



Young Carers' Needs Assessment (YCNA) Over 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

Name: Age: School Year:

Things that make me feel good and well supported are (e.g. spending time with friends, hobbies, favorite places, getting enough sleep, eating well, exercising, religion/beliefs, pets, interests)

Things that make me feel bad/worried/upset and unsupported are... (e.g. not seeing my friends, not having time to do school/college work, getting in trouble at school, not sleeping well)

What are your hopes/ambitions/plans for the future, and are you working with Connexions?

Do you have any worries for the future? If so tell us about them...

How is your physical health? Do you get regular exercise, eat well and sleep well?

Do you want help to improve this? Do you have an ease card, if so describe how you are using it?

How does your caring role impact your mental health?

How is your school life? (e.g. learning, enjoyment, concentration in lessons, attendance/punctuality, friendships/relationships with teachers)

MY HOME

Who lives with you in your house? Do you have any pets?

Do you have any other family members or family friends who you see regularly who don't live with you? If yes please tell us about them....

Who is it in your family that you provide care for? Do you know what condition/illness/disability the person you care for has, and can you describe it?

Is there anybody who used to live with you who are no longer living with you? And/or any one you used to see regularly who you no longer have contact with?

Things that I like about being in my home are.... (e.g. spending time with my brother)

Things that I don't like about being in my home are... (e.g. noise, caring tasks)

MY RELATIONSHIPS

Who is important to you and why, how often do you see them? (e.g. family, friends, teachers, pets) Are you happy with how often you see them?

MY CARING ROLE

Do you help the person you care for and/or any other in the house with their emotions or feelings, for example helping to make them feel better?

Does anybody else in the house have caring responsibilities? If so please tell us about them...

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

Do you have to deal with adult/grown up situations? If so please tell us about these...
(e.g. do you manage money, bills or shopping etc.)

Do you worry about the person you care for when are not with them? Why?

What support are you already getting? (e.g. from school, other organisations, people)

What support do you think you need? (e.g. Someone to talk to in school, counselling services, advice about college, apprenticeships or jobs, 1-1 support to discuss your thoughts and feelings)

(If you are unsure please ask the professional carrying out your assessment)

Is there anything else you think we should know in order to best support you?
Do you have 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**