**Carer Contingency Planning for children with a disability under the age of 25**

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

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

A 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 child / children you support in the event of you being unable to provide care and support at short notice.

This plan confirms the two people you have identified who may be able to cover your 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

The contingency plan is here to give you peace of mind that arrangements may be able to be put in place to ensure the child / children you support can be assisted by people who are aware of the support needs / requirements.

It is important that the people you have identified, who may be able to step in at short notice to provide care and support, have a copy of this plan and have the most up to date version.

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

* The child / children you support as they like to help put it together.
* 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.
* Your child`s / children`s GP
* Children`s services (If the person you support is known to children`s services) a copy of this plan should be saved with them as they may be contacted initially.
* Any care agency employed to offer paid support for your child / children.
* Carers employed by way of a direct payment / personal budget.

**Not everyone needs to have a copy of the plan but should know that there is a plan in place and where it is located.**

**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 CHILD / CHILDREN 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 -** Everyone you have shared this plan with so they have the most up to date version and are able to support with its development.

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

**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) or call 020 8868 5224.

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.

**WHERE TO KEEP THE CONTINGENCY PLAN**

This plan should be kept in a location known to others and easily accessible in the event of an emergency.

It may prove beneficial to put a hard copy at a known location in your home where it would be easily accessible.

An electronic copy should be saved and sent to those needing access to the plan namely the people named on the Carer Card.

Your Contingency Plan

At the time of needing to implement this plan consideration needs to be given to capacity if the child is over the age of 18. At the time of finalising this plan did the young person have capacity?

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

|  |  |
| --- | --- |
| **Date of plan** |  |
| **Your name** |  |
| **Name/s of child you support** |  |
| **What does the child like to be called** |  |
| **Address of the child you support** |  |
| **Contact number of the child you support** |  |
| **Childs date of birth** |  |
| **Relationship to the child you support** |  |
| **Key safe number at location of child you support** |  |
| **Name of any Care Agency providing support** |  |
| **Contact number of any care agency providing any support** |  |
| **Name of the school / college the child attends** |  |
| **Contact number of the school / college the child attends** |  |

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| --- |
| **Please tell us about the child including their likes / dislikes / name they like to be called / things to look out for** |

**In the event of an emergency the following people should be contacted (These should be the two people named on the back of the Carer Card)**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Dependents** | **YES** | **NO** | **Comments** |
| **Does the parent carer have any dependents who need to be taken into consideration?** |  |  |  |
|  |  |

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 children** |  |
| **Contact Number** |  |
| **Email** |  |
| **Address** |  |
| **Relationship to dependent child / children** |  |

|  |  |
| --- | --- |
| **Childs GP Surgery** |  |
| **Contact Number** |  |
| **Address** |  |
| **Named GP** |  |
| **Parent carers GP Surgery** |  |
| **Contact Number** |  |
| **Address** |  |
| **Named GP** |  |

**The child supported has the following condition/s**

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| --- |
| **Medical conditions / disability of the child being supported.** It is important to state the impact of these medical conditions on the child / children`s functional abilities in different areas and how it affects the child / children`s ability to perform different daily life activities. |

**Medical Specialists currently providing medical support to child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specialist** | **Specialism** | **Contact number** | **Email Address** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

|  |
| --- |
| Allergies |

|  |
| --- |
| **Current prescribed Medications.** Attaching a copy of repeat prescription may prove beneficial |

|  |  |  |
| --- | --- | --- |
| **Legalities (if over the age of 18)** | **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** | **Comments** |
| **Is the child able to communicate verbally?** |  |  |  |
| **Is a translator required?** What language does the child speak |  |  |  |
| **Does the child have any communication impairments that need to be considered?** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **The care and support that is needed to assist the child** | **YES** | **NO** | **Comments** |
| **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** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the child supported have any of these additional needs?** | **YES** | **NO** | **Comments** |
| **Sensory impairments** |  |  |  |
| **Mobility concerns** |  |  |  |
| **Continence concerns** |  |  |  |
| **Behaviour that may challenge** |  |  |  |

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

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

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| **Additional Comments** |

**Please record the details of those who have a copy of this plan as when the plan is reviewed or updated they will need to be notified**

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

**The information within this form shall only be used for the purpose of contingency planning or in the unfortunate event of an emergency that requires its use.**