific KPIs/objectives e.g. KWs offering weekly face-to-face contact, and clear improvement processes/support when necessary;
- Regular MDT (fortnightly face-to-face) Caseload Reviews to provide mutual KW support/aid professional development;
- Ongoing coaching/training/development e.g. GW's Understanding Autism course.

**To ensure frequency/appropriateness of participant engagement** we will:

- Agree frequency/method of contact with participants e.g. offering weekly face-to-face KW contact and telephone/digital contact (in weeks without face-to-face contact).
- Maintain low caseloads (average 17 participants, including those in work), to ensure KWs have time/resources to deliver intensive support;
- Monitor frequency/method compliance using MPS, taking action where it is not met;
- Utilise pan-MDT/specialist partner expertise to deliver tailored/sequenced support;
- Review frequency/method of engagement as needs change e.g. increasing/ decreasing outreach delivery to accommodate worsening/improving health;
- Integrate IPES delivery with local/specialist services e.g. participants supported in our Norwich Hub can also access community activities like yoga and healthy eating;
- Conduct case audits/observations to improve KW interventions;
- Promote, gather, and act upon participant feedback (see below).

ST's CM, supported by JDP Contract Managers, will manage/ensure the quality of JDP delivery. ST CM will hold monthly contract review meetings with JDP Contract Managers to review performance against Joint Delivery Plan indicators e.g. MPLs, CSS, PIs, MAF quality measures, leading on Performance Improvement Plans where necessary. ST TMs will monitor/manage day-to-day quality of JDP KW delivery including case-work/task allocation. JDP Managers will hold responsibility for quality of clinical/specialist KW delivery. To ensure effective matrix management JDP Managers will be involved, as a minimum, in quarterly KW one-to-ones with ST TMs. To engender collaborative working with IPES providers/the wider market we will:

- Establish a quarterly Provider Forum/learning visits with IPES Prime Contractors (standing invitation to DWP) identifying good practice via 'Learning Reports' (reflecting success on WHP);
- Establish a quarterly IPES Service Steering Group with JDPs/Stakeholders e.g. Local Authorities, public health, JCP, to identify/share best practice, reporting to the Provider Forum.
- Share quarterly quality reports highlighting positive trends/best practice/case studies.

**To identify/share best practice/successful delivery methods and innovation**, in addition to the above we will:

- Self-assess provision annually;
- Assess impact of new approaches;
- Showcase best practice at forums e.g. ERSA Conferences;
- Undertake final evaluation of IPES;
- Report good practice via strategic structures overseeing local delivery e.g. contributing to **REDACTED**.

Collaboratively helping a partner to improve performance. WHP CPA5 subcontractor **REDACTED** experienced higher than expected referral levels, leading to CSS underperformance. We supported them to improve by:

- Agreeing a contract variation to help Steps to Work fund additional staff;
- Implementing a training plan for existing staff, and allocating new staff a ST 'buddy' colleague;
- Deploying additional support from our Health & Wellbeing/Inclusive Employment Teams locally.

This supportive approach led to **REDACTED** improving their CSS performance from **REDACTED** to **REDACTED** over a rolling three month period.

To continuously improve quality of delivery ST will use data/evidence from

monitoring performance/delivery (above) to inform QuIPs, embedding high performing practices in mandatory procedures. QuIPs will be developed at MDT level (ST TMs), JDP level (JDP Managers), and contract level (CM). QuIPs will be updated monthly as part of the MAF/Performance Review by ST CM/TMs. **We will share best practice across MDTs/wider specialists** via:

- Day-to-day MDT working/Caseload Reviews that ensure KWs share best practice from their respective specialisms
- A quarterly Steering Group to ensure JDPs, specialist partners, and other IPES providers share multi-disciplinary best practice across the wider IPES marketplace.

Using our continual review processes (above) the CM will improve current/future provision and regularly share learning with DWP/JDPs/Specialist Delivery Partners via contract performance reporting processes and quarterly qualitative reporting. ST/JDPs will obtain regular feedback from participants via:

- Feedback cards at all delivery sites;
- Verbal requests at every KW contact/meeting/review;
- Exit reviews;
- Quarterly digital participant surveys;
- Quarterly Participant focus groups covering subject/cohort-specific themes.

Feedback will be analysed monthly by CM, highlighting issues requiring action/best practice to be shared, via QuIPs. ST/JDPs will treat all complaints seriously. Participants will be made aware of the complaints process at the Initial Face-to-Face meeting, and through publicity at delivery locations/our website. Complaints can be made face-to-face, in writing (freepost), via email, or by freephone, to ST's Customer Care Team (CCT) who impartially oversee all complaint resolution. Participants will be encouraged to talk directly to their KW to quickly address complaints, but if not resolved our 3 stage escalation process is: **1)** TM, supported by CCT, will conduct a full investigation and respond within 10 working days; **2)** CM, supported by CCT, will undertake a full review/respond within 10 working days **3)** An independent senior ST Manager will review the complaint and respond within 15 working days. JDP Managers will be made aware of complaints regarding their KWs. Participants will be given Independent Case Examiner details if they wish to further pursue a complaint. CCT maintains a Feedback & Complaints Register to track/manage/report complaints and make learning available to DWP. The CCT/ST senior manager are independent of IPES delivery, ensuring impartiality of the complaints process.

ST/JDPs will accurately track participants through use of our real-time MPS, used by all delivery staff (including JDPs) to capture all participant activity (referral to outcome), and accurately track the progress of each participant. An automated phase indicator will identify where participants are within their journey e.g. engagement, pre-work support, in work support, transition support; with progress charts showing time on programme, time remaining, target date into employment and actions agreed/completed. Participant progress against the 9 Key Life Areas, is reviewed (minimum monthly) to measure distance-travelled and identify emerging needs/changing circumstances. A visual tool on MPS provides KWs/participants with a constant indicator of KLA progress e.g. to boost confidence. KWs/TMs/JDP Managers will be able to easily assess/monitor whether participants are progressing as planned. Cohort-specific reports at caseload, MDT and contract level will monitor programme phase progress, including earnings PIs. ST/JDPs will put our proposal in place without adversely affecting other contracts through dedicated/discrete staffing and management resourcing. ST's Head of Change will oversee IPES mobilisation, including corporate support resourcing e.g. HR/finance/facilities, and review/mitigate risks to other contracts. We have stress tested each JDPs' capacity to

manage IPES alongside current commitments e.g. H2E's Access to Work. Both JDPs are current ST partners and robust due diligence e.g. finance/quality, has been undertaken to evaluate their capacity. To evidence that IPES delivery will not impact on our WHP delivery in CPA5, Specialist Employability Support (ending in January 2021) and other commitments we will:

- Share implementation/mobilisation plans with DWP;
- Evidence how common use of resources will be managed e.g. shared use of delivery sites;
- Commit to open book accounting, showing where resources are expended. We will share with DWP any intentions to bid for new opportunities and provide plans for mitigating impact on IPES. The CM will monitor business commitments/capacity with JDPs via the monthly contract review.

