Special Guardianship Support Plan

The proposed Special Guardianship Support Plan is based on the assessed support needs of the child and the special guardianand of the birth relatives in relation to contact.

**Child’s Name:**

**Date of Birth:**

**Name of Family (Guardian)**: **DOB:**

**Name of Family (Guardian)**: **DOB:**

**Address:**

**Telephone number(s):**

**Relationship to child:**

**Date Proposed Plan was completed:**

**Date SGO awarded or court date:**

**WORKER RESPONSIBLE FOR CO-ORDINATING THE DELIVERY OF THE SERVICES IN THE PLAN\***

**Name:**

**Agency:**

**Address:**

**Telephone:**

**E-mail:**

**\*Delete as applicable:**

**This plan does not require any on-going statutory social work input and the case will closed to Children’s Social Care shortly after the making of the SGO. Arrangements for reviewing the Plan, advice and if needed, further re-assessment will be via the contracted Family Placement Service.**

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| SPECIAL GUARDIANSHIP SUPPORT PLAN | | | | | | | | |
| **Agreed Needs Identified**  **(state who the need is in respect of e.g. child, Special Guardian?)** | | **What needs to happen to support the person with the identified need** | | | **Who needs to do it** | | | **When will it be done** |
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| **Outcome to be Achieved**  What difference will it make | | | | | | | | |
|  | | | | | | | | |
| CONTACT  ARRANGEMENTS IN PLACE INCLUDING SUPPORT REQUIREMENTS | | | | | | | | | |
| **Person – Name and Relationship to Child** | **Type**  **(e.g. face to face)** | | **Frequency, Duration and Venue** | **Are there any support arrangements needed – if so specify what and for whom** | | **Who Will do This?** | **Purpose of this Contact** | | |
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| **FINANCIAL (any regular payments will be based on Financial Assessment)** | |
| **Based on Financial Assessment has a one-off payment for purchase of specific items, periodic payments e.g. for expenses associated with contact or a regular payment with annual review been agreed? State which or None.** |  |