**Carer Contingency Planning**

**Carers Contingency Plan**

What would happen if there were an emergency situation that prevented you from being able to provide support to the person/s you care for?

Who do you know that may be able to step in at short notice to cover your caring role?

This contingency plan may help you in having all important information about the support you provide in one place and accessible to whoever is able to step in and provide support in your absence.

**What is a contingency plan?**

This is a plan that takes into consideration the needs of the person/s you support in the event of you being unable to provide care and support at short notice.

This plans identifies the two people who may be able to cover the caring role. (you may wish to have more people available to assist and this should be recorded in this plan).

This contingency plan considers as many aspects of the support required as is possible and confirms how this support may be able to be given temporarily.

**When may you need to introduce this contingency plan?**

* If you were to become unwell and unable to provide support
* If you were to be admitted to hospital
* If there were a family emergency affecting another person requiring your support
* If your home environment became temporarily uninhabitable
* If there were issues with care arrangements
* If you were no longer able to care long term

This contingency plan is here to give you peace of mind that arrangements may be able to be put in place to ensure the person you support is being assisted by people who are aware of their support needs / requirements.

It is important that you have identified people who may be able to step in at short notice to provide care and support.

**Who needs to know about this contingency plan?**

* The person you support.
* People you confirm as being able to step in when the need may arise to cover your caring role.
* Your GP and the GP of the person you support.
* Adult Social Care (a copy of this plan should be saved with Adult Social Care) as they may be contacted initially.
* Any care agency employed to offer paid support.
* Carers employed by way of a direct payment / personal budget.

**Who manages the plan?**

**YOU -** It is important that this plan is updated whenever there are any changes or updates needed so all information recorded is as up to date as is possible.

**THE PERSON YOU SUPPORT -** Where possible discuss this plan with the person that you support to ensure that their wishes and considerations are taken on board.

**YOUR TEAM -** Keep a record of everyone you have shared this plan with so they have the most up to date version.

**IMPORTANT – It is vital that you keep the plan up to date and update when there are any changes.**

**Please record the details of people who have a copy of this plan?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Contact number** | **Email Address** | **Relationship to supported person** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

At the time of needing to implement this plan consideration needs to be given to capacity. At time of finalising this plan did the supported person have capacity?

|  |  |  |
| --- | --- | --- |
| **Capacity Confirmation** | **YES** | **NO** |
| **Was the supported person confirmed as having capacity at time of plan being finalised?** |  |  |
| **Is a capacity assessment required?** |  |  |

|  |  |
| --- | --- |
| **Date of plan** |  |
| **Your name** |  |
| **Name of person you support** |  |
| **What they like to be called** |  |
| **Address of person you support** |  |
| **Contact number of person you support** |  |
| **Supported persons date of birth** |  |
| **Keysafe number at location of person you support** |  |
| **Name of Care Agency providing support** |  |
| **Contact number of care agency providing any support** |  |

**In the event of an emergency the following people should be contacted**

|  |  |
| --- | --- |
| **Emergency Contact 1** |  |
| **Name** |  |
| **Contact Number** |  |
| **Email** |  |
| **Address** |  |
| **Relationship to supported person** |  |
| **Emergency Contact 2** |  |
| **Name** |  |
| **Contact Number** |  |
| **Email** |  |
| **Address** |  |
| **Relationship to supported person** |  |

|  |  |  |
| --- | --- | --- |
| **Does either the carer or supported person have any dependents who need to be taken into consideration?** | **YES** | **NO** |
|  |  |  |
|  |

Details of person who should be contacted in the event of there being a dependent child who may be impacted by the carer being unable to provide care and support.

|  |  |
| --- | --- |
| **Named person who can be contacted to support dependent child?** |  |
| **Contact Number** |  |
| **Email** |  |
| **Address** |  |
| **Relationship to dependent child** |  |

|  |  |
| --- | --- |
| **Supported persons GP Surgery** |  |
| **Contact Number** |  |
| **Address** |  |
| **Named GP** |  |
| **Carers GP Surgery** |  |
| **Contact Number** |  |
| **Address** |  |
| **Named GP** |  |

**The person I support has the following condition/s**

|  |
| --- |
| Medical conditions / disability |

**The person I support has the following known allergies**

|  |
| --- |
| Allergies |

|  |  |  |
| --- | --- | --- |
| **Legalities** | **YES** | **NO** |
| **I have lasting power of attorney - Health** |  |  |
| **I have lasting power of attorney - Finance** |  |  |
| **I have a deputyship** |  |  |
| **I have court of protection** |  |  |
| **I have statement of assets** |  |  |

**All information relating to the above is recorded below**

|  |
| --- |
| Legal information (solicitors details) |

|  |  |  |
| --- | --- | --- |
| **Communication** | **YES** | **NO** |
| **Is the supported person able to communicate verbally?** |  |  |
| **Is a translator required?** |  |  |
| **Does the supported person have any communication impairments that need to be considered?** |  |  |

|  |  |  |
| --- | --- | --- |
| **The care and support that is needed to assist the supported person?** |  |  |
| **Please confirm the support required** | **YES** | **NO** |
| **Personal care** |  |  |
| **Communication** |  |  |
| **Support with attending appointments** |  |  |
| **Support with meal preparations** |  |  |
| **Support maintaining the home environment** |  |  |
| **Overnight support** |  |  |
| **Every day living support (one to one)** |  |  |
| **Support with social / recreational activities** |  |  |
| **Emotional / wellbeing support** |  |  |
| **Support with finances** |  |  |
| **Support with medication** |  |  |

**In the event of the caring role needing to end immediately, the following person should be contacted**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to person being supported** |  |
| **Contact number** |  |
| **Contact email address** |  |
| **Contact address** |  |

***HELPFUL HINT***

**CARER CARD**

Applying for the Carer Card is a reassuring way of confirming who the two identified people are who may be able to step in to offer assistance and support in the event of you being unable to provide support.

For more information on the carer card and the opportunity to apply visit [www.harrowcarers.org/carercard](http://www.harrowcarers.org/carercard)

It is important to discuss this contingency plan with the people who have been named on the carer card to ensure they are aware of the plan and able to access this plan if needed.