|  |  |  |  |
| --- | --- | --- | --- |
| **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? |  | | |
| *Within this section set out the essential information relating to the child/young person who is subject to the Special Guardianship Order. (Please delete this guidance once the plan is completed)* | | | |

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| **Emergency and essential contacts**  **Please list contact names and details to be used in a critical/emergency situation** | |
| **Birth Family – Named Contact** |  |
| Phone Number |  |
|  | |
| **Local Authority – Contact Point/Name** |  |
| Phone Number |  |
| ***A Special Guardian has a duty to inform the above named people in a critical situation such as, serious illness, accident or death of the child.*** | |

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| **Core Information – Special Guardian** | |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Gender |  |
| Ethnic Origin |  |
| Relationship to the child/young person |  |
|  |  |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Gender |  |
| Ethnic Origin |  |
| Relationship to the child/young person |  |
| *Within this section set out the essential information relating to the Special Guardian, include information about all members of the household living in the house and other family members who regularly spend time in the house and/or have contact with the child/young person or provide support. Highlight any positive interactions/role models and any interactions that may create tensions or concerns. (Please delete this guidance once the plan is completed)* | |

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| **Testamentary Guardian** | |
| Is there a testamentary guardian/s for the child/young person? |  |
| Who are the testamentary guardian/s? |  |
| Is there a will in place covering the child/young person? |  |
| *A testamentary guardian is a person named to act as a guardian in a will. The Special Guardian can and should name whoever they think is a suitable and appropriate person in their will to manage such arrangements and their affairs in the event of death. They should seek guidance from a specialist ‘Wills and Probate’ solicitor in order to prepare a will and should also discuss and seek agreement from the proposed testamentary guardian that they are willing to act in such a role.*  *Given the difficult emotional and complex legal circumstances associated with the death of a Special Guardian and the potential for tensions with some birth families, it is recommended that testamentary guardian arrangements are considered and clarified. For example, if a parent with parental responsibility for the child is still alive at the point where the Special Guardian dies and the child goes to live with the testamentary guardian, the parent may wish to challenge this arrangement. A Special Guardianship Order does not extinguish the parents’ parental responsibility. There might then be a situation where the only person with parental responsibility is the birth parent. Being nominated a testamentary guardian does not afford that person parental responsibility. The testamentary guardian might then need to consider and seek a Child Arrangements Order or a Special Guardianship Order in their own right, if there is any challenge to the placement with them by those with parental responsibility/parents.*  *To avoid any future tensions, it is recommended that the appointment of a testimonial guardian is always considered, and any potential difficulties addressed. (Please delete this guidance once the plan is completed)* | |

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| **Core Information – Birth Family** | |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Relationship to the Child/Young Person |  |
|  | |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Relationship to the Child/Young Person |  |
| *Within this section set out the context/details of the child/young person’s birth family and any significant extended family. (Please delete this guidance once the plan is completed)* | |

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| **Other Family/Household Members (living in the same SGO household)** | | | |
| Name | Date of Birth | Gender | Relationship to the above Child/Young Person |
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|  |  |  |  |
| **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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| **Housing/Accommodation** | |
| **Type of accommodation** *(house/flat, private rented, housing association, council house, owned, other)* |  |
| Number of bedrooms |  |
| Does the child/young person have their own room? |  |
| *Type of accommodation (private rented, housing association, council house, owned, other) – house/flat/other. Number of bedrooms. Does the child/young person have their own room? Are there any specific issues related to the accommodation for a) the special guardians, b) the child/young person. (Please delete this guidance once the plan is completed)* | |

