

## **Reducing Parental Conflict Programme Face to Face Provision**

### **Specification**

UI\_DWP\_101975

**Please note that this Specification is for the re-opened tender for CPA 2 and CPA 3 launched on the 3rd October 2018. Please note the highlighted areas reflect the changes to the Specification**

**This Specification must be read with the Note to Bidders v2 and Instructions to Bidders (ITB v6)**

**This version is for new Bidders**

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## 1 Glossary/Definitions

|  |   |
|--|---|
| <b>Completion of the Intervention</b>    | Prime Providers will be eligible to claim a completion outcome and update PRaP, when the relevant Intervention has concluded and a minimum of 80% attendance by the Participant has been achieved and has been documented in the Intervention Plan and signed by both Provider and the Participant. |
| <b>Contract</b>                          | The contract between the Authority (DWP) and the Prime Provider in relation to the delivery of the F2F Provision.   |
| <b>Contract Commencement Date</b>        | The date the Contract commences, which is currently anticipated to be on <b>01 April 2019</b> .   |
| <b>Contract Package Area (CPA)</b>       | Contract Package Area is the term used to describe the geographic areas the F2F Provision will cover, as detailed in Annex 2.   |
| <b>Customer Service Standards</b>        | The service levels (including those set out in this Specification) to be met by the Prime Provider in delivering the Interventions and services under the Contract, as more particularly defined in the Contract.   |
| <b>Disadvantaged</b>                     | A person in unfavourable circumstances, especially with regard to financial or social opportunities.  |
| <b>F2F Provision</b>                     | The provision of F2F services, through providing Interventions for Workless Parents/Workless Households and other Parents identified as Disadvantaged by LAs in the four CPAs, delivered as part of the Programme.  |
| <b>Follow-up Questionnaire</b>           | Questionnaire administered to Participants by external research providers following their participation on the F2F Provision.   |
| <b>Frontline Practitioner</b>            | LAs and Local Partners, including those who work in front line services, such as health visitor and early years' services, who are associated with the Local Authority.   |
| <b>High Intensity Intervention (HII)</b> | An Intervention providing a high intensity level of support.  |
| <b>Initial Assessment (IA)</b>           | The initial assessment meeting between the Provider and Participant, following the Provider Acceptance, during which the Intervention Plan is completed and signed.   |

|  |  |
|--|--|
| <b>Initial Assessment Questionnaire</b>      | Questionnaire administered by the Provider with the parent as part of their Initial Assessment, for the purposes of gathering evaluation data.   |
| <b>Intact couples</b>                        | Expectant parents and Parents, whose youngest child is 18 or younger, or whose youngest child is disabled (under the Disability Act) and aged 25 or under who define themselves as being in a relationship.        |
| <b>Intervention</b>                          | The 8 F2F interventions to address Parental Conflict that will be provided by the F2F Provision.   |
| <b>Intervention Plan</b>                     | Document that specifies each element of activity a Participant will undertake, including attendance.   |
| <b>LA Referral</b>                           | The referral of Participants by the Lead LA, following engagement between the Participants and the Frontline Practitioner, via PRaP to DWP.  |
| <b>Lead LA</b>                               | The lead LA in the CPA that will act as the formal Referral Gateway and will work collaboratively with Providers, the Authority (DWP) and the LAs to deliver the F2F Provision, as detailed in this Specification. |
| <b>Local Partners</b>                        | Local businesses that work with the LA or Provider.  |
| <b>Management Information (MI)</b>           | The management information required to be provided by the Prime Provider to the Authority, as detailed in the Specification and Contract.  |
| <b>Minimum Performance Levels</b>            | The minimum levels of performance expected of Providers in delivering the F2F Provision, as detailed in the Specification and Contract.  |
| <b>Moderate Intensity Intervention (MII)</b> | An Intervention providing a moderate intensity level of support.   |
| <b>Parent(s)</b>                             | This term includes biological parents and also individuals other than biological parents who have caring responsibilities for children e.g. stepparents, adoptive or foster parents, guardians, etc.               |
| <b>Parental Conflict</b>                     | Relationship distress and/or destructive behaviours between Parents, including aggression, non-verbal conflict or the 'silent treatment', lack of respect and emotional control and lack of resolution.            |
| <b>Participants</b>                          | The Parents or expectant parents who have been identified by Frontline Practitioners as individuals that may potentially benefit from the F2F Provision support and eligible for the Intervention.                 |
| <b>Participant Start or Start</b>            | A Participant will be deemed to have started on the F2F Provision once a Provider has:   |

|                                      |  |
|--------------------------------------|--|
|                                      | <ul style="list-style-type: none"> <li>completed the Provider Acceptance;</li> <li>undertaken the Initial Assessment; and</li> <li>documented and signed the Intervention Plan (incorporating the 50% mid-point of the high intensity Interventions) with the Participant.</li> </ul> <p>The Participant Start date will be the date on which the Participant attended the Initial Assessment.</p> <p>Once the Participant has started, Prime Providers are required to record the Participant Start date on PRaP.</p> |
| <b>Performance Improvement Plan</b>  | The plan agreed in accordance with the Contract to support continuous improvement and monitor agreed performance improvement actions, which includes a PAT Action Plan, as more particularly defined and detailed in the Contract.   |
| <b>Phase One Intervention Type</b>   | Intervention types that have previously been delivered in the UK and for the purposes of the F2F Provision will be delivered within three months of the Contract Commencement Date.  |
| <b>Phase Two Intervention Type</b>   | Intervention types that have not previously been delivered in the UK and for the purposes of the F2F Provision will be delivered within nine months of Contract Commencement Date.   |
| <b>Post Assessment Questionnaire</b> | Questionnaire administered by Providers with the Participant at the end of their participation on the Intervention, for the purposes of gathering evaluation data.   |
| <b>PRaP</b>                          | The Provider Referrals and Payment system or the equivalent DWP system.  |
| <b>Prime Provider</b>                | An organisation that enters into the Contract with the Authority to deliver the Interventions and F2F Provision services directly and/or via a network of sub-contractors or a combination of both.  |
| <b>Programme or RPCP</b>             | The overall Department for Work and Pensions (DWP) Reducing Parental Conflict Programme, of which the F2F Provision forms one part.  |
| <b>Programme</b>                     | The overall DWP Reducing Parental Conflict Programme, of which the Face to Face provision forms one part.  |
| <b>Provider Acceptance</b>           | The acceptance by the Prime Provider of a Referral by acknowledging the Referral on PRaP.  |

|   |   |  |
|---|---|--|
| <b>Provider Guidance</b>  | Detailed guidance and information (including processes) provided by DWP to support the successful Prime Providers in delivering the contracted service, which includes Generic Provider Guidance (as updated from time to time) and the RPC Provider Guidance.  |  |
| <b>Providers(s)</b>   | The generic term used to describe providers providing the Interventions. This includes all sub-contractors involved in service delivery under the Prime Provider procurement model.   |  |
| <b>Referral</b>   | The referral of an individual by the Authority to the Prime Provider (whether directly or following receipt of an LA Referral), which takes place at the point when a representative of the Authority enters the referral into PRaP ready for automated transmission of the referral notification and purchase order to the Prime Provider. |  |
| <b>Referral Date</b>  | The date of the Referral.<br><br>Please Note: The Referral will not be available to the Prime Provider in PRaP until the day following the Referral Date.   |  |
| <b>Referral Stage Questionnaire</b>   | Questionnaire administered by the Frontline Practitioner with Parents who have been identified as Participants. The questionnaire is for the purposes of gathering evaluation data and includes questions to enable screening of the Intervention Level required by the Parents.  |  |
| <b>Relationship distress</b><br><br>A child is defined as living in a family experiencing relationship distress if: | <b>Intact couples</b><br><br>If Intact couples experience any of the following:   | <ul style="list-style-type: none"> <li>• Interactions are hostile, aggressive, &amp; lack affection.</li> <li>• Life ambitions do not align, infrequent collaboration.</li> <li>• General unhappiness in the relationship.</li> <li>• Regular arguments between Parents i.e. about parenting or money, and taking place in front of their children.</li> </ul> |
|   | <b>Separated parents</b><br><br>If Separated parents experience either of the following:  | <ul style="list-style-type: none"> <li>• Unable to discuss parenting calmly or without conflict.</li> <li>• Unsupportive of each other as Parents.</li> </ul>  |

