

City of **Stoke-on-Trent**

SPECIAL GUARDIANSHIP SUPPORT SERVICES ASSESSMENT

Part 1

Child/Young Person's Details			
Name(s)			
DOB			
LCS Ref			
Address			
Gender			
Ethnicity			
Language			

Child's Family Members/Parents				
Name	DOB	Relationship		

Part 2 - Child's Assessment

Child's Details	
Child's Current Legal Status	
Details of any ongoing legal proceedings	
Disability	
Date of placement with proposed/special guardian	

Child's Placement History List all previous carers of the child			
Date	Placement	Reason for Move	

Child's Background History Specify the implications of this for the child's support needs

Child's Developmental Needs

Health - General/Mental Health, Diet, Medical diagnoses, Disability, Milestones, Percentiles

Education – Attendance, Attainment, SEN, Out of school Activities, Behaviour

Emotional & Behavioral Development – Attachment, Resilience, Personality, Self esteem, Offending, Impact of family issues, Behaviour issues

Family and social relationships

Anticipated impact of the Order on existing relationships; family time arrangements and any associated support needs

Assessment of Child's Support Needs

Views and Comments of Child on assessment including areas of disagreement

Recommendations re support services to be provided Include multi agency contributions to support of the child and special guardian				
Support Service	Yes / No	Details	Provided By (please tick)	
			Own Agency	Other (please specify)
Counselling, advice and information				
Support group for children subject to special guardianship				
Assistance in relation to contact				
Therapeutic service				
Mediation in matters relating to the special guardianship order				
Short Breaks				
Section 24 1989 Children Act Support				

Part 3 – Special Guardian's Assessment

	Special Guardian 1	Special Guardian 2
Name		
Date of Birth		
Gender		
Address		
Telephone Contact(s)		
Email		
Nationality		
Ethnicity		
Language		
Religion		
Relationship to (each) Child		

Assessment of Special Guardian's Support Needs

Consider all areas of support needs Include financial impact of caring for child and whether financial support is required

Views and Comments of Special Guardian on assessment including areas of disagreement

Recommendations re support services to be provided Include multi agency contributions to support of the child and special guardian				
Support Service	Yes / No	Details	Provided By (please tick)	
			Own Agency	Other (please specify)
Counselling, advice and information				
Support group for special guardians				
Assistance in relation to contact				
Training				
Mediation in matters relating to the special guardianship order				
Short Breaks				
One off Financial Payment				
Special Guardianship Allowance				

Special guardianship support team's contact number is 01782 235020. Email address is SpecialGuardianship.Duty@stoke.gov.uk

(Please note, if special guardians live outside of the Local Authority of Stoke on Trent support will be provided by SGO support team for up to 3 years following the granting of a Special Guardianship order. If outside of 3 years the guardians will need to contact their own local authority who will be able to support. This does NOT affect agreed finance such as Special Guardianship allowance.)

Part 4. Strategic Manager's Decision

Strategic Manager's Comments (please include any			
Name			
Signatura		Date	
Signature		Date	