Department for Work & Pensions

Statutory guidance

Reducing Parental Conflict face-to-face provision provider guidance

Updated 19 April 2021

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Coronavirus (COVID-19) interim arrangements

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support. All references to Face to Face (F2F) within this guidance should be interpreted as either face to face, telephone, electronic or video contact.

Therefore, whilst documentation should be retained, wherever there is a need to obtain a “wet” signature on a document then the document can be annotated “COVID-19” in lieu of a signature, where face-to-face support is not undertaken. A signature must be sought, where possible, by you at the next appropriate opportunity.

Chapter 1: Introduction and overview

COVID-19 interim arrangements – section 1

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support. All references to Face to Face (F2F) within this guidance should be interpreted as either face to face, telephone, electronic or video contact.

Therefore, whilst documentation should be retained, wherever there is a need to obtain a “wet” signature on a document then the document can be annotated “COVID-19” in lieu of a signature, where face-to-face support is not undertaken. A signature must be sought, where possible, by you at the next appropriate opportunity.

Contracting Body Note

The authority has issued this Reducing Parental Conflict Programme (RPCP) Face to Face (F2F) Provision specific Provider Guidance (PG) to provide Providers (and sub-contractors) operational clarity and guidance and forms part of Contract. In the event of, and only to the extent of, any conflict or inconsistency between the clauses of these documents, the Contract, any document referred to in those clauses and the Schedules, the conflict or inconsistency shall be resolved in accordance with the following order of precedence:

a) the clauses of the RPCP F2F Contract including all Schedules and any Appendices or

Annexes to the RPC F2F Contract
b) the RPC F2F Specification
c) the Q&A
d) the Tender
e) the Tender Clarification
f) the PG
g) any other document referred to in the RPC F2F Contract

The provisions contained in this PG relating to Universal Credit Claimants have been developed on the basis of current practice for such Claimants. As we continue to develop Universal Credit, the Department will introduce changes to our interaction processes with providers and Claimants. We will keep you advised of these as they develop.

Introduction

1.1. This Reducing Parental Conflict Programme (RPCP) guidance supports you, the Provider, by setting out the important information you need to know and do in order to deliver the Face to Face (F2F) Provision, in conjunction with other requirements set out in the Contract.

1.2. This RPC Guidance document should be read in conjunction with other contractual documents which form the Contract. These are outlined above in the Contracting Body Note along with the order of precedence in the case of any conflict or inconsistency.

1.3. In addition to this RPC PG, you must also comply with the Generic DWP Provider Guidance which applies to all of our provision.

1.4. If sub-contractors are used to deliver any part of the services under the Contract it is the Contractor's responsibility to ensure that contractual requirements are met in respect of all services delivered through such sub-contractors. The Contractor therefore is ultimately accountable for the compliance of the terms and conditions of the Contract.

Background

1.5. RPC PG meets a manifesto commitment "to work to eliminate child poverty and introduce better measures to drive real change in children's' lives, by recognising the root causes of poverty." It responds to evidence that exposure to frequent, intense and poorly-resolved Parental Conflict leads to poor outcomes for children (education, employment and health).

1.6. The F2F Provision has been established to address this by supporting delivery of Interventions by specialist organisations at a local level – working with Local Authorities (LA) in 4 geographical areas across England, known as Contract Package Areas (CPA). Details of which can be found in Annex 3.

1.7. The F2F Provision will work with LAs to ensure they understand Parental Conflict, its causes, and how to identify it and support Parents. DWP is working directly with LAs on this to provide support, access to training and ultimately to better integrate services to reduce Parental Conflict, saving money and transforming lives by giving Parents, whether together or separated, the right help.

Programme Objectives

1.8. The policy intent of the F2F Provision is to deliver a number of voluntary interventions that will provide relationship support for Parents who are experiencing Parental Conflict for both Intact couples and Separated Parents. 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 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

- 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

Chapter 2: High level outline of provision and eligibility

Coronavirus (COVID-19) interim arrangements section 2

Unless noted below, processes contained within RPC Provider Guidance, associated Live Running Memos and contract variations, should be followed and adhered to.

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support. All references to Face to Face (F2F) within this guidance should be interpreted as either face to face, telephone, electronic or video contact.

Eligibility

2.1. The specific eligibility requirements are:

- if either Parent or expectant Parent is resident within the Contract Package Area (CPA) then they can access the Intervention in whichever location is most appropriate, even if it is within another Local Authority's boundary. Occasionally it may be that the Parent(s) live outside the CPA but are supported by services from within the CPA (e.g. Local Authority, education or health), they can be referred, subject to spaces being available, and Parental Conflict must be present, as determined by the LA and
- a Parent whose youngest child is 18 or younger, or whose child is disabled (under the disability act) and aged 25 or under who are experiencing Parental Conflict; or
- expectant Parents where a maternity certificate MATB1 has been issued confirming the Expected Week of Confinement (EWC) and are experiencing Parental Conflict
- the Parent(s) or their child/children must be eligible to access local services such as education or heath etc.

2.2. Any Parent who the LA identifies as being 'disadvantaged' regardless of being in work or not, based on local knowledge and need. The child/children is/are living in a Disadvantaged Household (as defined in the glossary) at the date of the LA Referral

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

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

- sign a participation agreement
- understand their data will be shared with DWP for the purposes of programme/contract management and programme evaluation
- complete a Referral Stage Questionnaire (RSQ)

Coronavirus (COVID-19) interim arrangements section 2

We understand that due to the current situation it is not possible to obtain signatures as stated in section 2.4 above.

For the period of the current pandemic where a signature is required you must verbally confirm the participant's responses and agreement to participate. Once this agreement is confirmed you are required to date the form and annotate the signature box with "COVID-19".

These instructions are effective as of 23 March 2020 when the government instructions were put in place and will be in place until otherwise notified.

Note 1: To ensure the relevancy of these questions, four RSQ have been developed to correctly determine conflict intensity; one for intact couples, one for intact couples expecting their first child, one for separated couples, and another for separated couples expecting their first child.

Note 2: Referrals to the F2F Provision must come through the referral gateway function performed by the Lead LA. FLP's employed by the prime providers and sub-contractors in their supply chain can make referrals subject to the Referral Gateway Team telephoning all Parents prior to referral. If a potential Participant is identified through local advertising, they must be signposted to the appropriate agency who will confirm eligibility and complete the LA Referral process if required.

Signposting process is locally flexible and may vary LA-to-LA, for example if the council operates A MASH (Multi Agency Support Hub) or similar front-door process.

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 LA for the appropriate referrals to be made to ensure the family receive suitable support and minimise the risk of potential further abuse. The LA will decide if it is safe and appropriate for the parent to continue.

If, however, it is still apparent to the provider that the parent's individual circumstances and needs will be better addressed by an alternative domestic abuse/violence provision; the provider reserves the right to discontinue the F2F Parental Conflict Provision and will inform the LA children's social care service that they will discontinue the F2F intervention and engagement with the parent(s), so that the best alternative support is made available as quickly as possible.

End to End Process

2.5. A Parent interacts with the Frontline Practitioner (FLP) who identifies that the Parent is potentially eligible for the F2F Provision.

Please note. Intervention providers are required to have robust safeguarding processes in place for families engaged in Reducing Parental Conflict (RPC) interventions. The provider (Prime and Sub-contractor) when undertaking the front line practitioner (FLP) role are required to assess that there is no domestic violence or domestic abuse concerns; and that the family and parents are suitable to participate in an RPC intervention. Any and all safeguarding concerns should be reported following locally agreed guidance and processes; If there are concerns about a child's welfare, a referral should be made immediately to the LA children's social care as set out in statutory guidance Working Together to Safeguard Children.

Note i. Intervention providers are required to have robust safeguarding processes in place for families engaged in RPC interventions.

Note ii. The provider (Prime and Sub-contractor) when undertaking the front line practitioner (FLP) role are required to assess that there is no domestic violence or domestic abuse concerns; and that the family and parents are suitable to participate in an RPC intervention.

iii. Where a Provider or Subcontractor is supporting the Parent(s) with the completion of the RSQ and are unable to discuss it face to face the document must not be emailed to the Parent(s) for completion and return. Providers must complete the questionnaire by taking the answers from Parents over the phone (or via Skype, Zoom for example).

iv. Any and all safeguarding concerns should be reported following locally agreed guidance and processes; If there are concerns about a child's welfare, a referral should be made immediately to the LA children's social care as set out in statutory guidance Working Together to Safeguard Children.

2.6. The FLP will confirm if the potential Participant is a Separated Parent or part of an Intact couple. They will complete the relevant forms to confirm:

- the potential Participant meets the eligibility requirements
- are content and agree to participate
- agree to data sharing to support the administration of the Programme
- complete the relevant RSQ (including relevant Management Information data and screening questions) which will determine the Intervention level required

2.7. If the potential Participant fails to comply with any of the steps above, they will fail to meet the eligibility requirements and will not be referred to the F2F Provision.

2.8. There are two levels of support intensity available for Interventions:

- moderate intensity
- high intensity

2.9. Once the relevant RSQ and Participation Agreement are complete, the CPA Referral Gateway Team will:

- determine the correct level of Referral
- notify you of the imminent Referral at that level and send a copy of the Participant's documentation to help you be in a position to confirm Provider Acceptance within three working days of issue of the Referral. Day of issue being Day One
- notify DWP within two working days - who will check DWP systems to identify whether a DWP record exists, where one doesn't they will create one, and make a Referral. This will send a notification to you with the purchase order and will enable you to confirm Provider Acceptance and commence delivery of the Intervention and agree a Start date with the Participant(s) for their Initial Assessment (IA).

Please note: You cannot commence the Intervention until the relevant Referral has been made and Provider Acceptance actions are completed. Should you choose to do so, it will be deemed to be non-compliant and will not be covered by the Contract. Therefore, it will be at your risk and it will not contribute toward your performance or attract payment.

2.10. You will confirm provider acceptance via Provider Referrals and Payments (PRaP) system within 3 working days of the DWP Referral Team making the referral and contact the participant to arrange an IA. This must take place within 25 working days of the referral date held in PRaP, therefore, contact should be made with the participant as soon as possible (best practice is within 8 working days). You must use the contact details provided by the participant. Any contact details provided by PRaP will be from the DWP computer system and may not be up to date.

