



INDIVIDUAL PLACEMENT AGREEMENT (IPA)
**FOR THE PROVISION OF SUPPORTED
ACCOMMODATION**

THE PURPOSE OF THE IPA

The IPA is the Individual Placement Agreement, for each Young Person placed with the provider and which forms part of the contract.

The IPA is between the provider and the purchaser for the below named Young Person.

1. PARTIES TO THE IPA

The Contract terms and conditions are incorporated into the IPA.

Young Person's Name:			
DOB			
Date IPA Issued:			
Previous Address:			
1.1 The Purchaser			
Name of Authority:			
Address:			
Postcode:			
Email:			
Telephone:		Fax:	

1.2 The Provider			
Name of Organisation: (Registered Legal Entity)	24/7 SUPPORT UK LIMITED		
Registered Company Number:	9364566		
Registered Provider business address: (as per legal entity details above)	4 & 5 ELMER HOUSE FINKIN STREET GRANTHAM LINCOLNSHIRE		
Postcode:	NG31 6QZ		
Email:	Referrals@24-7supportuklimited.com		
Telephone:	01476 567966	Fax:	

2. YOUNG PERSONS DETAILS

Family Name:			
Forenames:			
Known as (if applicable):			
Young Person's ICS Number:		Young Person's UPN:	
Young Person Ethnicity:			
Date of Birth:		Gender Male/Female:	
Disability:			
Other Legal Status / Action:			
If the young person is an unaccompanied asylum seeker			
Home Office Number:			
Language Spoken:			
Can the young person share dwelling: YES NO			

3. PLACEMENT DETAILS

3.1 Admission Date / Variation Date:

3.2 The Young Person will be resident at the following Supported Accommodation Address.

Address:		Postcode:	
Telephone:		Mobile:	
Email:		Fax:	
Name of Manager:			
Type of Provision:		e.g. Accommodation and Support or Accommodation Only	

4. KEY CONTACTS FOR THE YOUNG PERSON

4.1 For the purpose of this IPA the named officers of the Purchasers are as follows:

ALLOCATED SOCIAL WORKER/SOCIAL CARE CONTACT:

Name:			
Based at:			
Telephone:		Mobile	
Email:		Fax:	
Team Name:			

EDUCATION CONTACT:

Name:			
Team Name:			
Based at:			
Telephone:		Mobile:	
Email:		Fax:	

HEALTH CONTACT:

Name:			
Team Name:			
Based at:			
Telephone:		Mobile:	
Email:		Fax:	

ADVOCACY SERVICE CONTACT:

Name:			
Team Name:			
Based at:			
Telephone:		Mobile:	
Email:		Fax:	

COMMISSIONING OFFICER CONTACT:

Name:			
Team Name:			
Based at:			
Telephone:		Mobile:	
Email:		Fax:	

LEAVING CARE WORKER:

Name:			
Team Name:			
Based at:			
Telephone:		Mobile:	
Email:		Fax:	

CONTACT FOR NOTIFIABLE EVENTS:

Name:			
Team Name:			
Based at:			
Telephone:		Mobile:	
Email:		Fax:	

4.2 YOUNG PERSONS BACKGROUND INFORMATION

4.3 FAMILY RELATIONSHIP & CONTACT

4.4 RELIGIOUS, CULTURAL AND ETHNICITY CONSIDERATIONS

4.5 RISK ASSESSMENT /KEEPING SAFE PLAN

5. EXPECTED DURATION OF PLACEMENT:

Expected Duration:		End Date: (If fixed term)	
Purpose of Placement:			
Type of Placement:	Emergency <input type="checkbox"/>	Short to Medium Long Term	<input type="checkbox"/> <input type="checkbox"/>
Placement / IPA review date:			
Contract review date:			
<i>The overall objectives of where the Young Person is expected to move when they leave this Supported Accommodation are: (Please check <input type="checkbox"/> appropriate box)</i>			
<input type="checkbox"/> Leaving Care – placement until independence			
<input type="checkbox"/> Move to extended /continue supported living in the community (with a view to independence)			
<input type="checkbox"/> Transition into full time care			
<input type="checkbox"/> Transition into full time care; training and support in services for young adults			
<input type="checkbox"/> Move back home			
<input type="checkbox"/> Move to a less intensive, non-specialist accommodation			
<input type="checkbox"/> Move to a family based placement – kinship; friends/foster care/ supported lodgings			
<input type="checkbox"/> Move to own tenancy without support			
<input type="checkbox"/> Move to a placement in a different geographical location			
The expected time frame to achieve this move and therefore the duration of this Placement is:			

