



# Parent Carer Needs Assessment



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<b>Date of assessment:</b>	
<b>Name of professional carrying out the assessment:</b>	
<b>Job title of professional carrying out the assessment:</b>	

## Section 1: Family composition and details

Include all those living in the family home			
<b>Name of child/ren with disabilities:</b>	<b>DOB:</b>	<b>Gender:</b>	<b>Ethnic origin:</b>
<b>Siblings' names:</b>	<b>DOB:</b>	<b>Gender:</b>	<b>Ethnic origin:</b>
<b>Parents'/Carers' names:</b>	<b>Relationship to child:</b>	<b>Parental responsibility?</b>	<b>Ethnic origin:</b>
<b>Family address (including postcode):</b>			
<b>Phone number(s):</b>			
<b>Email address:</b>			

Details of any significant others not living in family home:		
<b>Name:</b>	<b>Relationship:</b>	<b>Address:</b>

Further information about the family:	
<b>Information about the child/ren's disability:</b>	
<b>If relevant, do any of the siblings have a caring responsibility?</b>	
<b>Is there anything else about the family composition that is relevant for this assessment? E.g. single parent family</b>	

## Section 2: Assessment information – information about the child

Role / team /agency	Worker name	Supporting who?
GP:		
School/Nursery: <i>(indicate not of school age or NEET where relevant)</i>		
Role/Team/Agency:	Worker name:	Supporting who?
Does the child/ren take part in an activity? If yes, what is the activity?	Where is it based?	Name of provider?

## Section 3: Assessment information – information about the Parent/Carer

### Work/Training

Does the primary carer work?	Yes / No	Full Time Part Time
If not, would they like to?	Yes / No	Full Time Part Time
Does the primary carer need support in finding work?	Yes / No	
Can you give details on what would assist in this process:		
Is the primary carer studying/training?	Yes / No	Full Time Part Time
If the primary carer is not studying/training, would they like to?	Yes / No	
Does the primary carer need support in seeking appropriate training?	Yes / No	
Can you give details on what would assist in this process:		

## Health

Does the primary carer have any significant health issues?	Yes / No	Please give further details:
Does the primary carer feel that their caring role is impacting on their physical health?	Yes / No	Please give further details:
Does the primary carer feel that their caring role is impacting on their emotional wellbeing?	Yes / No	Please give further details:
Does the primary carer feel that their caring role impacts on their ability to access appropriate health services?	Yes / No	Please give further details:
Is there a support network currently in place?	Yes / No	Please give further details:

## Which of the following educational resources would benefit the carer in their caring role?

Resources / Training Sessions / Information / Signposting	Please tick all that apply:
Makaton/British Sign Language	
Sexual Health and Relationship Awareness for parent/carer	
Sexual Health and Relationship Awareness for children/young people	
Internet Safety for parent/carer	
Internet Safety for children/young people	
Resource Making (Social Stories, Reward Charts, etc.)	
Communication Aids	
Behavioural strategies	
Incontinence issues	
Eating difficulties	
Sleeping concerns	
Short breaks for children/young people	
Parent/carer support groups	
<b>Other:</b>	

## How would you like to receive information?

	Please tick all that apply:
Telephone	
Email	
Look at the AfC local offer website	
Parent Group	
Other	

## Is there anything else you would like to tell us about?

## Section 4: Future Plans

**Do you have a back-up plan for emergencies?** This is a plan to ensure the person you look after would still receive the support they require if you were unexpectedly unable to do so.

**Yes / No**

If yes, please describe your plan:

**Would you like support to make or review a back-up plan?**

**Yes / No**

## Section 5: Parent/Carer Support Plan

What does the parent/carer and professional feel needs to happen?	Action/s:	Who will do this?	By when?
<i>Example: John to attend after school club every Wednesday.</i>	<i>Activity Fund Application to be completed.</i>	<i>Mrs Smith</i>	<i>March 2018</i>

**Please note:** if one of the actions is for the child/ren to attend short breaks, the assessor must ensure they consult with the child to ascertain what kind of activities they enjoy.

## Section 6: Information sharing and consent

I understand that information that is relevant to this assessment including my child's/my needs will be recorded and securely stored as a paper or electronic file.

I agree that this assessment can be shared with relevant agencies in order to help provide and co-ordinate support to my family.

<b>Parent/Carer name:</b>	<b>Signed:</b>
<b>Practitioner name:</b>	<b>Signed: (Practitioner)</b>
<b>Date signed (by Parent/Carer):</b>	

If there is evidence or reasonable cause to believe a child/young person is suffering, or at risk of suffering significant harm, practitioners have a legal responsibility to inform Children's Social Care. In most cases, they will discuss this with you first.