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

**Section 1: Family composition and details**

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

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| **Details of any significant others not living in family home:** |
| **Name:** | **Relationship:** | **Address:** |
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| **Further information about the family:** |
| **Information about the child’s disability:** |  |
| **If relevant, do any of the siblings have a caring responsibility?** |  |
| **Is there anything else about the family composition that is relevant for this assessment? E.g. single parent family** |  |

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| **Details of Family Group Meeting** |
| **Date meeting took place:** | **Attendees:** | **Family plan outcome:** |
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***Please note; if a Family Group meeting has NOT taken place, this must happen PRIOR to submitting PCNA to ensure all support options have been considered. You can ask your Allocated worker to arrange this with you.***

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

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| **Role / team /agency** | **Worker name** | **Supporting who?** |
| **GP:** |  |   |
| **School/Nursery:** *(indicate not of school age or NEET where relevant)* |  |   |
| **Role/Team/Agency:** |  **Worker name:** | **Supporting who?** |
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| **Does the child/ren take part in any activities? If yes, what is the activity? When does it take place?** | **Where is it based?** | **Name and contact details of provider?** |
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**Section 3: Assessment information – information about the parent/carer**

**Work/Training**

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| Does the primary carer work? | Yes / No | Full TimePart Time |
| If not, would they like to? | Yes / No | Full TimePart 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 TimePart 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**

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| --- | --- | --- |
| 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? *(nb. This includes any short breaks, respite, clubs etc)* | Yes / No | Please give further details: |

**Which of the following educational 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 parents/carers |  |
| Sexual Health and Relationships for children/young people |  |
| Internet Safety for parents/carers |  |
| 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 |  |
| **Other:** |

**How would you like to receive information?**

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|  | Tick |
| Telephone |  |
| Email |  |
| Look at the AfC local offer website |  |
| Parent Group |  |
| Other |  |

**What is working well? What strategies do you already use in your caring role?**

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

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**Section 4: Future Plans**

**Would you consider the above Family plan inclusive of an emergency plan?** 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 emergency plan:

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If no, would you like help to develop an emergency plan? **Yes /No**

**Section 5: Parent/Carer Support Plan**

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

**Section 6: Form completed by:**

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| **Worker Name:****Worker Email:****Worker tel:** | **Date completed:** |
| **Signed:**  |

**Section 7: 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 co-ordinate support to my family. |

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| **Parent/carer name:** | **Date signed (by Parent/carer):** |
| **Signed:** |

**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.**