PROPOSED SPECIAL GUARDIANSHIP SUPPORT PLAN

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| **Child’s name:** |   |
| **Date of birth:** |  |
| **Local authority where the child lives:** |  |
| **Name of prospective special guardian(s):** |  |
| **Relationship between the child and the prospective special guardian(s):** |  |
| **Local authority where special guardians live:** |  |
| **Date proposed plan was completed:** |  |

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| Aspire provides special guardianship support services on behalf of the local authorities of BCP and Dorset. After three years following the making of the order, if the family live outside of Dorset or BCP local authorities, support will become the responsibility of the local authority where they are living.We work with special guardians, supporting them with the challenges they face in providing care for someone else’s child. We want to help ensure the family environment remains positive for both the child and family, until the child reaches adulthood.If you require post special guardianship support, please contact the Special Guardianship Support Team duty worker on **0300 123 9868** or email **AASGSduty@aspireadoption.co.uk****.** |

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| **HOW DOES POST SPECIAL GUARDIANSHIP SUPPORT WORK IN ASPIRE?** |

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| **Universal support- available to all special guardians** **(does not require an allocated worker)**  |
| * You will be able to seek advice, support and guidance via the duty worker. They are available every morning (apart from Wednesdays) and you can either call **0300 123 9868** or email **AASGS@aspireadoption.co.uk**
* You will be able to access support groups for special guardians which will run in different locations in the Dorset and BCP areas
* You will have access to training and workshops – please register your email address to get more information about these.  Please contact the support team to request this.
* You will have access to our newsletter – if you register your email address with us this will be sent out to you.
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| **Targeted support- specialist therapeutic intervention for special guardians****(requires an allocated worker)** |
| * If your requirements go above what can be offered by the duty worker, you can request an assessment of support needs. If the assessment highlights the need for specialist intervention, you will be allocated a social worker or support worker who will work alongside you and your family
* This may include direct work with the special guardian and child, coaching, and support to implement therapeutic parenting
* The allocated social worker may provide some targeted work for you and link in with the virtual school for support with education
* If the child you care for has previously been ‘in care’ i.e. Section 20, Interim Care Order, Care Order then an application could be made to the Adoption Support Fund to fund therapeutic support (for as long as this remains available)
* We also offer in-house therapeutic support such as advice with Theraplay techniques and therapeutic parenting. We can also arrange consultations with our in-house psychologists
* Regular social events.
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| **Statutory support - safeguarding concerns** |
| A referral to the local Children’s Social Care may be required for one or more of the following:* If the child you care for is deemed at risk of harm
* If there is a risk that the placement could breakdown i.e. the child going back into the care system or having to live somewhere else
* If you feel you are unable to meet the needs of the child and are requesting respite support or additional support above what can be offered by Aspire.
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| **IDENTIFIED CURRENT AND FUTURE NEEDS OF THE CHILD/REN** |

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| **HEALTH (to include any special needs which a disabled child may have)** |
| **Does the child have identified health needs that cannot be met by the universal healthcare system: YES/NO** |
| **Child’s health needs** | **Who will provide this service** | **Date, frequency and duration** | **Planned outcome and review** |
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| **EDUCATION**  |
| **Does the child have identified additional education needs: YES/NO** |
| **Child’s needs** | **Who will provide this service** | **Date, frequency and duration** | **Planned outcome and review** |
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| **BEHAVIOURAL AND EMOTIONAL DEVELOPMENT**  |
| **Does the child have identified behavioural and emotional needs that cannot be met by universal services: YES/NO** |
| **Support needs of the child**  | **Services to be provided** | **Person/Agency****responsible** | **Date, frequency and duration** | **Planned outcome**  |
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| **IDENTITY** |
| **Does the child have any additional needs relating to their identity: YES/NO** |
| **Support needs of the child**  | **Services to be provided** | **Person/Agency****responsible** | **Date, frequency and duration** | **Planned outcome**  |
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| **IDENTIFIED CURRENT AND FUTURE NEEDS OF THE SPECIAL GUARDIAN(S)** |
| **Does the special guardian(s) have identified needs that cannot be met by universal services:**  |
| **Support needs of the prospective special guardian(s)** | **Services to be provided** | **Person/Agency****responsible** | **Date, frequency and duration** | **Planned outcome**  |
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| **IDENTIFIED CURRENT AND FUTURE NEEDS OF OTHER INDIVIDUALS IN THE SPECIAL GUARDIAN(S) FAMILY** **(e.g. birth children, other family members in the household, and grandparents)** |
| **Are there any family members that have identified needs that cannot be met by universal services: YES/NO** |
| **Support needs of the family member** | **Services to be provided** | **Person/Agency****responsible** | **Date, frequency and duration** | **Planned outcome**  |
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| **ARRANGEMENTS AFTER MAKING OF THE SPECIAL GUARDIANSHIP ORDER** |

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| **CONTACT ARRANGEMENTS** **The special guardian is legally responsible for deciding the duration and frequency of contacts. Contact should only occur if it is in the child’s best interests. The special guardian can change the contact arrangements to suit the child’s developing needs and wishes** |
| **Name of person and relationship to the child** | **Type****(e.g. Letterbox, face to face)** | **Frequency and duration and starting date** | **Will this contact need to be supervised? If so by whom?** |
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| **FINANCIAL SUPPORT**  |
| **Details of eligibility of Special Guardianship allowance**  | **Responsible local authority**  | **Frequency and duration and starting date** | **Plans for review** |
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| **SIGNATURES** |
| Aspire assessing Social Worker | **Signature**  | **Print name** | **Date** |
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| Prospective special guardian |  |  |  |
| Local authority senior manager |  |  |  |
| Aspire adoption support services adviser (ASSA) |  |  |  |