|  |
| --- |
| **NORTH SOMERSET COUNCIL** |

**SPECIAL GUARDIANSHIP SUPPORT PLAN**

***All references within this Report to “child” include reference to “children”.***

|  |  |  |  |
| --- | --- | --- | --- |
| **SUBJECT CHILDREN** | **FULL NAME(S)** | **DATE OF BIRTH**  | **GENDER**  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROPOSED CARER(S)** | **FULL NAME(S)** | **RELATIONSHIP TO CHILD** | **LOCAL AUTHORITY AREA** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **SOCIAL WORKER NAME** |  |
| **POSITION** |  |
| **PLACING AUTHORITY** |  |
| **DATE OF CONSULTATION WITH THE LOCAL AUTHORITY AREA IN WHICH THE APPLICANTS RESIDE** |  |

**This support package is subject to ongoing review in line with the Special Guardianship Regulations 2005 (as amended). Financial support is means tested and a means form must be submitted annually.**

**SECTION A: GENERAL SUPPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Support Need of Child and Special Guardian**  | **Services to be provided** | **Person/Agency responsible** | **Frequency, duration and start date of support** | **Aim, and plans for review** |
| **Health Needs** |  |  |  |  |
| **Education Needs** |  |  |  |  |
| **Emotional Needs** |  |  |  |  |
| **Behavioral and Developmental Needs** |  |  |  |  |
| **Identity Needs** |  |  |  |  |
| **Self care Needs** |  |  |  |  |
| **Social Needs** |  |  |  |  |
| **Family Needs** |  |  |  |  |

**SECTION B: CONTACT ARRANGEMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of person spending time with the child** | **Relationship to Child** | **Type of contact (e.g. letterbox, face to face, telephone)** | **Frequency, duration, venue and starting date** | **Where contact is supervised, who will supervise?** | **Purpose of contact** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**SECTION C: FINANCIAL SUPPORT ARRANGEMENTS (if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Support need of child and Special Guardian**  | **Services to be provided (e.g. regular allowance, lump sum, home adaptations)** | **Person/Agency responsible** | **Frequency, duration, and starting date** | **Aim, and plans for review** |
| **General Living Allowance** |  |  |  |  |
| **Case Specific Support** |  |  |  |  |

**SIGNATURES**

 **Local Authority Signatures**

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Position**  | Community Social Worker |
| **Date** |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Position**  | Community Family Team Leader |
| **Date** |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Position**  | Community Family Service Leader |
| **Date** |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Position**  | Kinship/Fostering Service Leader |
| **Date** |  |

 **Applicant Carer Signatures**

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Position**  | Applicant Carer |
| **Date** |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
|  | Applicant Carer |
| **Date** |  |