SCOTLAND EXCEL

This is part 3 of the Schedule referred to in the foregoing Contract for Secure Care (11-12)

**Schedule 3 – Individual Placement Agreement (IPA)**

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| --- |
| This Individual Placement Agreement (“IPA”) effects a Placement for the Child or Young Person named in Section 1.1 and is agreed between the Purchaser and Provider (set out in Section 2.1.1 and 2.1.2 respectively) in accordance with the Contract for Secure Care. IPAs are governed by the Individual Placement Terms (Schedule 5 to the Contract) including the Service Specification and any additional or differing terms relative to the Individual Placement detailed herein. Terms with an initial capital letter are defined in the Contract. Any reference to a “Section” is to a section of this IPA unless otherwise stated. Providers must fully adhere to the obligations of confidentiality attaching to any information contained in this IPA as set out in the Individual Placement Terms.Where possible, the entire IPA should be completed. However in an emergency situation and this is not possible mandatory sections (marked with a \*) must be fully completed. Information required for the IPA which is covered in full in the Child’s Plan or other documentation need not be repeated here providing the Child’s Plan or other documentation is made available to the Provider and is clearly referenced in the relevant Sections of the IPA. |
| **SECTION 1 – CHILD OR YOUNG PERSON’S INFORMATION** |
| **\*1.1 THE CHILD OR YOUNG PERSON’S: -** |
| Family Name: |  |
| First Name: |  |
| Known as (If applicable): |  |
| Child or Young Person’s Identity Number: |  |
| Date of Birth (DD/MM/YYYY): |  | Gender | Female / Male  |
| **Legal status on admission to Secure Care:** |
| 143 Children’s Hearings (Scotland) Act 2011 |  |
| 44(1) of the Criminal Procedure (Scotland) Act 1995 |  |
| 205 of the Criminal Procedure (Scotland) Act 1995 |  |
| 208 of the Criminal Procedure (Scotland) Act 1995 |  |
| Compulsory Supervision Order made under Children’s Hearings (Scotland) Act 2011, to which a secure accommodation authorisation is attached |  |
| An interim compulsory supervision order made under the Children’s Hearings (Scotland) Act 2011 with a secure accommodation authorisation attached |  |
| 51 of the Criminal Procedure (Scotland) Act 1995 |  |
| Secure Accommodation (Scotland) Regulations 2013 on the authority of the chief social work officer |  |
| No Data |  |
| Other legal status/action (PLEASE PROVIDE DETAIL): |
| **\*1.2 THE CHILD OR YOUNG PERSON’S PARENT/RELEVANT PERSON:-** |
| Name of Parent/Relevant Person: |  |
| Address of Parent/ Relevant Person: |  |
| Phone no.  |  | Relationship to Child or Young Person: |  |
| **\*1.3. LEVEL OF NEED & RISK** |
| **1.3.1 IMMEDIATE ISSUES OF CONCERN:**Please detail whether the Child or Young Person has a history of any of the following: |
| Absconding |  | Drug abuse: |  |
| Offending |  | Self-harm |  |
| Alcohol abuse |  | Mental health issues |  |
| Sexual exploitation |  | Physical health issues |  |
| **1.3.2 ASSESSED LEVEL OF NEED\*\*:** Including any specialism, this may include significant health needs requiring specialist care, complex emotional needs, the actual risk to themselves/others, substance misuse, disengaged from education, significant placement breakdown within last three (3) years etc.\*\* In the case of sentenced Children and Young People, this information should be completed by the Provider. |
|  |
|  |
| **SECTION 2 – PLACEMENT INFORMATION** |
| **\*2.1 PARTIES TO THE IPA** |
| **2.1.1 THE PURCHASER:-**  |
| Name of Organisation: |  |
| Address: |  |
| e-Mail: |
| Telephone: |  | Fax: |  |
| **2.2.2 THE PROVIDER:-** |
| Name of Organisation: |  |
| Address: |  |
| e-Mail: |
| Telephone: |  | Fax: |  |
| **\*2.2. EXPECTED DURATION OF THE PLACEMENT** |
| Admission Date: |  | Date IPA effective from: |  |
| Expected Duration of Placement: | < 1 week |  |
| 1 week – 1 month |  |
| 1 month – 3 months |  |
| 3 months – 6 months |  |
| > 6 months |  |
| unknown |  |
| Placement / IPA review date: |  |
| **2.3 OUTCOMES TO BE ACHIEVED FOR CHILD OR YOUNG PERSON** |
