

Your Parent Carers Needs Assessment

The Care Act 2014 makes assessments more widely available to people in caring roles. This assessment is for those aged 18+ who provide care to a child with a disability or diagnosis of additional needs for whom they have parental responsibility.

It will look at the impact the care and support you provide to your child has on your physical, mental and emotional wellbeing. It also looks at your feelings about caring and how it affects your health, work, education, leisure, finances and relationships.

Further to your assessment, you will agree a support plan with the worker which sets out your needs for support and how they can be met.

Before your assessment

Give yourself time to think about your caring role and note your thoughts down on the form attached (this is a copy of the assessment form for your use and reference). You may want to keep a diary prior to the assessment taking place to help form a picture of what you actually do and how it affects you and your life.

Ensure your assessment can take place in a quiet and private space so that you can concentrate on yourself without distraction.

After your assessment

We will send you a copy of your assessment and support plan for your feedback. Further to receiving your support plan you can access the Assessment Worker for information and advice relating to your support plan for a further 6 weeks, when a review will take place.

Following on from that, information and advice is available from a Duty Worker at Carers

Trust Solihull.

Other important things to note

The assessment looks at the support you provide over and above parenting. It is for **YOU** and not a means of accessing support for your child.

Your child must have a diagnosis.

The assessment will usually take 2 hours.



Parent Carer Needs Assessment

	Date of Assessment:	Date of Assessment:		
Name of cared for:	Formal Diagnosis:			
	What format is this ava	ailable in:		
NA L N	D '''			
Worker Name:	Position:			
Other household members (including cared for person)				
Name	Relationship			
		9-		
To be discussed and completed prior to assessment taking place				
How does condition affect cared for	Existing agencies involven	ment		
	-			
PART 1 – To be completed	by parent prior to asses	<u>sment</u>		
What I'd like to achieve from my Assessment				
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Support I receive from others with my caring role			
e.g. Family / friends, support groups, other professionals			
	PART 2: To be completed with Assessment Worker		
	on me and what support I have:		
My health	e.g. Managing physical and medical health, healthy lifestyle, doctors and		
	other health services, does your GP know you are caring?		
Managing my home	e.g. Day to day tasks, routines and suitability of your home, other that of		
	the person you care for		
Time for myself and	e.g. Social life, breaks from hands on caring, hobbies, quality family time,		
family	holidays		
How I feel	e.g. Feeling supported, dealing with anxiety or stress, managing any		
	difficulties in a key relationship, coping, confidence, resilience		
My finances	e.g. Benefits, debts, managing money, legal issues, financial worries		
,			
My ability to access	o a Employment and adjugation atotics, what you'd like to do		
My ability to access work, training or	e.g. Employment and education status, what you'd like to do		
education			

Any other issues that I would like to be taken into consideration as part of this assessment that have not already been covered?			
nave not already been covered:			
To be completed after assessment			
My views and comments on my Assessment and Support Plan			
I agree that I was involved in this assessment as much as possible and that I was able to express what I felt should be taken into account.			
what i felt should be taken into account.			
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Carer Name	Signature	Date	
Assessor Name	Signature	Date	

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