



Parent Carer Needs Assessment (PCNA) for Carers of Children & young People under 18

This parent care needs assessment (PCNA) enables you to give us details of the care you provide to your child(ren). Please tell us about the care that you give to your child/children. This document will be used alongside the assessment being undertaken in respect of your child/young person.

In each section it is important to remember that the questions are referring to care that is given to the child with a disability.

We are happy to support you complete this assessment, so if you would like a member of our team to sit and complete it with you, please let us know and we will be happy to support. We know that some parents and carers like to take their time and do this independently, which we understand. However, if you would like support please do not hesitate to ask us and we will complete this with you.

Please also see the 5-minute PCNA guide.

Questions regarding caring for your child

Caring for your child	Parent/Carer Feedback
<p>Personal care</p> <ul style="list-style-type: none"> This might include washing, cleaning teeth, choosing appropriate clothes and dressing, managing periods etc 	

<p>Eating and Drinking</p> <ul style="list-style-type: none"> • This may include cutting up food, PEG feeding, prompting them to eat a varied diet, supporting them to prepare food, assistance in managing allergies, portion control etc 	
<p>Being safe in the home</p> <ul style="list-style-type: none"> • This may include manual handling/lifting, securing doors and windows, providing medication or needing to supervise the child to keep themselves and others safe in the home etc 	
<p>Making and maintaining relationships</p> <ul style="list-style-type: none"> • This includes relationships with friends and family members or support groups etc 	

<p>Being out in the community</p> <ul style="list-style-type: none"> • This includes whether you and child can attend activities, clubs or meet with others. Are you able to take your child on public transport or get to places you would like to go of your choice. 	

Questions relating to you as the primary care giver

Impact on you as a parent / carer

This section is used to consider the impact, on you, of providing care to a child with a disability. Please add any information you feel is important for us to know, including what is difficult, what is working well, any support you already have in place and what support or service you feel would make a difference.

The primary care giver	Feedback from parent/carer
How are you feeling?	

Consider the support you have in place, family, friendships, professionals. What additional support do you think might help you?

Your physical health

- Do your caring responsibilities affect your physical health?

Your emotional wellbeing

- Do you ever feel low, anxious, worried, sad, stressed etc. How is your emotional health?

<p>Do you feel safe?</p> <ul style="list-style-type: none"> • Has there been any times where you have felt unsafe when you are caring? 	
<p>Your ability to make choices in your day-to-day life</p> <ul style="list-style-type: none"> • Do your caring responsibilities affect the control and choices about how you spend your time? 	
<p>Your ability to work, take part in education or training</p>	

<ul style="list-style-type: none"> • Do your caring responsibilities impact on your ability to work, undertake education or training? 	
<p>Your finances</p> <ul style="list-style-type: none"> • Do your caring responsibilities place you and your family under financial stress? 	
<p>Your family and personal relationships</p> <ul style="list-style-type: none"> • Do your caring responsibilities impact on your ability to maintain positive family relationships, friendships and to spend time with your family and friends? 	

<p>Your home</p> <ul style="list-style-type: none"> • Are you able to offer the care you would want to, in your current home? 	

More information	Feedback from parent/carer
<p>Can you describe to us a typical day in your life caring for your child(ren)?</p>	

<p>Any information you want to share with us but have not been able to add into the sections above?</p>	
<p>Any information on support or services you currently have in place that you have not been able to add into the sections above?</p>	

<p>Any information on support you would like to have in place to assist with your caring responsibilities that you have not been able to add into sections above?</p>	
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I agree to the information on this form being shared with:

1. The child or young person(s) I care for
2. Other workers involved in providing care support
3. Partner agencies providing care on behalf of Barnsley Council

I agree to this carer's needs assessment being held electronically by Barnsley Council

Signed Parent Carer:

Print Name:

Date: