**Special Guardian Assessment – For Support Plan Up-Date**

The information gathered through this assessment process should inform the full Special Guardian Support Plan. This assessment can be used if there is no current support plan in place or if the current support plan is considerably out of date and a fuller reassessment is required.

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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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| **Key Contacts** |
| **Birth Family – Named Contact** |  |
| Phone Number |  |
|  |
| **Local Authority – Contact Point/Name** |  |
| Phone Number |  |

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| **Core Information – Special Guardian** |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Gender |  |
| Ethnic Origin |  |
| Relationship to the child/young person |  |
| **Additional (Partner/Husband/Wife)** |  |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Gender |  |
| Ethnic Origin |  |
| Relationship to the child/young person |  |

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| **Core Information – Birth Family** |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Relationship to the Child/Young Person |  |
| **Additional (Partner/Husband/Wife)** |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Relationship to the Child/Young Person |  |

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| **Other Family/Household Members (Living in the SG Household)** |
| Name | Date of Birth | Gender | Relationship to the above Child/Young Person |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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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| **Professional relationships** (Please list all significant professionals involved in the child’s life (social worker, school, health etc.) |
| Designation | Name | Tel Number / email | Person working with (child, special guardian, birth parent, other) | Contributed to this assessment/plan*(if not, please give reason why)* |
| Social Worker |  |  |  |  |
| Support Worker |  |  |  |  |
| Teacher |  |  |  |  |
| Additional |  |  |  |  |

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| **Organisation Involved** |
| Organisation Name | Address | Tel Number / email |
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|  |  |  |

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| **Special Guardianship Order / Plan details** |
| Date the Special Guardianship Order was granted |  |
| Date that the last SG Support Plan was completed/reviewed |  |

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| **Assessment of Need to Inform the Special Guardianship Support Plan** |
| What are the needs of the child / young person / SG family / Birth Family?What are the current issues, what is happening right now that is causing concern or has instituted the support plan review? What has triggered the assessment?*Presenting issues* |
| Identity |
| Family and Social Relationships |
| Social and Emotional Health & Development |
| Therapeutic Needs |
| Physical Health |
| Leisure, Hobbies, Sport and Pastimes |
| Education, Training, Employment (depending on age) |
| Leaving Care |
| Will a Financial Reassessment and Means Test be Undertaken (timescale)? |
| Financial Support Requested/Provided |

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| **Analysis, Comments and Outcome** |
| **From - Social Worker** |  |
| **Date** |  |
| **From Supervising Manager** |  |
| **Comments** |  |

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| **Views of all parties** |
| **View of the child/young person regarding the assessment** |  |
| **View of special guardian / parent and significant others on the assessment** |  |
| **Child/Young Person**I have read the support assessment – comment |  |
| **Special Guardian**We/I have read the support assessment – Comment |  |
| **Birth Parent (if relevant)**We/I have read the support assessment – Comment |  |
| Observations/additional comments on any aspect of this report |  |
| **Date Assessment shared** |  |

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| **Signatures (Person/s Completing the Assessment)** |
| Signature  |  |
| Print Name |  |
| Job Role |  |
| Date |  |
|  |  |
| Signature |  |
| Print Name |  |
| Job Role |  |
| Date |  |

2nd January 2020