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| **Professional Relationships & Organisations involved** (current and/or significant previous involvements.  (Please list all significant professionals involved in the child’s/young person’s life (social worker, school, health etc.) | | | | | |
| Name & Designation/ Name of the organisation | Address | E-mail Address | Telephone Number | Date when involvement started | Date when involvement ended |
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| **Information about the Special Guardianship (Assessment Details and Outcomes)** | | | |
| Date of SGO Assessment |  | | |
| 1. Child/Young Person |  | | |
| 1. Household |  | | |
| 1. Date SGO granted |  | | |
| Attach/embed a copy of the SGO and assessment here. | 1. *Copy of SGO (embed)* 2. *Copy of Assessment (embed)* | | |
| What legal advice and guidance was given to the potential special guardian prior to confirming agreement to become a special guardian? Include legal advice that was given prior to the SGO being granted and any conditionality issues. | | |  |
| Has the legal advice given been incorporated into the support plan? | | |  |
| Has a Family Group Conference / Network Meeting taken place? | | |  |
| Is there an extended family plan? | | |  |
| ***If no, please explain why the conference has not taken place, or if there are plans to organise this in the future. Are there plans to undertake a further conference/network meeting in the future.*** | | | |
| *Within this section set out the date the assessment of the child/young person was started and finished, the date the assessment of the potential Special Guardian and family commenced and was finalised/approved. Set out the advice, guidance and legal advice the special guardian was given as part of the assessment and as part of the process of establishing the Special Guardianship Order (if not fully set out in the separate assessment document). Make reference to the assessment document, the date the assessment was provided to the special guardian or embed the assessment document in the SGO Support Plan. (Please delete this guidance once the plan is completed).* | | | |
| **Family Time / Contact Arrangements (with birth family/significant relationships)** | | | |
| Type of contact | |  | |
| Who is this contact with? | |  | |
| Frequency/duration/location | |  | |
| Will contact be supervised? | |  | |
| Who will supervise the contact if applicable? | |  | |
| Are there any risk issues regarding family contact? | |  | |
| Are there mediation services available to support setting up contact agreements? | |  | |
| Is there a contact arrangement/agreement, or is there a need for one? | |  | |
| Is there a contact order in place? | |  | |
| Attach a copy of the contact order / arrangement / agreement? | |  | |
| Are there any significant people in the child/ young person’s life with whom the contact cannot be arranged now, but must be reviewed in the future? When will the review need to take place? | |  | |
| *Set out any specific contact arrangements or agreements.* | | | |
| Date contact arrangements to be reviewed? | |  | |
| *Set out the contact/ family time arrangements for the child/young person with their birth family (extended birth family) and how contact will be organised/managed, if supervision is required and who will supervise, set out any risk issues that may be relevant to the child/young person or the special guardians from the birth family and extended birth family and how these will be mitigated or managed. (Please delete this guidance once the plan is completed)* | | | |

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| **Support to the Special Guardian in the Event of a Section 8 Application By Birth Parents** |
| The local authority will indemnify the Special Guardian(s) in respect of the reasonable costs of opposing any future section 8 application by any birth parents.” This will be dependent on the local authority being in agreement with the Special Guardians opposition to the section 8 request and will also be dependent on the circumstances of the situation at the time.  ***Any potential conflict regarding contact between birth parents and children should be addressed in the initial Special Guardianship assessment. Where tensions arise at a future date these should be raised with the local authority Special Guardianship link officer/duty worker to assess the approach to be taken including opposition to any section 8 application.*** |

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| **Support Plan - Core Offer**  Describe what services are available for special guardians (children/young people, carers and families) in your area & how these can be accessed or where information about these services can be found in the future. |
| Set out the Core SGO Offer (from the Responsible Authority) |
| Support available for the Special Guardian (support groups, advice line etc)? |
| Support available for the Child/Young Person (support groups/sibling groups etc)? |
| *Within this section set out the core support provided by the local authority to all special guardians e.g.: Special Guardian support groups, Child/young person support groups, Sibling support groups, Advice/helpline, Training, Benefit/Finance Advice, Newsletters, Social events, Mentoring from other special guardians. (Please delete this guidance once the plan is completed)* |

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| **Support - Duty Service or Special Guardianship Support Team** | |
| Named support worker (if allocated) |  |
| How to contact (telephone / email) |  |
| When available? |  |
| Who will coordinate the delivery of the support set out in this Plan? |  |
| *Within this section set out the name of the SGO support worker and/or the arrangements for the special guardian to access duty support, phone number, e-mail, duty worker etc. (Please delete this guidance once the plan is completed)* | |

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| **Special Guardianship Support Plan** |

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| ***Practical Support:***  *Within the sections below set out the nature of the practical support to be provided to the special guardian: What is provided, e.g. child care support, respite/short breaks etc. Also set out the nature of any practical support (ongoing/one-off activities) to be provided to/for the child/young person. What is their purpose, how long will they be provided, when will they cease, when will they be reviewed?*  *Please set out the* ***financial support*** *in a separate section.*  *(Please delete this guidance once the plan is completed)* |

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| **Family (SGO) & Social Relationships** | | | |
| **Child’s Needs** *(from your assessment)* | **Support/Service/Provision to Meet Assessed Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  |  |  |
|  |  |  |  |
| **Carer’s Needs** *(from your assessment)* | **Support/Service/Provision to Meet Assessed Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  |  |  |
| *Within this section set out the relationships that exist between the child/young person and their special guardian family (family members) and their birth family and extended family. Also set out the nature of the child/young person’s friendships and how they relate to family/friends and manage their relationships. (Please delete this guidance once the plan is completed)* | | | |

