CSNAT

Carer Support Needs Assessment Tool

The CSNAT Approach

A person-centred process of
carer assessment and support in palliative and
end of life care

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The Carer Support Needs Assessment Tool (CSNAT)

The Carer Support Needs Assessment Tool (CSNAT) facilitates support for family members and friends (carers) of adults with life-limiting conditions. The research underpinning this tool was informed by carers and practitioners [1,2].

The CSNAT comprises **14 domains** (broad topic areas) in which carers commonly say they require support. Carers may use this tool to indicate further support they need in relation to enabling them to care for someone at home, as well as support for their own health and well-being within their caregiving role.

For use in practice, the CSNAT has been integrated into a **person-centred process of assessment and support** that is practitioner-facilitated but carer led: **'The CSNAT Approach'**.

The CSNAT Approach

The CSNAT Approach is a five-stage person-centred **process of assessment and support** which begins when carers are introduced to the CSNAT [3]. Carers then use the CSNAT to indicate the domains in which they need more support and then prioritise those most important to them at that moment in time.

An assessment conversation then takes place between the carer and practitioner which enables the carer to express their individual support needs. Together, the carer and practitioner agree on what further supportive input would be valuable and create a shared action plan. A shared review of the carers' support needs can then be carried out at another point in time.
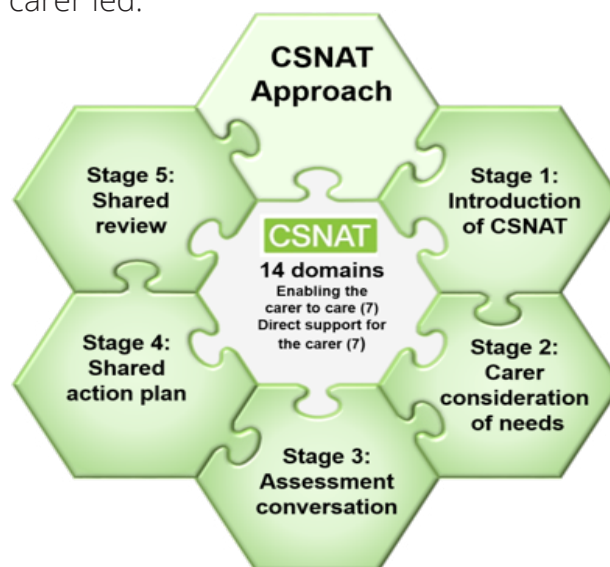
The CSNAT Approach has five key stages:

Each stage is facilitated by the practitioner but **led by the carer**: at all stages the carer is given the opportunity to say what is most important to them, at that moment in time, and what they feel would help support them.

Stage 1: Introduction of the CSNAT

How and when the CSNAT is introduced to the carer will vary depending on patient and carer circumstances. Practitioners have found the CSNAT most beneficial when introduced to a carer at the **earliest opportunity** within the caregiving journey. Timely assessment of needs can facilitate early resolution of concerns and potentially reduce the need for 'crisis management'.

Key messages to convey to the carer, at the point of introduction, are that:

- The CSNAT highlights the kinds of support other carers in similar circumstances to them have needed.

- The purpose is to **determine their individual support needs**, as distinct from the patient's.

- It is the start of an **ongoing assessment process**.

> " It is important that the carer perceives the CSNAT as an **opportunity** to consider their needs, **not an obligation** to 'fill in a form' "

Stage 2: Carers' consideration of needs

Following the introduction of the CSNAT, a carer may need time to consider and prioritise their support needs. The length of time needed will vary, according to the individual. However, the practitioner needs to reassure the carer that they will have the opportunity to discuss their support needs (i.e. during the assessment conversation).

- The format of the CSNAT enables the carer to indicate which of the 14 domains they **need more support with** (if any), and the **level of support they require** e.g. a little bit more, very much more (or additional support needs not covered by the domains).

- There is also an additional **'anything else'** section where the carer can write in any other support they need not already covered by the 14 domains.

> " The carer's support needs will differ from those of the patient. The carer therefore needs time to look at the CSNAT and **reflect** on their individual support needs "

Stage 3: Assessment conversation

Once a carer has had time to consider and prioritise their support needs using the CSNAT, the next stage is for an assessment conversation to take place between the practitioner and the carer.

The domains **prioritised by the carer in Stage 2** will be the **focus of the assessment conversation**. The practitioner can then explore what the carer's individual support needs are in relation to each domain they have prioritised.

> *This stage is vital for unpicking the type of support required in relation to a given domain; the support required for one carer in relation to a domain may be very different to what another carer requires*

Stage 4: Shared action plan

The assessment conversation forms a basis for shared action planning which is then documented. It is important to find out **what the carer feels would help them**, before highlighting what is available. It is not simply a case of matching one particular domain to known services/information sources.

It is important to also identify the sources of support the carer **already has access to** (e.g. via family members, friends, support agencies). Actions (supportive input) may be put in place either at the time of the contact with the carer or following the visit. In either case input is recorded (that is, it summarises the outcome of the assessment conversation).

Supportive input provided to the carer may include:

- **Helping the carer to identify sources of support** they may wish to access themselves (self-help) or via family members or friends.

- **Directly delivering simple support**. This could be 'active listening', providing reassurance, giving information, offering advice or providing educational input.