2.11. At the IA you will review the participant's requirements and advise on the most appropriate intervention available in your CPA at the intensity determined by the LA using the outcome of the RSQ. At this stage, you will also be required to ask participants to complete an Initial Assessment Questionnaire (IAQ) to collect information for evaluation purposes, uploading this onto the RPC Evaluation Database for transfer to DWP. Using this information and that received from the LA indicating the level of intervention intensity recommended, you must advise of the most appropriate intervention for that participant. It is imperative that the participants Unique Identifying Number (UIN) is used on all forms and correspondence, to ensure all parties involved can correctly identify the participant.

NB: In certain situations, the level of intervention for a participant may be changed from Higher level to Moderate level if the following applies:

a. if there is an eligibility gap in provision, – please follow Annex B High to Moderate gap referral process NOTE: If you would like a copy of this form, please send your request to: cepspecialist.provisionenquiries@dwp.gov.uk

b. if it is highly unlikely that the parent(s) will start or complete a high level intervention due to:

- health issues
- difficultly in accessing group session due to issues of a rural location
- a separated partner participating in the same intervention.

NB: This list is not exhaustive.

Please follow Annex B High to Moderate discretion referral process NOTE: If you would like a copy of this form, please send your request to: cepspecialist.provisionenquiries@dwp.gov.uk

c. Pre-planned and booked moderate group sessions – please follow Annex B High to Moderate group process NOTE: If you would like a copy of this form, please send your request to: cepspecialist.provisionenquiries@dwp.gov.uk

As well as completing Annex A you will need to follow the relevant Annex B process for the reason being used to move parent to a different intervention level. NOTE: If you would like a copy of this form, please send your request to: cepspecialist.provisionenquiries@dwp.gov.uk

Annex A must be uploaded to the RPC Evaluation Database.

Note i. If the participant declines to provide the information to complete the IAQ, you will still undertake the IA and enroll the parent(s) onto the relevant intervention, using only the information provided by the LA.

Note ii. Where a Providers are unable to complete the PAQ face to face the document must not be emailed to the Parent(s) for completion and return. Providers must complete the questionnaire by taking the answers from Parents over the phone (or via Skype, Zoom for example).

2.12. You must agree participation and confirm the start date with the Participant for the chosen Intervention, within 10 working days of the IA, and record this in the Intervention Plan (documenting the Intervention type and for the High Intensity Intervention the 50% midpoint). The Intervention Plan must be signed by yourself and the Participant at the IA and you will update PRaP accordingly. You must send a copy of the Intervention Plan and IAQ to the LA by password protected email within 10 working days of the IA and upload both to the RPC Evaluation Database within 10 working days

Coronavirus (COVID-19) interim arrangements section 2

We understand that due to the current situation it is not possible to obtain signatures as stated in section 2.12.

For the period of the current pandemic where a signature is required you must verbally confirm the participant's responses and agreement to participate. Once this agreement is confirmed you are required to date the form and annotate the signature box with "COVID-19".

These instructions are effective as of 23 March 2020 when the government instructions were put in place and will be in place until otherwise notified.

2.13. The Intervention Plan will detail the length of the Intervention and the planned attendance of the Participant. For a High Intensity Intervention, the Intervention plan will also detail the date of the mid-point and this will be highlighted to the Participant.

2.14. On completion of the intervention you will update the Intervention Plan and must ask the participant to complete the Post Assessment Questionnaire (PAQ). The completed annotated Intervention Plan, and also, if completed, the PAQ must be shared with DWP and the Lead LA within five working days of the intervention being completed. If the participant has failed to complete the intervention, you must contact them, with support if necessary from the LA who will liaise with the FLP to help them complete the PAQ. You must use the contact details provided by the participant. Any contact details provided by PRaP may not be up to date.

Note i. Where Providers are unable to complete the PAQ face to face the document must not be emailed to the Parent(s) for completion and return. Providers must complete the questionnaire by taking the answers from Parents over the phone (or via Skype, Zoom for example).

Note ii. All the intervention dates will need to be recorded on the Intervention Plan, an original/new signature & date is then required after each intervention.

Coronavirus (COVID-19) interim arrangements section 2

We understand that due to the current situation it is not possible to obtain signatures as stated in section 2.14.

For the period of the current pandemic where a signature is required you must verbally confirm and then update the Intervention Plan in conjunction with the participant. Once this agreement is confirmed you are required to date the form and annotate the signature box with "COVID-19".

These instructions are effective as of 23 March 2020 when the government instructions were put in place and will be in place until otherwise notified.

Role of the Local Authority

2.15. Your relationship with the LA is key for the success of the F2F Provision and you will need to work closely with them throughout.

2.16. The LAs will determine eligibility to the F2F Provision through completion of F2F Provision specific forms/questionnaires, by asking parents to confirm that they meet the specific eligibility requirements and that they understand their data will be shared with DWP for the purposes of programme/contract management and programme evaluation. Parents will need to confirm and sign that they meet the eligibility criteria (as set out in paragraphs 2.1 to 2.4 above) and to data sharing.

Coronavirus (COVID-19) interim arrangements section 2

We understand that due to the current situation it is not possible to obtain signatures as stated in section 2.16.

For the period of the current pandemic you must verbally confirm eligibility and agreement to data sharing with the participant. Once this has been confirmed you are required to date the form and annotate the signature box with "COVID-19".

These instructions are effective as of 23 March 2020 when the government instructions were put in place and will be in place until otherwise notified.

2.17. The intensity level of an intervention is determined by the LA via the output of the screening questions in the RSQ which will be completed by Participants with support, if required, from Front-line Practitioners who will send the relevant sections to you. This is the minimum level of support that you MUST provide for this Participant unless 2.11 applies.

2.18. If you determine that a Higher Intensity level of support may be beneficial, you can provide this but at your own cost. In these circumstances you may only claim costs for the Moderate Intensity Intervention outcome. In no circumstances can a lower level of support be provided than that which has been determined by the output LA unless 2.11 applies.

2.19. Each CPA will have a Lead Gateway Team who will be responsible for:

- providing you with the contact details and other relevant referral information alongside any additional information you may require to work effectively with the Participant
- providing you with support to contact Participants who do not attend and with completion of the Post Assessment Questionnaire (see Chapter 5 - Participation)

Role of DWP

2.20. DWP is responsible for completing the Referral at the intensity level determined by the LA. In the vast majority of instances this will be via PRaP but in the minority of cases this will be via a paper based system (see Multiple-Agency Public Protection Agreement (MAPPA)/Special Customer Records (SCR)) – see paragraph 3.1 below for details.

2.21. You will be able to differentiate in PRaP between Moderate Intensity Interventions and High Intensity Interventions as they will have a different reference number.

2.22. DWP will also performance manage the Contracts (see Chapter 8) and issue and validate payments accordingly.

Chapter 3: Referrals

COVID-19 interim arrangements – section 3

Unless noted below, processes contained within RPC Provider Guidance, associated Live Running Memos and contract variations, should be followed and adhered to.

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support. All references to Face to Face (F2F) within this guidance should be interpreted as either face to face, telephone, electronic or video contact.

Referral Overview

3.1. The DWP Referral Team will make the Referral via PRaP within two working days of receipt, at the intensity level of Intervention determined by the LA, based on the output of the screening questions asked as part of the RSQ. This will send you a notification with the purchase order and will enable you to commence your support offer and agree a start date with the Participants(s). You are required to confirm Provider Acceptance via PRaP within three working days of the DWP Referral Team making the Referral. The Interventions can only be measured once the Participant Start date has been recorded on PRaP.

Please note: You are contractually required not to commence with the Intervention until the Referral, and relevant PRaP purchase order, has been received and you have confirmed Provider Acceptance, which you must do within three working days of the DWP Referral Team making the Referral.

Please note: Parents are referred to the Programme individually and must each complete a separate RSQ and Participation Agreement. Parents who are attending provision together can be identified as their RSQ will contain their co-Parent's name and UIN. Outcomes for both Parents must be recorded in PRaP, particularly where one Parent is unable to complete provision.

Please note: It should be noted that while the vast majority of referrals will be made through PRaP, 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). Please refer to paragraph's 7.26 to 7.35 which provides instructions on the SCR clerical claim process. Further information is also available in Chapter 2 of DWP Generic Provider Guidance.

Information Received from LA

3.2. The LA will send you the outcome of the RSQ which includes the intensity level of Intervention the Participant has been identified as requiring through the use of screening questions, alongside any locally agreed information about the Participant that you may require. The information you receive will enable you to identify the co-parent (using their name and UIN), as you will receive their details separately. You must ensure this information is stored securely and fully complies with DWP Security Policy.

3.3. If you receive this information from the LA but do not receive a Referral within 10 working days you should email the DWP Referral Team at rpc.referralteam@dwp.gov.uk to advise.

3.4. If a response is not received from the DWP Referral Team within two working days and the referral is withdrawn, you must delete/dispose of the referral. However, if the referral is not withdrawn, you must await the new date of referral from the DWP Referral Team.

MAPPA cases

3.5. MAPPA are the statutory arrangements for managing sexual and violent offenders. MAPPA is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner.

3.6. You will be notified by the LA of any MAPPA requirements/restrictions within the additional needs part of the RSQ. The FLP must ensure sufficient actions have been taken. Special Customer Records cases

3.7. Certain Participants are allocated Special Customer Records (SCR) status. This is determined by HMRC Special Section D (SSD) in Newcastle for cases where unrestricted access to Participant's data poses a demonstrable risk to the individual's safety.

3.8. These Participants must not have their details held on any electronic systems. Further information regarding managing SCRs is available in Chapter 2 of DWP Generic Provider Guidance.

3.9. Further information regarding claiming completion Outcomes for SCR cases is available in paragraph's 7.26 to 7.35.

Referral Stage Questionnaire

3.10. The RSQ contains screening questions designed to robustly determine the intensity of inter-parental conflict in the Parent relationship. To ensure the relevancy of these questions, four questionnaires have been developed to correctly determine conflict intensity; one for intact couples, one for intact couples expecting their first child, one for separated couples, and another for separated couples expecting their first child.

3.11. The inclusion of such in the RSQ aims to ensure that these screening questions are consistently administered by the LA FLPs across the different CPAs, to systematically assess Parents' levels of conflict.

3.12. The scores derived from the screening questions provide an indication of the level of intensity of Parental Conflict in the inter-parental relationship. By developing thresholds (using data from previous studies) we 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. You will be notified by your Lead LA of potential Participants in your area that fall into each category (either 'moderate' or 'higher' intensity) when you receive the outcome of the RSQ and the referral. These potential Participants should then be allocated to the appropriate category of provision via a LA Referral.

