

“We already do carer assessment and support”.

Where is the evidence?

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Introduction

As part of our hospice’s strategic review we identified a need to focus on carer support.

Hospice clinicians saw carers’ needs assessment and support as part of their role. However limitations in current practice could result in crises

and preventable levels of stress for both the patient and carer.

Whilst practitioners felt this was an important part of their role, the evidence to support the claim that carers assessment was happening, in practice was barely quantifiable.

To make our assessment of carers consistent and visible, we decided to introduce the use of the **CSNAT (Carer Support Needs Assessment Tool)** across the entire clinical service.

Identify current practice

All clinicians saw carer assessment as part of clinical practice. However practice and documentation was inconsistent prior to the implementation of the CSNAT approach.

The most common support mechanism quoted by clinicians was referral on to another service. Very little evidence of carer support was captured within current documentation. In practice support for carers was invisible and consent around carer assessment process questionable.

Change practice

To change practice, a phased implementation process of the CSNAT approach was introduced across the entire clinical team. A total of 109 CSNAT tools were used to facilitate the assessment of carers over a six month period.

The CSNAT domain identified by carers as being the most prevalent issue was:

✓ **Knowing what to expect in the future when caring for your relative**

Other common areas of concern were:

✓ **Dealing with your feelings and worries**

✓ **Knowing who to contact if you are concerned about your relative (for a range of needs including at night)**

Interventions provided by clinicians were overwhelmingly (on 257 occasions) in three categories:

- Explanation / guidance
- Providing information
- Listening

Surprisingly, referral to other services (both internal and external) was documented on only 14 occasions.



Findings

Findings indicate that prior to implementation of the CSNAT approach, clinicians did not ‘already do’ carers assessment. In practice, support for carers was inconsistent and invisible.

Implementation of the CSNAT approach has made the assessment

of carers’ needs a priority, ensuring the assessment process is transparent, with consent and makes the carer feel valued.

As a result of this change in practice we can now successfully evidence how we approach carer assessment and can be confident carer needs are prioritised, ultimately improving patient care.