To ensure continuity of performance during the final 18 months of provision we will:

- Retain MDT structures and KW/EEC staffing to service participants in line with agreed case-loading parameters;
- Continue to operate our MAF/performance management approach.

#### **Question 1.4.12 - Delivery Infrastructure**

Please provide details of the delivery infrastructure you will use to deliver this provision, including details of premises, digital support and any outreach services.

As a minimum, your response should;

- Provide details of the delivery infrastructure that you will use for engaging and supporting participants, including premises for face to face contact, and digital services.
- Where applicable, describe any outreach services that you will provide, how you intend to provide them; the rationale for providing such services and how and why this approach will result in consistency of services across the CPA.
- Provide details of local public transport links and their proximity to the premises that you have identified in response to the above points.
- Detail the facilities available at each location and how these meet any legal requirements, including compliance with the Equality Act 2010.
- Explain why you consider these premises to be suitable for IPES provision.
- Clearly describe how your proposal will achieve full coverage across the entire Contract Package Area.
- If you intend to use existing premises, explain how delivery of this provision will fit with current use and the efficiencies and / or savings you expect to achieve.
- If you intend to secure new premises, indicate the timescales for doing so ahead of go-live and your contingency arrangements for ensuring timely delivery of this provision.

- Detail your contingency plans for dealing with fluctuating participant volumes over the term of the contract, including the minimum and maximum volumes that can be handled at any one time without having an adverse impact on your premises proposal.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **3** sides of A4, **excluding** the question text and these instructions.

**Question 1.4.12 - Delivery Infrastructure**

Shaw Trust (ST) is a national disability/employment charity and the current provider of DWP Work & Health Programme (WHP) (CPA 5), West London Alliance WHP, and Specialist Employment Service (nationally). We will ensure that our IPES provision is available to all participants by drawing on our existing infrastructure within CPA 5. ST will deliver IPES alongside our expert Joint Delivery Partners (JDPs). ST/JDPs will form nine integrated Multi-Disciplinary Teams (MDTs), operating within defined geographies to ensure full coverage across the CPA.

Delivery infrastructure:

ST's MDTs will provide face-to-face contact to all participants across the entire CPA via a network of delivery sites including:

**Fixed co-location premises** will be the primary delivery sites for our IPES provision e.g. **REDACTED**. Formal occupancy agreements facilitate delivery of our full support offer on a regular and fixed basis. Co-location integrates IPES with local services, ensuring we provide holistic/sequenced support to participants e.g. **REDACTED**.

Our IPES Key Workers (KWs) will co-locate in existing ST sites that are already used to deliver services to similar participants e.g. our Work & Wellbeing Hub, **REDACTED** in Norwich, and are all inclusive community spaces that integrate local support services. All sites are located in easily accessible areas with reliable transport links e.g. **REDACTED**. MDTs will be assigned team base locations e.g. for weekly Team Meetings/Caseload Reviews.

**Outreach locations** will be utilised on an ad-hoc basis to provide full coverage throughout the CPA e.g. in rural locations, and ensure we meet the needs of all participants e.g. cannot travel due to disability. KWs will build on our existing networks of outreach venues e.g. Community Centres across London, to ensure accessibility for participants. KWs will develop outreach networks to ensure we meet emerging needs throughout the contract e.g. responding to emerging/fluctuating volumes in specific localities.

**Digital infrastructure:** a) For staff, enabling delivery of our full support offer via: • CISCO Jabber secure video conferencing providing staff support for one-to-ones/case-conferencing with health professionals. • 4G-enabled laptops/mobile phones to enable access to delivery resources while visiting external venues. b) For participants, enabling participation in IPES for those who may otherwise be unable to engage e.g. living with agoraphobia/anxiety. KW will facilitate access to 4G tablet/internet packages for participants with restricted internet access to increase digital engagement.

Outreach service:

ST will deliver IPES via networks of local outreach premises to ensure everyone, regardless of location/ability to travel, can access our full service, including one-to-one support, group workshops, and targeted interventions e.g. social prescribing. KWs will use locations that are familiar/accessible to participants e.g. local libraries. KWs will be able to work peripatetically using 4G-enabled equipment that provides digital access to delivery resources/video conferencing.

**Rationale:** ST has already sourced outreach sites to ensure full CPA coverage based on expected participant flow. Our model ensures flexibility to changing/ emerging needs across the CPA. Where we identify a common need/high customer flow within a specific geography, we will establish co-

location/outreach sites accordingly e.g. using our IPES Outreach Fund.

**Consistency of services across the CPA will be achieved by:**

- Making our full service offer available in any location/digitally.
- Promoting peripatetic working by our MDT e.g. through 4G resources.
- Employing part-time KWs to ensure more people are in post across the CPA, and increasing participant access to support.
- KWs building networks of local providers in each locality, ensuring participants can access the support they need in local/accessible locations.
- Our Specialist Delivery Partners providing expert services in localities across the CPA e.g. **REDACTED**.

Local public transport links:

All delivery premises are within ten minute walk of public transport e.g. **REDACTED**, Chelmsford is a three minute walk from local bus stops; our co-location site at **REDACTED** in St Albans is a one minute walk from local bus stops; our outreach premises at Foley House in Newmarket is a three minute walk from the bus stop/five minutes walk to the train station. Meetings will be arranged at times/locations that complement local transport options e.g. increased outreach for rural areas during winter when public transport is often reduced. We will utilise existing/new local provider partnerships to leverage their existing infrastructure and increase access to IPES for participants. We will provide advice/guidance around local transport/community transport options e.g. seasonal/weekend reductions in local bus services. Participants will be supported to access concessionary travel e.g. Kent's Disabled Person + Companion Bus Pass and community transport schemes e.g. Colchester 360. ST will refund participants for IPES travel costs, provide travel buddies via ST volunteers, and deliver journey planning workshops.