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|                           |  |   |
|---------------------------|--|---|
|                           |  | <ul style="list-style-type: none"> <li>• Low levels of satisfaction with the parenting arrangements / dynamic.</li> <li>• Regular arguments between Parents.</li> </ul> |
| <b>Separated parents</b>  | Expectant parents or Parents whose youngest child is 18 or younger, or whose youngest child is disabled (under the disability act) and aged 25 or under, who define themselves as not being in a relationship. |   |
| <b>Workless Household</b> | The resident(s) (18 and above) is/are not in paid work at the point of the Referral.   |   |
| <b>Workless Parent(s)</b> | The Parent(s) is/are not in paid work at the point of the Referral.  |   |

## 2 Abbreviations

| Abbreviation | Description                                 |
|--------------|---|
| CHES         | Contracted Health and Employment Services   |
| CPA          | Contract Package Area                       |
| CSS          | Customer Service Standards                  |
| DBR          | Detailed Business Requirements              |
| DNA          | Did Not Attend                              |
| DNS          | Did not start (provision)                   |
| DWP          | Department for Work and Pensions            |
| EWC          | Expected Week of Confinement                |
| F2F          | Face to Face provision                      |
| FLP          | Frontline Practitioners                     |
| GDPR         | General Data Protection Regulation          |
| IA           | Initial Assessment                          |
| IAPT         | Individual Access to Psychology Therapy     |
| ICO          | Information Commissioner's Office           |
| ICE          | Independent Case Examiner                   |
| ILHWF        | Improving Lives, Helping Workless Families  |
| ItT          | Invitation to Tender                        |
| JCP          | Jobcentre Plus                              |
| LA           | Local Authority                             |
| LMS          | Labour Market System                        |
| MAPPA        | Multi-agency public protection arrangements |
| MATB1        | Maternity Certificate                       |
| MOU          | Memorandum of Understanding                 |
| MPLs         | Minimum Performance Levels                  |
| NRP          | Non-Resident Parent                         |
| PAT          | Provider Assurance Team                     |
| PGP          | Pretty Good Privacy                         |
| PM           | Performance Manager                         |
| PMO          | Programme Management Office                 |
| PRaP         | Provider Referrals and Payment              |
| RPCP         | Reducing Parental Conflict Programme        |
| RS           | Relationship Support                        |
| SCR          | Special Customer Records                    |
| SPOC         | Single Point of Contact                     |
| T&Cs         | Terms and Conditions                        |

### 3 Introduction

- 3.1 This Specification sets out the delivery requirements which apply to the Department for Work and Pensions (DWP), Reducing Parental Conflict Programme (RPCP) of which Face to Face (F2F) provision is one strand. The DWP are inviting tenders, in line with this Specification to deliver evidence based Face to Face Interventions to reduce Parental Conflict.
- 3.2 Local Authorities have been consulted as part of the development of this Specification to understand common needs across areas as well as the need to provide for local priorities.
- 3.3 One contract in each Contract Package Area will be awarded to the bidder who meets the selection criteria and who submits the most economically advantageous tender for that CPA. Providers will only be eligible to win contracts in a maximum of 2 CPAs as a prime provider. There will be an emphasis on quality over price when identifying the most economically advantageous tender.
- 3.4 The F2F Provision aims to ensure evidence based Interventions are more widely available to ultimately improve children's outcomes, building capacity and supply in the sector. The autumn 2017 budget statement announced an increase in the funding available for the Programme overall to up to £39 million until 2021. The F2F Provision element of the Programme has a budget of £11.6m.
- 3.5 **DWP intend to award the Contracts in March 2019 with first Referrals taking place by July 2019. Referrals will end on 30 June 2021.** DWP will retain the option to extend the Contract for up to 2 years subject to the Authority's review process of the Programme as a whole. Delivery details and timings can be found at para 5.14.
- 3.6 In order to improve outcomes among the most Disadvantaged children in England, the aim of the Programme is to improve the evidence base around the effectiveness of reducing Parental Conflict, or resolving conflict in the inter-parental relationship, by supporting Parents, (including Intact couples and Separated parents) in the specified target group through Interventions, resulting in:
  - Improvement in the level of Parental Conflict - It is anticipated that Participants who complete their Interventions will achieve a reduction in their level of Parental Conflict.
  - Testing and evaluation of a wider range of Interventions, including those new to the UK market, to identify what works to inform future local commissioning of services to reduce Parental Conflict.

### 4 About the Reducing Parental Conflict Programme – F2F Provision

- 4.1 The policy intent of the F2F provision is to create new markets for F2F services for Workless Parents, (both Intact couples and Separated parents) and other Parents identified as Disadvantaged by LAs in four CPAs. Each CPA will consist of a Lead LA partnered with several others in their immediate geographical area. The F2F Provision CPAs will be Dorset, Gateshead, Hertfordshire and Westminster, Annex 2 provides a complete breakdown of each CPA.
- 4.2 The expected outcomes are for the F2F Provision to:
  - Introduce F2F evidence-based Interventions which reduce Parental Conflict and improve outcomes for children;
  - Focus support on Workless Parents and other Parents identified as Disadvantaged by LAs;

- Grow and embed the choice of evidence based interventions to reduce Parental Conflict;
- Build volume and geographical spread of supply and explore what is effective for this target group; and
- Provide insight, learning and evaluation to understand which Interventions work when supporting Parents who are experiencing Parental Conflict and to ultimately improve children’s outcomes.

## 5 The Service Requirement

### Interventions

5.1 The F2F Provision will be delivered through the Interventions to address Parental Conflict using a mix of group workshops and couple sessions supporting either Separated parents or Intact couples. The **eight** Interventions are listed below and will support parents to address the issues inter-parental conflict can cause the child:

- Level 5 Enhanced Triple P – (including core pre-entry/gateway modules as required)
- The Incredible Years, including Advanced Programme
- Parents in Dispute: Mentalization Based Therapy – Parenting Together
- Level 5 Family Transitions Triple P
- Parents Plus – Parenting when Separated
- Within My Reach
- Family Check-Up
- 4 R’s 2 S’s Family Strengthening Programme

**Note: See Annex 1 for further details of the Interventions.**

### Intervention Levels

5.2 The **eight** Interventions are assessed to provide two different levels of support as follows:

- Moderate intensity
- High intensity

| Moderate Intensity Interventions (MII)  | High Intensity Interventions (HII)                                   |
|---|--|
| Within my Reach                         | Parents in Dispute: Mentalization Based Therapy – Parenting Together |
| Family Check Up*                        | Level 5 Enhanced Triple P  |
|   | The Incredible Years, including Advanced Programme                   |
| Parents Plus – Parenting when Separated | “4Rs 2Ss” Family Strengthening Programme*                            |
|   | Level 5 Family Transitions Triple P                                  |
| *not currently delivered in the UK      |  |

- 5.3 Specific questions (within the Referral Stage Questionnaire) completed by Parents with Frontline Practitioners (FLPs) will measure levels of Parental Conflict. These questions will perform a screening function and determine the level of Intervention intensity required.
- 5.4 The MII and HII will have their own payment models.