Chapter 4: Intervention

COVID-19 interim arrangements – section 4

Unless noted below, processes contained within RPC Provider Guidance, associated Live Running Memos and contract variations, should be followed and adhered to.

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support. All references to Face to Face (F2F) within this guidance should be interpreted as either face to face, telephone, electronic or video contact.

Arranging Initial Contact

4.1. After receiving the Referral and confirming Provider Acceptance (within three working days of the DWP Referral Team making the Referral), you must engage with the Participant as soon as possible (best practice is within 8 working days) to discuss the F2F Provision with them and arrange the IA meeting. This discussion must not take place before the date of Provider Acceptance.

4.2. When arranging the IA, you must work with the Participant to identify a suitable attendance date, taking into account any previous commitments or work related requirements/activity (for example, Jobcentre or medical appointments). This is essential as Claimants could be sanctioned if their course clashes with their attendance date. You must take into account any complex needs and/or additional support requirements, keep a record of what these are and the actions you have taken. You must keep a record of the actions you have taken to contact the Participant to arrange the IA and by what means (i.e. telephone/letter). Ideally, you should arrange for both Parents to attend together, as the Intervention Type they are assigned may require them to attend together. In this case, it would be easier to have the discussion about attendance for the Intervention Plan with both parties to prevent diary clashes later.

4.3. The IA must take place within 25 working days of the referral date in PRaP. If you are unable to engage with the Participant to arrange the IA after 10 working days, then you must contact the LA who will support you. The LA will attempt to contact the Participant over a further 10 working day period. You must use the contact details provided by the Participant. Any contact details provided by PRaP may not be up to date. If, after confirmation from the LA, the Participant will no longer be taking part in the provision, you must mark this as Did Not Start (DNS) in PRaP.

Did Not Start (DNS)

4.4. DNS should only be entered in PRaP by the Provider for the following reasons:

- a Parent does not attend the Initial Assessment Interview and then subsequently cannot be contacted by the Provider within the 10 working days of receiving the referral and by the LA over a further 10 working day period
- a Parent does not attend the Initial Assessment Interview and when contacted states they do not wish to participate in the programme
- a Parent attends the Initial Assessment Interview and decides they do not wish to start the interventions

An Intervention Notification must be completed and uploaded to the RPC Evaluation Database and sent to the relevant CPA Gateway Team for all cases where the DNS is recorded in PRaP.

If DNS is entered incorrectly then Performance Management action may be considered (see Chapter 8).

4.5. If you are able to contact the Participant but they are unable to attend the IA within the 25 working days due to other commitments, but can attend a later appointment, you must book the next available appointment and record the reasons in the Intervention Plan for booking outside the prescribed time limit. However, this must not be more than 25 calendar days after provider acceptance as PRaP will have closed down the referral.

The importance of Safeguarding

4.6. The nature of the Interventions you will be undertaking, the variety of family units that you will be working with and the safety of Parents, children and your staff all result in you needing to have robust safeguarding procedures. This requirement will be paramount.

For further information on safeguarding responsibilities, please refer to the Generic Provider Guidance Chapter 2

4.7. FLPs who work with the LA (and their partners) and refer Parents to the F2F Provision will be trained in how to identify Parental Conflict and the suitability of Parents for referral to an Intervention to reduce it.

4.8. When a FLP identifies a Participant as vulnerable, you will be notified by the LA in

the RSQ which contains a space for special requirements. Safeguarding procedures must be followed when dealing with the Participants to take account of the unique changes they may face when being referred to the Intervention.

4.9. Intervention providers are required to have robust safeguarding processes in place for families engaged in Reducing Parental Conflict (RPC) interventions. The provider (Prime and Sub-contractor) when undertaking the front line practitioner (FLP) role are required to assess that there is no domestic violence or domestic abuse concerns; and that the family and parents are suitable to participate in an RPC intervention. Any and all safeguarding concerns should be reported following locally agreed guidance and processes; If there are concerns about a child's welfare, a referral should be made immediately to the LA children's social care as set out in statutory guidance Working Together to Safeguard Children.

4.10. If you become aware through the course of the Intervention that there is a potential risk of domestic abuse/domestic violence to a Parent or child, you should inform the LA and referrer if acting as lead professional for the appropriate referrals to be made to ensure the family receives suitable support and minimise the risk of potential abuse/violence. If at any time, there are concerns about a child's welfare, a referral should be made immediately to the LA children's social care as set out in statutory guidance Working Together to Safeguard Children. The LA will decide if it is safe and appropriate for the Parent to continue depending on the individual circumstances.

If, however, it is still apparent to the Provider that the Parent's individual circumstances and needs will be better addressed by an alternative domestic abuse/violence provision; the provider reserves the right to discontinue the F2F Parental conflict provision and will inform the LA children's social care service that they will discontinue the F2F intervention and engagement with the Parent(s), so that the best alternative support is made available as quickly as possible.

Initial Assessment

4.11. At the IA you will discuss with the Participant the relevant Intervention you are able to offer at the intensity level determined by the LA, based on the screening questions asked as part of the RSQ.

4.12. During this discussion you will ask the Participant to complete the IAQ. This questionnaire is designed to collect data for the purposes of the evaluation (see paragraphs 4.16 to 4.17). This will be uploaded to the RPC Evaluation Database. This will be uploaded to the RPC Evaluation Database. This is based on an Excel spreadsheet.

NB: Where a Providers are unable to complete the IAQ face to face the document must not be emailed to the Parent(s) for completion and return. Providers must complete the questionnaire by taking the answers from Parents over the phone (or via Skype, Zoom for example).

4.13. You will complete an Intervention Plan (Annex 5) with the Participant outlining the detail of the Intervention, including the length and attendance. NOTE: If you would like a copy of this form, please send your request to: cepspecialist.provisionenquiries@dwp.gov.uk

This must be signed in all cases at the IA by the participant and yourselves and sent to the DWP Referral Team via uploading to the RPC Evaluation Database and to the Lead LA by Password protected email within 5 working days of the IA. An Intervention Notification (Annex 6) is to be completed and uploaded to the database by the same method as an Intervention Plan when a DNS is recorded on PRaP. NOTE: If you would like a copy of this form, please send your request to: cepspecialist.provisionenquiries@dwp.gov.uk.

COVID-19 interim arrangements – section 4

We understand that due to the current situation it is not possible to obtain signatures as stated in section 4.13 above.

For the period of the current pandemic you must verbally confirm agreement to content with the participant. Once this has been confirmed you are required to date the form and annotate the signature box with "COVID-19".

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support. All references to Face to Face (F2F) within this guidance should be interpreted as either face to face, telephone, electronic or video contact.

4.14. When a DNS is recorded on PRaP, inform the Parent that the Frontline Practitioner will be notified why they do not want to participate and an Intervention Notification (see Annex 6) is to be completed, including the reason the Participant did not start the intervention and uploaded to the RPC Evaluation Database, also the relevant CPA gateway team need to be informed via password protected e-mail.

4.15. If the Participant has been identified as requiring a High Intensity Intervention, and has been referred to an Intervention at this level, the Intervention Plan must also state the date/number of Intervention sessions attended at which 50% completion of the Intervention would occur.

4.16. You will confirm the time and date of the next attendance with the Participant and update PRaP with the date the IA has taken place to show that the Participant has attended the IA and started on the Provision. You will send the Initial Assessment Questionnaire, Intervention Plan to the CPA Referral Gateway Team rpcreferrals@westminster.gov.uk, rpcgateway@gateshead.gov.uk, parentingtogether@hertfordshire.gov.uk, HappyFamiliesHappyFutures@dorsetcc.gov.uk by password protected e-mail and upload it to the RPC Evaluation Database.

Please Note: if the Participant declines to complete the IAQ (as per 4.19) then please annotate the above email with a note stating 'Participant declined to complete IAQ'.

Please note: Where a Participant attends the IA but decides not to commence the Intervention (including where they do not sign the Intervention Plan within 5 days of the IA) and a Participant Start has not been recorded on PRaP, a referral may be made for an alternative Participant. However, once a Participant Start has been recorded on the appropriate DWP system (and the Participant has commenced on the Intervention but subsequently decides to no longer engage or attend) that place on F2F Provision cannot be offered to another Participant.

Intervention Plan

4.17. 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
- you must work with the Participant to identify a suitable schedule of attendance, taking into account any previous commitments or work related requirements/activity (for example, Jobcentre or medical appointments). This is essential as Claimants could be sanctioned if their course clashes with their attendance date.
- 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. Please record on the Intervention Plan that complex needs or additional requirements have been taken into account or that no complex needs or additional requirements have been identified
- for High Intensity Interventions you MUST document within the Intervention Plan, and confirm, the 50% completion point with the Participant as agreed during the IA
- the evidence of all interactions must be completed, dated, signed with an original/new signature and held for all Participants. If a Participant cannot sign, you must record the reason for this. If you plan to capture the signature electronically e.g. the Participant signature is obtained during a home visit on a signature pad with a time-stamped entry, this is acceptable however one signature per intervention session delivered still applies as above
- 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 after each attendance as outlined in your delivery model
- the Intervention Plan must be sent to the Lead LA by password protected email and uploaded onto the RPC Evaluation Database immediately following the IA, mid-point

(as defined in the Intervention Plan) for High Intensity Intervention Participants only, and at the end of the Intervention for everyone. Intervention Plans for Moderate Intervention Participants, including the ones that the provider has decided to increase to Intensive are sent up at the end of the intervention only

COVID-19 interim arrangements – section 4

We understand that due to the current situation it is not possible to obtain signatures as stated in section 4.12, 4.13 and 4.17.

For the period of the current pandemic where a signature is required you must verbally confirm the participant's responses. Once this is confirmed you are required to date the form and annotate the signature box with "COVID-19".

NB: If phone or video sessions are delivered, as a result of "COVID-19" arrangements providers may be expected where possible to obtain a signature at a later date to verify participation, for each completed session as this will assist the validation of your claim.

These instructions are effective as of 23 March 2020 when the government instructions were put in place and will be in place until otherwise notified.

Initial Assessment Questionnaire

4.18. The Initial Assessment Questionnaire (IAQ) (see Annex 7 for the supporting guidance) will be administered by providers with Parents at the initial assessment stage alongside agreeing the intervention plan. This questionnaire will be used both by Parents who are still in a relationship together, and by Parents who have separated. Each Parent will be asked to complete the questionnaire individually. The questions are voluntary for Parents to complete, though we would like to encourage Parents to undertake the questionnaire as they will provide valuable learning for the evaluation.

