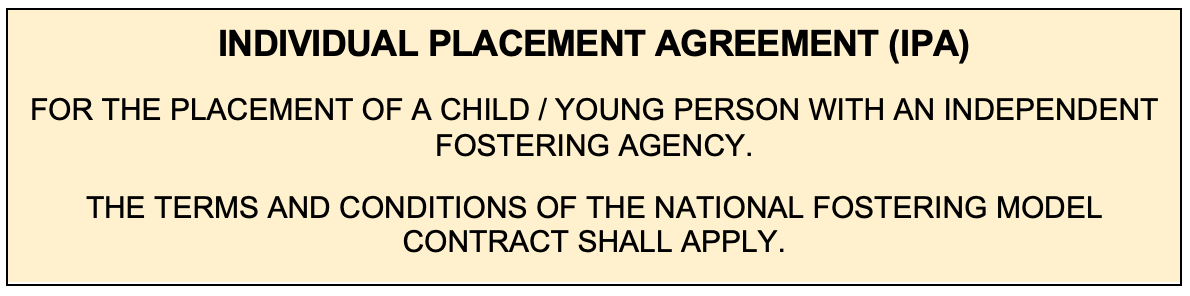
*National Fostering Model Contract v1.1 - Schedule 3: Individual Placement Agreement 2024*

**SCHEDULE 3**

****

**THE PURPOSE OF THE IPA**

The IPA is the Individual Placement Agreement, for each Child placed with the Provider and which forms part of the Contract.

This IPA is between the Provider (the Independent Fostering Agency) and the Contracting Authority for the below named Child.

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

|  |  |
| --- | --- |
| **Child’s Name:** |  |

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

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| --- | --- |
| **Name of Contracting Authority:** |  |
| **Address:** |  |

|  |  |
| --- | --- |
| **Name of Provider:**  (Registered Legal Entity) |  |
| **Registered Number / Registered Charity Number:** |  |
| **Registered Provider business address:** |  |

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| **NB: This agreement will supersede all other agreements signed in respect of the placement of the Child.** |

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| **2. CHILD’S DETAILS** |

|  |  |
| --- | --- |
| Family Name: |  |
| First Name: |  |
| Known As (if applicable): |  |
| Unique Reference Number: |  |
| Date of Birth: |  |
| Gender: |  |
| Legal Status: |  |

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| **3. DETAILS OF FOSTER CARE ARRANGEMENT** |

|  |  |
| --- | --- |
| **3.1 Date child placed with carers: (DD/MM/YYYY)** |  |

|  |  |
| --- | --- |
| Name of Foster Carer(s): |  |
| Address |  |
| Telephone: |  |
| Mobile: |  |
| Email: |  |

|  |  |
| --- | --- |
| **Name of Foster Carers Supervising Social Worker** | |
| Name: |  |
| Team Name: |  |
| Telephone: |  |
| Mobile: |  |
| E-mail: |  |

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| **4. KEY CONTACTS.** |

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| --- | --- |
| **4.1 CONTRACTING AUTHORITY CONTACT DETAILS** | |
| **Child’s allocated Social Worker:** | |
| Name: |  |
| Team Name: |  |
| Telephone: |  |
| Mobile: |  |
| E-mail: |  |
| **Manager of the Placements Team / Contract Manager** | |
| Name: |  |
| Position: |  |
| E-mail: |  |
| Telephone: |  |
| Mobile: |  |
| **Contact for reporting notifiable events** | |
| Name: |  |
| Position: |  |
| E-mail: |  |
| Telephone: |  |
| Mobile: |  |
| **Details of advocate / advocacy service** | |
| Name: |  |
| Organisation (if applicable) |  |
| E-mail: |  |
| Telephone: |  |
| Mobile: |  |

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| --- | --- |
| **4.2 PROVIDER CONTACT DETAILS** | |
| **Registered Manager of the fostering service** | |
| Name: |  |
| E-mail: |  |
| Telephone: |  |
| Mobile: |  |
| **Manager of the Referrals Team / Contract Manager** | |
| Name: |  |
| E-mail: |  |
| Telephone: |  |
| Mobile: |  |

