Individual Placement Arrangement (IPA) Review Form

**To request approval for the child to remain in the IPA, NGO to complete this form every 3 months[[1]](#footnote-1).**

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| **Child/young person’s details** | | | | | |
| Name |  | DOB/Age | Choose date /       yo | ChildStory # |  |

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| **Child/young person’s packaging** | | | | | | | |
| Case plan goal package | Choose an item | | Baseline package | Choose an item | | Child needs package | Choose an item |
| Specialist package | Cultural plan  CALD | 15+ years old reconnect  Leaving care | | | 4+ sibling placement option  Legal adoption | | |

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| **DCJ & NGO details** | |
| Name of case managing NGO |  |
| Key contact (name and details) from case managing NGO |  |
| DCJ CFDU / CAU |  |
| DCJ District / ITC Location |  |

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| **Initial Approval Information (Form A)** | | | |
| Commencement date[[2]](#footnote-2) | Choose date | Name of agency providing direct care to the child *(Form A)* |  |
| Projected daily accommodation costs *(Form A)* | $ | Projected daily staff costs *(Form A)* | $ |
| Projected daily other costs *(Form A)* | $ | Total projected daily cost *(Form A)* | $ |
| Was EDD approval given for the IPA? | Yes  No | Date of EDD approval | Choose date |
| Are there changes to projected daily costs?  *If yes, provide details below in the ‘Update to budget and Funding Schedule’.* | Yes  No |  |  |

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| **Direct care update** | | | |
| Has the agency providing direct care to the child changed since completing Form A? | Yes  No | | |
| **If ‘Yes’, please answer the questions below** | | | |
| Name of agency providing direct care to the child |  | Is this agency an interstate provider? *(not accredited within NSW)* | Yes  No |
| Is this agency accredited by the OCG to provide residential OOHC? | Yes  No | Does DCJ have a service agreement with this agency?  *If yes, please attach the service agreement.* | Yes  No |
| Is this agency using a sub-contracting arrangement with another agency to provide direct care to the child? | Yes  No | Name of subcontracting agency |  |
| Is the subcontracting agency accredited by the OCG to provide residential OOHC? | Yes  No |
| What is the staffing ratio within the arrangement?  *(staff:child) e.g. 1:1, 2:1* |  | | |
| Brief rationale for staffing ratio |  | | |
| Staff ratio for direct care arrangements  *If the accredited agency is providing less than 50% of rostered hours during a 7 day period, the arrangement is an ACA. If they are providing more than 50%, the arrangement is an IPA.* | Accredited agency    %  Non-accredited agency    % | | |
| Staff roster attached?  Yes  No | | |

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| **Accommodation update** | | | |
| Has the accommodation of the IPA changed since completing Form A? | Yes  No | Details |  |
| **If ‘Yes’, please answer the questions below** | | | |
| Accommodation type | Choose an item | Details |  |
| Name of accommodation |  | | |
| Address of accommodation |  | | |

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| **Child update** | |
| Summarise the child’s current needs and the ways in which the IPA is meeting their needs |  |
| Describe any changes to the child’s day-to-day functioning.  *Consider including* *information about changes to the child’s psychological or emotional wellbeing, criminal, risk-taking, self-harming or challenging behaviour.* |  |
| What supports/services will the case managing agency/ agency providing direct care arrange to ensure the child’s needs are met in the IPA? |  |