- **Signposting** the carer towards sources of support, but leave the carer to access this themselves.

- **Referring** the carer to a service which can provide further support (with their consent).

Stage 5: Shared review

Review of the carer's support needs is likely to be **ongoing**.

However, there may be certain critical moments at which a full reassessment of the carer's support needs is beneficial (for example, a deterioration in the patient's condition, change in patient's care plan).

The prompt for a review may therefore come from the carer or the practitioner.

> *Assessment is an ongoing process that will require continuing review as the carer's support needs change*

References

[1] Ewing, G & Grande G - on behalf of the NAHH (2012) Development of a Carer Support Needs Assessment Tool (CSNAT) for end-of-life care practice at home: A qualitative study. Palliative Medicine, 27(3) 244 – 256.

[2] Ewing G, Brundle C, Payne S and Grande G (2013) The Carer Support Needs Assessment Tool (CSNAT) for use in palliative and end-of-life care at home; A validation study. Journal for Pain and Symptom Management, 44(3) 395 – 405.

[3] Ewing G, Austin L, Diffin J, Grande G. (2015) Developing a person-centred approach to carer assessment and support. British Journal of Community Nursing; 20 (12) 580-584.

*CSNAT Tool is available on request as a separate document.

For further information please see:
csnat.org

Frequently asked questions

How does the CSNAT differ from other tools/outcome measures?

Other carer tools and outcome measures are **indirect measures** and only serve to indicate caregiving difficulties, not where the difficulties actually lie and what support would be helpful for them e.g. the Zarit Burden Interview is only a screening measure for the level of burden a carer is experiencing.

In contrast, the CSNAT asks carers about a comprehensive set of 14 domains and **directly assesses** carers' support needs.

For use in practice, the CSNAT is integrated into a **person-centred process of assessment and support** that is practitioner facilitated but carer-led (The CSNAT Approach).

By carer-led we mean that the carer has the opportunity to say what areas they need more support with, what are the most pressing concerns for them and what they feel would be supportive for them.

Any support provided is therefore tailored to meet the carer's individual needs.

What about the Statutory Carer Assessment within the UK?

Local authorities within the UK are now obliged to provide to carers under the Care Act 2014.

We believe that the CSNAT process of assessment and support differs in its focus in a number of ways:

- The approach taken by the CSNAT is **carer-led** with carers identifying what is important to them.

- The CSNAT focuses on support needs from caring for someone within a **palliative care context**, rather than more general support needs.

- Whilst there may be some overlap with the domains supporting the carer to care for themselves, the domains related to enabling the carer to provide care for the patient usually need to be addressed by a healthcare professional e.g. knowing what to expect in the future, understanding the patient's illness.

> *It is worth noting the CSNAT **does not interfere** with the Statutory Carer Assessment but in fact may **complement** this in helping the carer to actually identify themselves as a 'carer' earlier in the caring trajectory*

Frequently asked questions

Who is currently using the CSNAT approach?

Over **80 services in the UK** are now registered to use The CSNAT Approach in practice, over **40 in Australia** and **5 in Canada**.

Research teams are also using the CSNAT in studies in Canada, Australia, Germany, Denmark and Norway. The CSNAT has also been translated into Norwegian, Swedish, French-Canadian, Maori in New Zealand.

Translations into Dutch, Italian, Danish and German are also underway.

What is the evidence base for the CSNAT?

Further information about the development and validation of the CSNAT and its use in practice to support carers can be found in the following publications:

- Ewing G, Grande G. (2013) **Development of a Carer Support Needs Assessment Tool (CSNAT) for end-of-life care practice at home: A qualitative study**. Palliative Medicine; 27(3) 244-256.

- Ewing G, Brundle C, Payne S, Grande G. (2013) **The Carer Support Needs Assessment Tool (CSNAT) for use in palliative and end-of-life care at home: A validation study**. Journal of Pain and Symptom Management; 46 (3) 395-405.

- Ewing G, Austin L and Grande G. (2016) **The role of the Carer Support Needs Assessment Tool (CSNAT) in palliative home care: qualitative study of practitioners' perspectives of its impact and mechanisms of action**. Palliative Medicine; 30 (4) 392-400.

- Aoun S, Deas K, Toye C, Ewing G, Grande G, Stajduhar K. (2015) **Supporting family caregivers to identify their own needs in end of life care: Qualitative findings from a stepped wedge cluster trial**. Palliative Medicine; 29 (6) 508-517.

- Ewing G, Austin L, Diffin J, Grande G. (2015) **Developing a person-centred approach to carer assessment and support**. British Journal of Community Nursing; 20 (12) 580-584.

- Grande G, Austin L, Ewing G, O'Leary N, Roberts C. (2015) **Assessing the impact of a Carer Support Needs Assessment Tool (CSNAT) intervention in palliative home care: a stepped wedge cluster trial**. BMJ Supportive and Palliative Care. First Published 20th December 2015: doi:10.1136/bmjspcare-2014-000829

Frequently asked questions

Can I use the CSNAT in my practice?

The CSNAT is **copyright** but available, **free of charge**, for use by practitioners supporting carers.

We have a registration process and provide a licence for services using the tool.

How do I get further information?

If you would like further information, including an inspection copy to review, please contact one of the CSNAT team

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or

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