| Please detail any specific outcomes which are to be prioritised for this Child or Young Person.**Information in Child’s Plan:**  Yes No **If yes, reference section here:****If no, detail date for expected completion and who is responsible for this.** |
| SHANARRI Outcomes: | Additional Outcomes to be prioritised for this Child or Young Person: |
|  |  |
|  |  |
|  |  |
|  |  |
| **2.4 INTERVENTIONS** |
| Please outline the social care intervention/approach to be taken:**Information in Child’s Plan:**  Yes No **If yes, reference section here:****If no, detail date for expected completion and who is responsible for this.** |
|  |
| **2.5 TRANSITION ARRANGEMENTS** |
| Please detail any arrangements for the termination of the IPA and transition plans for the Child or Young Person.**Information in Child’s Plan:**  Yes No **If yes, reference section here:****If no, detail date for expected completion and who is responsible for this.** |
|  |
|  |
| **2.5. CONTACT WITH FAMILY/RELEVANT PERSON** |
| **Information in Child’s Plan:**  Yes No **If yes, reference section here:****If no, detail date for expected completion and who is responsible for this.** |
| **2.5.1 NO CONTACT BETWEEN:** |
|  |
| **2.5.2 ARRANGEMENTS FOR CONTACT** |
| **Name** | **Relationship** | **Contact Arrangements****(Type, frequency, duration,****supervised/ unsupervised, responsibility for arrangement etc.)** |
|  |  |  |
|  |  |  |
| **2.6 EDUCATION** |
| **Information in Child’s Plan:**  Yes No **If yes, reference section here:****If no, detail date for expected completion and who is responsible for this.** |
| **2.6.1 DETAILS OF SPECIAL EDUCATIONAL NEEDS:** |
|  |
| **2.6.2 SCHOOL DETAILS** |
| **Name:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Name of Main Contact/s** |  |
| **2.7 RELIGIOUS, LINGUISTIC & CULTURAL NEEDS** |
| **Information in Child’s Plan:**  Yes No **If yes, reference section here:****If no, detail date for expected completion and who is responsible for this.** |
| **2.7.1 DETAILS OF CHILD’S FAITH OR CULTURAL REQUIREMENTS** |
|  |
| **2.7.2 DETAILS OF LINGUISTIC REQUIREMENTS** |
|  |
| **2.8 DISABILITY** |
| **Information in Child’s Plan:**  Yes No **If yes, reference section here:****If no, detail date for expected completion and who is responsible for this.** |
| **2.8.1 Does the Child have a disability? Yes No**  If yes, please give details below: |
|  |
| If yes, please give details of adaptations / specialist equipment / other requirements: |
| Adaptations |  |
| Specialist Equipment |  |
| Other Requirements |  |
| **2.8.2 Does the Secure Unit have all of the above currently in place? Yes No** If not, please give details of outstanding requirements: |
| Requirement | Date to be in place by | Responsibility for arrangements |  |
|  |  |  |  |
|  |  |  |  |
| **2.9 PLACEMENT DOCUMENTATION****The following documents may be provided by the Purchaser to the Provider as necessary as part of the admission and Placement planning process:** |
| **Documentation** | **Sent to Provider** | **If no, who is responsible for obtaining and holding documents?** | **Date documents provided** |
| Child’s Plan | Yes No N/A  |  |  |
| Chronology  | Yes No N/A  |  |  |
| Comprehensive Assessment | Yes No N/A  |  |  |
| Essential Information | Yes No N/A  |  |  |
| Indictment | Yes No N/A  |  |  |
| Individual Health Plan  | Yes No N/A  |  |  |
| Individual Education Plan  | Yes No N/A  |  |  |
| LAC Documentation | Yes No N/A  |  |  |
| List of personal Belongings (including clothing) | Yes No N/A  |  |  |
| Medical Consent Card | Yes No N/A  |  |  |
| Pathway Plan | Yes No N/A  |  |  |
| Personal Education Plan | Yes No N/A  |  |  |
| Placement request Form | Yes No N/A  |  |  |
| Psychiatric Report | Yes No N/A  |  |  |
| Risk Assessment and Risk Management Plan | Yes No N/A  |  |  |
| Signed License/Order/Warrant | Yes No N/A  |  |  |
| Social Enquiry Report | Yes No N/A  |  |  |
| Other (please specify e.g. CAMHS assessments, risk assessments etc.) | Yes No N/A  |  |  |
| Other (please specify e.g. CAMHS assessments, risk assessments etc.) | Yes No N/A  |  |  |
| **2.10. KEY CONTACTS****Information in Child’s Plan:**  Yes No **If yes, reference section here.****If no, detail date for expected completion and who is responsible for this.** |
