Parent Carer   
Needs Assessment

A close up of a sign

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**What is a Parent Carer Assessment?**

Important provisions of the Children and Families Act 2014 for parent carers of disabled children and young carers came into force on 1 April 2015.

There is no new right to services for parent carers of disabled children, as there is for family carers of disabled adults under the Care Act.

What we have for parent carers of disabled children is an **assessment duty** – and one that should lead to a better-informed decision about the holistic package of support that disabled children and their families need.

Section 97 of the Children & Families Act 2014 requires local authorities to assess parent carers on the appearance of need or where an assessment is requested by the parent. This is called a “parent carers needs assessment”. In most cases parent carers are happy for their needs to be included as part of the holistic Children and Family Assessment, but they can ask for a separate assessment of their own needs.

Where requested, the local authority must assess whether that parent has needs for support and, if so, what those needs are. The assessment must include an assessment of whether it is appropriate for the parent to provide, or continue to provide, care for a disabled child, in the light of the parent’s needs for support, other needs and wishes.

The assessment must also have regard to:

* The well-being of the parent carer; and
* The need to safeguard and promote the welfare of the child
* and any other child for whom the parent carer has parental

responsibility.

Following assessment, the local authority must then decide:

* Whether the parent has needs for support;
* Whether the child has needs for support;
* And if so whether those needs could be met (wholly or
* partly) by services under Children Act 1989, s17.

**Can anyone ask for a parent carer assessment?**

The criteria for assessment as a ‘parent carer’ are primarily and statutorily linked to being able to identify the child(ren) as one with a disability.

The Council uses the statutory Children Act 1989 definition of disability. For the purposes of the duties to vulnerable children and their families, the definition of disability as set out in Children Act 1989 section 17 (11) is applicable –

‘A child is disabled if he/she is blind, deaf or dumb or suffers from a mental disorder

of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or other disability that maybe prescribed’.

A parent carer will be aged 18 or over and provide care to a child under 18 who is disabled.

A parent carer will be providing care to a child under 18 who is:

* Blind: Where a child is registered blind or partially sighted
* Deaf: Where a child is registered deaf or hard of hearing
* Dumb: Where a child has lost the ability to speak or was born without the ability to speak
* Mental Disorder: Any disability of the mind as defined in the Mental Health Act 2007 and including developmental disorders such as ADHD, Autism, Asperger Syndrome and OCD.
* Illness: The child/young person has a substantial and permanent disability

caused by illness e.g. polio or injury caused by a car accident.

* Congenital deformity: This includes a broad range of congenital abnormalities existing from birth. Although these abnormalities are permanent in nature, some may not cause substantial need.
* Learning Disability: The child/young person has a substantial and permanent learning disability (defined as a state of arrested or incomplete development of the mind which includes significant impairment of intelligence and social functioning).
* In this statutory definition, the reference ‘Of any kind’ refers to blind, deaf, dumb or mental disorders and the reference ‘Substantially and permanently’ refers to handicapped, illness, injury or congenital deformity or other disability.

In all situations in determining whether a child has a disability, the effect of the impairment needs to be considered (Equality Act 2010) i.e. the child will be considered to have a disability if the impairment has lasted for at least 12 months, is likely to last for at least 12 months or it is likely to last for the rest of the life of the person affected.

Please note:

* the person cared for must live within Kent County Council area. If the person lives in a different local authority area, that local authority will need to undertake the Parent Carer Needs Assessment (PCNA)*.*
* support is not linked to income or savings
* there is no minimum number of days or hours
* the parent carer doesn’t have to live with the person cared for
* the parent carer may have other responsibilities like a job or looking after the family.

**About this assessment**

This assessment can be completed if the parent carer:

* has had no previous contact with social care but would like an assessment of their disabled child and their needs as a carer
* their situation has changed and they would like us to review what support could be offered.

We will use the assessment to understand the parent carer’s needs where those

needs are complex and as a result the assessment is the most appropriate means of identifying which needs should be met by the Council. This may include:

* Advice and signposting for best use of universal and targeted services
* A one-off payment to meet a specific need (S17 payment)
* Short breaks
* Direct Payments
* Commissioning of support services to support the carer in the caring role e.g. day-time care in the homes of disabled children or elsewhere, overnight care in the homes of disabled children or elsewhere, educational or leisure activities for disabled children outside their homes, and services available to assist carers in the evenings, at weekends and during the school holidays.