4.19. The IAQ focusses on the questions relating to the child; such as living arrangements and visitation where relevant, child details, and questions which have been taken from the Strengths and Difficulties Questionnaire. This questionnaire has been designed to enrich our understanding of the family and collect snapshot information about the child's behaviour for the purposes of the evaluation. See Live Running Memo 11.

COVID-19 interim arrangements – section 4

We understand that due to the current situation it is not possible conduct IAQs Face to Face as stated in section 4.18 and 4.19 above.

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support. All references to Face to Face (F2F) within this guidance should be interpreted as either face to face, telephone, electronic or video contact.

For the period of the current pandemic you must verbally confirm the participant's responses. Once this is confirmed you are required to date and annotate with "COVID-19".

If phone or video sessions are delivered, as a result of "COVID-19" arrangements providers may be expected where possible to obtain a signature at a later date to verify participation, for each completed session as this will assist the validation of your claim.

Subsequent Attendance

4.20. You will complete the attendance section of the Intervention Plan with the Participant at every meeting, recording any progress made.

4.21. If at any stage the Participant does not attend the session and you are to contact them to discuss this, you would also record this on the Intervention Plan, noting any and

all action taken to contact the Participant.

4.22. You will attempt to contact the Participant a minimum of three times over a 10 calendar day period, all attempts must be noted on the Intervention Plan.

4.23. If you are able to contact the Participant and they re-engage with the programme, you are expected to discuss with them the best course of action moving forward taking into account the balance of time rules.

4.24. If you are unable to contact the Participant after the ten calendar days, then you must contact the LA with the Participants Name and Unique Identifying Number (UIN) by secure e-mail into the designated inbox for support.

4.25. If the LA is able to make contact with the Participant and encourage reengagement, you will be contacted and can start working with the Participant again. You will be required to complete an additional Intervention Plan with the new dates of attendance (including mid-point).

4.26. If the Referral Gateway Team are unable to encourage re-engagement with the Participant, the Intervention should remain open on PRaP until the balance of time period has passed. . Once this has lapsed you should send the Intervention Plan to the Referral Gateway Team and upload to the RPC Evaluation Database and end the Provision on PRaP as a DNA.

Did Not Attend (DNA)

4.27. A Parent should be considered as DNA if the 3 conditions below are met; Do not record DNA in PRaP

- an Initial Assessment has been conducted, a “Start” has already been recorded by a Provider in PRaP
- the Parent fails to attend the subsequent interventions after the Initial Assessment
- the Parent has disengaged and 4 weeks have elapsed since the Provider/CPA was last able to contact the Parent

When not to use did not attend in PRAP

4.28. Provides will not use “Did Not Attend” in PRaP. They will instead record the appropriate end reason in PRaP as follows:

- where the Parent disengages from the programme and cannot be contacted, the provider will use the end reason 36 (No Longer Engaged with the Provider)
- where the Parent disengages from the programme, then rejoins the programme but hits the balance of time end point without completing the 80%+ of the provision, the Provider will record an end reason of 37 (No Longer Eligible)
- where the Parent completes 80%+ of the required provision the provider will record in PRaP an end reason of 39 (Completed Provision)

4.29. Where a Participant does not complete the Intervention, they must still be given the opportunity to complete the Post Assessment Questionnaire. This should be completed in person where possible and if not, this must be completed by another means and returned to yourselves, for you to record onto the appropriate data collection system and then transfer to DWP. If necessary, you should do this with support from the LA who will liaise with the FLP and then inform you of the actions taken.

NB: Where a Providers are unable to complete the PAQ face to face the document must not be emailed to the Parent(s) for completion and return. Providers must complete the questionnaire by taking the answers from Parents over the phone (or via Skype, Zoom for example).

Mid-Point (High Interventions Only)

4.30. At the mid-point of the Intervention (as determined in the Intervention Plan for High Level of Need Participants) you and the Participant will update and sign the Intervention Plan and send this to the LA and DWP via password protected email and upload to RPC Evaluation Database.

Post Assessment Questionnaire

4.31. The Post Assessment Questionnaire (PAQ) (see Annex 8 for the supporting guidance) asks Parents to provide information about their relationship with the other Parent, and whether the nature of this relationship has changed since starting the intervention e.g. are they still in a relationship, or have they now separated. The PAQ also asks Parents for feedback relating to their overall experience of the intervention that they went on. The questions are voluntary for Parents to complete, though we would like to encourage Parents to undertake the questionnaire as they will provide valuable learning for the evaluation.

4.32. The PAQ then contains the same questions that Parents completed at the Referral Stage with the frontline practitioner when completing the RSQ. That means that there are two questionnaires; one for separated Parents, and one for Parents who are still in a relationship. There are adapted versions of each for Parents who are expecting their first child. By asking the same questions before and after a Parent completes an intervention we are able to observe any changes in the inter-parental relationship that may have arisen as a result of the intervention. Parents should therefore complete the same version of the questionnaire (separated / still in a relationship) as they did at the initial referral stage.

Completion

4.33. At the end of the Intervention you and the Participant will update and sign the Intervention Plan and send this to the LA and DWP by password protected email and upload to RPC Evaluation Database within 5 working days. You must also ask the Participant to complete the Post Assessment Questionnaire. This questionnaire should be completed within 10 working days of the end of the intervention and in person. If this is not possible, you must give these Participants the opportunity to complete the Post Assessment Questionnaire by another means and return to yourselves, for you to record onto the appropriate data collection system and then transfer to DWP. If necessary, you should do this with support from the LA.

NB: Where a Providers are unable to complete the PAQ face to face the document must not be emailed to the Parent(s) for completion and return. Providers must complete the questionnaire by taking the answers from Parents over the phone (or via Skype, Zoom for example).

COVID-19 interim arrangements – section 4

We understand that due to the current situation it is not possible to obtain signatures as stated in section 4.33 above.

For the period of the current pandemic where a signature is required you must verbally confirm and then update the Intervention Plan in conjunction with the participant. Once this agreement is confirmed you are required to date the form and annotate the signature box with “COVID-19”.

These instructions are effective as of 23 March when the government instructions were put in place and will be in place until otherwise notified.

4.34. Where a Participant does not complete the Intervention, they must still be given the opportunity to complete the Post Assessment Questionnaire. As above, this should be completed in person where possible and if not, this must be completed by another means and returned to yourselves, for you to record onto the appropriate data collection system and then transfer to DWP. If necessary, you should do this with support from the LA.

Chapter 5: Participation, absence and change of circumstance

COVID-19 interim arrangements – section 5

Unless noted below, processes contained within RPC Provider Guidance, associated Live Running Memos and contract variations, should be followed and adhered to. The following information is to summarise the interim arrangements that DWP has put in place to allow you to continue to deliver provision during the COVID-19 event.

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support. All references to Face to Face (F2F) within this guidance should be interpreted as either face to face, telephone, electronic or video contact.

Change of Circumstance

5.1. It is the responsibility of the Participant to notify you of any changes in their circumstances. If they are in receipt of benefit, they are required to notify the DWP of any change in their circumstances that occur whilst they are on F2F Provision. Where a Participant is in receipt of a DWP benefit and informs you of a Change of Circumstance (CoC), you are to direct Participants to immediately report the change to the DWP.

Participant changes address

5.2. The LA will notify you if a Participant changes their address if that change might affect their continued participation. The FLP must remind the Participant to inform DWP & yourselves of any change of address.

5.3. Once the Participant has attended their IA and a Participant Start date has been input into PRaP (within 10 working days of attendance), if the change of address means that the Participant remains within the Contract Package Area (CPA) or lives outside the CPA but are still supported by services from within the CPA, their participation on the scheme will be unaffected. However, if the change means that the Participant will no longer remain in the CPA and they are not supported by any services from within the CPA, you will be expected to consider if continued participation is appropriate.

5.4. If the Participant remains in the local travel to work area participation should continue. Participants are not required to participate in any location which would normally take them more than 90 minutes in each direction from their permanent residence, by a route and means appropriate to their circumstances to travel to.

COVID-19 interim arrangements – section 5

We understand that due to the current situation participants will not be required to travel for face to face engagement.

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support.

5.5. If the Participant moves further afield you should consider if suitable arrangements can be put in place to continue delivery of the service. You should contact your Performance Manager (PM) to discuss what arrangements you are proposing to ensure they remain in line with the delivery intent of the programme. If suitable arrangements cannot be made, your delivery requirements will cease, you will ask the Participant to complete the Post Assessment Questionnaire and the Participant should be recorded as a completer in PRaP if an outcome has been achieved for the Intervention type (50% mid-point and completion of the intervention with 80% attendance for High Intensity Interventions and completion with 80% attendance for Moderate Intensity Interventions).

Unacceptable Behaviour

5.6. Participants on DWP F2F Provision have a responsibility to behave in an appropriate manner, just as they would if they were in employment and you must explain what constitutes appropriate behaviour as part of the Participant's IA.

5.7. Where cases of unacceptable behaviour by Participants arise, you must immediately deal with it in the most appropriate manner.

5.8. If a Participant's behaviour is such that effective participation is not possible, in the first instance you must discuss this with the Lead LA. As a last resort a decision may be made to exclude them from the F2F Provision (further information regarding unacceptable behaviour can be found in Chapter 2 of Generic Provider Guidance)

Absence

5.9. If the Participant does not attend the Intervention, or take the next step set out in the Intervention Plan, or stops engaging at any point, you will attempt to contact them three times on different days and at different times over a ten working day period, which starts from the first day of the absence, to try and encourage their engagement. This contact must be recorded on the Intervention Plan. You must use the contact details provided by the Participant. Any contact details provided by PRaP may not be up to date.
5.10. If this is unsuccessful, you will contact the LA who will then attempt to engage the Participant over a ten working day period. This ten working day period starts from the day after the period referred to in para 5.9 above ends.

5.11. If the Participant declines to continue with participation you will be contacted by the Lead LA by the method, you agreed. You will be unable to claim an outcome for this Participant.

5.12. If you/the Lead LA are able to contact the Participant and they re-engage with the Provider/give an explanation for non-attendance that is acceptable, you will continue to work with them for the period defined below.

Balance of time

5.13. In order to encourage completion and to mitigate any unforeseen circumstances that may affect attendance the following timescales have been agreed to complete each level of intervention:

- High Intensity Intervention – up to 6 months
- Moderate Intensity Intervention- up to 3 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.

Please note: 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 – 29 July 2022.

