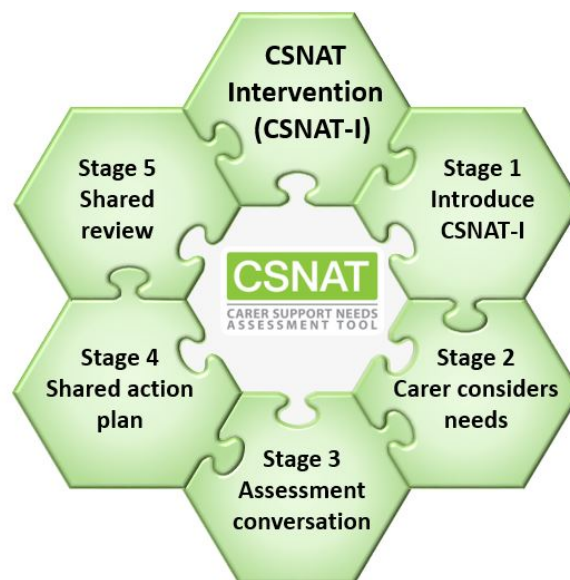# CSNAT Intervention

## Carer Support Needs Assesment Tool Intervention

# The CSNAT Intervention (CSNAT-I)

## delivering person-centred carer assessment and support



CSNAT Intervention (CSNAT-I)

Stage 5 Shared review

Stage 1 Introduce CSNAT-I

CSNAT CARER SUPPORT NEEDS ASSESSMENT TOOL

Stage 4 Shared action plan

Stage 2 Carer considers needs

Stage 3 Assessment conversation

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# The Carer Support Needs Assessment Tool Intervention (CSNAT-I)

**CSNAT-I** is a person-centred process for delivering support for family members and friends (carers). The intervention uses an evidence based, comprehensive tool (the **CSNAT**) to enable carers to identify, express and prioritise their support needs which facilitates support tailored to their specific needs.

The current version of the CSNAT (v3.0) comprises 15 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.

CSNAT-I facilitates support for carers of adults with chronic and progressive conditions, including cancer. The research underpinning CSNAT-I was informed by carers themselves and practitioners.[1-6]
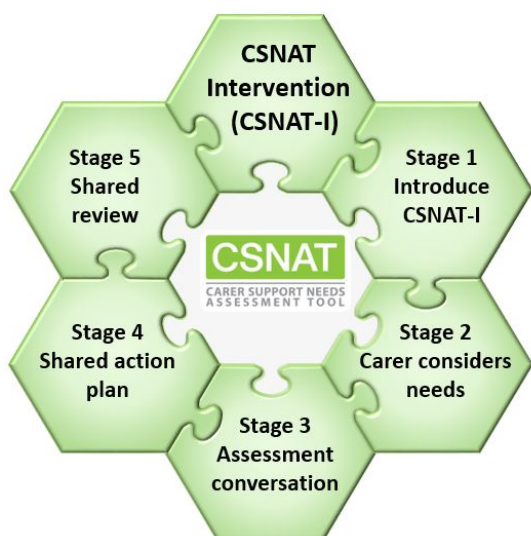
## CSNAT-I in practice

Delivering CSNAT-I is a change in usual practice of carer support which tends to be more informal and practitioner-led. Therefore in order to help practitioners see how CSNAT-I enables person-centred care, we explain the process in separate stages. In reality, these stages often occur together (e.g. Stages 3 and 4) and Stage 2 only involves carers themselves.

### An overview of CSNAT-I

The intervention starts with carers being introduced to CSNAT-I. Carers are able to reflect on their support needs and use the CSNAT (the tool itself) to indicate the domains in which they need *more support.*

Then they can prioritise those domains most important to them currently for discussion with a practitioner.

An assessment conversation then takes place between the carer and practitioner which enables the carer to express their individual support needs in the domains they have prioritised.

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.

Each stage of the process 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: Introduce CSNAT-I

How and when CSNAT-I is introduced to the carer will vary depending on patient and carer circumstances. Practitioners have found it 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 (the tool itself) 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 CSNAT-I as an* ***opportunity*** *to consider their needs,* ***not an obligation*** *to 'fill in a form'*

## Stage 2: Carer considers needs

Following introduction of CSNAT-I, 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) and make an arrangement for a further contact.

- The format of the CSNAT enables the carer to indicate which of the 15 domains they **need more support with.**
- There are three response categories on CSNAT (v3.0)[4]: 'no'. 'a little more' or 'quite a bit more'.
- It is important to remember that these are response categories to allow carers to say where they need more support - **they are not a measurement 'scale'**.
- There is also an additional **'anything else'** section where the carer can write in any other support they need not already covered by the 15 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 specific 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 assessment conversation).

**Supportive input provided to the carer may include:**

- **Friends/family help**. You could discuss with the carer how friends or family members could provide some of the support they need, e.g. getting a short break in the day or providing some practical help in the home or garden.
- **Directly delivered support.** You are often likely often to be able to deliver some simple support yourself at the time of the assessment conversation that can be very helpful. This could be 'active listening' to the carer's concerns, providing reassurance, giving some general information, offering specific advice for the carer or providing some educational input. Although these are delivered at the time of the contact they still should be recorded on the Support Plan, as actions taken to meet the carer's needs.
- **Signposting.** Not all support can, or has to be, provided by you or your organisation. You could signpost the carer towards other suitable sources of support, leaving the carer to make contact with these other support services themselves and access the supportive input themselves.
- **Referral on**. In some instances, you will need to facilitate further support for the carer by referring them (with their consent) to another service, either internally or external to your organisation.

# Stage 5: Shared review

An initial review of the effectiveness of the action plan put in place will be necessary (and updating support provided as required).

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

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*

*The CSNAT (the tool itself) is available on request as a separate document.*

*For further information please see:*
**csnat.org**

# References

1 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.

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4 Ewing G, Croke S, Rowland C, Grande G. Suitability and acceptability of the Carer Support Needs Assessment Tool (CSNAT) for the assessment of carers of people with MND: a qualitative study BMJ Open 2020;10:e039031. doi:10.1136/bmjopen-2020-039031

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6 Micklewright K, Farquhar M. Face and content validity of the Carer Support Needs Assessment Tool (CSNAT), and feasibility of the CSNAT intervention, for carers of patients with chronic obstructive pulmonary disease. Chronic Illness. March 2021. doi:10.1177/1742395321999433.