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| **5. SERVICES TO BE DELIVERED** |

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| 5.1 In addition to the requirement of the Schedule 1 - The National Fostering Model Contract Service Specification, the Provider will deliver a service to meet the needs of the child and agreed objectives as detailed in the agreed placement plan. |

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| **6. PLAN FOR THE CHILD** |

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| --- | --- |
| **The plan for the Child when the foster placement comes to an end: (Check appropriate box)** | |
| Reunification with family - a move back home. |  |
| Move to another family-based placement – kinship; friends / foster care |  |
| Staying Put |  |
| Move to supported living in the community (with a view to independence) |  |
| Move to a Children’s Home/ Special School |  |
| Transition into further full-time care; training and support in Services for young adults |  |
| Move to a placement in a different geographical location |  |
| Other: (Please state) |  |

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| **7. THE PRICE** |

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| --- | --- | --- |
| **7.1.** Standard Weekly Fee | | |
| The Standard Weekly Fee as stated in Schedule 2 - The Core Cost Specification and model Pricing Schedule | Per week | **£** |

|  |  |  |
| --- | --- | --- |
| **7.2.** Arrangements for any discounts- **IF APPLICABLE** | | |
| Discount Type (as detailed in the Core Cost Specification & Pricing Schedule). |  | |
| Discount Rate (as detailed in the Core Cost Specification & Pricing Schedule). | % | Revised weekly fee:  **£** |
| **Further details on how any discounts will be applied:** | | |

|  |  |
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| **7.3.** Details of any Additional Fees **IF APPLICABLE** | |
| 7.3.1 Description of Additional Service to be provided: | |
| Cost of Additional Service per week. | **£** |
| If appropriate, the arrangements for reviewing the Additional Services: | |
|  | |

|  |  |
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| 7.3.2. Description of Additional Service to be provided: | |
| Cost of Additional Service per week. | **£** |
| If appropriate, the arrangements for reviewing the Additional Services: | |
|  | |

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| 7.3.3 Description of Additional Service to be provided: | |
| Cost of Additional Service per week. | **£** |
| If appropriate, the arrangements for reviewing the Additional Services: | |
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| --- | --- | --- |
| **7.4 TOTAL WEEKLY FEE** | | |
| Based on the details in 7.1 or 7.2 and 7.3 (as may be relevant) the Contracting Authority shall pay the Provider the following weekly fee from the date in Section 3.1. above, | | |
| **Total IPA Weekly Fee Payable:** | **£** | **per week** |

|  |  |  |
| --- | --- | --- |
| **7.5.** Arrangements for any retainer - **IF APPLICABLE** | | |
| Daily retainer fee: | **£** |  |
| Period: | **From:** | **To:** |
| Further details (as appropriate) | | |

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| **8. SIGNATORIES TO AGREEMENT** |

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| The Provider and Contracting Authority agree to place the named Child with the named Foster Carers in accordance with the details set out above. For the purposes of this Individual Placement Agreement, the commencement date is the date of the actual admission of the Child to the Home. This condition and the Agreement in its entirety are not affected or altered in any way by the actual date of signature of this Agreement.  **The signatories to this IPA confirm that both parties have signed the ‘National Fostering Model Contract’** |

|  |  |
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| **8.1 Contracting Authority children’s services directorate:** | |
| **NAME:** |  |
| **POSITION:** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |

|  |  |
| --- | --- |
| **8.2 Service Provider:** | |
| **NAME:** |  |
| **POSITION:** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |

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| **9. AMENDMENTS & VARIATIONS TO THIS INDIVIDUAL PLACEMENT AGREEMENT** |

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| Amendments and Variations to the IPA must be made in accordance with the terms and conditions of the National Fostering Model Contract. The following clauses shall apply:  Clause 11 - Review of Support  Clause 16 - Annual Price Review  Any variations to the services and costs must be detailed in writing and agreed by both parties. |