



Central Bedfordshire Council Parent Carer Needs Assessment

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What is a Parent Carer Needs Assessment (PCNA)?

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 a **new 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”.

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 I 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 children 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’.

You are a parent carer if you are aged 18 or over and provide care to a child under 18 who is:

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 –

You are a parent carer if you provide 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
- 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.
- 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 or self harm.
- 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.

The Equality Act sets out the following exclusion from the definition:

Addiction to or dependency on alcohol, nicotine, or any other substance (other than in consequence of the substance being medically prescribed).

Mental Disorders has its own definition and criteria as set out in the Mental Health Act 2007 in which the test for medical treatment includes the nature and degree (both of which have definitions).

The definition of mental disorder is changed by the MHA 2007, as of 3/11/08, so that it is no longer split into the four classifications of mental illness, psychopathic disorder, mental impairment and severe mental impairment. It now states that:

"mental disorder" means any disorder or disability of the mind.

Please note:

- the person you care for must live within Central Bedfordshire Council. If the person lives in a different local authority area, please contact that local authority to request your Parent Carer Needs Assessment (PCNA).
- support is not linked to your income or savings
- you don't have to provide care for a minimum number of days or hours
- you don't have to live with the person you care for
- you may have other responsibilities like a job or looking after your family.

If you need some support urgently contact the Access and Referral Hub on 0300 300 8585

Out of hours: 0300 300 8123

Email: cs.accessandreferral@centralbedfordshire.gov.uk

About this assessment

You can complete this assessment if you:

- have had no previous contact with social care or
- your situation has changed and you would like us to review how we can support you.

The assessment is the tool by which the parent carers needs can be understood 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 via Direct Payments 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 your needs can be met within your community, additional support services **will not be** made available. Your worker will provide you with information to help you access local service and if you feel it necessary, help you make these links.

Section 1: Your details:

NB - each carer requesting an assessment must complete ALL sections separately.

Title	
First name	
Last name	
Gender	
Telephone no	
Email	
Permanent address	
What is your preferred language?	
What is your religion?	

What is your ethnicity?

White <input type="checkbox"/> British <input type="checkbox"/> Eastern European <input type="checkbox"/> Irish <input type="checkbox"/> Other White background	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> Other mixed background
Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> British <input type="checkbox"/> Afghan <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Tamil <input type="checkbox"/> Other Asian Background	Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> British <input type="checkbox"/> Other Black background
Other Ethnic Background <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Gypsy, Traveller, Romany <input type="checkbox"/> Vietnamese	Prefer not to say <input type="checkbox"/> (Unknown or not specified)

Section 2: About the children and/or young people you look after

Title	
First name	
Last name	
Gender	
DOB	
Permanent address	
Disabilities (list)	
School attended	
EHCP Yes or No – please state	

Title	
First name	
Last name	
Gender	
DOB	
Permanent address	
Disabilities (list)	
School attended	
EHCP Yes or No – please state	

Title	
First name	
Last name	
Gender	
DOB	
Permanent address	
Disabilities (list)	
School attended	
EHCP Yes or No – please state	

Are you supported by any other services?	<div>Yes No</div> Please list including their contact details and include any information you have from them which you wish to be considered.
Is there anything else you would like us to know about the people you care for? NB: You can include your child or siblings views here also.	

Section 3: Caring responsibilities

You should only consider the difference between the help and support your child needs over the support a similarly aged child without disabilities would be expected to need.

Personal hygiene

This includes any help you provide to your child or young person to maintain their personal hygiene and includes things like washing, bathing, grooming, tooth care, make-up, managing pressure sores, skin conditions, nail care, etc.

Do you support, or can you continue to support the child or young person you care for with their personal hygiene?

They do not need help with this	
I can continue to provide the support they need on my own	
I can continue to provide support, but need help to meet all their needs	
I cannot continue to provide this support without help	
I cannot continue to provide this support	
I do not provide this support	

If you provide this support how often do you currently provide it?

Constantly	
Daily	
Twice a day or more	
Once a day	
Once a week	
Less often	

Being appropriately clothed

This includes any help you provide to help your child or young person be appropriately dressed, including help with choosing suitable clothing for the weather, getting dressed, putting glasses on, putting in hearing aids, etc.

