

PROPOSED SPECIAL GUARDIANSHIP SUPPORT PLAN

Assessing Local Authority:

Name of prospective guardian(s):

Local Authority where the family lives:

Child’s name (please add details for each child, as applicable):

DOB:

Case Summary :

HEALTH (to include any special needs which a disabled child may have)				
<ul style="list-style-type: none"> <i>Please include details of current GP/ dentist/ any other health professional involved with the child(ren)</i> 				
Support needs of child	Services to be provided	Person / agency responsible	Frequency / duration / starting date	Planned outcomes and plan for reviews
EDUCATION				
<ul style="list-style-type: none"> <i>Also consider pre-school & after-school provisions</i> 				
Support needs of child	Services to be provided	Person / agency responsible	Frequency / duration / starting date	Planned outcomes and plan for reviews

EMOTIONAL & BEHAVIOURAL DEVELOPMENT				
<ul style="list-style-type: none"> • Please consider CAMHS involvement, if appropriate 				
Support needs of child	Services to be provided	Person / agency responsible	Frequency / duration / starting date	Planned outcomes and plan for reviews
IDENTITY				
<ul style="list-style-type: none"> • LAC only: include Life Story work and Later in Life Letter • If above has not been completed, please include date to be completed by • What information will be shared about the child/ by whom/ by when, Post Order • Does the child have a passport? • Child's birth certificate – who has it and who can give this to the SG carer? • Any other personal belongings – how would these be given to the child/ SG carer? 				
Support needs of child	Services to be provided	Person / agency responsible	Frequency / duration / starting date	Planned outcomes and plan for reviews
FAMILY & SOCIAL RELATIONSHIPS				
<ul style="list-style-type: none"> - Quality of relationships between SG carer/ birth parents/ mother/ father/ child - Quality of relationships between maternal and paternal sides of the family - Peer groups for the child / friendship groups 				
Support needs of child	Services to be provided	Person / agency responsible	Frequency / duration / starting date	Planned outcomes and plan for reviews

CONTACT				
ARRANGEMENTS PLANNED POST ORDER				
<ul style="list-style-type: none"> <i>Proposed arrangements to consider contact within birth family and SG family</i> 				
Person – name & relationship to child	Type of contact	Frequency, duration, venue & starting date	Will contact need to be supervised? Who will do this?	Purpose of this contact
CONTACT SUPPORT ARRANGEMENTS				
<ul style="list-style-type: none"> <i>To include arrangements for support from the family</i> 				
Support needs of child & Special Guardian	Services to be provided	Person / agency responsible	Frequency / duration / starting date / LA (if needed) start and end date	Planned outcomes and plan for reviews

SPECIAL GUARDIAN & FAMILY

HEALTH				
Support needs	Services to be provided	Person / agency responsible	Frequency / duration / starting date	Planned outcomes and plan for reviews
HOUSING				

Support needs	Services to be provided	Person / agency responsible	Frequency / duration / starting date	Planned outcomes and plan for reviews

SUPPORT SERVICES OFFERED BY THE LOCAL AUTHORITY (in addition to above)

FINANCIAL SUPPORT				
<ul style="list-style-type: none"> • <i>Means test / Annual review</i> • <i>Weekly amount of SG allowance provided by the LA, per child</i> • <i>SG carer is responsible to apply for Child Benefit and Child Tax Credit</i> 				
Support needs	Services to be provided	Person / agency responsible	Frequency / duration / starting date	Planned outcomes and plan for reviews
TRAINING				
Support needs	Services to be provided	Person / agency responsible	Frequency / duration / starting date	Planned outcomes and plan for reviews
POINT OF CONTACT				
<ul style="list-style-type: none"> • <i>Duty support, information, advice, referrals, EDT number, etc.</i> 				
Support needs	Services to be provided	Person / agency responsible	Frequency / duration / starting date	Planned outcomes and plan for reviews
CONTACT WITH OTHER SPECIAL GUARDIANS				

Support needs	Services to be provided	Person / agency responsible	Frequency / duration / starting date	Planned outcomes and plan for reviews

Prospective Special Guardian(s)	Signature:	Date:
Children's Social Worker	Signature:	Date:
Assessing Social Worker	Signature:	Date:
Head of Service	Signature:	Date: