



Young Carers' Needs Assessment (YCNA) Over 12's 2018

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

MY WORLD & ME

Name: Age:

Name of professional who is supporting me in completing my YCNA:

.....

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?

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? Is there anything that can be done to improve this?

How is your mental and emotional health and wellbeing? (e.g. are you happy, sad, worried, stressed)

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?

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

What condition or needs does the person you care for have? (To be filled in by the young carer or professional depending on suitability and the young person's understanding of the condition)

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

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 ...

Do you have to deal with adult/grown up situations? If so please tell us about these

What do you like about your caring role?

What don't you like about your caring role?

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

What support do you think you need? (If you are unsure please ask the professional carrying out your assessment)

Miracle Question If you woke up and your world was different, what differences would you want to see? What would others notice about you?

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?

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

On the next page, you will make your action plan. This is a chance for you to say what you would like to change (if possible) about your caring role and life and who should support you in this and how it should be done.

MY ACTION PLAN

What do we want to happen?	How?	Who is responsible?	When will this happen by?

I have helped make this plan. I am happy with it and agree with the plan:

Young carer's signature: Date:

Parent/cared for signature: Date:

Lead worker's signature: Date:

Review date: