



# Young Carers' Needs Assessment (YCNA) Over 12's Review

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.

|  |                                   |
|--|-----------------------------------|
|  | <b>Signature of young carer</b>   |
|  | <b>Signature of parent/carers</b> |

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

# UPDATE ON ACTION PLAN

What has changed since your last assessment or review?

How do you feel about these changes?

Draw yourself or something to represent yourself in the middle, surround yourself with the people you are closest to, then add in other people who are part of your life e.g. your family, your school/college teachers and other organisations. If you don't want to draw you could do a spider diagram.

### What has happened since the last assessment or review?

What are you worried about?



What is working well?



What needs to happen?

Is there anything else you think we should know to help update your action plan that will help you feel supported and meet your needs?

Do you have an ease card and are you using it?

Name of professional who supported me in completing your YCNA:

Is this the professional supporting me in my YCNA review? Yes / No

If no what is the name of the new professional?

## WHAT'S NEXT

The professional working with you will discuss your action plan with you and all those involved so that changes can begin to happen and you feel well supported and able to achieve your goals. Another review will be arranged to make sure your action plan is working and you are feeling positive about the changes that are taking place and your future. When and where your review will take place will be decided by you, others involved and the professional working with you.

**“Happiness is not something you postpone to the future it is something you design for the present”**



# 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

Date:

Date of original YCNA:

| Name of family | DOB | Gender |
|----------------|-----|--------|
|                |     |        |
|                |     |        |
|                |     |        |
|                |     |        |
|                |     |        |
|                |     |        |

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 |               |                             |                                |

Young Carers' thoughts and views

## What's changed since last time?

| What are we worried about?                   | What's working well?   | What needs to happen?                   |
|--|--|---|
| <b>Home</b>                                  |  |   |
| <b>Social</b>                                |  |   |
| <b>Emotional</b>                             |  |   |
| <b>Education</b>                             |  |   |
| <b>Aspirations</b>                           |  |   |
| Review of/amendments to Danger Statement/s - | Please record in detail, not bullet points. Use additional sheets if required. Remember to reflect the voice of the <b>Young Carer</b> | Review of/amendments to Safety Goal/s - |

## 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](mailto: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**