Schedule 3 of the Children’s Residential Care and Education Services Framework Agreement

**INDIVIDUAL PLACEMENT AGREEMENT (IPA) FOR THE PROVISION OF RESIDENTIAL CARE AND EDUCATION SERVICES FOR CHILDREN**

|  |
| --- |
| This IPA is made under the Framework Agreement for Children’s Residential Care and Education Services between the Provider and Purchaser named below.  The Individual Placement Terms for Residential Care and Education of the Framework Agreement are incorporated into the IPA, as far as applicable and subject to variation under the specific terms of this IPA.  Information required for the IPA which is covered in the Child’s Plan or other documentation need not be completed providing the Child’s Plan or other documentation are made available to the Provider prior to Placement commencement and is clearly referenced in the relevant sections of the IPA.  Where the Placement is made in an emergency situation and the Child’s Plan is not immediately available Appendix 1 to Schedule 3 should be completed. |

|  |
| --- |
| **SECTION 1 – PARTIES TO THE IPA** |

|  |  |
| --- | --- |
| * 1. **The Purchaser** | |
| Name of Purchasing Council |  |
| Key contact |  |
| Job title |  |
| Contact address (inc postcode) |  |
| Contact telephone number |  |
| Contact e-mail address |  |
| Emergency contact details if different from above |  |

|  |  |
| --- | --- |
| * 1. **The Provider** | |
| Provider Name |  |
| Key Contact |  |
| Contact address (inc postcode) |  |
| Contact telephone number |  |
| Contact e-mail address |  |
| Emergency contact details if different from above |  |

|  |  |
| --- | --- |
| **SECTION 2 – PLACEMENT DETAILS** | |
| Initial start date (dd/mm/yy): |  |
| Name of Service: |  |
| Service address (inc postcode): |  |
| E-mail address: |  |
| Telephone number: |  |
| Name of Child or Young Person’s key worker: |  |
| E-mail address: |  |
| Direct dial telephone number: |  |
| Mobile telephone number: |  |
| THE NAMED CHILD OR YOUNG PERSON MAY NOT BE MOVED TO ANOTHER ADDRESS BY THE PROVIDER WITHOUT THE PRIOR APPROVAL OF THE PURCHASER. | |

|  |  |  |
| --- | --- | --- |
| **SECTION 3 – CHILD’S INFORMATION** | | |
| **3.1. Details of Child or Young Person** | | |
| Family Name: |  | |
| First Name: |  | |
| Known as (If applicable): |  | |
| Child’s Identity Number: |  | |
| Date of Birth: |  | |
| Gender: | Female | Male |
| Legal Status whilst in Care: |  | |
| Other Legal Status / Action: |  | |
| Disability: |  | |
| ASN: |  | |

|  |
| --- |
| **3.2 Type of Placement Required** |
| Residential Care Residential Care with Education  Residential Short Break Day Education  Other |
| If ‘Other’ selected, please provide details below: |

|  |  |
| --- | --- |
| **3.3 The Expected Duration Of This Placement:** | |
| Aim of Placement (Preparation for independence, permanence, return to family etc.): |  |
| Expected duration : |  |
| Placement/ IPA review date: |  |
| Transition planning should be discussed and agreed before the Placement starts, please confirm below arrangements for the termination of the agreement and transition plans or refer to the section within the Child’s Plan where this information is provided: | |
|  | |

|  |
| --- |
| **3.4 LEVEL OF NEED & RISK** |
| **3.4.1 ASSESSED LEVEL OF NEED**  This may include significant health needs requiring specialist care, complex emotional needs, the actual risk to themselves/others, substance misuse, disengaged from education, significant placement breakdown within last 3 years etc. |
|  |
| **3.4.2 SPECIFIC RISK RELATING TO PLACEMENT:** |
|  |

|  |  |  |
| --- | --- | --- |
| **SECTION 4 OUTCOMES TO BE ACHIEVED FOR THE CHILD OR YOUNG PERSON**  **Please detail any specific outcomes which are to be prioritised for this Child or Young Person.** | | |
| **SHANARRI OUTCOMES** | **Additional Outcomes to be prioritised for this Child or Young Person** | **Reporting requirements agreed with the Purchaser** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 5a – DOCUMENTATION (Residential Care and Residential Care and Education Only)** | | | | |
| **DOCUMENTATION** | 5.1 and 5.2 - List the documents to be provided to the Provider, by the Purchaser, as part of the pre-admission placement planning process. (Where relevant and appropriate this documentation should be provided at placement start date or if not available it should be provided as soon as practicable after the placement start date)  5.3 - Lists the Purchasers individual policies which will apply to the placement. (This documentation must be provided at placement start date or if not available it should be provided as soon as practicable after the placement start date) | | | |
| **5.1 Child or Young Person’s Documentation** | | **Available**  **Yes/ No /NA** | **If Yes, where are documents held?** | **If No who is responsible for obtaining & holding documents?** |
| Passport | |  |  |  |
| Birth Certificate | |  |  |  |
| Bank Account Details | |  |  |  |
| NI Number | |  |  |  |
| Other (give details) | |  |  |  |
| **5.2 Placement Documentation** | | **Sent to Provider**  **Yes/ No /NA** | **If No who is responsible for obtaining documents?** | **Date documentation is to be provided:** |
| Child’s Plan | |  |  |  |
| LAC Documentation | |  |  |  |
| Individual Behaviour Plan | |  |  |  |
| Individual Health Plan | |  |  |  |
| Child Health Handbook | |  |  |  |
| Individual Education Plan | |  |  |  |
| Personal Education Plan | |  |  |  |
| Coordinated Support Plan | |  |  |  |
| List of Personal Belongings (including clothing) | |  |  |  |
| Chronology | |  |  |  |
| Core Assessment | |  |  |  |
| Essential Information | |  |  |  |
| Medical Consent Card | |  |  |  |
| Psychiatric Report | |  |  |  |
| Pathway Plan | |  |  |  |
| Other | |  | Other please specify e.g. CAMHS assessments, risk assessments etc. |  |
| **5.3 Purchaser Policy** | | **Sent to Provider Yes/No/NA** | **If No who is responsible for obtaining documents?** | **Date documentation is to be provided:** |
| Missing Persons Protocol | |  |  |  |
| Other | |  |  |  |
|  | |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 5b – Day Education** | | | |
| Please list below, the documents provided by the Purchaser to the Provider as part of the pre planning process for Day Education | | | |
| **Placement Documentation** | **Available**  **Yes/ No /NA** | **If Yes, where are documents held?** | **If No who is responsible for obtaining & holding documents?** |
| Child’s Plan |  |  |  |
| Coordinated Support Plan |  |  |  |
| Staged Intervention Plan |  |  |  |
| Other (please continue list) |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 6 – FINANCIAL**  **Please detail below the fees agreed per week** | | | | |
| * 1. **THE AGREED FEE** | | | | |
| **Placement Start Date** | **Agreed Fee per week (as stated in Schedule 4 of the Framework Agreement)** | | | |
|  |  | | | |
| **6.2 SUPPLEMENTARY FEES/DISCOUNTS**  Please detail any agreed Defined Additional Services that are to be provided and specify the Supplementary Fee. Please ensure that where Defined Additional Services are listed a start date and review date is detailed**.** | | | | |
| **6.2a. Defined Additional Services** | | | | |
| **Details of Defined Additional Service** | | **Start Date** | **Review Date** | **Supplementary Fee (per week)** |
|  | |  |  | £ |
|  | |  |  | £ |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **6.2b. Extras**  In accordance with Clause 14.7.7 (Additional Services and Extras) of the IPT, please list any additional requirements other than Defined Additional Services which are not included in the Agreed Fee but which are agreed as an ongoing requirement between the Purchaser and Provider and confirm the start date and date for review below: | | | |
| **Details of Extras** | **Start Date** | **Review Date** | **Supplementary Fee (per week)** |
|  |  |  | £ |
|  |  |  | £ |
| Total Supplementary Fee (2a + 2b) | | | £ |
| Total Agreed Fee | | | £ |
| TOTAL WEEKLY FEE | | | £ |

|  |  |
| --- | --- |
| **6.3 AUTHORISED SIGNATORIES TO AGREEMENT/ APPROVAL FOR FUNDING:** | |
| The Provider and the Purchaser agree to the placement of the named Child or Young Person in accordance with the details set out above.  For the purposes of this Individual Placement Agreement, the date the placement commences may not be affected or altered in any way by the date of signature of this Agreement. | |
| **PURCHASER: AUTHORISED SIGNATORY** | |
| **NAME:** |  |
| **POSITION:** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |
| **SERVICE PROVIDER:** | |
| **NAME:** |  |
| **POSITION:** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |
| **6.4 AMENDMENTS AND VARIATIONS TO THIS INDIVIDUAL PLACEMENT AGREEMENT** | |
| ***Amendments and Variations to the IPA must be made in writing by the requesting party and agreed by the Purchaser and the Provider, in advance to the variation to the IPA taking effect.*** | |