

Young Carers' Needs Assessment (YCNA) Under 12's

Revised edition June 2021

Thank you to the group of Young Carers for all their hard work in developing these documents

This is a statutory assessment and must be completed within 28 days

Note :

Part 1 to be completed with the young carer

Part 2 to be completed with parents/carers, school and other professionals/agencies working with the young carer and family



DETAILS

Young carers details	
Full name	
DOB	
Gender	
Address	
School name	
Parent details	
Full name	
Tel.	
Email	
Cared for details	
Full name	
DOB	
Gender	
Care needs / reason	
Assessor details	
Full name and role	
Organisation	
Tel.	
Email	
Date assessment	

I have been given and understand the leaflet on Information Sharing and in signing this form I am agreeing to receiving the service and that my personal information and that of the children I have parental responsibility for, can be shared with other agencies as required, to ensure I receive the best service and support.

	Signature of young carer
	Signature of parent/carer

Completed Young Carers' Needs Assessments parts 1 & 2 should be sent via secure email to: youngcarersassessment@northtyneside.gov.uk

MY WORLD & ME



My name is

I am years old

and I am in Year

My Hobbies and things I like to do... (Write/draw your answers)

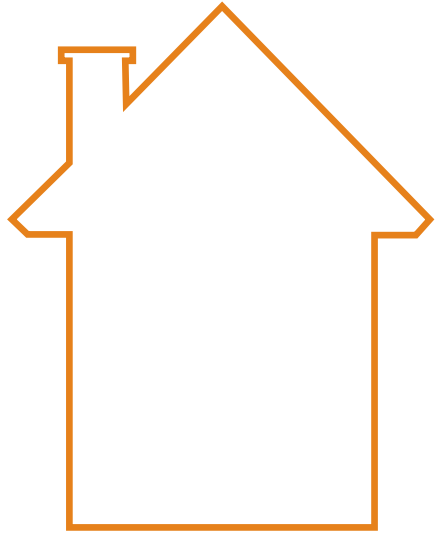
Things that make me feel safe and happy... (Write/draw your answers)

Things that make me feel secure and happy... (Write/draw your answers)

Things that make me feel worried and upset... (Write/draw your answers)

MY HOME

Write or draw who lives at home with you, what you do and don't like about your home



MY RELATIONSHIPS



My family/people/pets who are important to me are ...
(Write or draw your answers)

Who is it in your family that you care for?

Do you know what is different about this family member and why do they need caring for?

MY CARING ROLE (Tell us all the things you do and add any of your own at the bottom)

Fill in the main tasks below	Fill in extra information here. For example how often, who, where, how does this make the young carer feel? Does anyone else in the house share this role?
Keep someone company	e.g. parent
Take brothers/sisters to school	
Take someone out	
Interpret or use sign language	
Food shopping	
Clean the house	
Pay bills	
Help someone wash	
Help someone dress	
Lift or carry heavy things	
Look after brothers and/or sisters	
Wash dishes	



Miracle Question – What superpowers do you have as a young carer?
(Write/draw your answer)

On a scale of 0-10 with 0 being the **WORST** and 10 being the **BEST** please score below how you feel about your caring role ...

0 1 2 3 4 5 6 7 8 9 10



What would get you to the next score up?

MY SUPPORT

Who already helps you?

Do you think you need any more help/support?

If you do, what would that be? E.g. someone to talk to in school, 1:1 support to discuss your thoughts and feelings, meeting other young carers.

Is there anything else you want to tell us that you think would be helpful for us to support you in the best way possible?

Any questions?

North Tyneside Young Carers Needs Assessment – Part 2

This is an assessment and should include the views of the young carer and their parents, school and other agencies working with the family

Family Name	
Family Address	
Telephone No	
Post Code	

Children/young people involved (A dependant child is defined as an individual aged under 18)								
Name	DOB	Gender	Relationship	Caring Role	YCNA	Disability	School/Nursery	EHCP
				Y/N	Y/N	Y/N		Y/N
				Y/N	Y/N	Y/N		Y/N
				Y/N	Y/N	Y/N		Y/N
				Y/N	Y/N	Y/N		Y/N
				Y/N	Y/N	Y/N		Y/N
				Y/N	Y/N	Y/N		Y/N

Who is important to this family? (All tyhose individuals aged 18 or over, living in or outside of the family home))						
Name	DOB	Gender	Relationship	Caring Role	Disability/illness	Address
				Y/N	Y/N	
				Y/N	Y/N	
				Y/N	Y/N	
				Y/N	Y/N	
				Y/N	Y/N	
				Y/N	Y/N	

Details of any disability/illness/condition in the family

1. Can you tell me more about this/give me some more information e.g. mental health problems, drug and alcohol, terminal illness, ADHD/ASD etc
2. How do you manage on a day-to-day basis?

What other family, friends or people in the community could be involved in a 'Family Network' of approx 3-5 who could offer the family emotional and/or practical support?

Name	DOB or Age	Gender	Relationship	Caring Role	Disability	Address
				Y/N	Y/N	
				Y/N	Y/N	
				Y/N	Y/N	
				Y/N	Y/N	
				Y/N	Y/N	
				Y/N	Y/N	

Services involved with the family (please complete as fully as possible)

	Name and Role	Address and Contact Details	Contributed to the assessment?
School/Nursery			
School/Nursery			
PHSN			
Social Worker			
Family Partner			
GP			
CAMHS			
NT Carers' Centre			

PRESENTING ISSUES

1.	
2.	
3.	
4.	
5.	
6.	

Please record in detail, not bullet points. Use additional sheets if required.

What are we worried about?	What's working well?	What needs to happen?
Home		
Social		
Emotional		
Education		
Aspirations		
Danger Statement/s -		Safety Goal/s -
How have you included the voice of the young carer?		

Action Plan and Review for:

Remember, this needs to link to the 3 columns.

(Include the specific actions required to meet the needs identified in the 3 columns, including details of actions relating to individual family members and who will carry them out)

Why are we doing this?	What needs to happen?	Who will do this?	When will this happen by?

Next YCNA Review date (6 months):

If you would like advice, guidance or help troubleshooting when completing this YCNA, help identifying what services may be available or help with supporting young carers, please call the Young Carer Link Worker on: 07880404607

Once you have completed this form, if you have secure email, please send to: **YoungCarerAssessment@northtyneside.gov.uk**

Alternatively, please send a copy via post or courier to:
**Early Help Assessment Team, North Tyneside Council,
Quadrant East, Silverlink North, Cobalt Business Park,
North Tyneside, NE27 0BY.
Courier Code: D1**