

## Plan for Caring for Children

Being a parent is an important role. This plan helps everyone support the children, family and whānau of people who are parents and who also use mental health or addiction services.

If children need care due to a parent's illness or time in respite/rehab/hospital, it is good to record the wishes of everyone involved ahead of time. The plan is about being prepared and talking through possible processes and issues – the plan may never have to be used.

Take the time you need to work through the plan with staff and support people. Talk with your children, as appropriate, and with family and whānau. The plan is not legally binding; talk about any legal or custody issues with staff and support people as you work through the plan.

**This plan contains information to be used in the care of my/our child/ren, should I/we be unable to care for them temporarily.**

Parents/caregivers	
My name (parent/caregiver)	
Phone	
Another parent/ caregiver's name	
Phone	
Children	
Child's name	Date of birth: <span style="float: right;">Male/Female (circle one)</span>
	Phone:
Child's usual address and who lives with them	(If child lives between two addresses, please note both):
Child's name	Date of birth: <span style="float: right;">Male/Female (circle one)</span>
	Phone:
Child's usual address and who lives with them	(If child lives between two addresses, please note both):

(Include any extra children's names and their details on a separate piece of paper and attach it securely to the top of this page.)

**Should I/we be temporarily unable to care for them, I would like the child/ren to stay with one of the following adults:**

Name	Relationship to child/ren	Phone number/s:

This has been discussed with the people listed  Yes  No  
 The child/ren know how to get there (eg, bus, taxi, getting picked up)  Yes  No  
 I/we know how to contact them if they are there  Yes  No

**I/we do not want the following people to visit or care for the child/ren:**

If there are any current court orders in place preventing a person from visiting or caring for the child/ren, please attach.

Name	Other information

**Important people in the child/ren's life who may need to be contacted:**

	Name	Phone
Doctor		
Support worker		
Childcare		
Other		
Other		
Other		

**Other important information**

Children's school details  
(name and year)

Medications or special health care  
requirements (eg, allergies, illnesses)

Regular things the child/ren are  
involved in (eg, sport, playgroup,  
marae, church – days/times/details).  
Also use the calendar on the next page  
if you like.

Any other information, eg, children's  
likes/dislikes in food or activities; other  
favourite or important things, etc. (Use  
extra pages as necessary.)

## Calendar

Here is a calendar to detail the things your child/ren do each week (eg, after school activities, seeing friends, appointments, etc). Fill it in only if it's useful and can be kept up to date.

	Morning	Afternoon	Night
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**If a parent has to be away for a while (eg, in hospital), I/we would like the following to occur, if possible.**

- Children to visit when parent is well enough
- To speak with the child/ren regularly by phone when parent is well enough
- The opportunity for the child/ren and parent to write to/email/text one another
- The opportunity for the child/ren and parent to have photos of each other
- Other

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**Please add any other information.**

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## Signatures

This is not a legally binding agreement, but a plan to support children. Talk to staff about the privacy and confidentiality of the people mentioned in this plan, to make sure privacy is maintained.

I, ....., am the legal guardian of  
.....  
..... (children's names)

Signature ..... Date .....

I, ....., am the legal guardian of  
.....  
..... (children's names)

Signature ..... Date .....

## Details of people who have a copy of this plan

Name	Organisation (if applicable)	Phone

This resource was developed by the Children of Parents with Mental Illness (COPMI) initiative and funded by the Australian Government. It has been adapted by the Werry Centre for trial purposes within selected services in New Zealand. Further information can be found at [www.copmi.net.au](http://www.copmi.net.au) | © aiCaFMHa 2012.