Chapter 6: Claiming outcomes and PRaP actions

COVID-19 interim arrangements – section 6

Unless noted below, processes contained within RPC Provider Guidance, associated Live Running Memos and contract variations, should be followed and adhered to.

The following information is to summarise the interim arrangements that DWP has put in place to allow you to continue to deliver provision during the COVID-19 event.

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support.

RPC – COVID-19 Interim Arrangements – Section 6

Some CPA's/Providers have changed to the Cost+ Payment Model, whilst others have remained on the Payments by Results Model.

If you are on cost+ Model all mentions of a payment outcome in the following chapter, does not refer to you, you will claim outcomes for MI purposes only, checks will be completed on the outcomes.

Overview

6.1. This chapter outlines the key steps that you are required to complete to claim an outcome payment. In the majority of cases this will be via PRaP but in a small number of cases (as set out in Special Customer records) an alternative process will apply.

6.2. There is one outcome associated with a Moderate Intensity Intervention and two with the High Intensity as detailed below:

Moderate Intensity

Providers will be eligible to claim a completion outcome payment and update PRaP on completion of the Intervention, where a minimum of 80% attendance by the Participant has been achieved, documented and signed by both Provider and the Participant on the Intervention Plan.

High Intensity

Providers will be eligible to claim mid- completion outcome payment and update PRaP when 50% attendance of the Intervention has been achieved (50% as detailed and documented in the Intervention Plan during the IA and signed by both the Participant and Provider).

Providers will be eligible to claim a completion outcome payment and update PRaP on completion of the Intervention, where a minimum of 80% attendance by the Participant has been achieved, documented and signed by both Provider and the Participant on the Intervention Plan.

COVID-19 interim arrangements – section 6

We understand that due to the current situation it is not possible to obtain signatures as stated in section 6.2 above.

For the period of the current pandemic where a signature is required you must verbally confirm the participant's agreement to the content of the Intervention Plan. Once this agreement is confirmed you are required to date the form and annotate the signature box with "COVID-19".

These instructions are effective as of 23 March 2020 when the government instructions were put in place and will be in place until otherwise notified.

General information

6.3. The Provider Referrals and Payments (PRaP) system enables secure, automated exchanges of information about customers referred to the F2F Provision and payments from DWP for these customers.

6.4. You will access PRaP via DWP Authenticate and download information to your IT system, where you will be able to manage and update information about customer progress into PRaP. Please Note: You must include the participants UIN for all claims in

the Other Information box on PRaP

6.5. The PRaP system also provides transparent data about the cost and performance of the F2F Provision and payments, supporting contract and performance management.

6.6. For further information about PRaP, please see our questions and answers at Provider Referrals and Payments (PRaP) system for DWP.

PRaP Operational Support Team

6.7. The PRaP Operational Support Team (POST) will carry out administration and approval functions to support your referrals on PRaP. Further information and full details of the POST role can be found in the PRaP UPK guidance, which is available within the PRaP on-line help function.

6.8. If you have a further query about the system, you can request live help from the PRaP Operational Support Team (POST) on prap.support@dwp.gov.uk or contact the Help Line on 0345 604 5406 option 2, open 9am – 4pm, Monday to Friday.

Security

6.9. To access and use PRaP you have to meet your responsibilities under the Data Protection Act/ General Data Protection Regulation (GDPR) to keep all data securely and confidentially. You should be aware that system security monitoring is carried out.

6.10. You must ensure you meet relevant security requirements at the Contract Commencement Date and thereafter. Details on Provider security information can be found at Procurement at DWP.

Using PRaP

6.11. You will use PRaP to receive Referrals, confirm Provider Acceptance, record the Participant Start date, and record customer activity amongst other things.

6.12. Direct access to PRaP is limited to Prime Providers/ Contract holders (you).

6.13. You must ensure that you update PRaP timeously, correctly and comprehensively.

6.14. For all claims you are required to maintain a robust system of internal controls which must include appropriate checks, monitoring arrangements and adequate records to demonstrate that you are entitled to make the claims. The records maintained need to be sufficient not only to support a claim for the outcome payments, but also to allow internal management checks, scrutiny from other external bodies and DWP validation checks.

6.15. You must not undertake any activity with a customer unless you have received a Referral for them on PRaP. Failure to do so could adversely affect outcome payments and Provider performance. Should you have a missing Referral, you should contact the DWP referral Team by password protected email. If no response is received within 10 days you must delete the information you have received and contact the LA to discuss.

Referral

6.16. Information sent as part of the Referral is personal data within the meaning of the Data Protection Act/GDPR and handling, processing and transmission rules apply. The information sent as a minimum will include:

- Full name including title
- National Insurance number
- Full address (including post code)
- Telephone number (including STD code)
- Other telephone number (mobile)

Please note: under current processes you will be notified via secure encrypted email that the Participant is a disabled person but you will not be notified what the disability

is. Disabled Participants may require special arrangements when you meet with them.

- Welsh language, written or spoken
- referral ID
- provision ID
- date of referral
- vulnerable Participant status (this will be notified in the form of the word "Safeguard" which will be detailed within the Action Plan Items of the field of the referral)
- disadvantaged marker set Y (yes) or N (no)

Please note: If information states disadvantaged marker set 'Y' you will need to ask the customer to disclose any disadvantages they have.

6.17. There are no Programme specific PRaP actions for the F2F Provision.

6.18. The help functions within PRaP, referred to as Oracle User Productivity Kit (UPK), is accessed via the 'Help' function button. UPK should be used in conjunction with this guidance to ensure accurate and timely input.

6.19. The job (Referral) details screen must be completed prior to recording certain activities, including input against all job (Referral) outcome lines. Instructions on how to complete the job (Referral) details screen can be found within the Oracle User Productivity Kit (UPK) under topic 'Provider Manage Outcomes', with the relevant recordings being 'Enter Job Details', 'Update Job Details', View Job Details' and 'Delete Job Details'.

6.20. There are points within the F2F Provision where Providers must ensure they update PRaP, e.g. Provider Acceptance, confirming Participant Start date, etc. The key actions required are listed below:

- acknowledge each Referral by confirming Provider Acceptance
- record Participant Start dates
- email (password protected) the Intervention Plan completed and signed (by the Provider and Participant) at the IA. Subsequent copies will be hardcopy so will need to be scanned and emailed to the DWP Referral Team inbox
- record when the mid-completion 50% marker has been achieved for the High Intensity Interventions
- on conclusion of the Intervention, record any completions of the Intervention (when a minimum attendance of 80% has been achieved) and email the final version of the Intervention Plan
- record an End once all lines authorised have been claimed

Please note: Claims via PRaP must be made in order, for example you cannot input a claim for a 50% or completion Outcome until the Start date has been inputted.

6.21. PRaP Operational Support Team Guidance for RPC is at Annex 9.

Special Customer Records

6.22. The majority of claims for outcome payments must be submitted via PRaP. However, where you have a claim for a Participant who is granted Special Customer Records (SCR) status (as determined by HMRC Special Section D) you are required to submit the claim following the SCR clerical claim process. Where DWP identifies that SCR status is not granted the claim will be rejected. Please refer to paragraphs 7.26 to 7.35 which provides instructions on the SCR clerical claim process.

Chapter 7: Validation

COVID-19 interim arrangements – section 7

Unless noted below, processes contained within RPC Provider Guidance, associated Live Running Memos and contract variations, should be followed and adhered to.

The following information is to summarise the interim arrangements that DWP has put in place to allow you to continue to deliver provision during the COVID-19 event.

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support.

RPC – COVID-19 Interim Arrangements – Section 7

Some CPA's/Providers have changed to the Cost+ Payment Model, whilst others have remained on the Payments by Results Model.

If you are on cost + Model all mentions of a payment outcome in the following chapter, does not refer to you, you will claim outcomes for MI purposes only, checks will be completed on the outcomes.

General

7.1. You will only claim outcome payments having established you are entitled to do so and that a valid outcome exists. In claiming you will comply with all claiming procedures as detailed in your Contract, including within this PG. Claims which do not comply fully with these procedures, including evidencing requirements, may not be paid. You are required to maintain, on an ongoing basis, a robust system of internal records and control, sufficient not only to support any Outcome claims you make but also to allow you to undertake internal management checks and enable independent testing and validation by DWP and other external bodies.

The risk of records being inaccurate and/or incomplete is wholly borne by you.

7.2. In the unlikely event that having claimed an outcome payment you identify data input errors (for example incorrect dates), you can request the claim be removed so you can reclaim, the necessary corrections having been made. Such requests may be made using the required PRaP 14 form (as detailed in Annex 10).

7.3. DWP will keep information on inaccurate and/or incomplete submitted claims. Such Management Information will be used by the Department to inform, for example, Provider Assurance Team activities (see Generic Provider Guidance Chapter 6 - Provider Assurance and/or the need for further controls.

Validation Action

7.4. DWP may, at its discretion, undertake checks to determine your eligibility to receive/retain any payments claimed/received by you under this Contract. Checks may be undertaken pre-payment and or post-payment on up to 100% of claims made/paid.

7.5. DWP may contact you to confirm the details you have supplied in support of your claim, including a working telephone number for the Participant. You are required to establish and supply correct information with 5 working days of the request. If you do not provide the detail that enables DWP to meaningfully attempt validation checks, the claim may fail validation.

7.6. For this contract, DWP will seek to verify the validity of Provider's claims for:

- mid- completion payment – high level interventions only – payable when the Participant has attended 50% of the Intervention as detailed and evidenced in the Intervention Plan
- completion payment – both intervention levels – payable only on the completion of the intervention where the participant has a minimum of 80% attendance as detailed and evidenced in the Intervention Plan

7.7. Validation will be undertaken on all outcome claims pre-payment using the information provided in the Intervention Plan and sent to the DWP at set stages during the Intervention. PPVT will process claims at the pre-payment stage within 30 calendar days from receipt of the claim from the Provider.

7.8. Post-payment checks will also be conducted, primarily by calling the Participant, to ensure Participants have completed the interventions detailed on the basis of a representative sample of claims (up to 100%). This information will be used to support Performance Management discussions.

Pre-Payment Checks

7.9. Whilst DWP reserves the right to check claims at any point, the intention at the outset is to use the pre-payment validation check on all outcome claims.

7.10. Claims will undergo a clerical check of the Intervention Plan once an outcome is submitted and the relevant Intervention Plan has been received by DWP. This will be compared to previously submitted data sent by the Provider and the LA at the point of referral.

7.11. The check is to determine whether the individual has attended the number of interventions required to claim the outcome payment as detailed in the original Intervention Plan.

