

INDIVIDUAL PLACEMENT AGREEMENT (IPA)

Agreement for Agency 16+Supported Accommodation___In respect of one of the following block-contracted services:

- Core 24/7 Service
- Visiting Support Service
- Emergency Support Service
- Supported Lodgings
- Teenage Parents
- Combined Young Person / Family Service
- Group Living Bednights

The IPA is the Individual Placement Agreement for each young person (YP) placed with the Provider and forms part of the terms and conditions of the Agreement.

This IPA is between the Provider (the Supported Housing Provider) and the Purchaser (the Placing Authority) for the YP named below.

The Terms and Conditions of the Agreement are incorporated into the IPA, as far as applicable and subject to variation under the specific terms of this IPA.

This IPA will supersede all other agreements signed in respect of the placement of the YP.

THIS IPA IS BETWEEN:

The Purchaser	Lancashire County Council
The Provider	

1. THE YOUNG PERSON

Family name	
First name(s)	
YP Identity number	
Date of birth	
Gender	

2. THE PLACEMENT

Placement type (Please select one of the following)	
Date the placement starts (retrospective if YP was s20 when first moved in)	
Expected duration of placement (if known)	
Name and address of Supported Housing placement	
Social Worker's name	

The named YP may not be moved to another placement by the Provider without the prior approval of the Purchaser. However, where the young person is moving to an alternative flat in the same service and at the same cost, approval is not required

3. OUTCOMES TO BE ACHIEVED FOR THE YOUNG PERSON

The Provider will work collaboratively with the Purchaser to meet the outcomes identified in the YP's Care Plan, including as applicable the Pathway Plan, Health Plan, Education, Health and Care Plan (EHCP) / Statement of SEN and Personal Education Plan (PEP).

4. THE PRICE

In accordance with the Core Cost Specification of the Contract, the Purchaser shall pay the Provider the following sums:

Weekly Costs

Rent	
Service Charge (if approved by CSC)	
Additional weekly cost – AS DETAILED BELOW	
Total weekly cost of placement	

Breakdown of Additional Costs

Description of additional services	Unit cost	Cost per week	Start date	Review date

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Please note if there is no approval from the Purchaser (the Social Worker's Practice Manager) for the Provider to apply additional costs, those costs will not be paid.

5. INVOICES

All invoices should be e-mailed to:

E-mail address	paymentscare@lancashire.gov.uk
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Please enter AGENCY on the subject line of the e-mail

6. SIGNATORIES TO THE AGREEMENT AND APPROVAL FOR FUNDING

The Provider and the Purchaser agree to the placement of the named young person in accordance with the details set out above.

For the purposes of this Individual Placement Agreement (IPA), the date the placement commences may not be affected or altered in any way by the date of signature of this agreement.

The Purchaser

Name of organisation	Lancashire County Council
Name of signatory	
Position	
Signature	
Date	

The Provider

Name of organisation	
Name of signatory	
Position	
Signature	
Date	

AMENDMENTS AND VARIATIONS

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 of the variation to the IPA taking effect.

Any variations to the services and costs must be detailed in a revised version of the IPA. The revised IPA will replace the original IPA and must be signed by both parties before any additional costs become payable.