Facilities:

ST delivery sites are all DDA/Equality Act 2010 compliant and easily accessible for participants e.g. reserved wider bays in parking areas, good external lighting, alternative access/ramps for participants in wheelchairs, have visible handrails and steps. Internal areas include aisles/corridors and areas near doors free of obstacles and wide enough for wheelchairs to manoeuvre. All floor surfaces will be as level as possible e.g. mats/joins between different floors will be flush with the floor and each other. All sites have suitable seating for participants with mobility impairments and accessible toilets e.g. fitted to full wheelchair accessible standards, fitted grab-rails, non-slip floors, outward opening doors and non-shiny ceramic tiles/flooring reducing reflection/glare.

Suitability of premises:

Our Equality Act 2010 compliant sites increase use of employment services/facilitate greater levels of communication between service providers (Cameron et al, 2013). All premises:

- Provide suitable space for confidential one-to-one support, and time-out.
- Offer a range of participant resources e.g. IT/Internet, phones, photocopiers, printers.
- Support immediate access to local specialist services e.g. **REDACTED**, facilitate delivery of sequenced work/personal support e.g. community advocacy services, and are close to business hubs, maximising access to local jobs e.g. **REDACTED**. They are placed in familiar and readily identifiable central locations e.g. **REDACTED** Central Library. Our outreach sites maximise local access to our full support offer e.g. for participants who lack confidence to travel, and act as a precursor to moving participants towards main delivery/employment centres as their resilience builds.

Full coverage across CPA:

Full CPA coverage of delivered provision will be achieved through: • Fixed premises in areas where anticipated flow is highest e.g. Norwich. • Outreach sites in rural hub towns e.g. Kings Lynn/Stowmarket. • Sites being mapped to public transport routes from outlying areas. • Digital services that are available to participants in locations with reduced public transport e.g. areas of Peterborough, and/or areas of low flow e.g. Dacorum, enabling us to support participants across CPA no matter their location. We will adapt our co-location/outreach premises depending on demand/customer flow so that coverage is maintained throughout the contract.

Use of existing premises:

We will use ST's existing delivery premises, outreach centres, and co-location sites for IPES e.g. REDACTED, Great Yarmouth. These sites ensure participants can access services appropriate to IPES participants' e.g. practical support/assistance on a wide range of needs, including housing and welfare benefits. Capacity has been analysed as part of due diligence to ensure our IPES through-flow can fit/be accommodated within our existing premises. We expect to achieve efficiencies/savings of REDACTED per month from shared rent/utilisation of current facilities. Where necessary we will source additional sites should volumes be higher than expected.

New premises:

ST have identified and will secure 11 new delivery sites for IPES e.g. REDACTED. All sites will be ready for Go-Live with no disruption to IPES delivery. KWs will continue to build networks of co-location/outreach sites throughout IPES depending on customer flow/need. Our MDT will be enabled to deliver the provision peripatetically/digitally, to ensure we provide our full service offer across the CPA.

**We already have contingency arrangements** in place to ensure timely delivery of the provision e.g. through our existing WHP delivery in CPA 5. Contingencies arrangements/sites include outreach from pre-arranged locations e.g. REDACTED, Dover, existing partner premises e.g. multiple London locations via Genius Within's REDACTED account.

Managing fluctuating participant volumes:

The maximum/minimum volumes that ST can handle at any one time without having an adverse impact on our premises proposal is: • **Maximum** of REDACTED, a REDACTED increase from the expected REDACTED participants per year. • **Minimum** of 0. ST has set no minimum volume as we will be using existing co-location/outreach sites that are not reliant on IPES' contract income.

When reviewing/sourcing delivery premises ST prioritised venues in geographies where we believe the highest volumes are likely to be e.g. Shaw Trust's Acton Hub. We have co-location/outreach premises available within the CPA through our existing WHP partners/infrastructure e.g. REDACTED. These sites are all fully vetted and already operational allowing us to very quickly flex capacity according to individual needs and Jobcentre Plus referral trends.

We will undertake monthly rolling forecasting of capacity to inform our Estates Strategy throughout the contract, modelling capacity tolerances to ensure short-term fluctuations have no adverse impact. In the event of sustained increase in volumes, our contingencies include: • CPA-wide

pipeline of existing, vetted co-location sites. • Sourcing new co-location/outreach sites through existing/new partnerships. • Serviced offices. • Short-term lease arrangements. This ensures premises can be readily/flexibly mobilised at short notice.

#### Questions 1.4.14 - Human Resources, Recruitment & Training

Detail the human resources (including any known sub-contractor staff) that you will use to deliver and manage this provision.

Your response should include as a minimum, but not be limited to:

- A clear explanation of the Full Time Equivalent (FTE) number of staff, job title, key responsibilities, relevant skills, experience & qualifications for each role and caseload sizes per adviser.
- A clear explanation of how you will ensure the staff recruited will have relevant skills or experience.
- Where applicable, an average caseload size for each staff member should be provided with details of the types of cases and a rationale for why this is considered appropriate against your delivery proposal.
- Details of the number of existing staff and those who will need to be recruited.
- A clear description of how you will recruit, train and retain staff to ensure effective delivery of this provision and satisfactory performance from the start of the contract and throughout its lifetime.
- Provide a minimum staff/participant ratio along with full rationale of why you consider this staffing level is appropriate.
- How you will ensure a consistent key worker throughout each participant's time on provision including during In-Work Support, and how you will ensure full consistent cover over the whole geographical area
- A clear explanation of how you will manage sickness absences and annual leave during peak times, including contingency arrangements for managing the absence of key staff while maintaining the quality of service delivery and performance levels.
- How you will manage your staffing level as participant volumes increase and decrease over the life of the contract.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **3** sides of A4, **excluding** the question text and these instructions.