6. THE PRICE

6.1 Services to be provided and Fees		
The Purchaser shall pay the Provider the following sums for the provision of Core Cost Services:		
The Standard Weekly Fee for Support.	Per Week	£
Accommodation Cost.	Per Week	£
The Weekly Retention Fee (if applicable).	Per Week	£
Please detail below the start date, end date and reason why Placement will be retained (if applicable).		
Reason:	Start Date:	
	End Date:	

6.2 Additional Services to be provided and Additional Fees

Please detail any Additional Services that are to be provided to meet specific outcomes and specify the Additional Fee. Please detail the measures to be used to monitor success, along with expected timescales for delivering the outcomes and the review date.

Outcome / Description Service:	Success Measure:
--------------------------------	------------------

Review date:	Timescales:
--------------	-------------

Service is costing at £	per (please select) Hour <input type="checkbox"/> Week <input type="checkbox"/> Session <input type="checkbox"/>
Volume per Week is	Total cost per Week £

Outcome / Description Service:	Success Measure:
--------------------------------	------------------

Review date:	Timescales:
--------------	-------------

Service is costing at £	per (please select) Hour <input type="checkbox"/> Week <input type="checkbox"/> Session <input type="checkbox"/>
Volume per Week is	Total cost per Week £

Outcome / Description Service:	Success Measure:
--------------------------------	------------------

Review date:	Timescales:
--------------	-------------

Service is costing at £	per (please select) Hour <input type="checkbox"/> Week <input type="checkbox"/> Session <input type="checkbox"/>
Volume per Week is	Total cost per Week £

Outcome / Description Service:	Success Measure:
--------------------------------	------------------

Review date:	Timescales:
--------------	-------------

Service is costing at £	per (please select) Hour <input type="checkbox"/> Week <input type="checkbox"/> Session <input type="checkbox"/>
Volume per Week is	Total cost per Week £

6.3 Total Weekly Fee

Subject to the provisions of Section 6.2 and the fees stated in 6.1 & 6.2 with effect from the date in Section 3.1 above, the Purchaser shall pay the Provider the sum of:

Total IPA Weekly Fee Payable:	£	Per Week
--------------------------------------	---	-----------------

6.4 Funding Arrangements

Contributors to the Placement Fee:

SOURCE	Percentage	COST	PERIOD
Social Care	%	£	Per Week
Health	%	£	Per Week
Other funding (Please Specify):	%	£	Per Week
TOTAL:		£	Per Week

7. DOCUMENTATION

7.1 Confirmation that the following documents have been provided by the allocated Social Worker or Leaving Care Worker to the Provider as part of the pre-admission placement planning process. (* Must be provided at Placement start or within 7 days if an emergency Placement – for LAC only)

Documentation	Required	Date Provided/ To be Provided by:
CYPS Placement Request Forms	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>	
LAC or DOH Documents (inc Care Plan) *	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>	
Core Assessment *	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>	
Individual Behaviour Plan	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>	
Individual Health Plan	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>	
Personal Education Plan	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>	
Chronology	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>	
Placement Plan	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>	
Statement of SEN	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>	
Joint Safety Plan (Risk Assessment)	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>	
Benefit Entitlement	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>	

Other please specify e.g. YOT documents, CAMHS assessments, risk assessments etc.

7.2 Confirmation that the following documents have been provided by the Provider to the allocated Social Worker, or Leaving Care Worker as part of the pre-admission placement planning process.

The initial Individual Young Person's Placement Plan which includes an explicit risk assessment and risk management plans for keeping the Young Person safe from known risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>
Welcome Pack	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>
Any other information about the Service that the Supported Accommodation provides for Young People, parents/carers and placing authorities including complaints procedure.	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>

8. INVOICING

8.1 INVOICES – Details of where invoices for the agreed Placement fees to be sent

Name & Address

Address:

Postcode:

Telephone:

Fax:

Email:

9. SIGNATORIES TO AGREEMENT / APPROVAL FOR FUNDING

The Provider and Purchaser agree to the Placement in the named Supported Accommodation Setting for the named Young Person in accordance with the details set out above. For the purposes of this Individual Placement Agreement, the IPA Commencement Date is the date of actual admission of the Young Person to the Accommodation, or the date on which the retention period starts. This condition and the Contract in its entirety are not affected or altered in any way by the actual date of signature of this IPA.

9.1 Purchaser:

Local Authority:

NAME:

POSITION:

SIGNATURE:

DATE:

9.2 Provider:

NAME:

POSITION:

SIGNATURE:

DATE: