

**OVER NIGHT SHORT BREAKS**

**Version 1: November 2020**

**INDIVIDUAL PLACEMENT AGREEMENT (IPA)**

**FOR THE PROVISION OF OVER NIGHT RESIDENTIAL 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.

All short breaks services shall be delivered in accordance with OFSTED regulations and SBC will only purchase overnight residential short breaks with registered providers. Registration requirements are as follows:

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| **Hospices / Health Settings** | Regulated by the Care Quality Commission (CQC) under the Care Quality Commission (Registration) Requirements 2009. | Hospices are regulated and inspected by the Care Quality Commission (CQC). |
| **Local Authority foster care** | Fostering services are registered with and inspected by [**Ofsted**](http://trixresources.proceduresonline.com/nat_key/keywords/office_standards_edu.html). | Revised [**National Minimum Standards**](http://www.minimumstandards.org/) which came into force in April 2011. |
| **Children's homes** | Children's homes are registered with and inspected by Ofsted. | [**Quality Standards (March 2015)**](http://qualitystandards.proceduresonline.com/index.html). |
| **Residential special schools** | Different regimes apply depending on whether the residential special school is maintained, non-maintained or independent. | The [**National Minimum Standards for residential special schools**](https://www.proceduresonline.com/bury/cs/pdfs/residential_sch_nms.pdf) which came into force from 1st April 2015. |

Residential short breaks can be arranged on a one off or a regular basis. They can also be arranged for short periods of time or for longer stays of a week or more. Respite care is 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 OVER NIGHT SHORT BREAK SERVICES** |

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| 1. **THE CHILD / YOUNG PERSON** | | | |
| Family Name: | |  | |
| First Name: | |  | |
| Address: | |  | |
| Known as (if applicable): | |  | |
| Young Person’s Identity Number: | |  | |
| Date of Birth |  | Gender: | Female / Male |
| Legal Status whilst in Care: | |  | |
| 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 over night breaks per year |  | |
| 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.* | | |

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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 CHILD/YOUNG PERSON’S PERSONAL ADVISOR (if applicable)** | | | |
| Name: |  | | |
| Team Name: |  | | |
| Based At: |  | | |
| Telephone: |  |  |  |
| Email Address: |  | | |

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| **4.3 PROVIDER KEY WORKER** | | | |
| Name: |  | | |
| Team Name: |  | | |
| Based At: |  | | |
| Telephone: |  | Mobile: |  |
| Email Address: |  | | |

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| **4.4 CONTACT FOR REPORTING NOTIFIABLE EVENTS** | | | |
| Name: |  | | |
| Team Name: |  | | |
| Based At: |  | | |
| Telephone: |  |  | 01793 466319 |
| Email Address: |  | | |

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| **4.5 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 night |
| 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. | |

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| Outcome | Action | Who is Responsible | Timescale |
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| 1. **INVOICES – WHERE THE PROVIDER SHALL SEND INVOICES FOR PLACEMENT** | |
| Name: | Childrens Finance |
| Address: | Civic Annex, Euclid Street, Swindon, |
| Postcode: | SN1 2JH |
| Email Address: | childrensplacements@swindon.gov.uk |
| 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. |