**Questions 1.4.14 - Human Resources, Recruitment & Training**

Shaw Trust (ST) is a national disability/employment charity and the current provider of DWP Work & Health Programme (WHP) in CPA5, West London Alliance WHP, and Specialist Employment Service nationally. We will deliver IPES alongside 2 Joint Delivery Partners (JDPs), Health2Employment (H2E) and Genius Within (GW). H2E/GW will be the main employer of their specialist Key Workers (KWs), operating as part of our Multidisciplinary Team (MDT) under honorary ST contracts. This ensures all KWs are managed as a single team, with a matrix management approach extending beyond the usual provider/sub-contractor relationship. This ensures integrated management/collaboration e.g. JDPs will manage the recruitment/personal development of their KWs, ST Team Managers (TMs) will be responsible for the day-to-day performance of all KWs via KPI targets/observations. JDPs will retain responsibility for the quality of their KW's delivery, ST TMs will carry out monthly KW one-to-ones, and both ST TMs/JDP Managers will undertake JDP KW Quarterly Reviews.

**Staff:** Our IPES delivery team will consist of: **IPES Contract Manager (REDACTED FTE)** • Responsible for (Rf.): IPES delivery including strategic management of partnerships/integration. Reports to Managing Director, Employability. • Skills (S): Influencing/negotiating, leadership, analytical, financial management, planning, strategic awareness. • Experience (E): Senior employability/health sector role. • Qualifications (Qs): Degree/equivalent level educated, relevant ILM qualification in management. **JDP Contract Manager (REDACTED FTE)** • Rf.: JDP IPES delivery including Quarterly IPES Contract Performance Reviews. Reports to IPES Contract Manager. • S: Influencing/negotiating, clinical proficiency, decision making, leadership, analytical, strategic awareness. • E: Senior clinical role within an employability setting. Qs: Degree/equivalent level educated, relevant clinical qualifications. **Team Manager (REDACTED FTE)** • Rf.: Day-to-day performance/local delivery, case reviews, KPI targets, delivery consistency, regular liaison with JDP Managers. Reports to IPES Contract Manager. • S: Proven leadership, able to motivate/support, performance driven, analytical, audit/assurance. • E: Managing multi-team operations to achieve targets. • Qs: Degree/equivalent level education, management/team leading qualification. **JDP Manager (REDACTED FTE)** • Rf.: Managing JDP KWs including quality assurance, under-performance, delivery consistency, clinical efficiency/decision making. Regular liaison with Team Managers. Reports to JDP Contract Manager. • S: Proven leadership, able to motivate/support, quality/performance driven, analytical, audit/assurance. • E: Managing multi-team operations to achieve targets. • Qs: Degree/equivalent level education, relevant clinical/management qualifications. **IPES Key Workers (Complex Needs, Mental/Physical Health, Neurodiverse) (REDACTED FTE)** Caseload size: max. 22 • Rf.: Supporting own caseload/providing interventions to wider caseload through MDT approach. Enabling participants to progress into/sustain employment/move toward sustained unsupported employment. Carrying out regular reviews, maintaining supportive relationships with participants/employers. Reports to TM. • S: Problem solving, interpersonal, communication, presentation, negotiation, self-management, IT proficiency. • E: Supporting participants with complex/multiple barriers in an employability setting, successful outcomes within specialism. • Qs: 5+ GCSEs, IAG L4/equivalent, accredited training in relevant disciplines e.g. Cognitive Behavioural Therapy.

**Employer Engagement Consultants (REDACTED FTE)** • Rf.: Job matching/carving/ tailoring services including one-to-one participant support

through MDT approach, engage with participants/employers to ensure successful work experience routes/ employment opportunity outcomes, additional in-work/transition support. Employer Disability Confident/Access to Work education e.g. following our National Employer Team Inclusive Business Audits, EECs will provide full support to implement any recommended changes. Reports to TM. • S: Interpersonal, communication, presentation, negotiation, influencing. • E: Working in an employer engagement environment with strong networking skills, engaging/gaining commitment from employers/stakeholders. Negotiating/securing progression opportunities, relationship management, meeting/exceeding targets, developing tailored service packages to meet workforce development/recruitment needs. Understanding of local labour market/employer expectations and barriers faced by disabled people/long term unemployed. • Qs: 5+ GCSEs/equivalent. **Contact Centre Advisor (CCA) (REDACTED FTE)** • Rf.: Handling JCP/warm handover calls including explaining IPES provision to participants. Completing the Triage Assessment Tool (TAT) with participants to identify their primary barrier to employment, allocate primary KW/book initial face-to-face meeting into KW diary. Process JCP referrals. Alternative point of contact for participants (if KW is unavailable). • S: Interpersonal, communication, multi-diary management. • E: Administrative work, good attention to detail. • Qs: 5+ GCSEs/equivalent. **Claims Administrator (REDACTED FTE)** • Rf.: Processing/reporting claims to DWP. • S: Attention to detail, communication and accuracy. • E: Administrative work. • Q: 5+ GCSEs/equivalent. Recruiting staff with relevant skills/experience: See Recruit, train and retain staff.

Average caseload size for each staff member: KWs will have average caseloads of **REDACTED** active participants (including pre-work/in-work). Caseloads will be divided into relevant KW specialisms e.g. complex needs (ST KW), physical/mental health (H2E KW), learning difficulties, disability/neurodiversity (GW KW). Small caseload sizes allow us to manage short-term volume fluctuations and enables KWs to effectively tailor/sequence support at an intensity that meets the needs of IPES participants, including supporting the wider caseload through the MDT.

Existing staff/new recruits: We have completed a full staff audit across ST/JDPs to establish the number of existing staff likely to secure IPES roles **REDACTED** and the number to be recruited externally (**REDACTED**).

These appointments will be subject to interview/up-skilling to meet the enhanced requirements of IPES roles. Recruit,

train and retain staff: ST will recruit via adverts on industry websites e.g.

**REDACTED**, public sector media e.g., **REDACTED** local media e.g., **REDACTED** digital media e.g. LinkedIn, internally, and via ST Group's internal recruitment agency, CfA. To ensure staff have relevant specialist skills/ experience JDPs, as experts in their fields, will be responsible for recruiting their KWs. KWs/EECs will be recruited on a part-time basis, enabling them to continue their clinical/professional roles outside IPES, remain active in their specialist field, keep abreast of clinical developments/best practice, and maintain a strong professional network.

Part time KWs will ensure more people in post across each region, reduce travel time, increase face-to-face contact, and ensure knowledge of localised opportunities/challenges. Our robust selection process includes: • Initial screening • Assessment Day. • Final screening (successful applicants) e.g. DBS checks. As part of our due diligence, we reviewed/assessed JDP recruitment practices to ensure equivalent

processes to our own. Training for all ST/JDP staff includes: • IPES Induction: role/caseload specific training, understanding local support. • Mandatory training e.g. ST Corporate Induction, to navigate/embed our systems/procedures. • Additional/Specialist training e.g. MDT working. ST/JDP expert training/knowledge will be shared across the MDT e.g. GW delivering Recognising Neurodiverse Conditions. ST retain staff through industry-leading salaries, strong training/development pathways, performance incentives, and other benefits e.g. funded healthcare. Staff support includes: occupational health service, rehabilitation leave, regular appraisals/1:1s, career progression pathways.

**Minimum staff/participant ratio:** ST's minimum staff: participant ratio will be 1:13 including in work support (IWS). Low caseloads ensure KWs deliver personalised/ intensive support that achieves success for participants with multiple/high needs. This gives KWs time/capacity to: support participants via outreach (where appropriate); undertake inter-agency/joint-working; ensure continuity for participants in work e.g. participants will retain the same KW upon entering IWS.

**Ensuring a consistent IPES Key Worker:** ST CCAs will be trained to use a short TAT during the Warm Handover call with JCP/participants. The TAT will identify each participants' primary barrier to entering employment e.g. Complex Needs, Mental/Physical Health, Learning Difficulty/Disability or Neurodiversity, through key /standardised questions developed in partnership with our expert JDPs. The CCA will allocate an appropriate KW according to the participant's primary need, and book the Initial Face-to-Face Meeting. The KW will build rapport with participants from first contact, ensuring a relationship of trust conducive to participant progression. Participants will retain the same KW throughout IPES, including entering/during pre-work support and IWS, to ensure a consistent KW approach tailored to the individual participant. KWs will ensure consistent contact by offering participants weekly face-to-face meetings, supplemented by telephone/ digital contact e.g. Cisco Jabber Guest. At each meeting KWs will review progress, book future engagements/activities, and discuss long term activity outside of KW engagement e.g. addiction support/diet regime. KWs will review emerging needs and identify MDT support, to plan upcoming activities. The KW will be the single point of contact for the participant, facilitating/managing any MDT/external support e.g. EECs feeding back to KW during MDT Caseload Reviews. We have divided the CPA into seven areas covered by nine MDTs relative to anticipated flows. The majority of each MDT area is within 40-50kms of the KW's base delivery location, with travel times of <one hour to the furthest outreach location. Our location proposals are based on the highest expected generation of JCP flows (based on WHP JCP engagement). Teams will utilise WHP community Hubs, existing ST co-location/outreach infrastructure, and new outreach sites, e.g. **REDACTED**.

**Managing sickness absences/annual leave:** Absence is recorded on ST/JDP online HR systems which generate leave/sickness reports. Staff report absence to their line manager at least 1 hour prior to start time, advising an anticipated return date and outstanding/planned work. TMs reassign work for the duration to maintain key services. We use the Bradford Factor to manage frequent or long-term sickness absence, monitored monthly by HR. For KW absences expected/ exceeding two weeks, JDPs will second skilled/experienced staff from their internal staffing pool. Contingencies to maintain performance/service quality include: • Shared multi-platform system enabling staff to provide an uninterrupted

service to participants. • Flexible part-time hours/working practices enabling short-term cover/relocation. • Emergency secondments. • Sector-specific agencies e.g. REDACTED, backfilling long-term absence. • Warm handover before annual leave. Annual leave requests must be submitted at least one month in advance enabling managers to plan cover, with leave restricted during anticipated peaks.

**Managing staffing levels as participant volumes fluctuate:** ST plan staff resource quarterly using up-to-date forecast profiles, with our low caseloads offering flexibility to deal with short-term variations. Frontline staff will be recruited for go-live to achieve full geographical coverage, allowing staff to develop MDT functionality/cohesion and ensuring capacity to manage the maximum anticipated participant flows (maximum caseload up to REDACTED) if required from go-live. We will manage persistent increases through: • Re-deploying/re-allocating staff. • Flexible working practices enabling short-term relocation and designated 'act up' individuals who can step in at short notice. • Recruitment via sector-specific agencies and JDPs supporting specialist KW recruitment. Longer-term reduction will result in non-replacement of staff through natural turnover, redeployment to other business areas, cessation of fixed-term contracts or reduction in headcount.

### Question 1.4.15 - Management Structure

Please provide details of your management structure, systems and processes.

Your response should include as a minimum, but not be limited to:

- An organisation chart to describe your proposed management structure for this provision, to be uploaded at question 1.4.15 as **Appendix 4**, including any directly managed subcontractor roles where applicable and the percentage of time that will be allocated to this contract for each listed role.
- Provide a clear explanation of your capacity to manage this provision alongside existing and potential future commitments.
- Clearly describe the systems and processes that will be used to prevent fraud. This should cover providing details of the robust audit trail of evidence that you will implement including but not limited to: attendance records/action plans, participant consent, evidence to support claims for outcome payments, and systems that will be used to prevent fraud for participants in self-employment.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **2** sides of A4, **excluding** the question text and these instructions.

**Question 1.4.15 - Management Structure**

Shaw Trust (ST) is a national disability/employment charity and the current provider of DWP Work and Health Programme (WHP) CPA5, West London Alliance (WLA) WHP and Specialist Employment Service nationally. Based on this experience, our Organisation Chart (see **Appendix 4**) outlines ST's robust management structure for London and the Home Counties (CPA5) IPES provision.

Proposed management structure

ST will deliver the IPES provision in CPA5 with two Joint Delivery Partners (JDPs), Health2Employment (H2E) and Genius Within (GW). ST and our JDPs (all Disability Confident Leaders), will form nine local integrated Multi-Disciplinary Teams (MDTs) across the CPA managed by ST Team Managers (TM). Our localised MDT approach will bring together ST Employer Engagement Consultants (EECs) and expert Key Workers (KWs) from organisations that are leaders in: • Complex needs (ST) • Physical and mental health (H2E) • Learning difficulties/disability and neurodiversity (GW). Our management structure will operate with a matrix management approach that goes beyond the usual prime/subcontractor relationship e.g. ST TMs will be responsible for the day-to-day performance management of all KWs, JDPs will retain responsibility for the personal development/quality management of their expert KWs.