**Implementation of Interventions**

5.5 It is recognised that every Intervention type will need an implementation period to allow Providers, LAs and DWP to prepare for commencing service delivery to Participants. The maximum implementation period from the Contract Commencement Date to commencement of delivery of the Interventions will be three months for Phase One Intervention Types and nine months for Phase Two Intervention Types, as they are not currently delivered in the UK, to allow for sufficient preparation and training of staff. The table below identifies the maximum implementation period for each Intervention.

| Phase One Intervention Type<br>(Three Month Implementation Period)   | Phase Two Intervention Type<br>(Nine Month Implementation Period)   |
|--|---|
| <ul style="list-style-type: none"> <li>• Level 5 Enhanced Triple P</li> <li>• Level 5 Family Transitions Triple P</li> <li>• The Incredible Years, including Advanced Programme</li> <li>• Parents in Dispute: Mentalization Based Therapy - Parenting Together</li> <li>• Parents Plus – Parenting when Separated</li> <li>• Within my Reach</li> </ul> | <ul style="list-style-type: none"> <li>• Family Check-Up</li> <li>• “4Rs 2Ss” Family Strengthening Programme</li> </ul> |

**Intervention type per CPA**

5.6 It is a goal of the F2F Provision to ensure a diverse mix of Intervention types are evaluated and that all Participants (Intact couples and Separated parents) are supported. This also needs to be done whilst ensuring adequate volumes of Participants undertake individual Interventions to ensure they are viable for evaluation purposes and cost effective for Prime Providers. To facilitate this DWP and LA clusters have chosen a package of Interventions for each CPA, which aims to support local needs, take into account time to implement, and assist viability of delivery.

| Contract Package Area | Phase One Intervention Type<br>(3 month Implementation)  | Phase Two Intervention Type<br>(9 month Implementation)             |
|-----------------------|--|---|
| Dorset                | <ul style="list-style-type: none"> <li>• Level 5 Family Transitions Triple P</li> <li>• The Incredible Years, including Advanced Programme</li> <li>• Within my Reach</li> </ul> | <ul style="list-style-type: none"> <li>• Family Check-Up</li> </ul> |
| Gateshead             | <ul style="list-style-type: none"> <li>• Parents in Dispute: Mentalization Based Therapy – Parenting Together</li> </ul>   | <ul style="list-style-type: none"> <li>• Family Check-Up</li> </ul> |

|               |   |   |
|---------------|---|---|
|               | <ul style="list-style-type: none"> <li>• Parents Plus – Parenting when Separated</li> <li>• The Incredible Years, including Advanced Programme</li> </ul>                   |   |
| Hertfordshire | <ul style="list-style-type: none"> <li>• Parents Plus – Parenting when Separated</li> <li>• Parents in Dispute: Mentalization Based Therapy – Parenting Together</li> </ul> | <ul style="list-style-type: none"> <li>• 4Rs 2Ss Family Strengthening Programme</li> <li>• Family Check-Up</li> </ul> |
| Westminster   | <ul style="list-style-type: none"> <li>• Level 5 Family Transitions Triple P</li> <li>• Within my Reach</li> <li>• Level 5 Enhanced Triple P</li> </ul>                     | <ul style="list-style-type: none"> <li>• Family Check-up</li> </ul>   |

## Eligibility

5.7 The specific eligibility requirements are:

- A Parent whose youngest child is 18 or younger, or whose youngest child is disabled (under the disability act) and aged 25 or under who is experiencing Parental Conflict
- Expectant mothers and fathers where a maternity certificate MATB1 has been issued confirming the Expected Week of Confinement (EWC) and,
- The Parent is resident in the relevant Contract Package Area; and
- The child/children reside with the Parent at least 50% of the time.

5.8 Up to 20% of referrals identified by the LA, based on local knowledge and need, will be Disadvantaged Parents from working households. The remaining majority of LA Referrals will be Parents from Workless Households, who will be required to meet the Workless Household eligibility criteria, namely:

- The child/children is/are living in a Workless Household (as defined in the glossary) at the date of the LA Referral.

5.9 The Workless Household eligibility will also apply where Participants are Separated parents and one Parent is part of a Workless Household but the other Parent is not, as long as the child is resident in the Workless Household at least 50% of the time, then both Parents are eligible for the F2F Provision.

5.10 For all Referrals as a condition of participation Participants must also:

- Sign a consent form to participate;
- Consent to sharing their data with DWP for the purposes of programme/contract management and programme evaluation; and
- Complete a Referral Stage Questionnaire.

**Please note:** Parents identified by the LA as experiencing domestic abuse are not eligible for the F2F Provision and should be offered alternative appropriate support by the LA as per their usual processes. The F2F Provision is designed to complement rather than replace existing LA support. Participation on any other DWP provision or support being provided through the Troubled Families provision does not affect eligibility to the F2F Provision provided the

individual meets the eligibility criteria defined. If you become aware through the course of the Intervention that there is a potential risk of domestic abuse to the other parent or child, you should inform the Lead LA for the appropriate referrals to be made to ensure the family receive suitable support and minimise the risk of potential further abuse.

5.11 FLPs will be required to ask Parents to confirm and report that they meet the specific eligibility requirements. Participants will need to confirm and sign a declaration that they meet the eligibility criteria.

### Referrals

5.12 Following engagement between the Participants and the Local Authority, or their FLP, all referrals are made by the LA via the CPA lead LA (Gateway referral) to DWP.

5.13 Specific questions within the Referral Stage Questionnaire completed by Parents with FLPs will measure levels of Parental Conflict. These questions will perform a screening function and determine the level of Intervention intensity required. After this, the LA Referral will be submitted.

**Please Note:** Whilst the vast majority of Referrals will be made through PRaP during the F2F Provision delivery period, there may be a need for a very small number of Referrals to be made clerically, not through PRaP e.g. MAPPA or Special Customer Records (SCR). Further information regarding SCRs is available in Chapter 2 of DWP Generic Provider Guidance [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/278159/pg-chapter-2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278159/pg-chapter-2.pdf).

### Delivery and Timings

5.14 The F2F Provision Contracts are anticipated to commence from **01 April 2019**. The service to Participants will begin after a maximum implementation period, determined by whether the Intervention has been delivered in the UK previously (Phase One Intervention Type) or not (Phase Two Intervention Type), as detailed at paragraphs 5.5 and 5.6. A summary of delivery timings is as follows:

|   |  |
|---|--|
| Contract Commencement Date:   | <b>01 April 2019</b>                     |
| Maximum Implementation Period dates for Phase One Intervention Types:                   | <b>01 April 2019 to 30 June 2019</b>     |
| F2F Provision for Phase One Intervention Types Referral Period Start Date commences by: | <b>01 July 2019</b>                      |
| Maximum Implementation Period dates for Phase Two Intervention Types:                   | <b>01 April 2019 to 31 December 2019</b> |
| F2F Provision for Phase Two Intervention Types Referral Period Start Date commences by: | <b>02 January 2020</b>                   |
| Last Referrals to F2F Provision by the Referral Period End Date:                        | <b>30 June 2021*</b>                     |
| All Participants end F2F Provision by Services Cessation Date:                          | <b>30 October 2021</b>                   |
| Prime Providers submit all invoices by:   | <b>20 November 2021</b>                  |

\*(Referrals to Interventions lasting longer than 4 months will need to be made prior to this date to ensure concluded by the Services Cessation Date – **30 October 2021**)

5.15 If the Prime Provider is happy that implementation has been successfully completed before the date for commencing delivery of the relevant Intervention, they can, with the agreement of DWP and the Lead LA start delivering the Intervention and F2F Provision to Participants sooner.

5.16 The F2F Provision will be delivered in the four CPAs set out in paragraphs 4.1 and 5.6 above.

5.17 Annex 2 details the Lead LAs and LA clusters that make up the CPAs.

### Business Volumes

5.18 In discussion with DWP, each CPA provided an estimate of the number of eligible Participants they expected to be able to start an Intervention following a Referral over the life of the Contracts, which are as follows:

- CPA totals: 6870 individuals.
  - Dorset total: 1060
  - Gateshead total: 2120
  - Herts total: 1890
  - Westminster total: 1800

5.19 Business volumes will be managed between DWP and Local Authorities, as far as practically possible, to enable as close to a 50% 50% split for Moderate and High Intensity Interventions across all CPAs.

\*Indicative volumes only

|                 | Westminster | Herts | Gateshead | Dorset |
|-----------------|-------------|-------|-----------|--------|
| <b>Referred</b> | 2,400       | 3,150 | 2,830     | 1,630  |
|                 | 75%         | 60%   | 75%       | 65%    |
| <b>Start</b>    | 1,800       | 1,890 | 2,120     | 1,060  |

### Process Requirements

5.20 A Parent interacts with the FLP. The FLP identifies that the Parent is potentially eligible for the F2F Provision.

**Please note:** These Parents may have been identified by a Provider through local events and advertising, and signposted to the LA to confirm eligibility and identity and to complete the Referral process.

5.21 The FLP will confirm if the Potential Participant is a Separated parent or part of an Intact couple. They will complete the Referral Stage Questionnaire. Specific questions within the Referral Stage Questionnaire will measure levels of Parental Conflict. These questions will perform a screening function and determine the level of Intervention intensity required (i.e. MII or HII) or that no Intervention is suitable/available.

- 5.22 If the Participant fails to complete these actions they will fail to meet the eligibility requirements and will not be referred to the F2F Provision.
- 5.23 Once the Referral Stage Questionnaire (including screening function) and applicable forms are complete the LA will:
- Notify the Prime Provider of the imminent Referral and send a copy of the Participant's Referral Stage Questionnaire to help the Prime Provider be in a position to confirm Provider Acceptance within the requisite timescale (within three working days of issue of the Referral), and
  - Pass these to their CPA Lead LA (Referral Gateway team) who will check and send these to DWP.

The DWP central team will check DWP systems and make a Referral for the appropriate type of Intervention (MII or HII), based on the intensity of support identified by the LA in the Referral Stage Questionnaire for the Participant. This will send a notification to the Prime Provider and will enable the Provider to confirm Provider Acceptance and commence delivery of the Intervention and agree a start date with the Participant(s).

**Please note:** A Provider cannot commence the Intervention until the relevant Referral has been made and Provider Acceptance received. The Prime Provider must accept the Referral unless the Participant does not meet the clinical requirement of the Intervention.

- 5.24 The intensity level of Intervention is determined by the LA via the output of the relevant questions (i.e. screening function) within the Referral Stage Questionnaire. This is the minimum level of support that the Prime Provider MUST provide for this Participant. If the Prime Provider determines that a HII may be beneficial they can provide this but at their own cost. In these circumstances the Prime Provider may only claim costs for the MII outcome. In no circumstances can a lower level of support be provided than that which has been determined by the LA.
- 5.25 The Provider Acceptance is to be provided within 3 working days of issue of the Referral and the Prime Provider should contact the Participant to arrange an Initial Assessment (IA). The IA must take place within five working days of the Provider Acceptance, therefore contact should be made with the Participant as soon as possible.
- 5.26 At the IA the Provider is to review the Participant's requirements and advise on the most appropriate Intervention for that Participant based on the outcome of the Referral Stage Questionnaire determined by the LA and the Interventions provided in that CPA at that intensity level. At this stage the Provider will also be required to ask Participants to complete an Initial Assessment Questionnaire to collect information on the Participant for the purposes of the evaluation, record this onto the appropriate data collection tool (to be advised by DWP) and then transfer to DWP. The Provider must also ensure the Intervention meets the needs of the Participant e.g. language.
- 5.27 The Provider also agrees attendance and a start date with the Participant at the IA for the chosen Intervention, within five working days of the IA, and records this in the Intervention Plan (documenting the Intervention and for HII the 50% mid-point). The Intervention Plan needs to be signed by the Prime Provider and the Participant. You must send a copy of the Intervention Plan to both the LA and DWP and then update PRaP.

**Please note:** Where a participant attends the IA but decides not to commence the Intervention and a Start has not been recorded on PRaP, then that place on the F2F Provision can be offered to an alternative Participant. However, once a Start has been recorded on PRaP and the Participant has commenced on the Intervention but subsequently decides to no longer engage or attend, then that place on the F2F Provision cannot be offered to another Participant.

5.28 On Completion of the Intervention the Provider updates the Intervention Plan and must ask Participants to complete the Post Assessment Questionnaire. The completed signed Intervention Plan must be shared with DWP and the LA within five working days of the Intervention ending. The questionnaire should be completed in person wherever possible. Where this is not possible the Provider must give Participants the opportunity to complete the questionnaire by another means and return to the Provider for the Prime Provider to record onto the appropriate data collection tool and then transfer to DWP. If necessary they should do this with support from the LA.

5.29 Any Participants that leave during the course of the Intervention must be given the opportunity to complete the Post Assessment Questionnaire in line with the approach set out above.

### **Evaluation Data Collection**

5.30 Alongside the externally commissioned evaluation, DWP require specific data to be collected on Participants involved in the programme. DWP will need to collect data from Participants through a series of questions in order to gather information on their characteristics e.g. demographic details, relationship status, family characteristics, support received through Intervention. This will enable DWP to undertake data analysis for the evaluation, and understand the characteristics of Participants taking up and completing the Interventions. The aim is to ensure that a standard set of robust and consistently collected data on Participants and Interventions is collected. (See Annex 6 for the list of proposed evaluation MI requirements)

5.31 Participants will be asked to complete a set of questions on Parental Conflict, both before and after completing the F2F Provision. These questions are designed to robustly determine the intensity of Parental Conflict in the inter-parental relationship. The aim is to ensure that these questions are consistently administered by Providers and Local Authority FLPs across the different CPAs, to systematically assess Participants' levels of Parental Conflict. At the Referral Stage Questionnaire (completed by Participants with support if required from Front-line Practitioners) these questions are also used to determine the level of Intervention intensity that the Participant will receive i.e. Moderate Intensity Intervention or High Intensity Intervention.

5.32 In addition, some limited background information will be collected directly from Participants by FLPs and Providers.

5.33 These evaluation data requirements will be collected at four stages of the Participant journey:

### **Stage 1 – Referral Stage Questionnaire**

- 5.33.1 The Referral Stage Questionnaire will be distributed by FLPs at the start of Participants' involvement in the F2F Provision. Participants will be expected to complete this individually with guidance from the FLP, who will then need to record this onto the appropriate data collection tool (to be advised by DWP) and then transfer it to DWP. DWP have estimated that the Referral Questionnaire will take approximately 15 minutes to complete.
- 5.33.2 Successful bidders and LAs will be provided with a copy of the final Referral Questionnaire, once appointed. The examples in Annex 5 show the scope and type of screening function questions that will be asked of Participants at the beginning of the process, however the questions provided are subject to change following testing. A Referral Questionnaire is also being developed for Separated parents. DWP expect that it will be broadly of equivalent length to the Referral Questionnaire for Intact couples.