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| **Casework Update** | | | | | | | |
| Is there a current case plan? *If no, detail steps to ensure case plan is developed within timeframes.* | Yes  No | | | Details | |  | |
| Has a Family Group Conference occurred? | Yes  No | | | Details | |  | |
| Has Family Finding occurred? What additional steps have been taken to explore all other placement options? | Yes  No | | | Details | |  | |
| Provide details of arrangements for family time with parents, siblings and family/kin. |  | | | | | | |
| Has an Aboriginal or Cultural consultation occurred about this proposed placement?  *What are the cultural needs of the child? How are their cultural needs being met whilst in the IPA?* | Yes  No | | | Details | |  | |
| Is there a current Behaviour Support Plan?  *If no, detail steps and timeframes on when the BSP will be developed.* | Yes  No | | | Details | |  | |
| Are there staff and step down arrangements in place?  *Provide outline of step down plan.* | | Yes  No | | Details | |  | |
| Over the past 3 months, what attempts have been made to locate an alternative placement for the child? List the dates and outcomes. |  | | | | | | |
| What action will be taken over the next 3 months to locate and/or transition the child or young person into a more preferred placement? |  | | | | | | |
| Over the next 3 months, how will the IPA be monitored?  *Include details of formal and informal reviews (minimum weekly) for child and the arrangement.* | Review type | | Choose an item | | Review frequency | | Choose an item |
| Other review information | | | |  | | |

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| **Update to budget and funding schedule[[3]](#footnote-3)**  *Only to be completed if the ‘Projected Daily Costs’ in Form A have changed* | | | | |
| **Total *accommodation* cost per day** | | | $ | |
| Projected staffing costs | Mon-Fri | Choose an item | $ | |
| Sat | Choose an item | $ | |
| Sun | Choose an item | $ | |
| Pub Hol | Choose an item | $ | |
|  | Weekly staff cost | | $ | |
| **Total*****staff* cost per day** (weekly staff cost / 7 days) | | | $ | |
| Other costs required to maintain the arrangement(itemised)  *Do not include items covered in the foster care baseline package e.g. food, recreation, dental, transport etc. Please see ‘*[*Overview of Foster Care Baseline Packages’*](https://www.facs.nsw.gov.au/download?file=648853) *for further information.* |  | | $ | |
|  | | $ | |
|  | | $ | |
| Weekly other costs | | $ | |
| **Total** ***other* costs** **per day** (weekly other cost / 7 days) | | | $ | |
| *Less:* ***Foster Care baseline package*** [***daily rate***](https://www.facs.nsw.gov.au/download?file=819018) | | | Choose an item. |
| **Total cost per day**, over & above the PSP standard package (*excluding* GST) | | | $ | |
| *Add:* GST | | | $ | |
| *Less:*payments already made by NGO through PSP packages, based on cost/day | | | $ |
| ***Total cost per day funding request*** (*including* GST)[[4]](#footnote-4) | | | $ | |
| ***Please ensure the revised cost per day, and total IPA expenditure, remain within the delegation of the Briefing Note’s approving officer[[5]](#footnote-5).*** | | | | |

**Approval**

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| **Service provider signature**  *In submitting this form, and typing your name, you are acknowledging that the information above is accurate and consistent with your agency records.* | | | |
| Position | Approved | Name | Date |
| Service Provider’s Principal Officer | Choose an item |  | Choose date |

**To be completed by DCJ**

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| Position | Supported/Approved | Name | Date |
| CFDU Manager Client Services | Choose an item |  | Choose date |
| Director Community Services / Director Operations[[6]](#footnote-6) | Choose an item |  | Choose date |
| Executive District Director | Choose an item |  | Choose date |

1. NGO to email the form to CFDU for review. Once reviewed, CFDU initiate the district process to obtain Executive District Director (EDD) approval. [↑](#footnote-ref-1)
2. Start date of IPA. [↑](#footnote-ref-2)
3. Costs are subject to negation with the DCJ district. [↑](#footnote-ref-3)
4. This funding (if approved) supersedes the previous approved projected cost per day calculated in Form A. Prior to Briefing Note approval, total IPA invoices can be paid up until Executive District Director (EDD) delegation ($249k). In circumstances where total IPA costs exceed $249k, a Briefing Note is required prior to exceeding EDD delegation and invoices can only be paid following approval of the Briefing Note. [↑](#footnote-ref-4)
5. The Deputy Secretary has the delegation to approve costs up to $499,999. The Secretary can approve costs in excess of $500,000. [↑](#footnote-ref-5)
6. Subject to district operational procedures. To enable greater oversight, some districts include the Director Commissioning and Planning &/or Director Community Services/Director Operations in the approval process. [↑](#footnote-ref-6)