If the assessment outcome is that the parent carer’s needs can be met within their community or from the services they already receive, additional support services **will not be** made available. Information should be provided to help them access local services and if necessary, help them make these links.

For parents/carers of young people aged 18 or over or aged 17 and approaching transition, KCC commissions separate Carers’ organizations to undertake the Carer’s assessment based on the Care Act 2014 criteria and a referral should be made to the appropriate organization, depending on where the person lives.

**Section 4: How Caring Affects You** should be sent to the parent/carer before the assessment so they have a chance to complete it and it is used to inform the assessment.

**Section 1: Parent Carer details:**

**NB - ALL sections must be completed separately for each carer requesting an assessment.**

|  |  |
| --- | --- |
| **Title** |  |
| **First name** |  |
| **Last name** |  |
| **Gender** |  |
| **Telephone no** |  |
| **Email** |  |
| **Permanent address** |  |
| **What is their preferred language?** |  |
| **What is their religion?** |  |

**What is their ethnicity?**

|  |  |
| --- | --- |
| **White:  🞎** British **🞎** Eastern European  **🞎** Irish **🞎** Other White background | **Mixed:**  **🞎** White and Black Caribbean  **🞎** White and Asian  **🞎** White and Black African  **🞎** Other mixed background |
| **Asian or Asian British:**  **🞎** Indian **🞎** British  **🞎** Afghan **🞎** Bangladeshi  **🞎** Pakistani **🞎**Tamil  **🞎** Other Asian Background | **Black or Black British:**  **🞎** Caribbean  **🞎** African  **🞎** British  **🞎** Other Black background |
| **Other Ethnic Background**  **🞎** Chinese  **🞎** Korean  **🞎** Middle Eastern  **🞎** Gypsy, Traveller, Romany  **🞎** Vietnamese | **Prefer not to say**  **🞎** |

**Section 2: About the child(ren) and/or young people they look after**

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Date of birth |  |
| Gender |  |
| Permanent address |  |
| Disabilities |  |
| School attending |  |

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Date of birth |  |
| Gender |  |
| Permanent address |  |
| Disabilities |  |
| School attending |  |

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Date of birth |  |
| Gender |  |
| Permanent address |  |
| Disabilities |  |
| School attending |  |

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Date of birth |  |
| Gender |  |
| Permanent address |  |
| Disabilities |  |
| School attending |  |

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| --- | --- |
| Are they currently supported by any services? If Yes record the name of each service, contact details, what support their child(ren) receive and how often |  |
| Is there anything else to record  about the people they care for?  NB: You can include the child or  siblings views here also. |  |

**Section 3: Caring responsibilities**

Only consider the difference between the help and support the child needs over the support a similar aged child without disabilities would be expected to need.

Personal Care – including washing, bathing, showering, teeth cleaning, toileting, changing, dressing, mobility support, getting child up or putting to bed, feeding

|  |
| --- |
| Give details of the additional support required: |

**How often is this support currently provided?**

|  |  |
| --- | --- |
| Constantly |  |
| Twice a day or more |  |
| Once a day |  |
| Once a week |  |
| Less often |  |

**What other support is given?**

(eg emotional support, supervision, including supervision of medication, keeping safe, managing difficult behaviour, managing demands on time, negotiating with service providers)

|  |
| --- |
|  |

**How often is this support currently provided?**

|  |  |
| --- | --- |
| Constantly |  |
| Twice a day or more |  |
| Once a day |  |
| Once a week |  |
| Less often |  |

**What other commitments does the parent carer have?**

(eg family or social, etc)

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| --- |
|  |

**What is the frequency of these commitments?**

|  |  |
| --- | --- |
| Constantly |  |
| Twice a day or more |  |
| Once a day |  |
| Once a week |  |
| Less often |  |

**What support do they give the child to use community services, leisure**

**facilities, social and extra-curricular activities.**

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| --- |
|  |

**How often is this support currently provided?**

|  |  |
| --- | --- |
| Constantly |  |
| Twice a day or more |  |
| Once a day |  |
| Once a week |  |
| Less often |  |

**Do they have information from anyone else that would be helpful to know or include in the assessment? Eg a friend or a professional. If so, what is their relationship or their role?**

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

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**Do they have a back-up plan for emergencies?** This is a plan to ensure the child would still get the help they need if the parent carer were suddenly not able to provide support.

