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**Appendix 2.**

**Stronger Families and Resilient Children**

**Early Help and Children’s Social Care**

**Parent and Carers Needs Assessment Form**

(Children Act 1989, Carers and Disabled Children Act 2000, Children and Families Act 2014)

|  |  |
| --- | --- |
| **Carer Details** | |
| **Name** | **DOB** |
| **Address** | **Postcode** |
| **E Mail Address** | **Phone** |
| **Relationship to child cared for** |  |

|  |  |  |
| --- | --- | --- |
| **Child’s Details** | | |
| **Name** | **DOB** | **LCS/EHM Pin** |
|  |  |  |

|  |
| --- |
| **Do you have any other caring commitments? I.e. for other family members. If so, please tell us about these.** |
|  |

|  |
| --- |
| **Tell us about the key needs and challenges for you as carer for your child.** |
| These could include: difficulties in providing care, any impact on your wellbeing, what caring tasks you do and how you feel about doing them, your relationship with the person you care for, if you get enough time for yourself or the person you are caring for is getting enough help. |

**YOUR HEALTH**

|  |
| --- |
| **Tell us about any disability or health needs/challenges that affect your ability to care for your child?** |
|  |
| **What support do you receive for your disability or health needs/challenges?** |
|  |
| **Have you any disability or health needs that you feel are not being met? Including any undiagnosed need.** |
|  |
| **Would you like any information or support to address the disability or health needs/challenges that are affecting your ability to care for your child?** |
| These could include: on-line counselling, help with access your GP, access to health services in relation to emotional health |

**EDUCATION AND EMPLOYMENT OPPORTUNITIES**

|  |
| --- |
| **How do your caring responsibilities affect your ability to undertake/secure employment, education or training?** |
|  |
| **Would you like any information or support to help you access/secure employment, education or training?** |
|  |

**LEISURE AND RECREATION**

|  |
| --- |
| **How do your caring responsibilities affect your ability to enjoy regular social and leisure opportunities?** |
|  |
| **Would you like any information or support to improve access to regular social and leisure opportunities?** |
|  |

**BENEFITS, FINANCES AND HOUSING**

|  |
| --- |
| **Tell us about any concerns you may have about finance, benefit or housing issues?** |
|  |
| **Would you like to access specialist benefits, financial or housing advice?** |
|  |

**CULTURE/BELIEF/GENDER NEEDS**

|  |
| --- |
| **Do you have any cultural, belief or gender needs you would like to be considered in this assessment? If so, tell us about these.** |
|  |
| **Would you like to access any services that can assist with cultural, belief or gender needs?** |
|  |

**CARER SUPPORT**

|  |
| --- |
| **Do you have any support that could be available from a partner, extended family, or friends? Or any support that you might need from these groups?** |
|  |
| **Tell us what support you receive from Charity/Voluntary Groups etc. Or support you would like from such groups.** |
|  |

**CARERS BREAKS**

|  |
| --- |
| **Tell us about any funded support or short break services your family receives, including any you fund yourself.** |
|  |

**CONTINGENCIES**

|  |
| --- |
| **Tell us what your plans would be in case of emergency for your child and you as a carer. I.e. Other trusted contacts/can you provide us with details?** |
|  |

**ADDITIONAL INFORMATION**

|  |
| --- |
| **Tell us about any other worries that you feel need to be taken into consideration as part of this assessment that have not been covered in previous sections.** |
|  |

|  |
| --- |
| **Assessment Analysis and Outcomes** |
| What are the family strengths/ what’s working well? How can this be built upon?  Summarise any needs the parent carer has and who is best placed to meet these needs. |

|  |  |  |
| --- | --- | --- |
| **Carer Action Plan** | | |
| **Action Agreed** | **Responsible Person** | **Timescale** |
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| --- | --- | --- | --- |
| **Carer Signature** |  | **Consent to share with Lead Professional** | **YES/NO** |
| **Assessor Signature** |  | **Date** |  |
|  | | | |
| **Date copy of assessment form given to carer** | | |  |
| **Date copy of assessment form sent to Lead Professional** | | |  |

This document set has been co-produced between Derby City Council and Derby City Parent Carers Together and all future reviews of this document set will be completed in partnership

