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| **Core Information – Child/Young Person** |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Gender |  |
| Disability |  |
| Ethnic Origin |  |
| Religion |  |
| Previous Legal Status, i.e. Section 20, Section 31. |  | **Dates from - to** |  |
| NHS Number |  |
| NI Number (if 16 and older) |  |
| Who is the responsible Local Authority/Placing Authority? |  |
| Who had Parental Responsibility for the child before the SG Order?  |  |

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| **Emergency and essential contacts****Please list contact names and details to be used in a critical/emergency situation** |
| **Birth Family – Named Contact** |  |
| Phone Number |  |
|  |
| **Local Authority – Contact Point/Name** |  |
| Phone Number |  |
| ***A Special Guardian has a duty to inform the above named people in a critical situation such as, serious illness, accident or death of the child.*** |

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| **Core Information – Special Guardian** |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Gender |  |
| Ethnic Origin |  |
| Relationship to the child/young person |  |
|  |  |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Gender |  |
| Ethnic Origin |  |
| Relationship to the child/young person |  |
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| **Testamentary Guardian** |
| Is there a testamentary guardian/s for the child/young person?  |  |
| Who are the testamentary guardian/s? |  |
| Is there a will in place covering the child/young person?  |  |
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| **Core Information – Birth Family** |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Relationship to the Child/Young Person |  |
|  |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Relationship to the Child/Young Person |  |
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| **Other Family/Household Members (living in the same SGO household)** |
| Name | Date of Birth | Gender | Relationship to the above Child/Young Person |
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| **Number of Household members**  |  |

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| **Communication Needs** (including language/literacy) regarding any of the people to be included in this plan |  |
| **Legal Status/Immigration Status** information regarding any of the people to be included in this plan |  |

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| **Other Significant People not Living in the Household AND** **People who will be able to provide support / respite care** |
| **Name** | **Contact details** (phone / e-mail) | **Relationship to the above child/young person** |
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| **Housing/Accommodation**  |
| **Type of accommodation** *(house/flat, private rented, housing association, council house, owned, other)* |  |
| Number of bedrooms |  |
| Does the child/young person have their own room? |  |
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| **Professional Relationships & Organisations involved** (current and/or significant previous involvements. (Please list all significant professionals involved in the child’s/young person’s life (social worker, school, health etc.) |
| Name & Designation/ Name of the organisation | Address | E-mail Address | Telephone Number | Date when involvement started | Date when involvement ended |
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| **Information about the Special Guardianship (Assessment Details and Outcomes)** |
| Date of SGO Assessment |  |
| 1. Child/Young Person
 |  |
| 1. Household
 |  |
| 1. Date SGO granted
 |  |
| Attach/embed a copy of the SGO and assessment here. |  |
| What legal advice and guidance was given to the potential special guardian prior to confirming agreement to become a special guardian? Include legal advice that was given prior to the SGO being granted and any conditionality issues. |  |
| Has the legal advice given been incorporated into the support plan? |  |
| Has a Family Group Conference / Network Meeting taken place?  |  |
| Is there an extended family plan? |  |
| ***If no, please explain why the conference has not taken place, or if there are plans to organise this in the future. Are there plans to undertake a further conference/network meeting in the future.*** |
|  |
| **Family Time / Contact Arrangements (with birth family/significant relationships)** |
| Type of contact |  |
| Who is this contact with? |  |
| Frequency/duration/location |  |
| Will contact be supervised? |  |
| Who will supervise the contact if applicable? |  |
| Are there any risk issues regarding family contact? |  |
| Are there mediation services available to support setting up contact agreements?  |  |
| Is there a contact arrangement/agreement, or is there a need for one?  |  |
| Is there a contact order in place?  |  |
| Attach a copy of the contact order / arrangement / agreement? |  |
| Are there any significant people in the child/ young person’s life with whom the contact cannot be arranged now, but must be reviewed in the future? When will the review need to take place? |  |
| *Set out any specific contact arrangements or agreements.* |
| Date contact arrangements to be reviewed? |  |
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| **Support to the Special Guardian in the Event of a Section 8 Application By Birth Parents** |
| The local authority will indemnify the Special Guardian(s) in respect of the reasonable costs of opposing any future section 8 application by any birth parents.” This will be dependent on the local authority being in agreement with the Special Guardians opposition to the section 8 request and will also be dependent on the circumstances of the situation at the time. |

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| **Support Plan - Core Offer**Describe what services are available for special guardians (children/young people, carers and families) in your area & how these can be accessed or where information about these services can be found in the future. |
| Set out the Core SGO Offer (from the Responsible Authority) |
| Support available for the Special Guardian (support groups, advice line etc)? |
| Support available for the Child/Young Person (support groups/sibling groups etc)? |
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| **Support - Duty Service or Special Guardianship Support Team** |
| Named support worker (if allocated) |  |
| How to contact (telephone / email) |  |
| When available? |  |
| Who will coordinate the delivery of the support set out in this Plan?  |  |