**🞎 Yes 🞎 No**

If yes, please describe the plan:

|  |
| --- |
|  |

**Would they like help to make or review a back-up plan? 🞎 Yes 🞎 No**

**Your analysis of the current situation and recommendations**

|  |
| --- |
|  |

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| --- |
| Worker |
| Name |
| Signature |
| Date |

|  |
| --- |
| Parent or carer |
| Name |
| Signature |
| Date |

**Parent Carer Needs Assessment – Personal Support Plan**

|  |  |  |
| --- | --- | --- |
| **(To be completed after the assessment) Due date** | **Details of support and/or advice** | **Who is going to do this?** |
| *Example: 24 Mar* | *EXAMPLE 1 - Direct payments to contribute to specialist swimming lessons* | *Family Support Worker J Smith* |

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**PARENT CARER ASSESSMENT – To be completed by the parent**

**Section 4: How caring affects you**

**Impact on your wellbeing**

**Do you feel caring has had an effect on your physical or mental health?** (This can include feeling tired, low mood or stressed)? **Yes No**

If yes, please give details:

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| --- |
|  |

Although caring can be very rewarding, it can limit your ability to do other things.

To assess the impact your caring role has on your wellbeing, please say how often you feel the following statements are true for you.

**Caring means I don’t get enough time to myself**

|  |  |
| --- | --- |
| All of the time |  |
| Most of the time |  |
| Some of the time |  |
| Never |  |

**Caring makes me very tired**

|  |  |
| --- | --- |
| All of the time |  |
| Most of the time |  |
| Some of the time |  |
| Never |  |

**Caring means I don’t always feel able to take care of myself properly**

|  |  |
| --- | --- |
| All of the time |  |
| Most of the time |  |
| Some of the time |  |
| Never |  |

**Caring means I don’t get as much sleep as I need**

|  |  |
| --- | --- |
| All of the time |  |
| Most of the time |  |
| Some of the time |  |
| Never |  |

**Caring leaves me isolated**

|  |  |
| --- | --- |
| All of the time |  |
| Most of the time |  |
| Some of the time |  |
| Never |  |

**Caring makes me feel stressed**

|  |  |
| --- | --- |
| All of the time |  |
| Most of the time |  |
| Some of the time |  |
| Never |  |

**Caring has put me under financial strain**

|  |  |
| --- | --- |
| All of the time |  |
| Most of the time |  |
| Some of the time |  |
| Never |  |

**I worry about being able to cope with my caring responsibilities**

|  |  |
| --- | --- |
| All of the time |  |
| Most of the time |  |
| Some of the time |  |
| Never |  |

**Caring has put my relationship with my child(ren)/young person under strain**

|  |  |
| --- | --- |
| All of the time |  |
| Most of the time |  |
| Some of the time |  |
| Never |  |

**Caring has put my relationship with my partner under strain**

|  |  |
| --- | --- |
| All of the time |  |
| Most of the time |  |
| Some of the time |  |
| Never |  |

**Caring means I don’t have time for any personal relationships**

|  |  |
| --- | --- |
| All of the time |  |
| Most of the time |  |
| Some of the time |  |
| Never |  |

**I feel unsafe in my caring role**

|  |  |
| --- | --- |
| All of the time |  |
| Most of the time |  |
| Some of the time |  |
| Never |  |

**Please describe any other ways you feel caring has impacted on your wellbeing**

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| --- |
|  |

**Do you have concerns about the long term future? If so, what would you like to plan for?**

|  |
| --- |
|  |

**What do you do to relax and meet your own needs?**

**Are you able to continue caring for your disabled child(ren):**

|  |  |
| --- | --- |
| **Yes** |  |
| **Yes with additional support** |  |
| **No** |  |

**What would make a difference to your ability to continue in your caring role?**

|  |
| --- |
|  |

**Name………………………………………………………………………………………….**

**Date Completed…………………………………………………………………………….**