



_____’s Individual Support Plan

This plan helps us understand how to support you at Scouts. We’ll fill it in together with you and your parents or carers, using the questions to guide us. Use easy to understand language so people reading the plan know how to support you.

Parents, Carers and Volunteers: Read our guidance on [planning individual support](#) and [working in partnership with parents and carers](#) before completing this plan. If you’d like further support, contact your District Lead Volunteer, County Lead Volunteer, Inclusion Lead (if available), or the [Support Centre](#). We welcome any [feedback](#) on this plan.

About me

<p>My strengths</p> <p>What’re you really good at?</p> <p>What makes you happy?</p> <p>What’s your favourite thing to do?</p> <p>What food and drinks do you like?</p> <p>Do you have any friends at Scouts, or do you know anyone in the Section?</p>	
<p>My needs</p> <p>Can you tell us about your disability/health condition?</p> <p>How might/does it affect you when you’re at Scouts?</p>	

How do you communicate, and how would you like people to communicate with you?
For example, verbally with clear and direct language.

How do you share how you're feeling?

My ambitions

What would you like to achieve during your time at Scouts, or outside of Scouts?

The person I have chosen to support me

Complete this section if you have regular care or support at Scouts.

Name of carer/s or helper/s		How I know them	
The role they will have (delete as appropriate)			
Designated Carer	Nominated Person	General Support	Other:

Our Plan

Area of support	Things that might be a barrier to access	What can we do to overcome these barriers?	How will you know I need help?	Are there any events or activities that might need further planning?
What do you need help with? What would make Scouts easier and more fun for you? Do you need help with things like eating, drinking, using the toilet, washing or getting dressed? Would you like reminders or prompts? Do you experience sensory sensitivities (e.g. loud noises,	Is there anything in the way of you being able to join in? Are there any activities or parts of Scouts (like events or Nights Away) that you might need support with? Are you able to access our usual meeting place and HQ (if needed)?	What can we do to help you join in? What helps you take part in activities? Are there any adjustments or changes that would make things easier for you? Do you use any equipment? Will a carer or helper be providing support? If so, what will they help with?	How can we tell if something is hard for you? How will we know when you're upset, worried or angry? Are there any early signs that might show you need support? How would you tell us if you need help?	When might you need extra support? Think about Nights Away, water activities, adventurous activities, travel, training, show performances, longer than usual meetings etc. What extra support might you need?

bright lights, strong smells or certain textures)?

Is moving around difficult for you?

Is there anything else you need support with?

Have you found any adjustments that work well for you outside of Scouts that might be useful to share?

What things help you feel better when you're upset, worried or angry?

What helps you feel calm? Do you have a special toy or object?

Do you like using pictures or schedules to know what's happening next?

My Medication [read our safety guidance on [personal medication](#)]

Name of medication	Dosage, frequency and time of day	Who will administer medication?	Storage and disposal
What is the name of any medication you take?	What is the dosage of your medication? How often do you take your medication? What time of the day do you take your medication?	Will you take your medication yourself? Do you need anyone to help you take your medication? If so, who?	Where will your medication be stored? How will any unused medication be disposed of?

My plan was created and agreed by

Date plan was created:		How often will the plan be reviewed?	
Date plan was reviewed:		Next review date:	

Young person's name (if over 16)		Parent or carer's name		Carer or helper's (if needed) name		Group Lead Volunteer's name		Section Team Leader's name	
Signature		Signature		Signature		Signature		Signature	

Individual Support Plan for Intimate or Personal Care - Additional authorisations

Complete this section when a young person needs support with intimate or personal care. Read the [Intimate and Personal Care Policy](#) for more information.

Nominated Person (blank or delete if only Designated Carer)

Nominated Person 1				Membership number		
Professional role				Years of experience		
Professional reference	Yes (satisfactory)	Yes (unsatisfactory)	No*	Nominated Person training complete (+DBS/Safety/Safeguarding)	Yes	No*

Second Nominated Person (optional)

Nominated Person 2				Membership number		
Professional role				Years of experience		
Professional reference	Yes (satisfactory)	Yes (unsatisfactory)	No*	Nominated Person training complete (+DBS/Safety/Safeguarding)	Yes	No*

Designated Carer (blank or delete if only Nominated Person)

Name				Parental consent	Yes	No*	
Relationship to young person				Qualifications & employment checked (only for care professionals)	N/A	Yes	No*

For Helpers providing frequent support or attending Nights Away – For more information visit [Helper \(with disclosure - DBS\)](#):

DBS required?	Required	Not required	DBS complete?	N/A	Yes	No*
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Authorisation for Intimate or Personal Care

County/Area/Region Lead Volunteer or Designated Representative's Name Signature		Role	
		Date	

*If 'No' is selected anywhere on this plan it must not be authorised.

Once complete, a copy of this document must be sent to the relevant District Lead Volunteer for all intimate or personal care plans.

GDPR Note: We take personal data privacy seriously and we have a duty of care around the information contained within this form. The data shared in this form is to be securely stored (in secure online storage and/or as a paper-based record in a locked cabinet). Where the data is no longer required it should be securely destroyed. For further details please visit our [Data Protection Policy](#).