Do you support, or can you continue to support the child or young person you care for with dressing?

They do not need help with this	
I can continue to provide the support they need on my own	
I can continue to provide support, but need help to meet all their needs	
I cannot continue to provide this support without help	
I cannot continue to provide this support	
I do not provide this support	

If you provide this support how often do you currently provide it?

Constantly	
Daily	
Twice a day or more	
Once a day	
Once a week	
Less often	

Toilet needs

This includes any help you provide to support the child or young person to get to the bathroom or toilet, get on and off the toilet or using incontinence aids.

Do you support, or can you continue to support the child or young person you care for with their toileting need?

They do not need help with this	
I can continue to provide the support they need on my own	
I can continue to provide support, but need help to meet all their needs	
I cannot continue to provide this support without help	
I cannot continue to provide this support	
I do not provide this support	

If you provide this support how often do you currently provide it?

Constantly	
Daily	
Twice a day or more	
Once a day	

Once a week	
Less often	

Managing and maintaining nutrition

This includes any help you provide to the child or young person to manage their nutritional needs such as help with preparing meals, hot drinks and snacks, making healthy food choices, help with eating (cutting up food, feeding, encouraging or prompting to eat or PEG gastro feeding) and help to manage any special dietary needs and preferences (allergies, diabetes, food allergies, cultural, religious needs and other preferences).

Do you support, or can you continue to support the child or young person you care for with their nutrition?

They do not need help with this	
I can continue to provide the support they need on my own	
I can continue to provide support, but need help to meet all their needs	
I cannot continue to provide this support without help	
I cannot continue to provide this support	
I do not provide this support	

If you provide this support how often do you currently provide it?

Constantly	
Daily	
Twice a day or more	
Once a day	
Once a week	
Less often	

Living in and using the home safely

This includes any help you provide to support the child or young person to live in and use the home safely - such as help with moving between rooms and floors, lifting in and out of a chair or bed, help with using stairs, accessing the garden, getting out of the house, help with taking medication, locking doors and windows, and managing risks from drugs, alcohol or smoking.

Do you support, or can you continue to support the child or young person you care for to live in and use their home safely?

They do not need help with this	
I can continue to provide the support they need on my own	
I can continue to provide support, but need help to meet all their needs	
I cannot continue to provide this support without help	
I cannot continue to provide this support	
I do not provide this support	

If you provide this support how often do you currently provide it?

Constantly	
Daily	
Twice a day or more	
Once a day	
Once a week	
Less often	

Developing and maintaining relationships

This includes any help you provide to support the child or young person to develop and maintain personal relationships - such as help to see or stay in touch with family and friends, going out or to social groups, lunch clubs, etc. Do you support them to make decisions and choices about their day to day life?

Parents and carers of children and young people with disabilities should only consider the difference between help or support your child needs over the support a similarly aged child or young person without disabilities would be expected to need.

Do you support, or can you continue to support the child or young person you care for to develop and maintain their personal relationships?

They do not need help with this	
I can continue to provide the support they need on my own	
I can continue to provide support, but need help to meet all their needs	
I cannot continue to provide this support without help	
I cannot continue to provide this support	
I do not provide this support	

If you provide this support how often do you currently provide it?

Constantly	
Daily	
Twice a day or more	
Once a day	
Once a week	
Less often	

Making use of community facilities, transport and services

This includes any help you provide the person you look after to get around (providing transport, help with public transport or taxis) and/or supporting them to use community services, leisure facilities and social and extra-curricular activities.

They do not need help with this	
I can continue to provide the support they need on my own	

I can continue to provide support, but need help to meet all their needs	
I cannot continue to provide this support without help	
I cannot continue to provide this support	
I do not provide this support	

If you provide this support how often do you currently provide it?

Constantly	
Daily	
Twice a day or more	
Once a day	
Once a week	
Less often	

Accessing work, training, education or volunteering

They do not need help with this	
I can continue to provide the support they need on my own	
I can continue to provide support, but need help to meet all their needs	
I cannot continue to provide this support without help	
I cannot continue to provide this support	
I do not provide this support	

If you provide this support how often do you currently provide it?