Strategic and operational management will be provided by:

<b>IPES Management Structure:</b>	<b>Time allocated:</b>
<p><b>1 x IPES Contract Manager</b> Oversees service delivery. Reports to Managing Director, Employability.</p>	<b>REDACTED</b>
<p><b>2 x ST Team Managers</b> Oversees daily delivery/performance of KWs, including: KPI targets; delivery consistency; adherence to relevant central ST policies; annual leave; sickness; undertaking monthly KW/EEC one-to-ones/appraisal activity; being involved in JDP Quarterly Reviews/observations/compliance. TMs will develop integrated services/partnerships to ensure joined-up approach/provision delivery. Reports to IPES Contract Manager.</p>	<b>REDACTED</b>
<p><b>2 x JDP Contract Managers</b> Oversees JDP Manager. Reports to IPES Contract Manager including via Quarterly IPES Contract Performance Reviews.</p>	<b>REDACTED</b>
<p><b>2 x JDP Managers</b> Line management of their JDP KWs including: addressing under-performance with ST TM involvement; undertaking Quarterly/Annual Reviews/appraisal activity (with input from ST TM); escalation route for specialist participant needs; monthly one-to-ones with ST TM to ensure joined-up approach/provision delivery. When necessary will be responsible for disciplinary/grievance procedures.</p>	<b>REDACTED</b>

Additional management capacity is resourced through ST's central business support functions. This ensures service compliance/good practice throughout the duration of IPES delivery.

#### Capacity to manage this provision

ST is a national charity with significant resources e.g. **REDACTED** turnover, we will draw on our track-record of mobilising/delivering concurrent contracts e.g. we have mobilised DWP WHP and WLA WHP, whilst maintaining high levels of performance on both our Live Well Kent and our Aim4Work contracts. Our business/resourcing policies ensure sufficient capacity to manage IPES alongside existing commitments e.g. DWP WHP and potential future opportunities e.g. **REDACTED**. Additional resilience is provided by ST's corporate teams e.g. Finance, Quality, HR, supporting Managers across all contracts, with resource scaled up/down as required.

#### Systems and processes used to prevent fraud

IPES will be managed in line with our ISO9001:2015 certified Quality Management System, and policies/procedures that include: • Confidential Reporting & Whistleblowing • Fraud & Corruption • Data Protection • Document Retention • Information Assurance. Contract-specific procedures will document the standards/requirements for IPES, including the evidence to support outcomes. We will track, evidence and submit claims for participants who are self-employed, and have been trading for no less than a cumulative period of either 91 or 182 days. Documentation will be submitted detailing what work has been undertaken, the place of work, and that they have complied with all relevant Universal Credit requirements for the self-employed e.g. the 'minimum income floor'. These procedures will apply across MDTs, defining clear audit trail requirements which will define targets/quality management. Our use of honorary contracts for JDPs ensures that all IPES staff adhere to central ST policies/procedures.

We will use a Multi-Platform System (MPS) to provide a secure mechanism for: • Storing data • Recording participant progress • Managing claims. The system has built-in workflows, compliance rules and automated error checks to ensure activity is documented/evidenced e.g. ID checked to evidence eligibility. Progression through the system is prevented if mandatory activities are incomplete e.g. weekly reviews. The system audit trail logs/user access controls ensure all data is traceable to reduce the risk of fraud.

MPS securely stores copies of original documents ensuring effective data storage that supports a robust audit trail of evidence. This includes: • Participant consent documentation • Attendance records • Action Plans • Recorded outcomes • Self-employment documents/records (evidence of trading). TMs, KWs and ST's Finance Team undertake compliance/accuracy checks of MPS data. This process forms part of the performance management/audit procedures, including cross checking wider evidence e.g. signed course attendance, to assure data accuracy.

The process includes embedded segregation of duties between staff e.g. KWs will undertake data inputting, TMs will validate/authenticate the data against pre-defined outcome specific checklists and ST's Finance Team will collate evidence and authorise claims. As a result, we can ensure payment validation before final submission to DWP IT systems, fraud prevention and compliance with DWP regulations/requirements.

In the event that potential fraud is identified, we will immediately notify DWP, commence internal investigations e.g. collection/examination of

written or recorded evidence, interviews with suspects/witnesses, and computer/network forensics. We will also consult with managers, human resources, legal personnel, and if appropriate, law enforcement. Swift and robust action will be undertaken as required with all investigation outcomes submitted to DWP for review with final conclusions and all remedial actions taken as a result.

**Invitation to Tender  
Response Template**

**Question 1.4.17**

**Implementation**

**IPES**

**Mini-Competition**

**Shaw Trust**

**CPA 5**

**Question 1.4.17 - Implementation**

Please provide an implementation plan in the form of a detailed Gantt Chart to be attached at **Appendix 5** showing the critical path and interdependencies with supporting narrative.

Please confirm you will be ready to receive first referrals from Jobcentre Plus on 2<sup>nd</sup> December 2019 and evidence how you will ensure the required standards for the contract are met from the start of referrals.

Your response should include as a minimum, but not be limited to:

- Confirmation of your ability to commence delivery on 2<sup>nd</sup> December 2019 (first referral date) and be ready to start providing services in Accordance with the Authority's requirements.
- Key milestones and timescales for activities including start and end dates for each activity and the position of the person responsible for each activity.
- The timeline for staff recruitment and training.
- The timeline and key activities to secure and set up your proposed delivery locations.
- A narrative to expand on the Implementation Plan which: identifies all key risks (e.g. delays to securing premises, recruiting staff, IT etc.); provides a RAG (Red, Amber, Green) rating for each of these; and explains how they will be mitigated and managed, including the timeframe for doing so to ensure that service delivery will commence on your proposed date.

Please note that a page limit does not apply to the implementation plan to be provided at **Appendix 5**.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **2** sides of A4, **excluding** the question text and these instructions.

**Question 1.4.17 - Implementation**

Shaw Trust (ST) is a national disability/employment charity with significant experience of implementing complex, multi-stakeholder DWP programmes e.g. the Work & Health Programme in 2 CPAs whilst maintaining high quality delivery of our Specialist Employment Service contract. Based on our tried-and-tested implementation processes and experience with similar programmes, we can confirm that we will be ready to receive first referrals from Jobcentre Plus from 2<sup>nd</sup> December 2019.

