#### The evidence base for the CSNAT

Further information about the development and validation of the CSNAT and its use in practice to support carer 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. The role of the Carer Support Needs Assessment Tool (CSNAT) in palliative home care: a qualitative study of practitioners' perspectives of its impact and mechanisms of action. *Palliative Medicine (in press)*.

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 Online first: DOI: 10.1177/0269216314566061

Please get in touch with Gail Ewing if you would like to see a copy of these publications: ge200@cam.ac.uk



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





## What is the Carer Support Needs Assessment Tool (CSNAT)?

The CSNAT is an evidence-based tool designed for carers supporting a family member / friend at home towards the end of life. It is short and simple to use for both carers and practitioners. It comprises 14 broad support domains in which carers commonly say they require support. Carers can use this tool to indicate further support they need in caring for someone at home.

### Why do we need another carer tool?

Many carer tools, such as measures of burden or distress, identify that carers are experiencing difficulties but not where the difficulties lie.

The CSNAT identifies areas where carers themselves feel more support would help when they are experiencing difficulties.

#### What does the CSNAT look like?

The CSNAT uses a simple question and answer format to ask carers which areas they need more support with. The 'visibility' of common areas of support provided by the tool has been found to be helpful for carers. Then they can indicate whether or not they need more support in relation to each domain.

Your support needs  We would like to know what help you need to enable you to care for your relative or friend, and what support you need for yourself. For each statement, please tick the box that best represents your support needs at the moment.				
understanding your relative's illness?				
having time for yourself in the day				
managing your relative's symptoms, including giving medicines?				

#### What is different about the CSNAT?

The CSNAT differs from other carer assessment tools in that the process is facilitated by the practitioner, but led by the carer. This person-centred approach ensures that the response to the support needs identified by the carer is tailored to their individual needs.

Used as a practice tool, the intention is that the CSNAT is integrated into the process of carer assessment and support. This provides the carer with the opportunity to consider, express and prioritise any support needs they have and to discuss these with a practitioner. This 'assessment conversation' enables development of a shared action plan to support the carer.

# Can I use the CSNAT in my practice?

The CSNAT is copyright but available, free of charge, for use by practitioners supporting carers. At present we are providing training and support for services wishing to implement the CSNAT. We have a registration process and provide a licence for services using the tool. The CSNAT is already being implemented in palliative and end of life care practice by more than 40 organisations in the UK.

# How do I get further information about the CSNAT?

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

Dr Gail Ewing, University of Cambridge: ge200@cam.ac.uk

Dr Lynn Austin, University of Manchester: <a href="mailto:lynn.austin@manchester.ac.uk">lynn.austin@manchester.ac.uk</a>

Prof Gunn Grande, University of Manchester: gunn.grande@manchester.ac.uk