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| **Identity** | | | |
| ***Children who cannot live with their birth family often need to develop a positive sense of their identity, based on an understanding of their life, including that of their family of origin.*** *Life Story/History Work helps children and young people to make sense of growing up in multiple homes or families. It helps them to develop a coherent and accurate narrative of their lives and the lives of people closest to them. Children and young people will be able to start building an understanding and acceptance of who they are and their past experiences, and a healthy sense of self and feeling of well-being.* | | | |
| **Child’s Needs** *(Life Story work/Cultural understanding and identity)* | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  |  |  |
| *Within this section set out the nature of the child/young person’s identity and attachment issues, i.e. Cultural, religious, ethnicity issues, sexuality and issues relating to being previously looked after and not living with their birth family. Is there information available to the child/young person about their birth family and extended family (if appropriate)? (Please delete this guidance once the plan is completed)* | | | |

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| **Social and Emotional Well-being and Emotional Health and Development** | | | | |
| **Child’s Needs** | **Support/Service/Provision to Meet Need** | | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  | |  |  |
| **Carer’s Needs** | **Support/Service/Provision to Meet Need** | | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  | |  |  |
| *Within this section set out how the child/young person presents themselves in different situations: Within the family (special guardian and birth);*  *Within school/college/training/employment; In the community; With peers/friends, Is the young person confident, assertive, sociable, introvert, self-contained, would they seek support if required etc. Include assessment of the nature of the child/young person’s social and emotional development, i.e. age appropriate development, maturity, any additional or special needs, risk taking behaviour etc. Also consider what needs the child / young person is likely to have in the future. (Please delete this guidance once the plan is completed)* | | | | |
| **Therapeutic Needs** | | | | |
| Has an assessment of need (therapeutic support) been completed? | | **Support/Service/Provision to Meet Need** | | |
| What therapeutic support is already in place / has previously been provided (CAMHS/ Schools) | | **Support/Service/Provision to Meet Need** | | |
| Has the adoption support fund been applied for? *(If a previously looked after child/young person)* | | **Support/Service/Provision to Meet Need** | | |

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| **Physical Health** | | | |
| **Child’s Needs** | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  |  |  |
| **Carer’s Needs** | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  |  |  |
| *Within this section (and the section above on* Social and Emotional Well-being and Emotional Health and Development) *set out the nature of any health/well-being needs of the child/young person e.g: Physical health and ability to highlight or identify health needs and address these, i.e. inform special guardian of need to visit doctor, dentist etc (consider age appropriate ability and maturity). Are there any additional/special needs, how do these impact on the child/young person, do they need reasonable adjustments/adaptions to ensure their needs are addressed.*  *Has the child/young person experienced any activity that may be helpful to address via counselling? i.e., neglect, abuse, experience of domestic violence, substance misuse etc. if so, has any of these issues resulted in police involvement, the need for therapeutic support, a criminal injuries compensation authority application. List any agencies that are involved with the child/young person and their roles and responsibilities, e.g. CAMHS, School Counselling Service, specialist health input etc. Are there any hereditary health issues that may have an impact in the future?*  *(Please delete this guidance once the plan is completed)* | | | |

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| **Leisure, Hobbies, Sports and Positive Activities** | | | |
| **Child’s Needs** | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  |  |  |
| **Carer’s Needs** | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for Meeting Need or coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  |  |  |
| *Within this section set out the activities and interests of the child/young person and how these activities will be promoted, e.g. does the authority have, such as a ‘Passport to Leisure’ scheme that provides children/young people and special guardians discounted and/or priority access to leisure and sports clubs/activities, Max Cards, KAL? Set out any universal service access opportunities, special guardianship core activities and activities specific to the individual child/young person/special guardians. Advise the carer how they can find out more or apply for the universal services. (Please delete this guidance once the plan is completed)* | | | |

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| --- | --- | --- | --- |
| **Education** | | | |
| **Identified Need or Issue** | **Support/Service/Provision to Meet Need** | **Person/Agency Responsible for meeting Need /Coordinating** | **Timescale/duration/date will end/date to be reviewed** |
|  |  |  |  |
| ***Pupil Premium Plus:*** *If the child/young person left care as a result of a Special Guardianship Order (SGO), they qualify for Pupil Premium Plus. To enable the school to apply, guardians must declare their child's SGO status directly to the school before the school completes the yearly January census. Parents and guardians must provide evidence, for example, a copy of the legal order, or a confirmation letter from the local authority which placed their child. The Pupil Premium Plus is paid to the school and must be spend on the previously looked after cohort.* | | | |
| ***Has the Pupil Premium Plus been claimed for and how has it been used?*** | | | |
| *Education (Training/Employment if 16 and Older) Within this section set out the education, training, employment activity that the child/young person is undertaking.*  *Name of school, college, training provider, and employer. What school year are they in, what type of school (mainstream, special, independent/non-maintained).*  *Does the child/young person have any additional educational needs, do they receive Pupil Premium, SEN Support, are they subject to an Education, Health and Care Plan (when did the EHCP commence, what needs does it set out and what adjustments are provided/made for the child/young person).*  *What is the nature of any special educational needs? (Does the child/young person attend a special school/mainstream school?) Who attends parent’s evenings and events? Are there any specific liaison arrangements with the school/birth family regarding the child/young person? Are there any sibling related education activities? Does the child/young person have a pupil profile/passport? (Please delete this guidance once the plan is completed)* | | | |

