

**Individual Service Agreement, Safeguarding and Risk Assessment – Alternative Provision**

**\*To be completed by SEND\***

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| **Name of Provider** |  |
| **Address** |  |
| **Contact Name** |  |
| **Email** |  |
| **Telephone** |  |
| **\*INTERNAL- Services must only be purchased from approved providers, ensure you check with Strategic Commissioning that Due Diligence has been undertaken.**  |

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| **Pupil Details** |
| **Name**  |  |
| **Date of Birth** |  |
| **School Year** |  |
| **Carer** |  |
| **Address** |  |
| **Telephone Number** |  |
| **SEN Primary and additional needs- please detail** |  |
| **Current/Previous School/Provisions** |  |

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| **Safeguarding**  | **Yes** | **No** |
| **Is the pupil subject to an Education Health Care Plan?** |  |  |
| **If yes, please provide further information of need** |  |
| **Has the student received support from external agencies?** |  |  |
| **If yes, which agencies have supported?** |  |
| **Is the pupil a Looked After Child (LAC)?** |  |  |
| **If the pupil is LAC, which LA?** |  |
| **If not currently LAC, has the pupil ever been in care?**  |  |  |
| **Is the pupil receiving support from Children’s Social Care?**  |  |  |
| **If yes, which plan is the pupil subject to; Child Protection Plan (CPP) / Child in Need (CIN) / Team Around the Family (TAF)** |  |
| **Name of current Lead Professional:** |  |

**\*To be completed by alternative provider\***

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| **Address where AP/ tuition sessions will be accessed** |
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| **Alternative Provision Details** |
| **Type of Service Commissioned** |  |
| **Tuition/AP Start Date** |  |
| **Tuition/AP End Date** |   |
| **Tuition/AP Duration** |  |
| **Designated Key Worker at AP** |  |
| **Subject/Activities to be offered- please detail** |  |
| **\*All Providers must notify the school within 24 hours of a child not engaging / attending a planned session.** |

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| **The Cost** |
| **The cost of the tuition/AP per week:** |  |
| **Transport Costs (if applicable):** |  |
| **Total Cost of Tuition/AP:** |  |
| * Provider should invoice the SEN department half-termly.
* Invoices, Child/Young Person Specific Reports and the monitoring reports should be sent to the commissioning party.
* If the student’s attendance ceases, the SEN Service will cease to pay fees from the date that the student’s removal from the programme is agreed by Providerand the Service.
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| **Regulation** |
| **Is the provider OFSTED regulated?** |  |
| \*All services must be delivered in line with DfE guidance and must not exceed 18 hours per week: <https://www.gov.uk/government/publications/alternative-provision> |

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| **The objectives of the service are:*** To provide pupil with a small group/1:1 structured environment in which to re-engage with the world of formal education
* To provide pupil with access to the core curriculum or service with clear outcomes (linked to EHCP)
* To give pupil access to appropriate pastoral support should welfare issues arise
* To provide the preparation for an appropriate transition pathway as agreed with the local authority

**The objectives listed will be provided through the following programme:** |
| **Link target (EHCP outcome if SEND)** | **Topic/subject**  | **Hours per Week** |
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| **Monitoring** |
| **The provider will be required to report against the following as part of our monitoring of the service:****(please list all information you would like to receive)** |
| * Attendance
* Engagement with curriculum subjects
* Progress with emotional regulation, including examples of positives or negatives
* Social skills
* Academic progress
* Behaviour
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| **Frequency of Monitoring Reports** | Half-Termly |
| * **Monitoring reports to be submitted with the invoices half-termly**
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| **Expectations** |
| **The Alternative Provision:*** Regularly contact parent(s)/carer(s)/ School or LA to inform them about student’s behaviour, attendance and progress
* Plan and evaluate relevant work for all student at the AP
* Offer opportunities for enrichment to ensure that the student receives a well-rounded curriculum
* Provide half termly reviews and an annual written report on child’s progress
* Take appropriate action to safeguard child at all times
* Ensure parent(s)/carer(s) are called if student doesn’t arrive at AP and school/LA notified once safety of student is secured

**Parent(s)/Carer(s) will:*** Ensure their child attends AP for all sessions and is punctual
* Let the AP know the reason for any absence promptly
* Let AP staff know of any circumstances that may affect child’s work, behaviour and attendance
* Support the AP curriculum programmes and policies
* Support child in their learning both at home and at AP

**The Pupil will:*** Attend every day on time unless the parent/carer has notified the AP of a reason for absence
* Attend half termly review meetings and any other meetings / discussions
* Take responsibility for learning and behaviour, following any personalised behaviour procedures
* Keep themselves and others safe
* Meet any uniform expectations
* Only enter directed designated areas of the AP
* Only be on the AP site during agreed hours
* Not bring any prohibited items onto the AP site
* Act in courteous, polite manner to all staff
* Hand in phone if requested at start of sessions
* Complete all work to the best of ability
* Respect all property
* Go to appropriate area with designated member of staff in the event of a fire bell/lockdown

**The School/ LA will:*** Keep regularly in contact with AP to check on student’s behaviour, attendance and progress
* Attend half termly review meetings and any other meetings / discussions about child’s progress at AP
* Take appropriate action to safeguard child at all times
* Ensure the AP has been audited before child enters site
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By signing this Individual Service Specification you agree to the terms specified within the Specification.

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| **Signed by School/LA** |  | **Signed by Provider** |
| Name |  | Name |  |
| Role |  | Role |  |
| Date |  | Date |  |
| Signature |  | Signature |  |

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| **Signed by CYP** |  | **Signed by Family** |
| Name |  | Name |  |
| Role |  | Role |  |
| Date |  | Date |  |
| Signature |  | Signature |  |

**Risk Assessment- to be completed by AP and commissioning party**

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| **Potential Risk or Hazard** | **Who is at risk** | **Control Measures** | **Risk Rating****1-very low****10 very high** | **Staff/ Adult Responsible** |
| **Student may try to abscond from premises** | **Student** | **Base will have key card only access** | **6** | **Alternative provider** |
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Version Control – July 2024