Commencement of service delivery (first referral date): ST will commence delivery of IPES on 2<sup>nd</sup> December 2019, this is mapped against implementation actions/ milestones (see Appendix 5 full implementation plan) and ensures we are delivering the service in accordance with the Authority's requirements. Our 4-phase approach to implementation, (ITT-Preparation-Mobilisation-Transition), begins at bidding stage and ensures later activity is kept on target with delivery ready to commence on Day 1. We have identified key work-streams (WS) with allocated leads who have prior experience of implementing similar-sized services. WS Leads report weekly to ST's Head of Change (HoC) and assess progress against targets/impact of upcoming activities, review risk logs to manage changing/emerging risks. Our HoC monitors/manages progress to ensure slippages do not affect the critical path, assigning additional resources and updating the Risk Register as required.

Key milestones and timescales: See Appendix 5 for ST's full implementation plan in the form of a Gantt chart showing the critical path and interdependencies. Examples of key milestones/timescales include:

**13/03/19-16/12/19 Delivery Model Preparation:** Introduction: a) Assessment tool available on Multi-Platform System (MPS) by 18/11/19. Lead: Change Office (CO) Analyst. b) Action Plan template loaded to MPS by 18/11/19. Lead: CO Analyst.

**09/01/19-03/06/20 Participant Journey Requirements:** Recruitment of IPES Contract Staff: All required roles offered by 23/09/19. Lead: Lead HR Business Partner (HRBP).

**18/03/19-13/12/19 Delivery Blueprint Requirements:** a) Build IPES MPS: IPES MPS build completed by 15/11/19. Lead: External Supplier - ICONI. b) BI&MI Reporting: Release reports & documentation by 29/11/19. Lead: Business Intelligence Analyst.

**16/08/19-22/01/20 Implementation Financial Requirements:** Set up online payments process to reimburse participant expenses by 09/09/19. Lead: Financial Business Manager.

**18/03/19-18/12/19 Risk & Quality Assurance:** Establishment of Quality Management & Audit regime: Create auditing toolkit that is sufficiently robust to provide assurance of effective programme delivery by 23/10/19. Lead: Head of Risk & Quality Assurance.

The escalation route for all these activities is to ST's HoC who reports to ST's Managing Director, Employability and is ultimately accountable for the successful implementation of IPES.

Staff recruitment and training: Our timeline for staff recruitment/training has been split into 3 phases: • **Phase 1:** ST's Contact Centre Advisor and IPES Contract Manager will be recruited/in place 2 weeks before contract commencement, to ensure they are trained and ready to receive participant referrals from Day 1. • **Phase 2:** We will ensure full CPA-wide coverage on Day 1 by recruiting 7 Multi-Disciplinary Teams (MDTs), these will be recruited for Go-Live. • **Phase 3:** Local/South London Team 2 and

Central/West London Team 2 will be recruited in month 9 of the contract. These 2 additional teams will be ready to commence delivery from month 10 according to the expected participant flow.

We will produce job descriptions/person specifications and undertake internal/external vacancy advertising. Phase 2 staff will be in post from day 1 and will undertake contract-specific training during the first week of delivery e.g. KPIs, ST Key Life Area assessment tool, MPS. As we are recruiting all frontline staff at the start of the contract we will be able to absorb higher than projected referrals without any disruption. This is as a result of staff being in place at Go-Live and receiving training in the first week of employment. Joint Delivery Partners (JDPs) will recruit their Key Workers (KWs), adhering to the above outlined timelines. As experts in their fields, they will have the necessary mechanisms to recruit KWs with required specialist skills relevant to their caseload.

Timeline/key activities to secure and set up delivery locations: See Appendix 5 for ST's full implementation plan with Gantt chart. Examples of timeline/key activities for our delivery locations include:

**13/03/19-20/03/19** Review of existing co-location sites in IPES CPA. Lead: Partnership Manager (PM).

**14/03/19** Ensuring existing co-location agreements suit needs of IPES participants and contract arrangements. Lead: PM.

**15/03/19** Review flows of participants at suitable co-location sites to ensure available capacity for inclusion of IPES. Lead: PM.

**18/03/29-19/03/19** Availability agreed to accommodate IPES participants at existing co-location sites. Lead: PM.

**20/03/19** Existing co-location sites confirmed. Lead: PM.

**21/03/19** London (South West) identified as requiring additional co-location sites to accommodate IPES. Lead: PM.

**26/08/19-13/09/19** New co-location sites confirmed. Lead: PM.

ST will deliver our IPES provision from both new outreach sites e.g., **REDACTED** Wandsworth, and existing co-location arrangements CPA-wide. There is relatively low activity required to enable full IPES provision because of our delivery of DWP Work & Health Programme.

Key risks and mitigations: ST has a robust approach to identifying and managing risks during the implementation of new contracts. We will work with our JDPs to produce a comprehensive Risk Register using a 3-tier traffic light system (RAG).

Examples of the anticipated key risks include (but are not limited to): • **Red Risk:** Inability to maintain effective partnerships/relationships with JDPs by Go Live. **Mitigation:** Ensuring that we finalise and sign contracts as soon as possible following award. • **Amber Risk:** Inability to attract/recruit/manage appropriate personnel to deliver the contract.

**Mitigation:** Clear job descriptions detailing role/skills/experience; salary review to ensure remuneration package is commensurate; existing talent pool engaged so that appropriately skilled staff may be able to transition into the new contract; Learning & Development Team enhancing existing/implementing new training to meet the needs of IPES. • **Green Risks:** Integration of multiple organisations into 1 MDT delivering a consistent and high quality service. **Mitigation:** Partnering with organisations who are experienced in MDT delivery and have been involved with the co-design of our IPES delivery model; using ST honorary contracts

to enable ST Team Managers to manage JDP KWs effectively; using a matrix management approach to provide integrated staff management, and robust contract management practices that align with Merlin standard principles.

**Question 1.5.2 - Delivering a Personalised Service Tender Assurance**

Provide an example of when you have delivered a personalised employment support service to a participant with complex needs and/or multiple barriers to work. **You should redact all participant personal data that you provide to DWP as part of your responses.** Your example should be drawn from your DWP Employment Programme Contract, and should include as a minimum:

- How you identified the complex needs and/or barriers to work;
- How you identified and allocated an advisor/member of staff with the appropriate skills and qualifications;
- The nature and extent of the tailored and in depth support you identified and provided;
- How you monitored and adapted the support over the full length of provision;
- How you ensured continuity of support for the participant;
- The progress that was made towards meeting the participant's complex needs and/or overcoming the participant's barriers to work;
- The overall outcome for the participant;
- The lessons you learnt and how you embedded these lessons into your ongoing delivery.

