

# Young Carers' Needs Assessment (YCNA) Under 12's 2018

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



# MY WORLD & ME



My name is .....

I am ..... years old

Name of the professional helping  
me complete my YCNA: .....

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

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

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

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

Write or draw your new world ...

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 ...

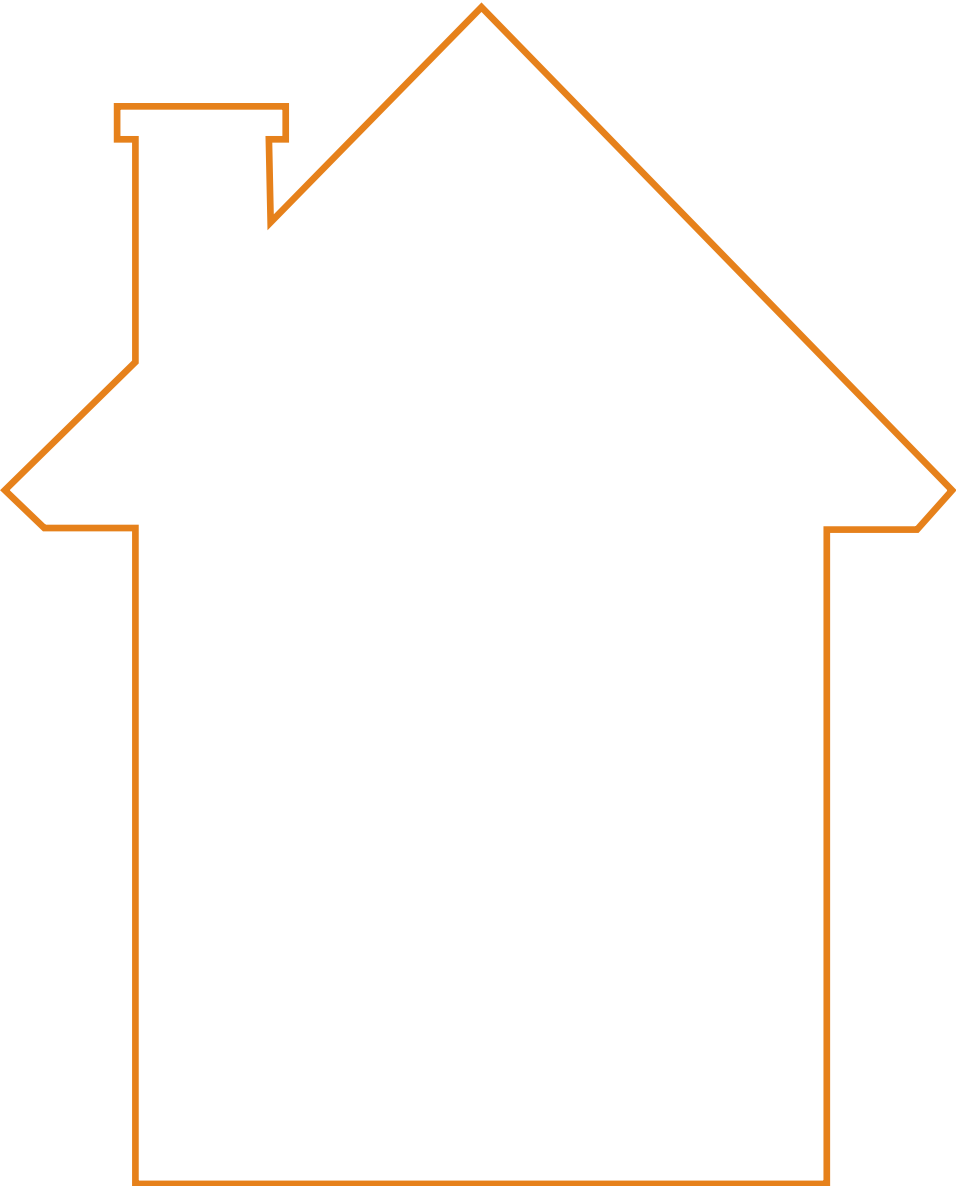
0      1      2      3                      4      5      6      7      8      9      10



What would get you to the next score up? .....

# MY 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 condition/illness/disability the person you care for has?

Do you have any questions about this?

# MY CARING ROLE

(Tick 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

Blank orange box for additional task entry.

Blank light orange box for additional information entry.

Blank orange box for additional task entry.

Blank light orange box for additional information entry.

**My caring role makes me feel:**

Good Proud  
Useful Helpful Close to my family



Sad  
Lonely  
Upset  
Scared  
Tired  
Stressed



# MY SUPPORT

Who already helps/supports you? ... (Write or draw your answers)

Do you think you need any more help/support? If you do, what would that be?  
You can ask the person you are working with for help if needed ...

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?

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: .....