### **Parental Conflict questions and screening function:**

- 5.33.3 The data from the Parental Conflict questions specifically will be used to ensure that there is a systematic way of measuring whether Parents are in Parental Conflict and the level of their Parental Conflict, to enable them to be referred to the appropriate broad categories of the F2F Provision (i.e. either MII or HII).
- 5.33.4 The scores derived from the questions that provide this screening function provide an indication of the level of intensity of Parental Conflict in the inter-parental relationship. By developing thresholds (using data from previous studies), the LA will be able to determine which Parents have high and moderate levels of Parental Conflict as well as those who fall below these thresholds, and so should not be referred to the F2F Provision. Prime Providers will be notified by DWP the relevant intensity level Intervention recommended, either HII or MII, as identified by the LA based on the outcome of Referral Stage Questionnaire screening as part of the Referral.
- 5.33.5 The set of Parental Conflict questions included have been developed from existing questionnaires aimed at assessing couple relationship issues, which have already been tested for use with adults experiencing Relationship Distress. The questionnaires are designed to measure changes in aspects of parental relationship quality which are relevant for outcomes for children (e.g. their emotional, behavioural, social and academic development).
- 5.33.6 DWP will be conducting testing of the Referral Stage Questionnaire to determine whether the question wording may need to be adapted for the targeted group of the F2F Provision, ease of use/administration and length of completion.

### **Stage 2 - Initial Assessment Questionnaire**

- 5.33.7 This will be administered to Participants by Providers as part of the Initial Assessment and will include basic demographic information as well as wider outcome measures
- 5.33.8 As part of the Initial Assessment with Participants we expect Providers to administer the 10-15 minute Initial Assessment Questionnaire, which is currently in development. The Initial Assessment Questionnaire will cover some background questions on Participants' characteristics and brief questions on wider outcome measures e.g. Participants' perspectives of their child's behaviour; Participants' mental health and/or parenting skills. We expect that there will be two slightly different versions of this questionnaire, depending on the age of the child.

- 5.33.9 Participants will be expected to complete this individually with guidance from the Provider, who will then need to record this onto the appropriate data collection tool (to be advised by DWP) and then transfer to DWP.

### **Stage 3 - Post Assessment Questionnaire**

- 5.33.10 Participants will also be asked to complete a longer (approximately 20 minute) Post Assessment Questionnaire on Completion of the Intervention (which will contain comparator questions to those asked at the referral and Initial Assessment stages. e.g. on Parental Conflict and wider measures.) This will be administered by Providers. This data will be used for evaluation purposes to determine whether there has been a change in the levels of Parental Conflict and other outcome measures after taking part in the Interventions.
- 5.33.11 Participants will be expected to complete this individually with guidance from the Provider, who will then need to record this onto the appropriate data collection tool (to be advised by DWP) and then transfer to DWP.
- 5.33.12 Any Participants that drop out during the course of the Intervention must be given the opportunity to complete the Post Assessment questionnaire in line with the approach set out above.
- 5.33.13 Those Participants on very short Interventions (e.g. less than 4 sessions) will be asked to complete a different version of this Post Assessment Questionnaire, because not all questions (e.g. on behaviour change) will be appropriate, given the length of the Intervention.

### **Stage 4 – Follow Up Questionnaire**

- 5.33.14 This will be administered to Participants by external research providers around six months after completion of the Intervention. This will contain comparator questions to those asked at the referral, Initial Assessment and post-assessment stages e.g. on Parental Conflict and wider measures to determine whether there has been a sustained change in outcomes after taking part in the Intervention.
- 5.33.15 Full questionnaires with coded responses will be developed for each stage by DWP. The Initial Assessment Questionnaire (stage 2) and the Post Assessment Questionnaire (stage 3) will be administered by Providers with Participants. An overview of the type of data that are required for each of these stages can be found in Annex 6, and some examples of the types of specific questions that would be used are provided in Annex 5. Further detail on the scope of each stage of data collection and questionnaire is provided below.
- 5.33.16 Time will need to be allocated by Lead LAs and Providers, as appropriate, to ensure the collection and transmission of this data as required by the evaluation team. Estimates of burden of data collection have been set out above, and may be refined through testing.

### **Data collection and transfer**

5.34 DWP will provide the relevant data collection tool to enable Providers to input data from all questionnaires into a standardised format. Data from the Initial Assessment and Post Assessment questionnaires will be transferred by the Prime Provider back to DWP in line with DWP's security requirements. This will be requested on up to a daily basis for monitoring and evaluation purposes, but may be revised down following Prime Provider discussions.

### **Performance Management Information**

5.35 Alongside the information required to complete the evaluation of the programme, the DWP reserve the right to request any Management Information deemed appropriate to support the performance management (including Minimum Performance Levels/Contract Service Standards) of the Contract and Providers should have systems in place to record, capture and provide such Management Information upon request.

5.36 DWP will obtain information for each Participant starting the F2F Provision from PRaP. Including but not limited to:

#### Moderate Intensity Interventions

- Number of Referrals
- Number of Participant Starts
- Number of completers
- Number of DNS/DNA

#### High Intensity Interventions

- Number of Referrals
- Number of Participant Starts
- Number of completers who achieve 50% attendance of the Intervention
- Number of completers
- Number of DNS/DNA

### **Intervention Plan**

5.37 The minimum requirements are all activities in relation to Participants must be recorded in the Intervention Plan. In so doing:

- The Participant must understand what they are being asked to do, why they are being asked to do it and when it must be completed by. This includes setting out the length of the Intervention and the attendance requirements.
- For High Intensity Interventions the Provider MUST document within the Intervention Plan, and confirm, the 50% completion point with the Participant as agreed during the Initial Assessment. Once agreed, this MUST be shared with DWP and the LA for both Interventions confirmation and validation purposes.
- Where you are notified that a Participant has complex needs and/or additional support requirements, you must carefully consider any impact these may have on the Participant's ability to understand or comply with the requirements of the Intervention.
- The evidence of all interactions must be completed, dated, signed and held for all Participants. If a Participant cannot sign, you must record the reason for this.
- All the information must be available to the Participant at their request (by paper or electronically depending on their preference).
- The Intervention Plan must be reviewed, updated and signed by both you and the Participant on a regular basis as outlined in your delivery model.

- The Intervention Plan must be updated at each attendance made by the Participant
- The Intervention Plan must be shared with DWP when first agreed and signed on completion of the Intervention.

**Please note:** DWP reserve the right to use Management Information to produce and publish performance information, tables, etc. as appropriate.

## 6 Data Requirements

- 6.1 Providers will be required to comply with DWP's data requirements in Annex 10 and the Contract.

## 7 Additional Information

### Balance of Time

- 7.1 In order to encourage completion and to mitigate any unforeseen circumstances that may affect attendance the following timescales have been agreed to complete each intervention type:
- High Intensity Intervention - six months
  - Moderate Intensity Intervention - three months

However, all Interventions must be concluded by the Services Cessation Date. DWP reserves the right to review the Balance of Time for Interventions on a case by case basis.

### Hours of delivery

- 7.2 Attending the Intervention should not impact on Participants ability to meet any mandatory interventions or job interviews.

### Inclusion and Literacy

- 7.3 Successful bids need to set out measures to support those who may wish to take part in the F2F Provision and require extra support or specialist measures to be put in place to allow them to take part e.g. the delivery of 1:1 sessions/ single gender only sessions where required, include diversity and inclusivity etc. These examples are not exhaustive.

### Legislation and Principal Regulations

- 7.4 Providers must ensure that they remain compliant with current and future changes in the law and DWP Policy. For example:
- Ensuring the RPCP supports the DWP's Public Sector Equality Duty as outlined in the Equality Act 2010,
  - Providing appropriate services to ensure compatibility with the Equalities Act for example, to enable communication with Participants who do not speak English as a first language or who are deaf, hearing impaired or have a speech impediment;
  - Where the Provider is operating in an area with a high minority ethnic population, materials in the appropriate ethnic minority language must be made available on request.

### **Evidence Requirements**

7.5 Evidence that can support delivery of the F2F Provision as specified within this document must be kept by the Prime Provider. Prime Providers must retain all evidence as defined in the Customer Service Standards and process requirements, and any completed questionnaires for DWP compliance and validation inspection for six years. Providers in CPAs must keep key documentation about the delivery of F2F Provision. It is the Prime Provider's responsibility to ensure that documents and data can be relied on. The Providers must have robust systems in place to ensure that documentation (paper or electronic) is securely held and are easily accessible.

