

Carers Contingency Plan

Direct Payment Emergency Plan

This contingency plan has been developed for carers to consider their health and wellbeing needs and enable them to make plans for when they need a break from their caring role. It should also help you discuss which people around are able to help you care for the person you look after.

|  |  |
| --- | --- |
| Date plan last changed: | …………./…………/……………… |

**Introduction**

**Making a contingency plan and top tips**

There are 3 sections to this contingency plan

Section 1 – Your Needs

When completing this section consider your needs as a carer, consider what tasks you complete and what breaks you may need to support you health and wellbeing.

Section 2 - Understanding the support that is available to you

If you have friends or family that can help support the person that you care for, please discuss the care that you deliver and complete this plan detailing who can provide what support and when.

Consider who can provide support regularly and who you could you call in case of an emergency.

Section 3 - Care Plan and emergency Contacts for the person that you support

Complete all of the areas within this section so that anyone who provides care is aware of the key tasks that you complete and any additional information that is required.

* What you do for the person you care for
* GP details
* Medical details
* Communication
* Continence
* Behaviour

**Top Tips**

* Complete this form and keep it somewhere obvious within the home
* Inform the people included within the plan where it is kept and provide them with a copy
* Make sure your plan is updated whenever there is a change to the persons care – this includes changes to medication
* Check regularly with the people included in the plan that they are still able to provide support in an emergency and update the plan if any of their contact details change
* If a person agrees to support in a crisis they must agree that they can deliver care within 2 – 3 hours of receiving a call

It is essential that when completing a contingency plan that you communicate with both the person that you provide care and the people included within the plan .

After you have completed the plan it is important to make sure that the peoples whose details you have included are up to date and that confirm that they understand that they will be contacted if needed by either you or professionals such as social workers, commissioner’s or medical staff.

**Section 1: Your Needs**

**About you:**

|  |
| --- |
| Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The person I care for:**

|  |  |
| --- | --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Please give details about access to the property of the person you care for:**  Key Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Use front or back door: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **If someone holds a key for the Individual, you support:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

The Care you provide

|  |  |  |
| --- | --- | --- |
| **Task** | **Day Support** | **Night Support** |
| Mental health/ emotional support |  |  |
| Personal care, for example washing/ dressing/ toileting/ continence |  |  |
| Meal times/nutrition/feeding |  |  |
| Assistance with medicines/medical procedures |  |  |
| Getting around in the home, eg Lifting and moving/ avoiding falls |  |  |
| Memory loss/confusion |  |  |
| Taking the person to appointments with professionals |  |  |
| Dealing with the consequences of substance/ alcohol misuse |  |  |
| Learning difficulties/ability to make sense of daily activities |  |  |
| Socialising with other people |  |  |
| Behavior that challenges |  |  |

How does your caring role impact you ?

Have you been able to take a break of more than 24 hours from your caring role in the past 12 months ?

Yes No

Does the person you support currently receive formal support from a paid provider or PA? (This includes attending day opportunity / college)

Yes No

|  |
| --- |
| If this support was to cease for a period of up to 6 weeks what Impact would this have on you? Consider your employment, ability to attend appointments, meet friends, attend hobbies |

**Section 2: Support available to you**

Consider all of the people around you who may be able to support you in your caring role and any tasks that they complete.

**Do you help the person you care for with:**

|  |  |  |
| --- | --- | --- |
| **Task** | **I support..** | **Someone else supports** |
| Housework |  |  |
| Cooking |  |  |
| Shopping |  |  |
| Laundry |  |  |
| Bathing |  |  |
| Going to the toilet |  |  |
| Other personal care |  |  |
| Keeping an eye on them |  |  |
| Assist with finances |  |  |

|  |
| --- |
| How many hours a week do you provide care? (Include all the time  you spend with the person you care for, the things you do for them,  and how long it takes.) |

|  |
| --- |
| Would you like some help (or extra help) with these jobs? List the  tasks you would like help with (putting the most important first). |

Are there any friends of family members who are able to offer you support with these tasks, please make a note of their details below:

**Contact 1**

|  |
| --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to cared for person :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Which tasks are they able to support with?

|  |  |
| --- | --- |
|  |  |
| Housework |  |
| Cooking |  |
| Shopping |  |
| Laundry |  |
| Bathing |  |
| Going to the toilet |  |
| Other personal care |  |
| Keeping an eye on them |  |
| Assist with finances |  |

Are they able to support?

Regularly During an emergency

For an agreed period

**Contact 2**

|  |
| --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to cared for person :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Which tasks are they able to support with?

|  |  |
| --- | --- |
| Housework |  |
| Cooking |  |
| Shopping |  |
| Laundry |  |
| Bathing |  |
| Going to the toilet |  |
| Other personal care |  |
| Keeping an eye on them |  |
| Assist with finances |  |

Are they able to support?

Regularly During an emergency

For an agreed period

**Contact 3**

|  |
| --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to cared for person :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Which tasks are they able to support with?

|  |  |
| --- | --- |
| Housework |  |
| Cooking |  |
| Shopping |  |
| Laundry |  |
| Bathing |  |
| Going to the toilet |  |
| Other personal care |  |
| Keeping an eye on them |  |
| Assist with finances |  |

Are they able to support?

Regularly During an emergency

For an agreed period

**Useful contact numbers and email addresses**

|  |
| --- |
| Social Services: 01296 383204  Social Services Out of Hours Emergency Duty: 0800 999 7677  NHS Direct: 111  Non Emergency Police: 101  Direct Payment Support Service: 01296 382527 [directpaymentsupportservice@buckinghamshire.gov.uk](mailto:directpaymentsupportservice@buckinghamshire.gov.uk)  Direct Payment Finance Team: [directpayments@buckinghamshire.gov.uk](mailto:directpayments@buckinghamshire.gov.uk)  Direct Payment Managed Account Service: [virtualwallet@buckinghamshire.gov.uk](mailto:virtualwallet@buckinghamshire.gov.uk)  allpay: Direct Payment Prepaid Card service provider:  0330 808 0102  PPL: Managed Account (Virtual Wallet) service provider: 03300 582690  [directpayments@publicpartnerships.co.uk](mailto:directpayments@publicpartnerships.co.uk)  Carers Bucks: 0300 777 2722  [mail@carersbucks.org](mailto:mail@carersbucks.org)  Safeguarding: 0800 137 915  [ascfirstresponse@buckinghamshire.gov.uk](mailto:ascfirstresponse@buckinghamshire.gov.uk) |

**Section 3 My Caring Week – Care Plan**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Daytime |  |  |  |  |  |  |  |
| Night time |  |  |  |  |  |  |  |
| Breaks |  |  |  |  |  |  |  |

**GP Details**

The person I care for is registered with the below GP

|  |
| --- |
| GP Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Practise Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Practice address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Practice Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Medical Treatment**

|  |
| --- |
| Does the person that you care for have for have any medical treatment that requires ongoing appointment.  Yes No |
| Please detail the appointments, how the person attends them and the name of the person that they are meeting |
| Your contingency plan if you are not able to support: |

**Communication needs**

|  |
| --- |
| Does the person that you care for have for have any communication needs?  Yes No |
| Please detail any aids for communication |
| Your contingency plan if you are not able to support: |

**Continence Care**

|  |
| --- |
| Does the person that you support require any support with continence ?  Yes No |
| Please detail the support required and the supplier of any continence products |
| Your contingency plan if you are not able to support |

**Personal Care (Washing/ dressing etc)**

|  |
| --- |
| Does the person that you support require any support regarding their behaviour .  Yes No |
| Please detail the support required |
| Your contingency plan if you are not able to support: |