

**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 | |
| **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 |

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