The answer to this Tender Assurance ITT Question will be included in the quality evaluation but will **not** be subject to Commercial Dialogue or open for amendment in the IPES Final Offer.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **2** sides of A4, **excluding** the question text and these instructions.

**Question 1.5.2 - Delivering a Personalised Service Tender Assurance**

**Section redacted in its entirety**

**Question 1.5.3 - Stakeholder Engagement & Management Process  
Tender Assurance Question**

Explain how you built strong working relationships with a network of diverse stakeholders to support the delivery of your DWP Employment Programme Contract. **You should redact all participant personal data that you provide to DWP as part of your responses.** Your response should include as a minimum:

- How you developed a knowledge of national and local stakeholders and identified which of the stakeholders' services were relevant to the participants under the programme;
- How you ensured participants, across the entire geographical area of your DWP Employment Programme Contract, were able to access support from stakeholders;
- How you identified any risks and challenges in the operation of the stakeholder network and how you responded to ensure delivery was not adversely affected;
- The lessons you learnt and how you embedded these lessons into your ongoing delivery.

The answer to this Tender Assurance ITT Question will be included in the quality evaluation but will **not** be subject to Commercial Dialogue or open for amendment in the IPES Final Offer.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **2** sides of A4, **excluding** the question text and these instructions.

**Question**

**Section redacted in its entirety**

**Question 1.5.4 - Jobcentre Plus Engagement Process Tender Assurance Question**

Explain how you developed and maintained a strong relationship with Jobcentre Plus in order to assist in the delivery of services to participants under your DWP Employment Programme Contract. **You should redact all participant personal data that you provide to DWP as part of your responses.** Your response should include as a minimum:

- How you worked with Jobcentre Plus in order to obtain a clear understanding of participants needs and/or barriers to work;
- How you supported participants during the transition from Jobcentre Plus to your organisation in order to foster the confidence of participants;
- How you ensured ongoing interventions with Jobcentre Plus were tailored and meaningful in order to improve the support provided to participants;
- The steps you took to ensure services could continue to be delivered to participants during periods when Jobcentre Plus was less able to provide support (e.g. due to pressures on Jobcentre Plus resources, system outages, etc.);
- The lessons you learnt and how you embedded these lessons into your ongoing delivery.

The answer to this Tender Assurance ITT Question will be included in the quality evaluation but will **not** be subject to Commercial Dialogue or open for amendment in the IPES Final Offer.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **2** sides of A4, **excluding** the question text and these instructions.

**Question**

**Section redacted in its entirety**

**Question 1.5.5 - Employer Engagement Process Tender Assurance Question**

Explain:

- i. how you successfully engaged with national employers in order to support participants to find work, and
- ii. how you successfully engaged with local employers in order to support participants to find work.

Each response should be drawn from your DWP Employment Programme Contract, and should include as a minimum:

- How you engaged with the employers;
- How you selected employers and ensured employers would be appropriate for each participant;
- How your organisation worked with employers to support participants while the participants were in work in order to ensure employment was sustained;
- The lessons you learnt and how you embedded these lessons into your ongoing delivery.

**You should redact all participant personal data that you provide to DWP as part of your responses**

The answer to this Tender Assurance ITT Question will be included in the quality evaluation but will **not** be subject to Commercial Dialogue or open for amendment in the IPES Final Offer.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **3** sides of A4, **excluding** the question text and these instructions.

**Question 1.5.5 - Employer Engagement Process Tender Assurance  
Question**

**Section redacted in its entirety**

**Question 1.5.6 - Service Delivery – Adapting to Change Tender Assurance Question**

Provide an example of when you have successfully adapted your delivery and/or business model to respond to significant changes in external factors outside of your control (e.g. changes relating to politics, local demographics, or the economy). Your example should be drawn from your DWP Employment Programme Contract, and should include as a minimum:

- The process you followed to deliver that response effectively;
- The risks associated with the process which you used;
- How you ensured your delivery of services to participants was not affected;
- How you ensured you continued to meet the performance and service levels of your DWP Employment Programme Contract;
- The timeframes in which you managed the change;
- The lessons you learnt and how you embedded these lessons into your ongoing delivery.

**You should redact all participant personal data that you provide to DWP as part of your responses**

The answer to this Tender Assurance ITT Question will be included in the quality evaluation but will **not** be subject to Commercial Dialogue or open for amendment in the IPES Final Offer.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **2** sides of A4, **excluding** the question text and these instructions.

**Question 1.5.6 - Service Delivery – Adapting to Change Tender  
Assurance Question**

**Section redacted in entirety**

**Question 1.5.7 - Performance Management – Continuous Improvement  
Tender Assurance Question**

- i) Explain what steps you took, under your DWP Employment Programme Contract, to continuously improve the ways in which you delivered the contractual services to participants throughout the entire contract period, and how this directly contributed to performance improvement (i.e. improvement to contractual Minimum Performance Levels (MPLs) / Key Performance Indicators (KPIs)).

Your response should include as a minimum:

- How you identified the area(s) where changes could be made in order to improve service delivery and performance;
- The process you adopted for implementing the changes needed to improve service delivery and performance;
- How you monitored the effect of the changes you made;
- The lessons you learnt and how you embedded these lessons into your ongoing delivery.

- ii) Provide an example of how you recovered performance after a significant failure to meet contractual Minimum Performance Levels (MPLs) / Key Performance Indicators (KPIs), this must demonstrate a failure that resulted in you implementing internal performance improvement activity. Your example should be drawn either from your DWP Employment Programme Contract, or another contract that you hold with DWP for the delivery of employment related services.

Your example should include as a minimum:

- How you identified the nature and scale of the underperformance;
- The approach you took to improve performance and the timescales that were involved
- How you monitored progress and the reporting arrangements you put in place
- The lessons you learned and how you embedded these lessons into your on-going delivery

**You should redact any participant personal data that you provide to DWP as part of your response.**

The answer to this Tender Assurance ITT Question will be included in the quality evaluation but will **not** be subject to Commercial Dialogue or open for amendment in the IPES Final Offer.

Present your response **at the top of a new page**, within these preset margins in Arial font size 12 up to **4** sides of A4, **excluding** the question text and these instructions.

**Question 1.5.7 - Performance Management – Continuous Improvement  
Tender Assurance Question**

**Section redacted in entirety**