Please note: the completion payment cannot be claimed until the full length of the Intervention has been completed as determined in the Intervention Plan. If a completion payment is submitted before this date this will be rejected and payment will not be made.

7.12. Where an insufficient period has elapsed is found, the claim will fail.

7.13. Those that fail will be backed out of PRaP unpaid. Although there is no formal Review Process, you are allowed to re-submit another Completion outcome fee once any corrections have been made. A PRaP notification is sent to the provider to inform them of the failure

7.14. Prior to re-submission it is expected that the necessary steps will have been taken to further establish the validation of the claim and the information supplied with it.

Outcomes of Pre-Payment Validation

7.15. Each checked claim will be classified as either:

- pass – Validation checks have confirmed the outcome definition and associated requirements have been met (including, at DWP's discretion, where the detail of the claim submitted differs marginally from the detail established by DWP through its validation checks)
- fail – Validation checks have confirmed the outcome definition and or associated requirements have NOT been met (including claims where DWP determines, at its discretion, that the Provider has not supplied the detail needed to enable meaningfully validation checks)

Post-Payment Checks

7.16. All paid claims will be available for post-payment sampling.

7.17. DWP will seek to verify the validity of the Providers' claims and may at its discretion check across a period a sample of claims/payments (up to 100% of those available).

7.18. Claims to be checked will be selected on a random basis and in sufficient numbers to be considered at the discretion of the Department, as representative of the volume of claims from which the sample is drawn.

7.19. Checks will rely on reference to sources of evidence independent of the Provider (and its sub-contractors) and may encompass, for example, information held already by DWP personnel and on DWP systems (or those of other government departments) as well as evidence secured direct from the Participant.

7.20. In cases where the Post Payment Validation Team (PPVT) is experiencing difficulty making contact with the individual, we may contact you to confirm the details you have supplied in PRaP. PPVT may also contact you where you have submitted incorrect or incomplete information (e.g. incomplete telephone numbers). You are required to establish the correct information and supply to PPVT within 5 days of receipt of the query.

7.21. For Pre-payment checks, only those that Pass validation checks will allow payment to be released. For Post-payment checks, information will be collated and will be available to PMs for monitoring purposes.

7.22. You must not remove details from the mandatory fields in PRaP at any time.

Should you identify any data input errors (e.g. incorrect dates / invalid claim), you can request for it to be removed / amended using the required PRaP 14 form as detailed in Annex 10.

Note: When you request a claim to be removed (backing out) you must check and list any proceeding claim lines on the PRaP 14 form. If you fail to do this the form will be rejected and returned to you with an explanation for the rejection. You will be asked to review the request and if appropriate, resubmit the form to include all relevant lines to be backed out.

7.23. PPVT will keep management information about claims that have been submitted inaccurately and/or are incomplete. This will be used to inform other activities that may take place, for instance, consistently submitting poor quality claims could indicate a weakness in Providers' systems and feedback of this nature may therefore inform Provider Assurance Team (PAT) activities see the Generic Provider Guidance Chapter 6 - Provider Assurance.

Outcomes of Post-Payment Validation

7.24. The outcomes of the Post-Payment checks are:

- confirmed – Checks have not raised any doubts about the legitimacy of the claim. Reassurance has been independently obtained that the Interventions took place
- doubt – Independent checks puts the claim/Intervention plan into doubt. For example, the Participant confirmed they did not participate at all; their interactions were well short of the required numbers; or other instances that raises a doubt over the validity of the claim

PRaP Operational Support Team (POST)

7.25. The PRaP Operational Support Team (POST) PRAP.support@dwp.gov.uk will carry out administration and approval functions to support Provider referrals and attachment payments via PRaP.

Special Customer Records

7.26. If you have been notified by the DWP referral Team or the LA that a claimant has been granted Special Customer Record (SCR) all records remain clerical. To make any outcome payment claim you will need to use a PRAP 11 form (see Annex 11).

7.27. For this clerical process, one claim form should be printed and completed for each claimable outcome and sent by Track and Trace post to:

> Tariq Qureshi, Operational Manager
> Provider Payment Validation Team
> 1st Floor, 1 Hartshead Square
> Sheffield
> S1 2FD

7.28. When the claim is received by PPVT, they will firstly confirm that the case is indeed a SCR.

7.29. If the case is confirmed to not be a SCR, the claim will be rejected and you will be advised that the claim must be referred as per the normal process and outcome claims should be made via PRaP.

7.30. If the case is a confirmed SCR, PPVT will validate the claim prior to payment by following the usual process.

7.31. If the claim is then payable the claim will be paid and you will be notified by PPVT. If the claim is not payable, PPVT will notify you as to the reason(s) why.

7.32. PPVT will endeavour to process these claims within 30 calendar days of receipt of a valid claim.

7.33. Further information regarding sending information to DWP is available in Chapter 8 of DWP Generic Provider Guidance, paragraph 36.

7.34. Further information regarding managing SCRs is available in Chapter 2 of DWP Generic Provider Guidance.

7.35. All clerical documents carrying personal information should be retained securely in line with the Data Protection Act Principles. Please refer to your contract terms for document retention.

All clerical documents carrying personal information should be retained or otherwise dealt with securely in line with the General Data Protection Regulation (GDPR) principles and the Data Requirements detailed in the Contract.

Irregularities and potential fraud

7.36. Deliberate and/or persistent non-compliance with prescribed standards of delivery would also be subject to investigation if a possible financial impact was identified.

7.37. In such instances DWP may contact Providers to pursue enquiries relating to potential abuses of funding. The remit will be, primarily, to investigate fraud and financial irregularity but it may in certain circumstances extend to non-compliance with delivery, contract and guidance.

7.38. Providers should therefore ensure that all staff involved in the delivery, administration and management of RPC contracts (including Delivery Bodies) are fully aware of the risks and consequences of any falsification, manipulation, deception or misrepresentation. Occurrence of fraud within any individual programme could lead to the termination of all contracts held as well as civil or criminal proceedings against those implicated.

Chapter 8: Performance Management, assurance and evaluation

COVID-19 interim arrangements – section 8

Unless noted below, processes contained within RPC Provider Guidance, associated Live Running Memos and contract variations, should be followed and adhered to.

The following information is to summarise the interim arrangements that DWP has put in place to allow you to continue to deliver provision during the COVID-19 event.

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support.

Performance Management and Intervention Regime

8.1. DWP operates a robust performance management regime to hold you to account for performance offers within your Contract. The Performance Management and Intervention Regime (PMIR) has been developed to support the delivery of the F2F Provision.

8.2. The sole aim is to ensure you meet the Tender Minimum Performance Levels

8.2. The sole aim is to ensure you meet the Tender Minimum Performance Levels (TMPLs) and Customer Service Standards (CSS) you offered as part of your tender and, where required, take formal action against you where you do not meet such standards.

8.3. The ratio of Interventions delivered to Intact couples/Separated Parents will be monitored by Performance Managers (PMs). The Specification outlined our stance on ratios; acceptable and not acceptable ratios were highlighted.

8.4. There are 4 levels of this Intervention regime:

- Level 1: Performance Management Regime (PMR)
- Level 2: Informal action – Performance Manager (PM) Led
- Level 3: Informal action – Nationally Led
- Level 4: Formal action – Nationally Led

Level 1: Performance Management Regime (PMR)

8.5. DWP PMs will hold regular Contract Performance Review (CPR) meetings with you which will focus on achieving contractual performance based on monthly and yearly Cohort Profiles and CSS, and attainment of performance and delivery in line with the Contract.

8.6. Performance will be managed on both quantitative and qualitative aspects of your Contract. You will be required to provide monthly Management Information (MI) prior to the CPR.

Level 2: Informal action - Performance Manager (PM) Led

8.7. If Level 1 (PMR) does not achieve the TMPLs and CSS you offered as part of your tender and/or set out in the Contract, DWP PMs may undertake informal action, by setting up a Provider Action Plan.

8.8. The Action Plan will be used to capture all agreed actions for performance improvement including incremental performance and pipeline data that may lead to outcomes, review dates and the Cohort MI to inform the TMPLs.

8.9. The Action Plan is to be populated by you and must fully address all the concerns so it is imperative that actions are specific about the required improvement; improvements are measurable; achievable, realistic and time bound.

Level 3: Informal action – Nationally Led

8.10. If the remedies captured on the Provider Action Plan are unable to lift your performance in order to meet the TMPLs and CSS you offered as part of your tender and/or set out in the Contract, the DWP PMs can escalate this to enable DWP to undertake further informal action from a central point within the DWP Performance Management Team.

8.11. You will be invited to a meeting to discuss your performance and receive a Management letter to request that your performance improves. At this stage you will be informed that formal action could be taken in the event that performance doesn't improve.

Level 4: Formal action – Nationally Led

8.12. At this stage DWP will take formal action by issuing a Performance Improvement Notice (PIN) to address failure to respond to previous intervention activities undertaken, to support you to meet the TMPLs and CSS you offered as part of your tender and/or set out in the Contract.

8.13. DWP will work with you to support the completion of a Performance Improvement Plan (PIP) and agree the forecasted MI you are asked to supply.

8.14. DWP Performance Management Teams and DWP Commercials will work with you to undertake activities to monitor and support improvement to your performance.

8.15. In the event that your performance does not improve to the TMPLs and CSS you offered as part of your tender and/or set out in the Contract during the PIN process, DWP may take action to terminate your Contract.

Management Information and Required Number of Outcomes

8.16. DWP produces MI Packs on a monthly basis. These will be used to monitor

performance using monthly, quarterly, annual and cumulative MI. They will include measures of performance on outcomes that enable DWP to monitor this on an ongoing basis without having to wait until all outcomes have occurred which may take many months after Participants have started.

8.17. To do this DWP will measure your performance on outcomes by comparing it to a Required Number of Outcomes (RNOs) measure for each month. These RNOs are based on the TMPLs you have already provided as part of your tender, in particular the overall expected rate of conversion of starts to outcomes and the monthly profile of when outcomes are expected to occur.

8.18. RNOs are calculated by DWP by applying the TMPLs to the actual Participant starts that have already occurred in each calendar month, i.e. all the Participants on PRaP where the Participant Start date entered falls in the calendar month.

Contract Performance Review (CPR)

8.19. The purpose of the CPR is to formally examine with you and the LA, you and your sub-contractor's performance for individual contract(s). All relevant aspects of performance will be assessed against contractual requirements and outcomes.