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| --- | --- | --- | --- |
| **Leaving Care Issues (if over 14)** | | | |
| One-Off Support |  | | |
| On-Going Support |  | | |
| Identified Need or Issue | Support/Service/Provision to Meet Need | Person/Agency Responsible for meeting Need or coordinating | Timescale/duration/date will end/date to be reviewed |
|  |  |  |  |
| *As a qualifying care leaver, children/young people are entitled to a Leaving Care Assessment of Need between the ages of 16 and 21/25. Any leaving care provision has to be based on the leaving care assessment of need; does the child/young person/special guardian understand how to request an assessment, if one is required? (Please delete this guidance once the plan is completed)* | | | |

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| **Financial Support (specify if this support is for carer / child) - one-off / on-going support** | |
| One-Off Support |  |
| On Going Support |  |

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| --- | --- | --- | --- |
| **Financial Support (general issues)** | | | |
| Identified Need or Issue | Support/Service/Provision to Meet Need | Person/Agency Responsible for Meeting Need or  Coordinating | Timescale/duration/date will end/date to be reviewed |
|  |  |  |  |
| Attach a copy of a SGO Offer Letter. |  | | |
| What financial support has been provided / is available for legal costs? |  | | |
| What financial advice / welfare benefits advice been provided for the carer? (date) |  | | |
| Has a welfare benefit check/ assessment been undertaken? (date) |  | | |
| Arrangements for the transfer of the Junior ISA (if CLA for over 52 weeks)? |  | | |
| Has a Criminal Injuries Compensation Award Application been submitted (if so what are the arrangements for transferring the claim or award)? |  | | |
| Are there any savings, inheritance, trust issues to consider, if so what the transfer arrangements are? |  | | |
| *Within this section set out the nature of the financial support to be provided to the* ***special guardian****, e.g. level of any regular allowances and the level and nature of any one off payment (and their purpose) to the special guardian/s. Include any of the following: Respite/short breaks for the special guardians, specific funding for activities for the special guardians, adaptions to the home, transport allowances, holidays etc. Set out how long the allowances will be provided, when they will cease and or when they will be reviewed. Set out what other income the special guardians have and the outcome of any means testing process. Set out the process for reviewing the financial arrangements should the circumstances of the family change.*  *Set out the nature of any financial support (ongoing/one-off activities) to be provided to/for the* ***child/young person****. What is their purpose, how long will they be provided, when will they cease, when will they be reviewed? (Please delete this guidance once the plan is completed)*  *Does the child/young person have a Junior ISA (they would have needed to be a CLA for a period of 52 consecutive weeks), what is the level of the asset in the Junior ISA, does the special guardian/child/young person know how to access this when the child/young person reaches age 18. Are there any plans to add to the Junior ISA?*  *Were there grounds for making a CICA Application? Was one made? What was the level of the award, how will the award be managed? Does the special guardian/child/young person understand the implications of the award on any benefit entitlement?*  *(Please delete this guidance once the plan is completed)* | | | |

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| **Disability Benefits** | |
| Does the child/young person receive Disability Living Allowance (care and/or mobility element)? |  |
| Is the Special Guardian the benefit appointee? |  |
| Arrangements for the use of any disability benefit? |  |
| *Disability Benefits (does the young person receive Disability Living Allowance [care and/or mobility element]) is the Special Guardian the benefit appointee.*  *(Please delete this guidance once the plan is completed)* | |

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| **Support to Assist the Birth Family** | | | |
| Identified Need or Issue | Support/Service/Provision to Meet Need | Person/Agency Responsible for Meeting Need or coordinating | Timescale/duration/date will end/date to be reviewed |
|  |  |  |  |
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| --- | --- |
| **Child/Young Person** *(if appropriate)* | |
| Views/Wishes and Feelings |  |
| **Signature** |  |
| Print Name |  |
| Date |  |

|  |  |
| --- | --- |
| **Special Guardian** | |
| Views/Wishes and Feelings |  |
| I have read and agree with the content of this plan and services/support being offered. | |
| **Signature** |  |
| Print Name |  |
| Date |  |

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| **Birth Family - Views/Wishes and Feelings** |
|  |

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| --- | --- | --- |
| **Local Authority Representative** | | |
|  | **Name** | **Role** |
| Person Produced the Plan |  |  |
| Person Authorising the Plan |  |  |
| Signature |  | |
| Print Name |  | |

|  |  |
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| **Authorisation and Review Dates** | |
| Date Plan Authorised |  |
| Date Plan to be Reviewed |  |
| Circumstances/changes that will trigger a review: |  |