Northamptonshire Children’s Trust SGO Support Plan 2021.

***To be included in the papers presented to court in an SGO application where a foster carer or connected persons foster carer is seeking an SGO or where an SGO is the Children’s Trust Care Plan for a child in care proceedings.***

*This plan identifies any current or potential assessed needs for special guardianship support services of the child and the special guardians.*

*Information in black in this form is considered to be needed for all children.*

*All sections will require additional specific issues to be included*

*All advice in red must be deleted prior to filing for court etc. (including this sentence).*

Child’s Full Name \*(as shown on birth certificate):

Date of Birth:

Placing Agency: Northamptonshire Children’s Trust

Is this child subject to current care proceedings? Y/N (Please delete)

Name/s of Proposed Special Guardians:

Are they currently caring for the child? Y/N

Carer status: NCTrust foster carers/connected persons foster carers/IFA foster carers?

(Please delete those that do not apply)

Date that the child was placed (regulated) with current carer:

Name of IFA if appropriate:

Assessing and Approving Local Authority:

**Northamptonshire Children’s Trust**

Local Authority where the Special Guardian Applicant Family Lives:

If this is neither the placing nor the approving local authority, date of the required consultation with the LA where the child lives and name and position of person with whom this took place:

**The proposed special guardianship support plan is based on the assessed special guardianship support needs of the child and the special guardians and of the birth relatives in relation to contact as detailed on the attached forms, and updated as necessary.**

Date Proposed Plan was completed:

**Individual worker responsible for co-ordinating and monitoring the delivery of the services in the plan**

Name:

Agency:

Address:

Telephone**:**

E-mail:

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| HEALTH NEEDS OF CARER AND/OR CHILD | |  | | |  | | |  | |  | | |
| Support Needs of Child and Carers | | Services to be Provided | | | Person/Agency Responsible | | | Frequency, Duration and Starting Date | | Planned Outcome and Plans for Review | | |
| *Child’s name* will need to continue to have regular access to her routine health appointments including dentist, opticians and any other relevant medical appointments required.  Insert specific information  Are there any disability issues of mental health issues which the child needs support with?  Does that carer/s have any illnesses or disabilities which impact on their care of the child and ability to offer an active healthy lifestyle?  How will the carers network assist with this? | | Regular health checks.  Insert specific information  Do carer/s need any information to support these needs?  Do carer/s have/need any formal services to support these needs? | | | Carers to ensure that *Child’s name* continues to access her health appointments when required.  .  Insert specific information | | | Dental check-ups to be at least every six months, as/or directed until *Child’s name* reaches adulthood.  Optician appointments to be every year/ or as directed.  Insert specific information | | *Child’s name* to maintain good health.  *Child’s name* to have good oral hygiene.  *Child’s name* to have good eye sight, for this to be monitored.  Insert specific information | | |
| EDUCATION NEEDS OF CHILD | |  | | |  | | |  | |  | | |
| Support Needs of Child and Carers | | Services to be Provided | | | Person/Agency Responsible | | | Frequency, Duration and Starting Date | | Planned Outcome and Plans for Review | | |
| *Child’s name* to continue to attend insert learning setting on a regular basis and to be provided with support as necessary with their education.  *Child’s name* needs to be supported with any homework.  *Child’s name* needs to have access to hobbies and learning wider skills and pass times and this will be done by insert specifics of school and extracurricular activities relevant to this child  Insert specific information | | *Child’s name* to be supported to school every day.  *Child’s name* School to continue to support Child’s name with learning and academic achievement at school.  *Child’s name* to be given support with her homework.  School to support carers understanding of any work that is expected to be completed at home.  Insert specific information | | | Insert specific information | | | Insert specific information | | Planned outcome is for *Child’s name* to be able to reach their full educational potential.  Insert specific information | | |
| EMOTIONAL & BEHAVIOURAL NEEDS OF CHILD | |  | |  | | |  | | | |  | |
| Support Needs of Child and Carers | | Services to be Provided | | Person/Agency Responsible | | | Frequency, Duration and Starting Date | | | | Planned Outcome and Plans for Review | |
| Please insert specific needs  Carers may need support and guidance around how to appropriately manage and provide *Child’s name* with the support they require due to past adversities, experiences and difficulties that may present for *Child’s name* now or in the future.  Since *Child’s name*  has/has not (Please delete) been known as a Child in Care (Looked After Child) and therefore will/will not (Please delete) have access to the Adoption Support Fund in the future, to enable access to therapeutic support if needed. This is accessed via the post Adoption and SGO Support Team and the family can self-refer at any time in the child’s minority.  NB Children who have, at any time, had the status of being a child in care, will have access to this support fund. Children who have never been CiC will not. Please indicate clearly which this child is.  Are the carers aware of the vulnerability of young people to drugs, mental health struggles in puberty and potential gang activities and sexual exploitation? | | Insert specific information | | SGO carers  SGO carers may also access an Assessment of Need for services to support *Child’s name* in the event that additional support will be needed at any time during the child’s minority. | | | Insert specific information | | | | *Child’s name* emotional and behavioural needs to be fully met within their SGO family and where this is not possible at any time, for the SGO family to know where to reach out to for support.  After the Local Authority’s involvement closes, on the making of the SGO, Child’s *name* emotional wellbeing will be reviewed/ monitored by universal services such as school alongside the Special Guardians | |
| IDENTITY NEEDS OF CHILD | |  | |  | | |  | | | |  | |
| Support Needs of Child and Carers | | Services to be Provided | | Person/Agency Responsible | | | Frequency, Duration and Starting Date | | | | Planned Outcome and Plans for Review | |
| *Child’s name* needs her carers to continue to promote and support their identity by ……  Please insert carers ability to promote and understanding both now and in the future of specific identity issues. Include culture, gender identity, sexuality, faith, etc.  Please discuss if carer is of a different faith/heritage and are they confident/how will they help the child to express and value their heritage/faith?  The child’s view of the plan of SGO is…. | | Does the carer need any information or help to understand possible future choices of the child re sexuality and gender identity and faith?  Please discuss if carer is of a different faith/heritage, do they need any support to promote this and who can offer this? | | SGO carers | | |  | | | | *Child’s name* emotional and behavioural needs to be fully met. | |
| FAMILY & SOCIAL RELATIONSHIPS | |  | |  | | |  | | | |  | |
| Support Needs of Child and Carers | | Services to be Provided | | Person/Agency Responsible | | | Frequency, Duration and Starting Date | | | | Planned Outcome and Plans for Review | |
| *Child’s name* to continue to develop a secure and stable relationship with her carers (insert names and nature of their genetic/social relationship)  *Child’s name* needs an opportunity to develop and maintain a safe and consistent relationship with wider family and friends.  *Child’s name n*eeds to be afforded the opportunity to develop good social skills and to make age appropriate friendships.  Insert specific information | | For *Child’s name* to engage in activities and interests which promotes her social development, through attendance at school, g  Insert specific information | | SGO carers  Insert specific information | | | Ongoing  Ongoing  Ongoing | | | | For *Child’s name* to have positive family and social relationships and continue to progress a secure attachment to the carers  *Child’s name* to develop good social skills and make positive friendships and relationships as she gets older.  Insert specific information | |
| SOCIAL PRESENTATION | |  | |  | | |  | | | |  | |
| Support Needs of Child and Carers | | Services to be Provided | | Person/Agency Responsible | | | Frequency, Duration and Starting Date | | | | Planned Outcome and Plans for Review | |
| Insert specific information | | Insert specific information | | Insert specific information  SGO carers | | | Ongoing throughout childhood.  Ongoing throughout childhood  Insert specific information | | | | For *Child’s name* to be physically presentable and to support Child’s name to form a positive sense of identity as they get older.  For *Child’s name* to have good personal hygiene and develop an awareness of his personal self.  Insert specific information | |
| SELF CARE SKILLS | |  | |  | | |  | | | |  | |
| Support Needs of Child and Carers | | Services to be Provided | | Person/Agency Responsible | | | Frequency, Duration and Starting Date | | | | Planned Outcome and Plans for Review | |
| Child’s name to be provided with support in progressing her self-care skills through the rest of childhood in order to maximise their potential for independent living and enjoying as full a life as possible.  Please insert specifics | | *Child’s name* to be supported to enhance and progress her self-care skills as she grows. Support can be provided if needed via family support worker.  Insert specific information | | Insert specific information | | | Ongoing, until *Child’s name* is able to achieve their best level of independence.  Insert specific information | | | | For *Child’s name* to develop age appropriate skills in developing independence and meeting their own self care needs.  Insert specific information/examples | |
| CONTACT  RECOMMENDATIONS AFTER PLACEMENT |  | |  | | |  | | |  | | |  | |
| Person – Name and Relationship to Child | Type  (e.g. letterbox, face to face) | | Frequency, Duration, Venue and Starting Date | | | Will Contact Need to be Supervised | | | Who Will do This? | | | Purpose of this Contact | |
| PLEASE note this is only a recommendation. You may specify here what contact level the LA recommends and the reasons why this benefits the child and balances risks with benefits.  The voice of the child should be included.  Following this recommendation, the LA acknowledges that the Special Guardians must make safety decisions for the child which will include who can see *Child’s name*, how often and where.  The LA has given appropriate information to the carers about the risks and benefits of contact and have specifically addressed the following issues:  Please insert specific issues and people. | Insert specific information | | Insert specific information | | | Please note that the post order team will not provide supervision of contact to SGO cases as this is in conflict with the SGO having PR | | | Insert specific information | | | Insert specific information-is tis to maintain the child’s identity or to try to maintain a relationship?? Levels of suggested contact should reflect the aim of that contact (more often if relational, less often if identity) | |