**Please Note:** DWP and The National Archives recommend that electronically held data is migrated onto new formats every 6 years to ensure the data remains readable and usable.

### **Travel expenses**

7.6 Local provision is deemed to be essential to the successful delivery of the F2F Provision. Providers are expected to provide public transport travel expenses for Participants. A Participant should not be expected to travel more than 90 minutes in each direction from their permanent residence, by a route and means appropriate to their circumstances, to attend an Intervention.

### **Childcare**

7.7 Additional childcare costs are the responsibility of Providers during the length of the Intervention including the Initial Assessment.

### **Charges**

7.8 Providers must deliver services free of charge to Participants, with no financial incentives offered for taking part in either the Intervention or any assessments

### **Partnerships**

7.9 Providers are encouraged to work with Local Authorities (LA) and Local Partners to ensure that their proposals reflect the specific needs of Participants in each CPA and take into account local strategies and services. Providers should aim to improve performance and Participant service across the piece, reduce duplication wherever possible and improve the holistic use of public funds in a locality/area.

### **Location**

7.10 Providers must ensure the location used to deliver the Interventions is fit for purpose, meeting all requirements under the Equality Act (accessibility etc.) and ensuring that security and health and safety legislation is met.

### **Business Continuity**

7.11 As part of the Contract start up, Prime Providers will be asked to supply details of how business continuity arrangements will be implemented and how these requirements will be covered for both themselves and their supply chain.

### **Code of Conduct and Merlin Standard**

- 7.12 Prime Providers must ensure that all sub-contractual relationships adhere to the DWP Code of Conduct and they attain the Merlin Standard. Providers will be assessed against the Merlin Standard by a third party organisation within a year of Contract Commencement Date. For further information regarding the Merlin Standard, please see: <https://www.gov.uk/government/publications/the-merlin-standard-guide-for-dwp-providers>

### **Safeguarding**

- 7.13 Prime Providers and their sub-contractors need to comply with the appropriate Safeguarding Vulnerable Groups legislation. They will also need to ensure that young people are not exploited or helped to engage in activities which could put young people at risk, or bring Prime Providers, their sub-contractors or DWP into disrepute. Please see Chapter 2 of the Framework Generic Provider Guidance.
- 7.14 When a FLP identifies a Participant as vulnerable, the Prime Provider will be notified by the LA. Safeguarding procedures must be followed when dealing with these Participants to take account of the unique challenges they may face when being referred to the Intervention.
- 7.15 Safeguarding action must be taken each and every time a vulnerable Participant is identified. These measures are essential to ensure the Participant understands what is required of them and the subsequent consequences if they fail to undertake the mandatory activity as defined. It is the Provider's responsibility to make every effort to fully understand their responsibilities to vulnerable Participants face-to-face to ensure that they fully understand their responsibilities.

## **8 Working with Local Authorities and DWP**

- 8.1 Each Contract Package Area (CPA) will be composed of a cluster of Local Authorities (LAs) led by a Lead LA to act as, a formal Referral Gateway agency, which will be independent from Providers, delivering support to ensure necessary assurances and compliance with no conflict of interest. LAs will be responsible for:
- Eligibility assessment
  - Volumes
  - Determining the intensity level of Intervention required by Parents using the Referral Stage Questionnaire screening questions
  - Communications across the LAs in which the support will be delivered
- 8.2 Local Authorities are ideally placed to provide this Referral Gateway role. The Referral Gateway will ensure that Parents referred meet all the eligibility criteria and that the Intervention they are referred to is the most relevant.
- 8.3 A Memorandum of Understanding (MoU) will set out the responsibilities between DWP and the lead Local Authority to deliver the required services.
- 8.4 The Referral Gateway role will:
- Promote the F2F Provision to FLPs in a position to refer Parents to the F2F Provision
  - Identify eligible Parents who will benefit from the Interventions
  - Verify eligibility against set criteria

- Identify intensity level of Intervention required through completion of a Referral Stage Questionnaire screening tool (created and approved by DWP). This tool, with guidance will be available at the start of the Referral Gateway role
- Liaise with the Providers to promote referrals and completion of Interventions by Parents

## **9 Standards and Quality**

### **Customer Service Standards**

- 9.1 The Prime Provider must confirm Provider Acceptance within three working days of issue of the Referral on PRaP. Day of issue being Day One.
- 9.2 No more than 4% of Referrals will be in backlog. Backlog is defined as Referrals where no action (e.g. not recorded as Start/DNS/DNA) has been taken 25 working days after the Referral date;
- 9.3 100% of Participants who Start the F2F Provision have a signed Intervention Plan from their Initial Assessment (agreed and signed by both Participant and Provider) within five days of receipt of the appointment;
- 9.4 The Prime Provider must ensure that for all Participant Starts, an agreed Intervention Plan is in place within five working days of the Provider Acceptance and is signed and shared with DWP and LA;
- 9.5 95% of Referrals who Do Not Attend (DNA) or Do Not Start (DNS) must be recorded in PRaP within 25 working days of Referral;
- 9.6 Provider to make at least three attempts to engage the Participant over a period of 10 working days before consulting with the LA. Where LA intervention is needed to engage with the Participant, the LA updates the Provider on the outcome within 10 working days.
- 9.7 Review the Intervention Plan with the Participant at every interaction, as a minimum; recording clear evidence that the activity that has been undertaken on day of meeting;
- 9.8 For 100% of Participants undertaking a High Intensity Intervention, the Intervention Plan must state the mid-point of the Intervention – determined by attendance at half of the specified attendance. This must be shared with DWP for validation purposes.
- 9.9 For 100% of Participants participating in the F2F Provision, Participants should be asked to complete a Post Assessment Questionnaire within 5 working days of Completion of the Intervention.
- 9.10 In 100% of cases, the Prime Provider must send a copy of the final Intervention Plan, electronically where possible, to both the DWP the LA within 5 working days of Completion of the Intervention;
- 9.11 In 100% of cases, Prime Providers must retain evidence of the Intervention Plan and any completed questionnaire or that Providers asked Participants to complete the questionnaire / contacted them to give them the opportunity to complete it for DWP compliance and validation inspection for six years following the end of the Contract;
- 9.12 As part of your tender submission, any other Customer Service Standards or Minimum Performance Levels detailed in your tender will form part of the Contract.

### **Maintaining and Improving Quality**

- 9.13 Prime Providers must be able to demonstrate continuous improvement of F2F Provision and Intervention standards and the quality of support to all Participants. They will also need to demonstrate that the information given during the Initial Assessment and subsequent phases is high quality, up to date and relevant to the needs of the audience.
- 9.14 Providers must deliver the proposed Interventions in full according to the Specification detailed in the evidence base, including specialist training for counsellors/course facilitators and supporting their work with robust clinical and quality assurance processes.
- 9.15 Further advice on Maintaining and Improving Quality will be available in DWP Provider Guidance.

