**PARENT CARER NEEDS ASSESSMENT**

If you are a carer providing care to your child linked to their disability, you have the right for your own needs to be assessed independently, whether or not your child is receiving support. The information provided in this assessment will be considered with the assessment of your child’s assessment in identifying the need for services.

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| **Personal Details** | |
| **Child’s Name** |  |
| **Child’s Mosaic ID** |  |
| **Parent Carer’s Name** |  |
| **Date of Assessment** |  |

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| **Completion Details** | |
| **Practitioner Name** |  |
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| **Your Needs** | |
| **Do you have a disability or health condition? If yes, please describe your needs in this area.** |  |
| **Are you taking any medication? If yes, what medication are you taking?** |  |

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| **Your Caring Role** | |
| **What care do you provide for your child and how much time do you spend in your caring role to them?**  *Please include daily/nighttime routine, feeding and personal hygiene needs, attendance at appointments and meetings* |  |
| **Do you play a caring role for anyone else?**  *This may include your other children or other family members who need support* |  |
| **What financial support are you receiving to undertake your caring role?**  *Such as child benefit, universal credit, disability living allowance or personal independence payments for yourself.* |  |
| **Does your child access an activity or group during the hours that they may normally be in your care?** |  |
| **How is your caring role impacting on you day to day life?**  *This may include* your *sleep pattern, mental and emotional wellbeing etc*. |  |
| **Does your caring role have an impact on your relationships with family or friends?** |  |
| **What would help you in your caring role?** |  |

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| **Your Environment** | |
| **Does your home environment impact on your caring role?** |  |
| **Does anyone else play a caring role to your child? What does that look like?** |  |
| **Do you have any friends or family who support you to undertake your caring role?** |  |
| **Are you part of any faith group, community organisation or mutual interest groups that support you in your caring role? If yes, please share their details.** |  |

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| **Your Opportunities** | |
| **Are you working or volunteering?** |  |
| **Are there any work or volunteering opportunities you would like to try?** |  |

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| **Your Views** | |
| **Is there anything that you would like to add that has not already been addressed?** |  |

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| **Recommendations – what support would help you?** | |
| **1** |  |
| **2** |  |
| **3** |  |