8.20. The usual frequency of CPR is monthly; however, this can be reviewed as advised by DWP in its absolute discretion.

Content of the CPR meeting

8.21. The CPR will focus on the ongoing achievement of TMPLs and CSS and depending on priority issues for each meeting, is likely to cover some/all of the following areas:

This list is not exhaustive

- action points outstanding from previous meeting
- performance
- expected future performance based on information available (for example, current performance levels)
- review of Action Plan – including improvement expectations agreed at the last meeting
- sub-contractor performance (including end to end)
- collaborative working (including Operational Process Updates)
- participant experience
- compliance Monitoring
- PM checks
- exit feedback
- DWP policy changes – latest DWP memos

Performance Requirements

8.22. The TMPLs you are required to deliver are set out in your Contract.

8.23. DWP will actively monitor the service you deliver against these TMPLs. This will be done using a combination of IT-based MI and Compliance Monitoring checks.

Performance Management and Compliance

8.24. DWP operates a robust performance management regime to ensure contracts deliver value for money for the taxpayer and to ensure Prime Providers are accountable for delivery of Interventions and the F2F Provision.

8.25. You will be responsible for managing the Contract, including addressing poor performance with sub-contractors. You 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 you and your sub-contractors are delivering the F2F Provision in accordance with your overall contractual obligations.

8.26. You must appoint appropriate named contacts who will work with the DWP PM to ensure that the required standards and TMPLs are met for reducing Parental Conflict.

8.27. DWP PMs will continuously review performance both informally and formally, holding regular review meetings which will focus on achieving contractual performance and service targets and improving performance and delivery in line with the commercial vehicle.

8.28. 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 Prime Providers.

8.29. You 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.

8.30. You will update your DWP PM immediately on any changes to information, data, progress, processes, procedures and issues relating to this contract.

Customer Service Standards

8.31. The CSS you will be expected to adhere to are as follows:

1. The Provider must acknowledge or reject 100% of referrals in DWP IT systems within 3 working days of the referral

2. 95% of appropriate referrals the Provider must hold the initial assessment and record either a start, an appropriate end reason or Did Not Start action in PRaP within 25 working days of referral. To ensure no more than 5% of appropriate referrals in backlog (referrals where no action has been taken on PRaP).

3. For 100% of CSS2 cases, within 10 working days of the initial assessment (IA), an intervention plan (IP) must be agreed and signed by the Participant and Provider which details attendance and start date of the chosen intervention and a copy of the intervention plan sent to DWP and the LA Single Point of Contact (SPOC).

4. 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 in 100% of cases, must consult with the LA once a period of 10 working days has passed.

5. As part of your tender submission, any other CSS or MPLs detailed in your tender will form part of the Contract.

Compliance Monitoring

8.32. DWP may perform evidence based checks to establish the Prime Provider's adherence to the delivery models set out in their Contracts.

8.33. This may include checking Participant records to verify, for example, activity, MPLs and payment for these Participants supported by you and, if appropriate, your sub-contractors. DWP may check Intervention Plans are being completed and signed as well as considering the quality of their content.

8.34. Checks of Intervention Plans may include that they indicate the mid-point of the intervention for High Intensity Interventions.

8.35. You are expected to have the necessary remote IT equipment, which must comply with the relevant DWP policies as defined in our Terms & Conditions, at "Schedule 6 - Security Requirements and Plan", which you can bring to the location to enable DWP to carry out centralised checks of your systems; this includes the provision of any necessary electronic evidence that is required by the Performance and Compliance Officer (PCO) to undertake the checks effectively. DWP will carry out these checks at a location(s) to be agreed (including for example Sheffield, Newcastle, Leeds and London).

8.36. DWP reserves the right to carry out physical checks of documentation and/or IT based records.

8.37. Issues arising from checks will be reported to you and shared within DWP including with Compliance Monitoring teams, Performance Management teams,

Category Manager and Provider Assurance Team. Contract review meetings with DWP PMs will include discussions around compliance issues.

Performance Manager Checks

8.38. PMs may undertake their own checks to complement those already undertaken by the PCOs, by looking more in depth at individual cases.

8.39. The checks focus on the Participant's journey, seeking assurances that you are addressing the Participant's needs, and to test that your approach is in line with your Contract.

8.40. The checks may also include a 'go-look-see' approach where the PM will observe a range of activities, including the IA meetings. These will not only be with the Prime Provider, but also end-to-end delivery partners and sub-contractors (if appropriate). PMs may also undertake "deep dives" into specific areas to understand where there are specific areas of weakness. If observing sessions is appropriate, then PMs will ask Participants for permission and only do so if the Participants are comfortable with this.

8.41. PMs may also ask to attend sub-contractor end-to-end delivery and sub-contractor's meetings, and accompany your PMs on their meetings/visits to your sub-contractor and sub-contractor's partners.

8.42. The findings from the checks will feed into a Prime Provider's CPR meeting.

Evaluation and Reporting

8.43. Independent evaluation will be an important element of the F2F Provision, IFF Research and Tavistock Institute will contact Parents with a telephone survey. If Parents have not completed the intervention this will last 10 minutes and if they have completed the intervention it will take about 20 to 25 minutes. A small number will be asked to attend a face to face interview at a location chosen by the Parent and will last for 45 minutes to 1 hour. You will be asked to co-operate in this evaluation activity.

COVID-19 interim arrangements – section 8

We understand that due to the current situation all research interviews and surveys will be conducted over the telephone. Other surveys will be issued via email and should be completed online.

These instructions are effective as of 23 March 2020 when the government instructions were put in place and will be in place until otherwise notified.

Provider Assurance Team

8.44. The primary purpose of the Contracted Health and Employment Services (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.

8.45. 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 and service delivery, including the arrangements you have in place for your supply chain.

8.46. This work is carried out by PAT by reviewing your internal control systems to assess your 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

8.47. PAT 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 Provider Assurance Manager as a single point of contact within DWP for management of assurance related issues / concerns.

8.48. On completion of each review, providers are awarded an assurance rating from the following four categories – weak, limited, reasonable and strong. Providers will also receive a formal report detailing the review findings including key strengths and areas for improvement. Where weaknesses have been identified providers are asked to complete an action plan setting out appropriate steps for improvement. This is followed up until PAT is satisfied that all actions have been undertaken. The timescale for reviews is determined by risk.

Findings from each Provider Review

8.49. Findings from each review are routinely reported to the relevant Provision Leads 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, 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 you fail to submit and/or implement the action plan within the agreed timescale; or
- where there are suspicions that you 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

8.50. DWP may periodically publish Prime Provider assurance levels and names (note - this will not include reports or supporting information).

8.51. PAT will work with you to ensure that you understand what is expected. For further information on PAT please see Generic Provider Guidance Chapter 6 - Provider Assurance

Chapter 9: Additional information

COVID-19 interim arrangements – section 9

Unless noted below, processes contained within RPC Provider Guidance, associated Live Running Memos and contract variations, should be followed and adhered to.

The following information is to summarise the interim arrangements that DWP has put in place to allow you to continue to deliver provision during the COVID-19 event.

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support. All references to Face to Face (F2F) within this guidance should be interpreted as either face to face, telephone, electronic or video contact.

Data Protection and General Data Protection Regulation

9.1. In order to protect Departmental information appropriately, you must put into effect and maintain the security measures and safeguards appropriate to the nature and use of the information throughout your sub-contractors.

9.2. All Providers of services to DWP must comply, and be able to demonstrate compliance, with the Department's relevant policies and standards including the DWP Information Systems Security Standards.

9.3. These Standards are based on and follow the same format as International

Standard 27001, but with specific reference to the Department's use.

9.4. Departmental information must not be processed or stored outside the United Kingdom without the express written permission of DWP in line with the DWP Security Policy for Contractors and DWP Terms & Conditions. This includes the use of servers outside of the United Kingdom.

9.5. Security assurance for you and your sub-contractors is through completing a draft security plan. You will have submitted a draft security plan as part of your response to this competition and are expected to maintain this. This will set out the security measures to be implemented and maintained by the Prime Provider throughout the entire sub-contractors in relation to all aspects of the service, including processes associated with delivery.

Generic Provider Guidance - Chapter 8 provides further information in relation to Information Security.

9.6. The Head of Compliance will continue to regularly report the number and outcomes of data security checks carried out during the previous quarter to the DWP Permanent Secretary.

9.7. In the event of any breach of information security which may or may not result in an investigation by the Information Commissioner's Office (ICO), DWP will consider whether a major breach of contract has occurred within the Terms & Conditions (T&Cs). You will be responsible for paying any fine levied on DWP following an investigation by the ICO in relation to a Provider breach.

Legislation and Principal Regulations

9.8. You must ensure that you and your sub-contractors remain compliant with current and future changes in the law and DWP Policy. For example:

- ensuring that RPC supports the DWP's Public Sector Equality Duty as outlined in the Equality Act 2010
- providing appropriate services to ensure compatibility with the Equality Act 2010 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 you are operating in an area with a high ethnic minority population, materials in the appropriate ethnic minority language must be made available on request

Diversity and Equality

9.9. The Equality Act 2010 replaces all previous legislation covering discrimination. You must ensure that you and your sub-contractors comply with the Equality Act 2010.

9.10. As you will be aware, your approach to diversity and equality is an important factor in the delivery of a DWP contract. You should refer to the Diversity and Equality Schedule in the contract documentation you have and raise any queries and issues with your PM.

Accident reporting

9.11. All relevant accidents and incidents should be reported to your PM. In addition to your normal arrangements for managing and reporting accidents which may involve Participants on your own scheme, you must also notify your PM immediately by telephone of any relevant accident. For further information regarding Accident Reporting please see Chapter 2 of Generic Provider Guidance.

Quality

9.12. It is important all organisations responsible for the delivery of DWP Contracted Provisions are committed to raising standards. The primary responsibility for improving the quality of the scheme rests with you, and you will be expected to build and maintain a culture of continuous improvement.

9.13. The key elements of the DWP approach to quality improvement are set out in the

documents found using the following links:

- Generic Guidance Chapter 7 - Self-Assessment
- Generic Guidance Chapter 2 - The Merlin Standard

This provides the basis of our approach to maintaining and improving quality in DWP Contracted Provision.

Travel Costs and additional costs

9.14. Local provision is deemed to be essential to the successful delivery of Interventions. You must provide travel expenses for Participants.

9.15. A Parent 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 a face to face intervention.

9.16. You must at your expense pay each Participant's costs for travel up to a maximum of 90 minutes each way, childcare, replacement care, additional support costs and expenses whilst the Participant is on the F2F Provision. The childcare provider must be an official registered body if payment is to be made.