### **Participant Feedback and Complaints Handling**

- 9.16 Prime Providers must have an appropriate complaints process across the whole supply chain to attempt to resolve Participants' complaints. Where complaints cannot be resolved, a Participant can complain to the Independent Case Examiner (ICE). ICE will mediate between the Prime Provider and Participant to attempt to broker a resolution.
- 9.17 If a resolution cannot be agreed between either party, ICE will undertake a full investigation of the complaint. If the complaint is upheld at this stage, in part or in full, then the Prime Provider will be charged a fee of £5,000 and will also be liable for any financial redress recommended by ICE. In the event that the complaint against the Prime Provider or sub-contractor is dismissed, no fee shall be payable. Any fees in respect of complaints that have been upheld against the Prime Provider or the sub-contractor and any financial redress due to the Participant shall be paid within four (4) weeks of the date of the ICE final investigation report. Further information regarding complaint resolution can be found at:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/261107/core-briefing-pack-for-Providers-complaints-resolution.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/261107/core-briefing-pack-for-Providers-complaints-resolution.pdf)

## **10 Payment Model and Performance**

- 10.1 This section sets out information on the funds available for the F2F Provision, the payment model, the process for making claims for payments and the Department's performance expectations.
- 10.2 Prime Providers should note that maximum contracts value for the F2F Provision is fixed at £11.6m across all 4 CPAs and the Maximum Total Contract Price for each CPA are as follows:

| <b>CPA</b>  | <b>Maximum Total Contract Price (including VAT)</b> |
|-------------|---|
| Westminster | £3m   |
| Gateshead   | £3.5m   |

|               |       |
|---------------|-------|
| Hertfordshire | £3.2m |
| Dorset        | £1.9m |

10.3 DWP does not guarantee volumes however the maximum anticipated volumes are set out at Annex 3.

10.4 The payment model focuses on the following:

- Delivery Fee that will be paid in a stepped approach over the duration of the Contract, which comprises 30% of the total contract value; and
- outcome payments for Completion of the Intervention, as detailed below.

10.5 Moderate intensity Intervention outcome payments will be paid at a maximum of £1000 (including Delivery Fee and VAT) per Participant on Completion of the Intervention evidenced through a signed and dated Intervention Plan by both Provider and the Participant.

10.6 High intensity Intervention outcome payments will be paid at a maximum of £5000 (including Delivery Fee and VAT) per Participant at 2 trigger points:

- on completion of 50% of the Intervention; and
- on completion of the Intervention evidenced through a signed and dated Intervention Plan by both Provider and the Participant.

**Please note:** the payment profile percentage breakdown for High Intensity Interventions is on a ratio of 30% (Delivery Fee), 20% (50% attendance) and 50% (on Completion of the Intervention). For example if a Prime Provider was charging £3000 per HII they would receive £900 Delivery Fee, £600 for 50% attendance and £1500 for Completion of Intervention.

10.7 All outcomes must be evidenced through a signed and dated Intervention Plan by both Provider and the Participant and shared with DWP and LA. All outcomes will be subjected to validation.

### Delivery Fee

10.8 The Delivery Fee will be paid in a stepped approach in monthly instalments to assist in making the service available to all eligible Referrals. Prime Providers must agree with DWP a monthly Participant Starts and outcome profile based on cohorts (Cohort Profile) prior to the Contract Commencement Date.

10.9 The Delivery Fee will be stepped with a higher amount paid in year one of the contract (12 months) and a lower amount paid in year 2 and 3 (15 months). The stepped approach will be 65% of the Delivery Fee in year 1 and 35% in years 2 and 3 as demonstrated below.

10.10 Based on a £2m total contract value, the Delivery Fee will be £600,000 (£2m x 30%) so the stepped amounts would be (figures for illustrative purposes only):

| Year                   | Value    | Percentage | Monthly |
|------------------------|----------|------------|---------|
| Year 1 (12 months)     | £390,000 | 65%        | £32,500 |
| Year 2 & 3 (15 months) | £210,000 | 35%        | £14,000 |
| Total                  | £600,000 | 100%       |         |

10.11 Prime Providers will be challenged on their activities to convert eligible Referrals to outcomes, as well as their work with LAs to encourage appropriate LA Referrals. If the conversion rate from Referrals to Participant Starts falls below the Minimum Performance Level then performance improvement action will be taken and this could have financial consequences for the Prime Provider.

### **Intervention Outcome Payments**

10.12A Participant can only be eligible for one Intervention and the Prime Provider can only be eligible to claim one related outcome payment type for this Intervention as detailed below.

### **Completion**

#### **Moderate Intensity Intervention (MII) Completion**

10.13 Prime Providers will be eligible to claim a completion outcome payment via PRaP on Completion of the Intervention. The Intervention Plan must be updated, signed by the Provider and the Participant, and shared with both DWP and the LA.

#### **High Intensity Intervention (HII) - 50% completion**

10.14 Prime Providers will be eligible to claim a mid-point completion outcome payment via PRaP when 50% attendance of the HII has been achieved (50% as detailed and documented in the Intervention Plan during the Initial Assessment and signed by both the Participant and Provider).

#### **High Intensity Intervention (HII) Completion**

10.15 Prime Providers will be eligible to claim a completion outcome payment via PRaP on Completion of the Intervention. The Intervention Plan must be updated, signed by the Provider and the Participant, and shared with both the DWP and the LA.

10.16 It is expected that Participants complete 100% of the Intervention to gain maximum benefit, therefore Providers must make every effort to encourage the Participant to complete all sessions and complete the Post Assessment Questionnaire. For payment purposes Prime Providers can claim an outcome payment for completion when the Intervention has been delivered in full, with a minimum of 80% attendance by the Participant. Where 100% attendance has not been achieved the Participant may complete the missing sessions at a later date (see Balance of Time)

### **Payments**

10.17 All payments will be made via PRaP. Please note, that DWP can only make direct payments to United Kingdom and Northern Ireland bank accounts.

## **11 Claiming Outcomes**

11.1 The Prime Provider updates PRaP during F2F Provision delivery period to claim the relevant outcome payment.

11.2 There is one outcome payment associated with a Moderate Intensity Intervention (as detailed in paragraph 10.13) and two with the High Intensity Intervention (as detailed in paragraphs 10.14 and 10.15).

- No outcome payment will be attached for 100% attendance of the Intervention, however performance against this will be measured and be part of the Minimum Performance Levels.
- If the Participant does not attend an Intervention session or take the next step set out in the Intervention Plan or stops engaging, the Provider must make a minimum of three attempts to contact them, spread over a 10 working day period (this should not be within the same day but at different points over the period to show that every effort has been made to re-engage with them).
- If unsuccessful, the LA will assist the Prime Provider to re-engage with the Participant (process to be agreed locally). If this is unsuccessful the LA informs the Prime Provider who will update PRaP during the F2F Provision delivery period. In these cases the Prime Provider will be unable to claim an outcome payment and the LA/Prime Provider may offer the place to another Participant.

## **12 Outcome fees**

- 12.1 DWP will undertake checks to establish the validity of outcome payment claims and the Prime Provider's eligibility for outcome payments. Further details are provided in the RPC Provider guidance and in the Contract.
- 12.2 DWP will, for each outcome type and on a contract by contract basis (unless sampling per Prime Provider is planned), check each and every outcome payment claim paid in the chosen period or select a sample from that population (per claim type). Any size of each sample will be determined based on expert analytical advice with individual claims selected on a randomised basis in an attempt to achieve a representative sample.
- 12.3 As part of the post-payment validation process, where validation is of a sample and where DWP identifies erroneous outcomes, not only will these be recovered, but also the error rate will inform extrapolation calculation across the total population of paid claims for the sample period concerned. In order to perform this adjustment a statistically valid sample will be used that is representative across the total paid claim population.

### **Making claims for outcome payment**

- 12.4 Before submitting any outcome payment claim, Prime Providers will need to assure themselves that they only submit claims for outcome payments to which they are entitled. Prime Providers will be expected to make a declaration to this effect.
- 12.5 To do this, Prime Providers will be expected to maintain a robust system of internal control which must include appropriate checks, monitoring arrangements and adequate records to demonstrate that they are entitled to make the claim.
- 12.6 The records maintained need to be sufficient not only to support any claims but also to allow internal management checks and independent validation, for example by DWP and other external bodies.

## 13 Evaluation

13.1 The evaluation of the F2F Provision aims to improve the evidence base on Interventions that aim at reducing Parental Conflict in a UK context, including how to deliver them successfully to Workless Households/Workless Parents and how to integrate their delivery into wider local services. The overall Programme evaluation, including the evaluation of the F2F Provision, will be designed to facilitate a 'build an evidence base' approach. DWP will build in milestones for interim findings/feedback to ensure we access learning throughout the design and implementation of the Programme.