Constantly	
Daily	
Twice a day or more	
Once a day	
Once a week	
Less often	

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

Do you have a back-up plan for emergencies? This is a plan to ensure the person you look after would still get help they depend on if you were suddenly not able to provide support.

Yes No

If yes, please describe your plan:

Would you like help to make or review a back-up plan? Yes No

Section 4: How caring affects you

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:

--

Does caring prevent you from achieving everything you want to?

Although caring can be very rewarding, it can limit your ability to do other things. Please tell us if:

- caring means you are unable to manage any of the following without help
- caring means you can only achieve these things with some pain, distress or anxiety
- you can manage, but only at the cost of putting someone's health or safety at risk (yours, the child or young person you care for, other people you look after).

Caring limits my ability to care for children who are dependent on me

This doesn't apply to me	
I can manage without help	
I need some support with this because of my caring role	

Caring limits my ability to care for other adults who are dependent on me

This doesn't apply to me	
I can manage without help	
I need some support with this because of my caring role	

Caring limits my ability to keep my own home clean and comfortable

This doesn't apply to me	
I can manage without help	
I need some support with this because of my caring role	

Caring limits my ability to eat healthily to stay well

This doesn't apply to me	
I can manage without help	
I need some support with this because of my caring role	

Caring limits my ability to stay in touch with family and friends

This doesn't apply to me	
I can manage without help	
I need some support with this because of my caring role	

Caring limits my ability to take part in work, training, education or volunteering

This doesn't apply to me	
I can manage without help	
I need some support with this because of my caring role	

Caring limits my ability to take part in leisure activities

This doesn't apply to me	
I can manage without help	
I need some support with this because of my caring role	

Caring limits my ability to use other community facilities or services if so please state what these are?

This doesn't apply to me	
I can manage without help	
I need some support with this because of my caring role with accessing the following facilities and services:	

If you indicated you are unable to achieve at least one of these things without assistance, what would change that?

--

Impact on your wellbeing

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 children/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?

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What happens next?

Once the PCNA is completed the entire process will take no more than 45 working days and may result in a personal support plan.

- When you return your form, we will contact you within two working days to confirm we have received it and ask any additional questions about your circumstances if these are unclear from the assessment received.
- If services from the Council are required to meet your needs as a parent carer, one of our support workers will compile a personal support plan and arrange a meeting (or telephone call) to discuss this with you. This meeting can take place anywhere that suits you.
- If services from the Council are not required you will be signposted to appropriate universal services.
- At the meeting, you can ask questions about any aspect of the personal support plan agree any further actions or queries that need an answer.
- The personal support plan is only complete when both you and a Central Bedfordshire Council representative sign and date the plan.
- If services under Children Act 1989, s17 are required to meet the needs of your child or children in addition to your needs as a carer and agreed with you, this may require an additional assessment of your child. This will be completed within 45 working days from the date this decision was made.

Protecting your personal information

We will treat your information as confidential and will not share it with any other organisation unless we are required by law to share it, or unless you or any other person will come to harm if we do not share it. We will only ever share the minimum information we need to share.

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services. Please tick one of the following:

Please tick one of the following:

I agree to my information being used as in 'Your Information' above.

I agree to my information being used as in 'Your Information' above,
except for:

Please say what information you do not want shared, and/or the people or agencies you do not want it to be shared with below

Signed

Dated

Your feedback on this form

We are interested to find out about your experience of completing this form and any comments and/or suggestions you have that could help us improve the assessment process.

How easy did you find this form to complete?

It was very clear and easy to complete	
It was very clear and easy to complete	
It was mostly unclear and difficult to complete	
It was all very difficult to complete	

Please give details of any specific difficulties

--

Do you have any suggestions to help us improve this form?

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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?
24 Mar	EXAMPLE 1 - Direct payments to contribute to a specialist swimming lessons	Family Support Worker – J Smith

Agreed by:

Worker	
Name	
Signature	
Date	

Parent or carer	
Name	
Signature	
Date	