**Parent Carer Needs Assessment**

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| **Date of assessment** |  |
| **Name of professional carrying out assessment** |  |
| **Job title of professional carrying out assessment** |  |

Is there any support you need with completing this assessment?

Yes No 

**Section 1: Family composition and Carers details**

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| **Include all persons living in the family home** | | | |
| **Name of child/ren with**  **Disability being cared for:** | **DOB:** | **Gender:** | **Ethnic origin:** |
| **Siblings Names:** | **DOB:** | **Gender** | **Ethnic Origin:** |
| **Parent/Carer’s names:** | **Relationship to child:** | **Parental responsibility?** | **Ethnic Origin:** |

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| **Details of any significant others not living in the family home** | | |
| **Name:** | **Relationship:** | **Address:** |
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| **Carer’s details** | |
| **Full Name:** |  |
| **Address:** |  |
| **DOB:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |
| **Relationship to child:** |  |
| **Are you residing at the same address as the child you care for?**  **If no please state how long it takes you to travel to the child you care for.** | **Yes/No** |
| **How long have you been the carer for this child?** |  |
| **GP and contact details:** |  |
| **Are you receiving carers allowance in respect of the named child?** | **Yes/No** |
| **Do you share your caring role with another person? If so please provide their details** |  |

**Section 2: Information about the child being cared for:**

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| --- | --- | --- |
| Child’s diagnosis (*Please state when your child received their diagnosis)* | **Please give further details** | |
| Prescribed medication | Yes/No | **Please give further details** |
| Does the child require any support with their personal care? | Yes/No | **Please give further details** |
| Does the child require any additional assistance in the night? | Yes/No | **Please give further details** |
| Child’s medical needs | Yes/No | **Please give further details** |
| Are you required to attend medical appointments for the child you care for? If so please state the frequency and purpose of these appointments. | Yes/No | **Please give further details** |
| Is the child subject to an Education Health & Care Plan? | Yes/No | **Please give further details** |
| How many hours of the day is the child required to be cared for in respect of their disability? |  | |
| What is the longest period you can regularly leave the person you care for alone? | **During the day:**  **During the night:** | |
| **Please use the box below to provide any further information on the child’s illness/ disability and how it affects the person you care for?** | | |

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| **Role/Team/Agency:** | **Worker name:** | **Support being received:** |
| **GP:** |  |  |
| **School/Nursery** *(indicate not of school age or NEET where appropriate)* |  |  |
| **Role/Team/Agency** | **Worker name** | **Support being received** |
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| **Does the child take part in any activity in the community?** | **Where is it based** | **Name of the provider** |
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| **Does the child receive any respite/short break service** *(Please indicate the number of hours)* | **Where is it based?** | **Name of the provider?** |
|  |  |  |
|  |  |  |
| **Does your child receive any support or funding from health** (*please indicate the number of hours***)** | **Where is it based** | **Name of the provider** |
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**Section 3: Information about the carer**

**Work/Training**

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| 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 | |
| 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 | |
| Are there any changes you would like for yourself in respect of work or study? Can you give details of what you think can assist with this? |  | |

**Health**

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| --- | --- | --- |
| Is your GP aware that you are a carer? | Yes/No | Please give further details |
| Does the primary carer have any significant health issues or diagnosis? | Yes/No | Please give further details |
| Does the primary carer feel 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 or mental 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 |
| Does the carer feel that their caring role is impacting on other relationships within their family? | Yes/No | Please give further details |
| Does the carer feel that their caring role is impacting their ability to maintain friendships? | Yes/No | Please give further details |
| Are there any changes you would like for yourself in respect of your physical and mental health? | Yes/No | Please give further details |
| Are there are arrangements in place for when you might become ill or unavailable? | Yes/No | Please give further details |

**Household**

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| --- | --- | --- |
| Are there any aspect of maintaining your family home that is impacted by your caring role? | Yes/No | Please provide further details |
| Are there any changes you would like for yourself in respect of you home? | Yes/No | Please provide further details |

**Support from other services**

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| --- | --- | --- | --- |
| **What type of support is being received from other services for yourself?** | **Where is this based?** | **How long have you accessed this support** | **How frequently do you access this support?** |
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**Is there anything else you would like to tell us about?**

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**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:

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Would you like support to make or review a backup plan?

**Yes/No**

**Which of the following services resources would benefit the carer in their caring role?**

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| --- | --- |
| **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 person |  |
| Internet safety for parent carer |  |
| Internet safety for children/young people |  |
| Resource making (social stories, reward charts) |  |
| Communication aids |  |
| Behavioural strategies |  |
| Incontinence issues |  |
| Eating difficulties |  |
| Sleeping concerns |  |
| Short breaks for children/young people |  |
| Parent/Carer Referral to GP |  |
| Children/young person referral to GP |  |
| Parent/Carer referral to health services |  |
| Children/young person’s referral to health services |  |
| Children/Young person’s referral to CAMHS |  |
| Parent/Carer support group |  |
| **Other:** | |

**Section 5: Parent/Carer support plan**

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| **What does the parent/carer and professional feel needs to happen next?** | **Action/s** | **Who will do this?** | **By when?** |
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**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 and that they follow the correct process for implementing a short break package

**Section 6: Information sharing and consent**

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| 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 coordinate support to my family. |

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| --- | --- |
| **Parent/Carer Name:** | **Signed:** |
| **Practitioner Name:** | **Signed:** |
| **Date signed (by Parent Carer):** | |

***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.***