13.2 The evaluation will provide evidence on:

- How has the Programme changed the support available for Parental Conflict in each CPA and is it integrated with mainstream services for families?
- Is the identification, referral and recruitment process working effectively and how it can be improved at a CPA/ Local Authority level?
- How were the F2F Interventions delivered? Are there any improvements that can be made to the delivery of the F2F Provision?
- What is the take up, retention and completion of the Interventions and are there any lessons that can be learned?
- What is the perceived impact of the F2F Interventions on reducing Parental Conflict?
  - How have the perceived levels of Parental Conflict changed (in the short and longer term)?
  - How have the Interventions influenced changes in the perceived levels of Parental Conflict?

13.3 As the monitoring and evaluation represents an important element of the Programme, DWP expects the Providers and their staff to cooperate with the collection of data that informs it. Advance notice will be given to the Providers where their cooperation is required.

13.4 Evidence will be gathered from quantitative and qualitative research. This may involve:

- Surveys with Providers and Participants;
- Qualitative interviews with Providers and their staff;
- Qualitative interviews with Participants (including those who have dropped out part way through the process);
- Quantitative surveys with Participants;
- Staff involved in qualitative interviews the referral process across local areas.

- 13.5 The data collected by Providers and LAs from quantitative surveys with Participants (including the Referral, Initial Assessment and Post Assessment Questionnaires) will also be analysed as part of the evaluation to examine the numbers of Participants taking part in different Interventions and Participant characteristics and their outcomes (including change in levels of Parental Conflict).
- 13.6 As part of the monitoring and evaluation work, researchers from DWP and from research companies commissioned by DWP are expected to visit and interview/observe the Provider staff involved in the delivery of the Intervention and Participants. The Provider will be asked to provide the relevant contact details in order to facilitate the evaluation.

#### **14 Performance Management and Compliance**

- 14.1 The DWP operates a robust performance management (PM) regime to ensure contracts deliver value for money for the taxpayer and to ensure Prime Providers are accountable for delivering what is outlined in their contract. This is detailed in the Provider Guidance.
- 14.2 Prime Providers will be responsible for managing the Contract, including addressing poor performance with sub-contractors. The Prime Provider will need to ensure that all systems and processes (including robust tracking) used for the monitoring and recording of performance are robust, provide a clear audit trail of evidence, and give confidence to DWP that the Prime Provider and its supply chain are delivering the F2F Provision in accordance with the Prime Provider's overall contractual obligations.
- 14.3 The Prime Provider must appoint appropriate named contacts who will work with the DWP Performance Manager to ensure that the required standards and Minimum Performance Levels are met for reducing Parental Conflict.

- 14.4 DWP Performance Managers will continuously review performance both informally and formally, holding regular review meetings with Prime Providers which will focus on achieving contractual performance and service targets and improving performance and delivery.
- 14.5 DWP will use MI received monthly, quarterly and as requested for the on-going management of the Contract, for monitoring and evaluation purposes and for discussion with individual Providers.
- 14.6 Prime Providers will have monthly discussions with DWP to review performance in month and trends achieved against contractual requirements. Performance Improvement Plans will be used to monitor and support continuous improvement and monitor agreed performance improvement actions.
- 14.7 Prime Providers will update their DWP Performance Manager immediately on any changes to information, data, progress, processes, procedures and issues relating to this contract.
- 14.8 DWP will actively monitor the service the Prime Provider delivers against the Customer Service Standards, Minimum Performance Levels and Contract requirements. This will be done using a combination of IT-based management information and Compliance Monitoring checks.

## 15 Contracted Health and Employment Directorate (CHES) Provider Assurance Team

- 15.1 The primary purpose of the (CHES) Provider Assurance Team (PAT) is to provide the DWP CHES Director with an assurance that Prime Provider systems of internal control are such that payments made to Prime Providers are in accordance with DWP and Treasury requirements. PAT reviews and tests Prime Providers' systems of internal control to establish how effective they are at managing risk to DWP in relation to CHES expenditure, service delivery and data security, including the arrangements they have in place for their supply chain.
- 15.2 This work is carried out by the PAT by reviewing Prime Providers' internal control systems to assess their ability to manage risk across three key areas:
- **Governance Arrangements** – covering the Provider's governance arrangements, systems for tracking and reporting performance and their anti-fraud measures;
  - **Service Delivery** – includes the Provider's systems for starting, ending and moving Participants through F2F Provision and generally looks to ensure that DWP is getting the service it is paying for. This section also covers management of the supply chain;
  - **Claim Procedures and Payments** – looks to ensure that Prime Providers have in place effective systems to support their claims for payment, including appropriate segregation of duties.

- 15.3 The Provider Assurance Team operates at a national level enabling it to present CHES Providers operating across regions with a single view of the effectiveness of their systems; each Prime Provider will have a nominated Senior Assurance Manager and therefore a single point of contact within DWP for management of assurance related issues / concerns.
- 15.4 On completion of each review, Prime Providers are awarded an assurance rating from the following four categories – weak, limited, reasonable and strong. They are also sent a formal report which details the review findings including key strengths and areas for improvement; where weaknesses have been identified they are asked to complete a Performance Improvement Plan setting out appropriate steps for improvement and this is followed up at an agreed point.
- 15.5 The timescale for a subsequent review is determined by several risk factors; these include the Prime Provider’s current assurance rating, the contract value and intelligence from internal stakeholders. Prime Provider reviews are conducted over a period of up to 20 weeks. The resource allocated to each review depends on the complexity of the contract delivery.
- 15.6 Findings from each review are routinely reported to the relevant category managers/Prime Provider managers and other DWP stakeholders. Remedial actions may be taken in the following circumstances:
- If following a Weak or Limited Assurance level from the Provider Assurance Team and / or an equivalent rating from the Security and Business Continuity Team, the Prime Provider’s subsequent assurance level is the same or worse for the same reasons, or the Prime Provider is awarded a consecutive third weak or limited assurance, regardless of the reasons;
  - Following a review, if the Prime Provider fails to submit and/or implement the Performance Improvement Plan within the agreed timescale;
  - Where there are suspicions that a Provider may be acting inappropriately the team will refer to Counter Fraud and Investigations, as the experts trained in the legalities and techniques required to carry out formal investigations; or
  - Where there are serious concerns around data security these are reported through the respective channels.
- 15.7 DWP may periodically publish Prime Provider assurance levels and names (note - this will not include reports or supporting information). This is to satisfy a commitment DWP made in response to a Freedom of Information request and to support DWP’s commitment to public transparency.
- 15.8 The Provider Assurance Team will work with successful Prime Providers to ensure that they understand what is expected of them and are, therefore, adequately equipped to develop robust systems to support their service delivery model when the Provision goes live.

## 16 Annexes

### Annex 1 – Interventions



Annex 1 Final  
Interventions v4.0.pdf

### Annex 2 – Contract Package Areas



Annex 2 CPAs.docx

### Annex 3 – CPA start volumes



Annex 3 CPA start  
volumes.docx

### Annex 4 – Roles and Responsibilities



Annex 4 Roles &  
Responsibilities v3.do

### Annex 5 – Referral questionnaire – illustrative screening function questions



Annex 5 Scr

### Annex 6 – Evaluation MI requirements



Annex 6 MI  
Requirements.xlsx

### Annex 7 – Example Specified Standards



Annex 7 Specified  
Standards.docx

### Annex 8 – Background



Annex 8 RPCP  
Background.docx

## Annex 9 – Scope and Exclusions



Annex 9.docx

## Annex 10 – Data Requirements



Annex 10 Data  
Requirements.docx

## Annex 11 – High Level Customer Journey



High Level C