| The undernoted person/staff are those whom the Provider and the Purchaser nominate to be the appropriate contact points, unless otherwise notified in writing (including by email) by either party to the other, for matters relating to the Individual Service provided or finance/administrative matters or contractual matters. A Child’s care management issues should be addressed to the Child’s nominated Care Manager. |
| **15.1 FOR THE PURPOSE OF THE IPA, THE PURCHASER’S CONTACT DETAILS ARE:** |
| Authorised Signatory: |
| Name |  | Job Title: |  |
| Address: |  |
| Phone: |  | Mobile: |  |
| Fax: |  | Email: |  |
| Care Manager: |
| Name |  | Job Title: |  |
| Address: |  |
| Phone: |  | Mobile: |  |
| Fax: |  | Email: |  |
| Contact if Care Manager is not available: |
| Name |  | Job Title: |  |
| Address: |  |
| Phone: |  | Mobile: |  |
| Fax: |  | Email: |  |
| Out of hours contact: |
| Name |  | Job Title: |  |
| Address: |  |
| Phone: |  | Mobile: |  |
| Fax: |  | Email: |  |
| Finance contact (for invoices and billing): |
| Name |  | Job Title: |  |
| Address: |  |
| Phone: |  | Mobile: |  |
| Fax: |  | Email: |  |
| Contact for arranging transport: |
| Name |  | Job Title: |  |
| Address: |  |
| Phone: |  | Mobile: |  |
| Fax: |  | Email: |  |
| General Practitioner: |
| Name |  | Job Title: |  |
| Address: |  |
| Phone: |  | Mobile: |  |
| Fax: |  | Email: |  |
| Educational Establishment: |
| Name |  | Job Title: |  |
| Address: |  |
| Phone: |  | Mobile: |  |
| Fax: |  | Email: |  |
| **15.2 FOR THE PURPOSE OF THE IPA, THE PROVIDER’S CONTACT DETAILS ARE:** |
| Authorised Signatory: |
| Name |  | Job Title: |  |
| Address: |  |
| Phone: |  | Mobile: |  |
| Fax: |  | Email: |  |
| Child or Young Person’s Key Worker: |
| Name |  | Job Title: |  |
| Address: |  |
| Phone: |  | Mobile: |  |
| Fax: |  | Email: |  |
| Finance contact (for invoices and billing): |
| Name |  | Job Title: |  |
| Address: |  |
| Phone: |  | Mobile: |  |
| Fax: |  | Email: |  |
| **SECTION 3 – FINANCIAL INFORMATION** |
| **3.1 SUPPLEMENTARY FEES**Please detail any Additional Services, Negotiated Additional Services and/or Extras that are to be provided and specify the applicable Supplementary Fee. Please ensure that start date review dates are detailed**.** |
| **3.1.1. Additional Services/Negotiated Additional Services** |
| **Additional Service Name/Type** | **Details/ Description of Additional Service (refer to Schedule 3-Financial Information for details of Additional Services)** | **Start Date** | **Review Date** | **Supplementary Fee** |
|  |  |  |  | **£** |
|  |  |  |  | **£** |
|  |  |  |  | **£** |
| **Total Supplementary fee for Additional Services/Negotiated Additional Services:** |  |
| **3.1.2 Extras** |
| **Extra Name/Type** | **Details/Description of Extra** | **Start Details** | **Review Date** | **Supplementary Fee** |
|  |  |  |  | **£** |
|  |  |  |  | **£** |
|  |  |  |  | **£** |
|  |  |  |  | **£** |
| **Total Supplementary Fee for Extras** | **£** |
| **\*3.2 FEE**In accordance with the Service Specification and the Financial Schedule of the Contract, the Purchaser shall pay the Provider the following Fees: |
| **Description** | **Weekly Rate** |
| **The Agreed Fee** As stated in the core cost specification, Schedule 2 of the Contract**.** The fee is exclusive of VAT**.** | **£** |
| **Supplementary Fee for Additional Services**Total extracted from Section 3.1.1 | **£** |
| **Supplementary Fee for Extras**Total extracted from Section 3.1.2 | **£** |
| **Fee** | **£** |
| **\*3.3 AUTHORISED SIGNATORIES TO AGREEMENT/ APPROVAL FOR FUNDING:** |
| The Provider and the Purchaser agree to the Placement with the named Provider for the named Child or Young Person in accordance with the details set out above. For the purposes of this Individual Placement Agreement, the date the placement commences may not be affected or altered in any way by the date of signature of this Individual Placement Agreement. |
| **3.3.1 PURCHASER: AUTHORISED SIGNATORY**  |
| Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  |
| **3.3.2 PROVIDER: AUTHORISED SIGNATORY** |
| Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  |
| **3.4 AMENDMENTS AND VARIATIONS TO THE INDIVIDUAL PLACEMENT AGREEMENT** |
| Any 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 to the variation to the IPA taking effect. |