**[NAME]’s Individual Support Plan**

**[This template should be used where an adult volunteer has support needs for a disability or physical/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. This template will be reviewed and updated regularly, please visit** [**this link**](https://app.smartsheet.com/b/form/06aaa74d94d4466fa3aea37e08f40cda) **to give feedback]**

We take personal data privacy seriously and we have a duty of care around the information contained within this form. The completed form will only be shared with volunteer team members with the subject’s consent. The 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/)

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 you better and help you enjoy volunteering and get the most out of it, we’d like to get to know you more. You can complete this form with your line manager/team lead at Scouts, sharing only what you feel comfortable with.

|  |  |  |  |
| --- | --- | --- | --- |
| **Line manager** |  | **Team members** |  |
| **My needs** | Add a brief description of the person’s disability and/or additional needs. Eg ‘insulin dependent type 1 diabetes’ |

|  |
| --- |
| **My support****Complete this section if you have regular care or support while volunteering**  |
| **Name of carers or helpers**  | 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/ carers |
| **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 accessing volunteering, 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 team support me when I’m struggling? | **How will you know I need help?**Early warning signs, physical changes | **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. This helps anyone that reads the plan to know what to do and why. | Focus clearly on the additional needs, medical needs or individual difference. Be specific as there might bemultiple considerations for asingle a need for adjustment or the 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. Discuss what things have worked previously or are used outside Scouts.Is any training needed for the volunteer team?Will a carer be providing support? If so, specify how | How will you know if I need support with something?What physical or behavioural signs might the person show before a health episode?Are there particular times of day for medication? Or lengths of time between necessary checks? | 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 person's time volunteering.Think about - Nights Away, water activities, adventurous activities, travel, training, show performances, 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 person, 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:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Volunteer** |  | **Line manager** |  |
| **Signed**  |  | **Signed**  |  |

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

**[This template is to be used only where a 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.]**

Only a Designated Carer can provide personal and intimate care for a person over the age of 18. A Nominated Person cannot take on the care provision in this circumstance.

**Designated Carer**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship:** |  | **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 |

**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/)