CSNAT | Carer Support Needs Assessment Tool

The CSNAT Approach

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

This is only a _sample from the Learning Unit 1 Module Appendices_ which provides an overview of the CSNAT Approach.

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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 (caregivers) of adults with life-limiting conditions. The research underpinning this tool was informed by caregivers and practitioners[1,2].

The CSNAT comprises **14 domains** (broad topic areas) in which caregivers commonly say they require support. Caregivers 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 caregiver led: **'The CSNAT Approach'**.

The CSNAT Approach

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

An assessment conversation then takes place between the caregiver and practitioner which enables the caregiver to express their individual support needs. Together, the caregiver and practitioner agree on further supportive input that would be valuable and create a shared action plan. A shared review of the caregivers' support needs can then be carried out at another point in time.
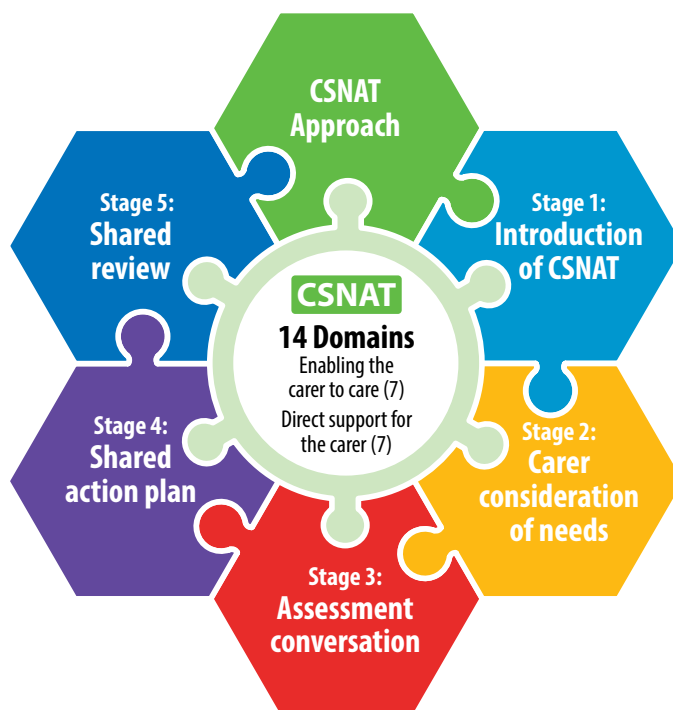

The CSNAT Approach has five key stages:

Each stage is facilitated by the practitioner but led by the caregiver: at all stages the caregiver 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 caregiver will vary depending on patient and caregiver circumstances. Practitioners have found the CSNAT most beneficial when introduced to a caregiver 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'.
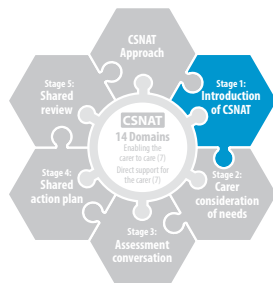
> **"It is important that the caregiver perceives the CSNAT as an opportunity to consider their needs, not an obligation to 'fill in a form'"**

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

The CSNAT highlights the kinds of support other caregivers, 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.***

Stage 2: Carers' consideration of needs

Following the introduction of the CSNAT, a caregiver may need time to consider and prioritize their support needs. The length of time needed will vary, according to the individual. However, the practitioner needs to reassure the caregiver that they will have the opportunity to discuss their support needs (during the assessment conversation).
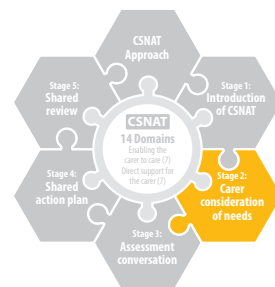
- The format of the CSNAT enables the caregiver to indicate which of the 14 domains they **need more support with** (if any), and the **level of support they require**
  - none, a little bit more, quite a bit more, very much more
- There is also an additional **'anything else'** section where the caregiver can write in any other support they need not already covered by the 14 domains.

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

Stage 3: Assessment conversation

Once a caregiver has had time to consider and prioritize their support needs using the CSNAT, the next stage is for an assessment conversation to take place between the practitioner and the caregiver.
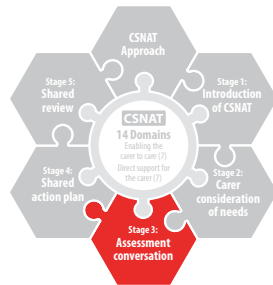
The domains **prioritized by the caregiver in Stage 2** will be the **focus of the assessment conversation.** The practitioner can then explore what the caregiver's individual support needs are in relation to each domain they have prioritized.

> **"This stage is vital for unpacking the type of support required in relation to a given domain; the support required for one caregiver in relation to a domain may be very different to what another caregiver 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 caregiver 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.
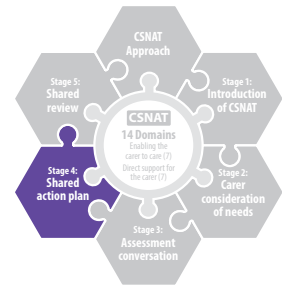
It is important to also identify the sources of support the caregiver **already has access to** (e.g. via family members, friends, support agencies). Actions (supportive input) may be put in place either at the time of the contact with the caregiver or following the visit. In either case input is recorded (that is, it summarizes the outcome of the assessment conversation).

Supportive input provided to the caregiver may include:

- **Helping the caregiver 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 caregiver towards sources of support, but leave the caregiver to access this themselves.
- **Referring** the caregiver to a service which can provide further support (with their consent).

Stage 5: Shared review

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

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

The prompt for a review may therefore come from the caregiver or the practitioner.
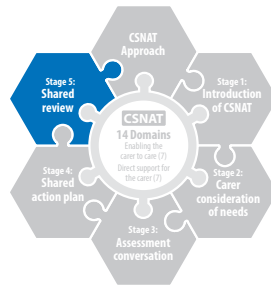
"Assessment is an ongoing process that will require continuing review as the caregiver's support needs change"

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

For further information please see: csnat.org

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.

Frequently asked questions

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

Other caregiver tools and outcome measures are **indirect measures** (ex. caregiver burden), they only serve to indicate the degree of caregiving difficulty, not where the difficulties actually lie, and what support would be helpful for them.

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

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

By caregiver-led we mean that the caregiver 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 caregiver's individual needs.

Who is currently using the CSNAT approach?

To date **161 organizations in over 14 countries** are licensed to use CSNAT as a practice intervention and another **64 research licenses are in use in 24 countries**.

The tool has been translated into 13 different languages.

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 caregivers 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. (2017). *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; 7 (3) 326-334. doi:10.1136/bmjspcare-2014-000829

Can I use the CSNAT in my practice?

The CSNAT is **copyright** but available, **free of charge,** for non-commercial use, or use by practitioners supporting caregivers.

We have a registration process and provide a license for services using the tool. Note that training is required in advance of license to practice.

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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