



Carer Back-up Plan

If you care for someone and are concerned about them should you be temporarily or permanently unavailable, this is a great way to ensure that a plan is in place to put your mind at ease.

If you complete this form and send it to us we can add it to Southampton City Council's records so that Social Care, hospital, health and emergency services can access it. If you do not wish the Council to hold these details, we can put an alert on their system to say where your plan can be found, eg in the Lions' "message in a bottle" in your fridge where emergency services would look for it.

Section 1: About me

My full name Known as

Address

..... Postcode

Email

Home phone number Mobile phone number

Gender DOB

My relationship to the person I care for (e.g. mother, son, wife, brother, friend)

Communication needs, (e.g large print, translator):

If translator is needed, please specify which language:

Section 2: Details of the person I care for and their home

Their full name Known as

Address

..... Postcode

Email

Home phone number Mobile phone number

Gender DOB

Communication needs, (e.g large print, translator):

If translator is needed, please specify which language:

Access to property in an emergency:

Is there a keysafe? Y/N If yes, what is the keysafe code?:

Is there an alarm system? Y/N

If telecare (falls alarm etc) is used please give details of who responds to a call and the provider:

Is the person you care for known to Social Care? Yes / No

If yes, please tell us their ID/reference number (if known)

If you care for more than one person who would need to be contacted and/or looked after in an emergency, please give their details below.

Their name Known as

Address

GP practice they are registered with

.....

Doctors name

Address

Postcode Landline phone

Cared-for person's medical condition(s)/diagnosis / allergies

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Are they taking any prescribed medication(s)? Y/N

If YES, where is their medication kept?

Is there a 'Message in a bottle' and where is kept?

Section 6: Other dependants in the home

If other dependants, children and/or adults, are living in the cared-for person's home please give details below. Please tell us their name, date of birth, gender and mobile phone number, as well as any information that is important for emergency services to know, eg health and communication needs. If someone should be contacted to support this dependant then please give details in Section 7 below.

Full name:

DOB:.....

Gender:.....

Relationship:

Gender:.....

Telephone number:

Health needs:.....

Communication needs:.....

Section 7: Legal Responsibilities

Does anyone hold Lasting Power of Attorney (LPOA), Deputy or parental responsibility? If so, please give details below.

First contact

Name

Responsibility

Address

Postcode

Email

Home phone number Mobile phone number

Second contact

Name

Responsibility

Address

Postcode

Email

Home phone number Mobile phone number

Section 8: Emergency contact for unpaid carer (please provide emergency contacts for yourself)

(Please ensure these contacts know they are in this Plan.)

Contact 1

Name

Address

Postcode

Email

Home phone number Mobile phone number

Relationship to cared-for person

Do they have access to the home? Yes / No Will they support the cared-for person? Yes / No

Which dependant(s) will they support?

Which pet(s) will they look after?

Do they respond to telecare calls? Yes / No

Contact 2

Name

Address

Postcode

Email

Home phone number Mobile phone number

Relationship to cared-for person

Do they have access to the home? Yes / No Will they support the cared-for person? Yes / No

Which dependant(s) will they support?

Which pet(s) will they look after?

Do they respond to telecare calls? Yes / No

Contact 3

Name

Address

Postcode

Email

Home phone number Mobile phone number

Relationship to cared-for person

Do they have access to the home? Yes / No Will they support the cared-for person? Yes / No

Which dependant(s) will they support?

Which pet(s) will they look after?

Do they respond to telecare calls? Yes / No

Section 4: Specific information of care and support you provide to cared for person(s)

Please give information that emergency, or other services, need to have to provide respectful and consistent care until your back-up support takes over the care. If you do not have back-up support, then please provide details of any longer term needs that will be need to be supported. What will emergency services or carers need to know to ensure that the person you care for has their needs met, eg personal care, medication, dietary, behavioural issues, sensory needs, likes/dislikes and normal routines? Please provide details of anyone who provides paid-for care for the person you care for, including their name and phone/email details as we may need to contact them.

Personal care support provided: (e.g support with showering, washing, toileting, dressing etc)	
Meal support provided: (e.g shopping, cooking food, preparing meals, heating food in microwave, ensuring they are eating)	
Medication support provided: (e.g administering, applying etc)	
Mental health and behavioural support provided: (e.g any specific triggers, likes and	

dislikes, anything to be aware of)	
Paid for care that is provided: (e.g care agency, companion service, siting service, respite etc)	

Section 9: Additional information

Is there anything else that you wish to tell us?

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Section 10: Statements

I have discussed this emergency plan with the person I care for. Yes / No

If no, please tell us why not

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I understand that this form has been prepared by Unpaid Carers Support Southampton. I give permission for this form to be uploaded into Southampton City Council's records, and that they will process the information contained in this form for the purpose of safeguarding the person I care for. As a result it may be necessary for the information on this form to be shared with health professionals, the emergency services and other local authorities. The Council will retain this information in line with its retention policy. Southampton City Council's Global Privacy Notice can be found at on their website (www.southampton.gov.uk/contact-us/privacy-cookies/privacy-policy).

Print name

Signature

Date

If you do not wish this form to be held by SCC, please contact UCSS to let us know where you will keep this plan so that that information can be passed on to Social Care, health and emergency services if the need arises.



Call us on 023 8083 2253

email support@unpaidcarers.org.uk

or visit <http://www.unpaidcarerssupport.org.uk>.