# [NAME]’s Individual Support Plan

**[This template is to be used where a young person has an additional need, disability, physical or mental health condition. Use our guidance on** [**planning individual support**](https://www.scouts.org.uk/volunteers/equity-diversity-and-inclusion/supporting-people-with-additional-needs/planning-individual-support/) **to help you complete this plan.]**

Scouts is open to all and aims to be fully inclusive. We respect each other and realise that we are all different and have different areas of strengths and challenges, this is what makes our groups so great. So that we can understand **[NAME]** better and help them enjoy being a member of **[SECTION]**, we would love to get to know them more by completing this form.

This plan has been written by **[VOLUNTEER NAME]** on behalf of **[NAME]**

|  |  |
| --- | --- |
| About me  | My leaders  |
| **My strengths** | The most effective plans focus on positive attributes or strengths and build on these for the young person | **Section Team Leader**  |  |
| **Section Team Members** |  |
| **My needs** | Add a brief description of the young person’s disability and/or additional needs. Eg ‘insulin dependent type 1 diabetes’ | **Young Leaders**  |  |
| **Group Lead Volunteer** |  |
| **My ambitions** | What would the young person like to achieve during their time at Scouts/in the group? What would they like to achieve outside of Scouts? How can Scouts support them with this? |

|  |  |
| --- | --- |
| The person I have chosen to support me  |   |
| **Name of helper/s**  | Allow the young person to choose who they want to help them – for intimate or personal care there are specific roles, please refer to the [intimate and personal care policy](https://www.scouts.org.uk/volunteers/staying-safe-and-safeguarding/intimate-personal-care-policy-procedures/) for further info The leadership team should be aware of the support plan in case the nominated person is absent | **How I know them**  | Leaders/ parents/ friends (at least one adult) |
| **The role they will have: (delete as appropriate)** |
| General Support | Nominated Person | Designated Carer | Other: |  |

## Our plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area of Support** Additional needs, physical support needs and any other specific adjustment areas | **Things that might be a barrier to access**This may include barriers to access the programme, the HQ, activities, or nights away for instance | **What can we do to overcome these barriers?**What adjustments and arrangements can be made to remove barriers?How can my leaders and friends support me when I’m struggling? | **How will you know I need help?**Early warning signs, physical changes, triggers | **Are there any events or activities that might need further planning?** Sometimes the normal arrangements will have to be added to, when would this be? |
| Make sure you explain any medical terms in simple language. Parents and the young person might be able to help with this. This helps anyone that reads the plan to know what to do and why. | Focus clearly on the additional need or individual difference. Be specific as there might bemultiple considerations for asingle additional need or the young person might require support for a number ofdifferent things and in different settings. | Consider what adjustments or actions we can take to ensure there are no barriers to actively participating in the section. Discuss what things have worked previously or are used at School.Talk as a group; what’s worked before in other sections (i.e. Beavers) or in School. If it’s working there, it will probably help in your section too.Consider what adjustments or actions we can take to ensure there are no barriers to actively participating in the section.Focus on ambitions and aims for what we want to see the young person achieveIs there any training needed for leaders?Will a parent/carer be providing support? If so, specify how**If intimate and personal care is required,** record the specific role the volunteers will take in the provision of intimate or personal care. Detail all the steps that are involved in the care and the support required in each; including both physical and verbal support | What are the young person's triggers? How will you know if the young person is triggered, or if they need support with something?What support can you put in place if the young person is triggered?Ask the young person and their parents/carers for this information. What physical signs might the young person show before a health episode?Are there particular times of day for medication? Or lengths of time between necessary checks?What can the young person do to ask for / gain help? | Refer to things that already exist (i.e. the pack behaviour code or similar). Some strategies might be effective already, but it’s useful to refer to them here so everyone is aware. This also helps new leaders for young people as they move into new sections.Regularly review what’s been put in place; make sure this is recorded. This helps to make sure we’re continuing to plan for all developing conditions as things can change during the young person's time in the section.Think about - Nights Away, water activities, adventurous activities, travel, local area visits, longer than usual meeting |

## Medication needs [read our safety guidance on [personal medication](https://www.scouts.org.uk/volunteers/staying-safe-and-safeguarding/incidents-and-illness/first-aid-kits-and-accident-books/first-aid-kits/personal-medication/)]

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of medication** | **Dosage, frequency and time of day** | **Who will administer medication** | **Storage and disposal** |
|  | Eg: 1hr after a meal, or when required | Enter the nominated adult, or ‘self-medication’ if this has been agreed | Any unused medication to be taken home for disposal.Eg. Inhaler to be kept on person at all times |

## Our plan was created and agreed by

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan created on:** (date) |  | **Review frequency:** (e.g. Termly, Annual)  |  |
| **Review date:** |  | **Review date:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/carer** |  | Young person(if over 16) |  | **Leader**  |  | **GLV**  |  |
| **Signed**  | X  | **Signed**  | **X**  | **Signed**  | **X**  | **Signed**  | **X**  |

# Individual Support Plan for Intimate or Personal Care - Additional authorisations

**[This template is to be used only where a young person needs support with intimate or personal care. Read the** [**Intimate and Personal Care Policy**](https://www.scouts.org.uk/volunteers/staying-safe-and-safeguarding/intimate-personal-care-policy-procedures/) **for more information.]**

## **Nominated Person (delete if only Designated Carer)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Membership Number** |  |
| **Professional Role** |  | **Years of Experience** |  |
| **Professional Reference** | Yes (satisfactory) | Yes(unsatisfactory) | No\* | **NP Training Complete****(+DBS/Safety/Safeguarding)** | Yes | No\* |

## **Second Nominated Person (optional)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Membership Number** |  |
| **Professional Role** |  | **Years of Experience** |  |
| **Professional Reference** | Yes (satisfactory) | Yes(unsatisfactory) | No\* | **NP Training Complete****(+DBS/Safety/Safeguarding)** | Yes | No\* |

## **Designated Carer (delete if only Nominated Person)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | **Parental Consent** | Yes | No\* |
| **Relationship to Young Person** |  | **Qualifications & Employment Checked**(only for Care Professional) | n/a | Yes | No |
| [**Helper (with disclosure (DBS))**](https://www.scouts.org.uk/volunteers/volunteer-experience/volunteering-together/what-this-means-for-you/team-members-and-helpers/) **Required** (only required if frequent support or nights away) | Required | Not Required | [**Helper (with disclosure (DBS))**](https://www.scouts.org.uk/volunteers/volunteer-experience/volunteering-together/what-this-means-for-you/team-members-and-helpers/) **Complete** | n/a | Yes | No |

## **Authorisation for Intimate or Personal Care**

|  |  |  |  |
| --- | --- | --- | --- |
| **County Lead Volunteer or Designated Representative** |  | **Role** |  |
| **Signed** |  | **Date** |  |

**\*If ‘No’ is selected anywhere on this plan it must not be authorised.** Once completed a copy must be sent to the relevant District Lead Volunteer for all intimate or personal care plans.

**GDPR Note for Lead Volunteers:** 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 paper based records in locked cabinets). Where the data is no longer required it should be securely destroyed. For further detail please visit our [Data Protection Policy.](https://www.scouts.org.uk/about-us/policy/data-protection-policy/)