Please Note: Travelling expenses over the 90 minutes would have to be met by the Parent, who must be informed of this at the start of the referral.

COVID-19 interim arrangements – section 9

Providers will need to ensure latest government guidance is followed when deciding whether to re-open premises and offering face-to-face support. All references to Face to Face (F2F) within this guidance should be interpreted as either face to face, telephone, electronic or video contact.

Once Face-to-Face Support re-commences parents may occur travel expenses again.

Charges

9.17. You must deliver provision free of charge to Participants, with no financial incentives offered for taking part in an intervention.

Partnerships

9.18. You are encouraged to work with LA to ensure that your proposals reflect the specific needs of Participants in each CPA and take into account local strategies and services. You should aim to improve performance and Participant service across the piece, reduce duplication wherever possible and improving the holistic use of public funds in a locality/area.

Marketing

9.19. You are encouraged to develop suitable marketing materials to promote and inform potential Participants and other stakeholders. This programme is unique and is being delivered as part of a wider strategy to integrate delivery into local services for families. It has therefore been decided that materials will not include the DWP logo. In line with the contract terms and conditions, you should continue to clear proposed materials with DWP via your Performance Manager, giving sufficient time for relevant teams to consider the content.

Management, Administration and Premises

9.20. You are responsible for the day-to-day administration of the F2F Provision under

the Contract. You must have systems in place, which will ensure all administrative work, including that of any sub-contractors you use, is completed to a high standard within the time limits imposed by DWP.

9.21. You must ensure the location used to deliver the Interventions is fit for purpose, provides coverage across the CPA area and meets all requirements under the Equality Act (accessibility etc.), ensuring that relevant security and health and safety legislation is met.

9.22. Where applicable, we expect your F2F Provision to be delivered from premises that are of a high standard and that offer a professional, business like environment. They should be appropriate to the expected through flow of Participants and method of delivery.

9.23. Our Contract is with you and it is therefore your responsibility to ensure that any sub-contractors you employ work to the same standards as specified by DWP for Contract and the F2F Provision.

For further information, please refer to the Chapter 2 of Generic Provider Guidance.

Complaints Process

9.24. You must ensure that you fully explain your complaints procedure to each Participant as part of the initial assessment process. For further information regarding Complaint Resolution please see Chapter 2 of Generic Provider Guidance

9.25. You must have an appropriate complaints process across the whole sub-contractors to attempt to resolve Participants' complaints. Where a Participant is unhappy about the service they receive from you and raises a complaint you should ensure that you follow each step of your detailed process robustly in order to bring the complaint to a satisfactory conclusion.

9.26. 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.

9.27. 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 contractor or sub-contractor is dismissed, no fee shall be payable. Any fees in respect of complaints that have been upheld against the prime contractor 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 DWP Providers Complaint Resolution Core Briefing Pack (February 2014).

Business Continuity

9.28. You will have to supply details of how business continuity arrangements will be implemented and how these requirements will be covered.

We expect Prime Providers to:

- provide robust Business Continuity Plans and Disaster Recovery Arrangements for all services
- provide DWP with sufficient evidence to demonstrate these are in place
- regularly test all contingency arrangements, providing relevant evidence and

outcomes of tests to DWP via Provision Leads

- immediately notify DWP in the event of a business continuity incident or a significant disaster

Hours of delivery

9.29. The hours of delivery should be adaptable outside of normal opening hours, at evenings and weekends, to allow those who start on the F2F Provision but who work, to be able to attend Interventions and those who are workless but start on the F2F Provision the opportunity to seek work.

Annex 1 – List of definitions and abbreviations

Abbreviation	Description
CoC	Change of Circumstances
CHES	Contracted Health and Employment Services
CPA	Contract Package Area
CPR	Contract Performance Review
CSS	Customer Service Standards
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
GDPR	General Data Protection Regulation
IA	Initial Assessment
IAQ	Initial Assessment Questionnaire
IAPT	Individual Access to Psychology Therapy
ICO	Information Commissioner 's Office
ILHWF	Improving Lives, Helping Workless Families
ItT	Invitation to Tender
LA	Local Authority
MAPPA	Multiple Agency Public Protection Agreement
MATB1	Maternity Certificate
MPLs	Minimum Performance Levels
NINO	National Insurance Number
NRP	Non-Resident Parent
PAT	Provider Assurance Team
PM	Performance Manager
PMIR	Performance Management and Intervention Regime
PMR	Performance Management Regime
POST	PRaP Operational Support Team
PPVT	Provider Payment Validation Team
PRaP	Provider Referrals and Payment
RNOs	Required Number of Outcomes
RPC	Reducing Parental Conflict

RS	Relationship Support
RSQ	Referral Stage Questionnaire
SCR	Special Customer Records
SPOC	Single Point of Contact
TMPLs	Tender Minimum Performance Levels
Ts & Cs	Terms and Conditions
UIN	Unique Identifying Number

Annex 2 – Glossary of terms

Term	What it means
Completion of the Intervention	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.
Contract	The contract between the Authority (DWP) and the Prime Provider in relation to the delivery of the F2F Provision.
Contract Commencement Date	The date the Contract commences
Contract Package Area (CPA)	Contract Package Area is the term used to describe the geographic areas the F2F Provision will cover, as detailed in Annex 2.
Customer Service Standards	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.
Disadvantaged	A person in unfavourable circumstances, especially with regard to financial or social opportunities.
F2F Provision	The provision of F2F services, through providing Interventions for Parents identified as Disadvantaged by LAs in the four CPAs, delivered as part of the Programme.
Follow-up Questionnaire	Questionnaire administered to Participants by external research Providers following their participation on the F2F Provision.
Frontline Practitioner (FLP)	LA, including those who work in front line services, such as health visitor and early years' services, who are associated with the Local Authority.
High Intensity Intervention (HII)	An Intervention providing a high intensity level of support.
Initial Assessment (IA)	The Initial Assessment meeting between the Provider and Participant, following the Provider Acceptance, during which the Intervention Plan is completed and signed.
Initial Assessment Questionnaire	Questionnaire administered by the Provider with the Parent as part of their Initial Assessment, for the purposes of gathering evaluation data.
Intact couples	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.
Intervention	The 9 F2F interventions to address Parental Conflict that will be provided by the F2F Provision.
Intervention Plan	Document that specifies each element of activity a Participant will undertake, including attendance.
LA Referral	The referral of Participants by the Lead LA, following engagement between the Participants and the Frontline Practitioner, via PRaP to DWP.
Lead LA	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.
Management Information (MI)	The management information required to be provided by the Prime Provider to the Authority, as detailed in the Specification and Contract.
Minimum Performance Levels	The minimum levels of performance expected of Providers in delivering the F2F Provision, as detailed in the Specification and Contract.
Moderate Intensity Intervention (MII)	An Intervention providing a moderate intensity level of support.
Parent(s)	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.
Parental Conflict	Conflict in relationships is expressed through many different behaviours which can have an impact on families' lives. When conflict is between parents, it can have negative effects on their children's mental health and wider development. Disagreements in relationships are normal and not.
Participants	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.
Participant Start or Start	A Participant will be deemed to have started on the F2F Provision once a Provider has: * completed the Provider Acceptance * undertaken the Initial Assessment; and * documented and signed the Intervention Plan (incorporating the 50% mid-point of the high intensity Interventions) with the Participant. The Participant Start date will be the date on which the Participant attended the Initial Assessment. Once the Participant has started, Prime Providers are required to record the Participant Start date on PRaP.
Performance Improvement Plan	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.
Phase One Intervention Type	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.
Phase Two Intervention Type	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.
Post Assessment Questionnaire	Questionnaire administered by Providers with the Participant at the end of their participation on the Intervention, for the purposes of gathering evaluation data.
PRaP	The Provider Referrals and Payment system or the equivalent DWP system.
Prime Provider	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.
Programme or RPCP	The overall Department for Work and Pensions (DWP) Reducing Parental Conflict Programme, of which the F2F Provision forms one part.
Programme	The overall DWP Reducing Parental Conflict Programme, of which the Face to Face provision forms one part.
Provider Acceptance	The acceptance by the Prime Provider of a Referral by acknowledging the Referral on PRaP.
Provider Guidance	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.
Providers(s)	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.
Referral	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.
Referral Date	The date of the Referral. Please Note: The Referral will not be available to the Prime Provider in PRaP until the day following the Referral Date.
Referral Stage Questionnaire	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.
Relationship distress A child is defined as living in a family experiencing relationship distress if:	Intact couples If Intact couples experience any of the following: * Interactions are hostile, aggressive, & lack affection. * Life ambitions do not align, infrequent collaboration * General unhappiness in the relationship * Regular arguments between Parents i.e. about parenting or money, and taking place in front of their children Separated Parents If Separated Parents experience either of the following: * Unable to discuss parenting calmly or without conflict * Unsupportive of each other as Parents * Low levels of satisfaction with the parenting arrangements / dynamic

	* Regular arguments between Parents.
Required Number of Outcomes	The number of outcomes which the contractor is required to achieve in a Performance Measurement period as calculated by the Authority on the basis of the Tender Cohort Profiles in the TMPLS set out in contract schedule 2.
Separated Parents	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.
Tender Minimum Performance Levels	The minimum levels of performance expected of Providers in delivering the F2F Provision, as detailed in the Specification and Contract.

Annex 3 – CPA make up and LA Clusters

Lead Local Authority	Make up
Westminster CPA	Westminster
	Kensington and Chelsea
	Brent
	Camden
	Croydon
	Hammersmith and Fulham
	Lambeth
Gateshead CPA	Gateshead
	Newcastle
	Sunderland
	Northumberland
	South Tyneside
	Hartlepool
	Middlesbrough
	Durham
	Redcar and Cleveland
Hertfordshire	Hertfordshire
	Essex
	Cambridgeshire
	Buckinghamshire
	Southend
Dorset CPA	Dorset
	Somerset
	Wilts
	Bournemouth
	Poole
	Devon
	Torbay
	Plymouth

Other annexes

Annexes 4 to 11 are available on the Reducing Parental Conflict provider guidance page.

Changes and amendments: July 2020

This version of the provider guidance was published on 29 July 2020.

The provider guidance has been updated following a number of queries and changes. In addition to this, the programme design has been adapted to take into account a number of temporary measures necessitated by the ongoing coronavirus (COVID-19) pandemic. Updates to the overall formatting, grammar and spelling within the guidance have also been made

A list of the main amendments can be found in live running memo 12.

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