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| SUPPORT ARRANGEMENTS |  |  |  |
| Support Needs of Child | Services to be Provided | Person / Agency Responsible | Plans for Review |
| Please insert any specific services already ongoing with the family (therapy etc.) and anything that the family or network are offering  Carers can request an assessment of need from the Post Adoption/ Special Guardianship Support Team if and when needed. This is likely to lead to the provision of a range of support services  Carers can **self-refer** by telephone or on line to the Post Adoption/ Special Guardianship Support Team for support such as:   * Support groups * Advice on behaviour, care and finances * Work to support schools who need advice on managing behaviour, life story work * Carers consent to receive an SGO bulletin which has updates regarding services available and events that can be attended. * Therapeutic parenting information and learning opportunities   In addition, the Post SGO Support Team will also enable carers to access the Adoption Support Fund for children who were previously Children in Care (Looked After) | Insert specific information | If the help and support of the Post Adoption SGO Support Team (Post Order) is needed, a Special Guardian can self-refer or a professional can refer with the SGO agreement and in the following ways:  **Telephone: 01604 367301**  *There is a duty social worker available on Monday, Wednesday and Friday from 10am until 4pm.*  **Email:** [postadoption@nctrust.co.uk](mailto:postadoption@nctrust.co.uk)  *e-mails are responded to on Monday, Wednesday and Friday between 10am and 4pm*  **On-line referral:** <https://www.nctrust.co.uk/adoption-fostering/adoption/Pages/special-guardianship-orders.aspx> | Insert specific information |

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| FINANCIAL & PRACTICAL |  | |  |  |  | |
| Support Needs of Child and Carers | Services to be Provided | | Person/Agency Responsible | Frequency, Duration and Starting Date | Planned Outcome and Plans for Review | |
| The carers must ensure prioritizing of the practical needs of Child’s Name by using their SGO allowances appropriately to meet clothing, shelter, food, social and wellbeing needs.  Insert specific information about any additional payments made for any paid-for activities or other needs | | Insert specific information  Special Guardians are paid according to the 2016 policy at **the usual fostering rate minus child benefit and minus any expenses or festival allowances but including skills allowances.** The skills allowance element will be paid if applicants have completed the skills training at the time of the granting of the order and without this causing court delay.  Once the finance is agreed this will be an ongoing payment which will be subject to an annual review.  *Allowance Calculation*   * Current fostering allowances are available on the intranet * Info about skills level can be found out from the fostering SSW/Connected Persons SSW if they are a current F/C and otherwise it will not apply * Child benefit figures are on direct.gov.uk *Please ensure the child benefit is correct for the allowance The child’s SW must give the amount dependant on if this is the first or subsequent child that this household is claiming CB for. This does not matter if the child for whom they are already claiming is birth, SGO etc.*   **PLEASE SHOW FULL CALCULATION BELOW**  .  **Current Fostering Allowance rate for a child of this age per week £ please insert**  **PLUS**  **Current skills allowance per week (if already paid to this person as a F/C) please insert**  **MINUS**  **Child benefit figure for this child £ please insert**  **Therefore**  **SGO allowance per week will be**  **£ insert** | Insert specific information  ***Insert name of carer*** have/has been advised to apply for Child Benefit and Child Tax Credits.  Northamptonshire Children Services’ Post Adoption & Special Guardianship Order Support Team are responsible for reviewing financial allowances annually, via the Financial Officer.  Financial Assessment Officer will notify the family of their allowance award in writing. The Special Guardian is then responsible for ensuring that the amount they receive matches this award amount and that they report any overpayments to the Children’s Trust. **All overpayments will be reclaimed in full by the Children’s Trust**  Special Guardian must complete the financial review documentation annually or risk losing their allowance. | Weekly, to start as soon as Special Guardianship Order is granted.  The SGO allowance is paid until the child reaches 18 years of age and/or is studying for a qualification up to and including A level, NVQ level 3 or Scottish national qualifications at higher or advanced level.  Apprenticeships and government training courses will be funded up to the age of 18 if they are carried out as continuous education.  Please note that education must be continuous i.e. if there is a gap or if the young person changes courses this will not be funded. Progression from a level 2 to a level 3 in the same subject on a continuous basis will be funded  This **does not** include studying for a university degree or post 18 education/ qualification. | ***Insert name of carer to*** be able to meetChild’s name needs. The allowance will be reviewed annually in line with regulations |

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|  | Signature | Print Name | Date |
| Child-Young Person (if appropriate) |  |  |  |
| Special Guardian/s |  |  |  |
| Child’s Social Worker |  |  |  |
| Service Manager |  |  |  |
| Team Manager Post Adoption & SGO Support Team |  |  |  |
| Special Guardian/s  I am signing to say that:   * have seen this plan and accept it as appropriate support * I do/do not (please delete) consent to my details being added to the SGO mailing list so that I can receive information about events and training and support. |  |  |  |