

**SHORT BREAK SERVICES**

**Version 2: 15 December 2020**

**INDIVIDUAL PLACEMENT AGREEMENT (IPA)**

**FOR THE PROVISION OF SHORT BREAK SERVICES FOR   
CHILDREN AND YOUNG PEOPLE**

The IPA is the Individual Placement Agreement for each child placed with the Provider and which forms part of the contract between Swindon Borough Council and the provider

The Agreement is between Swindon Borough Council (the Purchaser and Placing Authority) and the Provider for the below named child.

Short breaks can be arranged as a one off or a regular basis. They can also be arranged for short or long term and may change in school holidays. Short Breaks are usually arranged on a planned basis, but it may be arranged quickly in an emergency situation.

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| **Provider name** |  |
| **Child/Young Person’s Name** |  |
| **Unique Reference Number** |  |
| **Date** |  |

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| **NB: This agreement will supersede all other agreements signed in respect of the provision of care and support for the child or young person.** |

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| **INDIVIDUAL PLACEMENT AGREEMENT (IPA) FOR THE**  **PROVISON OF RESIDENTIAL SHORT BREAK SERVICES** |

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| 1. **THE CHILD / YOUNG PERSON** | | | |
| Family Name: | |  | |
| First Name: | |  | |
| Address: | |  | |
| Known as (if applicable): | |  | |
| Child ID No. | |  | |
| NHS No. | |  | |
| Date of Birth |  | Gender: | Female / Male |
| Legal Status: | |  | |
| Other Legal Status / Action: | |  | |

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| 1. **PARTIES TO THE IPA** |

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| **2.1 THE PURCHASER (THE PLACING AUTHORITY)** | | |
| Name of Organisation | Swindon Borough Council | |
| Street Address | Civic Annex, Euclid Street, Swindon | |
| Postcode | SN1 2JH | |
| Email Address | [childrensplacements@swindon.gov.uk](mailto:childrensplacements@swindon.gov.uk) | |
| Telephone | 01793 463138 |  |

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| **2.1 THE PROVIDER** | | |
| Name of Organisation |  | |
| Street Address |  | |
| Postcode |  | |
| Email Address |  | |
| Telephone |  |  |

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| 1. **THE PROVISION DETAILS** | | |
| **3.1 START DATE: (dd/mm/yyyy)** | |  |
| Number of agreed short break hours per year / week |  | |
| How will the breaks be used (e.g. in holidays, weekends) |  | |
| Any special requirements |  | |
| Staffing ratio |  | |
| *The named young person may not be moved to another placement by the Provider without prior approval of the Purchaser.* | | |

**Support hours timetable to be completed for Short Break Referrals**

*Please complete the usage for both term time and non-term time hours – following agreement with the provider*

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| **Term Time** (39 weeks per year) | | | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM support** |  |  |  |  |  |  |  |
| **PM support** |  |  |  |  |  |  |  |
| ***Any other information:*** | | | | | | | |
| **School Holidays** (13 weeks per year) | | | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM support** |  |  |  |  |  |  |  |
| **PM support** |  |  |  |  |  |  |  |

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| 1. **KEY CONTACTS**   For the purposes of the IPA, the Named Officers are as follows: |

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| **4.1 CHILD/YOUNG PERSON’S ALLOCATED SOCIAL WORKER (if applicable)** | | | |
| Name: |  | | |
| Team Name: |  | | |
| Based At: |  | | |
| Telephone: |  |  |  |
| Email Address: |  | | |

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| **4.2 PROVIDER KEY WORKER** | | | |
| Name: |  | | |
| Team Name: |  | | |
| Based At: |  | | |
| Telephone: |  | Mobile: |  |
| Email Address: |  | | |

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| **4.3 CONTACT FOR REPORTING NOTIFIABLE EVENTS (*Duty Social Worker*)** | | | |
| Name: |  | | |
| Team Name: |  | | |
| Based At: |  | | |
| Telephone: |  |  | 01793 466319 |
| Email Address: |  | | |

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| **4.4 PROVIDER’S FINANCE OFFICER** | | | |
| Name: |  | | |
| Team Name: |  | | |
| Based At: |  | | |
| Telephone: |  | Mobile: |  |
| Email Address: |  | | |

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| 1. **THE EXPECTED DURATION OF THE PROVISION:** | | | |
| Date the short break service commences: | |  | |
| Expected duration and intent: | |  | |
| Duration of placement: | ☐ Short Term | ☐ Long Term | ☐ Other (if so, please specify): |
| Emergency respite requirements | ☐ Yes | ☐ No |  |
| IPA Review Date: | |  | |
| Contract Review Date: | |  | |

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| 1. **THE PRICE** | |
| In accordance with the Pricing Schedule of the Agreement, the Purchaser shall pay the Provider the following sums: | |
| £ | Per hour |
| Any additional costs: |  |

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| 1. **OUTCOMES TO BE ACHIEVED FOR YOUNG PERSON**   Please detail any specific outcomes which are to be prioritised for this Child/Young Person, which will be reviewed at care planning meetings, and progress recorded in an individual tracker. | | | |
| Outcome | Action | Who is Responsible | Timescale |
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| 1. **INVOICES – WHERE THE PROVIDER SHALL SEND INVOICES FOR PLACEMENT** | |
| Name: | DCT Admin |
| Address: |  |
| Postcode: |  |
| Email Address: |  |
| Telephone: |  |

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| 1. **SIGNATORIES TO AGREEMENT / APPROVAL FOR FUNDING :** | |
| The Provider and Purchaser agree to the provision of care and support for the named child/ young person, in accordance with details set out above. For the purposes of this Individual Placement Agreement, the date the package commences may not be affected or altered in any way by the signature of this agreement. | |
| **SWINDON BOROUGH COUNCIL** | |
| NAME: |  |
| POSITION: |  |
| SIGNATURE: |  |
| DATE: |  |
| **PROVIDER** | |
| NAME: |  |
| POSITION: |  |
| SIGNATURE: |  |
| DATE: |  |

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| 1. **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 Provider in advance to the variation to the IPA taking effect. Any variations to the services and costs must be detailed in an abridged version of the IPA, completing only the necessary sections that the amendment / variation will affect. The amended IPA will form part of the original IPA agreement. The amended IPA must be signed by both parties (as per section 11 of the IPA) prior to any change in service and costs become payable under this agreement. |