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| **Special Guardianship Support Plan** |

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| **Family (SGO) & Social Relationships** |
| **Child’s Needs** *(from your assessment)* | **Support/Service/Provision to Meet Assessed Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  |  |  |
|  |  |  |  |
| **Carer’s Needs** *(from your assessment)* | **Support/Service/Provision to Meet Assessed Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
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| **Identity** |
| ***Children who cannot live with their birth family often need to develop a positive sense of their identity, based on an understanding of their life, including that of their family of origin.*** *Life Story/History Work helps children and young people to make sense of growing up in multiple homes or families. It helps them to develop a coherent and accurate narrative of their lives and the lives of people closest to them. Children and young people will be able to start building an understanding and acceptance of who they are and their past experiences, and a healthy sense of self and feeling of well-being.* |
| **Child’s Needs** *(Life Story work/Cultural understanding and identity)* | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
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| **Social and Emotional Well-being and Emotional Health and Development** |
| **Child’s Needs** | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  |  |  |
| **Carer’s Needs** | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
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| **Therapeutic Needs**  |
| Has an assessment of need (therapeutic support) been completed?  | **Support/Service/Provision to Meet Need** |
| What therapeutic support is already in place / has previously been provided (CAMHS/ Schools)  | **Support/Service/Provision to Meet Need** |
| Has the adoption support fund been applied for? *(If a previously looked after child/young person)* | **Support/Service/Provision to Meet Need** |

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| **Physical Health** |
| **Child’s Needs** | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  |  |  |
| **Carer’s Needs** | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
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| **Leisure, Hobbies, Sports and Positive Activities** |
| **Child’s Needs** | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  |  |  |
| **Carer’s Needs** | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
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| **Education** |
| **Identified Need or Issue** | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for meeting Need /Coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  |  |  |
| ***Pupil Premium Plus:*** *If the child/young person left care as a result of a Special Guardianship Order (SGO), they qualify for Pupil Premium Plus. To enable the school to apply, guardians must declare their child's SGO status directly to the school before the school completes the yearly January census. Parents and guardians must provide evidence, for example, a copy of the legal order, or a confirmation letter from the local authority which placed their child. The Pupil Premium Plus is paid to the school and must be spend on the previously looked after cohort.* |
| ***Has the Pupil Premium Plus been claimed for and how has it been used?*** |
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| **Leaving Care Issues (if over 14)** |
| One-Off Support |  |
| On-Going Support |  |
| Identified Need or Issue | Support/Service/Provision to Meet Need | Person/Agency Responsible for meeting Need or coordinating | Timescale/duration/date will end/date to be reviewed |
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| **Financial Support (specify if this support is for carer / child) - one-off / on-going support** |
| One-Off Support |  |
| On Going Support |  |

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| **Financial Support (general issues)** |
| Identified Need or Issue | Support/Service/Provision to Meet Need | Person/Agency Responsible for Meeting Need orCoordinating | Timescale/duration/date will end/date to be reviewed |
|  |  |  |  |
| Attach a copy of a SGO Offer Letter. |  |
| What financial support has been provided / is available for legal costs? |  |
| What financial advice / welfare benefits advice been provided for the carer? (date) |  |
| Has a welfare benefit check/ assessment been undertaken? (date) |  |
| Arrangements for the transfer of the Junior ISA (if CLA for over 52 weeks)? |  |
| Has a Criminal Injuries Compensation Award Application been submitted (if so what are the arrangements for transferring the claim or award)? |  |
| Are there any savings, inheritance, trust issues to consider, if so what the transfer arrangements are? |  |
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| **Disability Benefits** |
| Does the child/young person receive Disability Living Allowance (care and/or mobility element)? |  |
| Is the Special Guardian the benefit appointee? |  |
| Arrangements for the use of any disability benefit? |  |
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| **Support to Assist the Birth Family** |
| Identified Need or Issue | Support/Service/Provision to Meet Need | Person/Agency Responsible for Meeting Need or coordinating | Timescale/duration/date will end/date to be reviewed |
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| **Child/Young Person** *(if appropriate)* |
| Views/Wishes and Feelings |  |
| **Signature** |  |
| Print Name |  |
| Date |  |

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| **Special Guardian** |
| Views/Wishes and Feelings |  |
| I have read and agree with the content of this plan and services/support being offered. |
| **Signature** |  |
| Print Name |  |
| Date |  |

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| --- |
| **Birth Family - Views/Wishes and Feelings** |
|  |

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| **Local Authority Representative** |
|  | **Name** | **Role** |
| Person Produced the Plan |  |  |
| Person Authorising the Plan |  |  |
| Signature |  |
| Print Name |  |

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| **Authorisation and Review Dates** |
| Date Plan Authorised |  |
| Date Plan to be Reviewed |  |
| Circumstances/changes that will trigger a review: |  |