Examining the Use of a Caregiver Assessment Tool – Barriers, Outcomes and Policy Implications (Contract 4500116739 with Health Canada)

Executive Summary¹ March 2006

Authors:

Lucy Barylak, Centre de santé et de services sociaux, Cavendish (lucy.barylak.cvd@ssss.gouv.qc.ca) Nancy Guberman, Université du Québec à Montréal (guberman.nancy@uqam.ca) Pamela Fancey, Mount Saint Vincent University (pamela.fancey@msvu.ca) Janice Keefe, Mount Saint Vincent University (janice.keefe@msvu.ca)

In collaboration with Marjorie Silverman

The need to develop a caregiver assessment tool emerged from the recognition of caregivers' significant contribution in the care of persons with long-term health conditions and the increased awareness of their need for support. At the same time, an analysis of caregivers' lack of formal status within the health care system indicated the need for specific tools aimed at them. The CARE Tool was originally developed in 2001 with a Health Canada *Health Transition Fund* grant. Since that time, various health and social service agencies throughout Canada and the United States have piloted or implemented the Tool, and more research has been conducted on its efficacy.

The current research project aims to gain more understanding of the barriers and outcomes of implementing caregiver assessment, as well as to develop a condensed and more user-friendly version of the CARE Tool. Since September 2005, individual and group interviews have been conducted with 24 informants – 7 caregivers, 11 practitioners, and 6 managers – to gather feedback regarding the original Tool's usefulness, structure, impact and implementation.

Many of the caregivers interviewed reported that going through the assessment process gave them their first opportunity to talk about all aspects of their caregiving situation and to focus on their needs. This had a significant emotional impact, as it validated them as people as well as significant contributors to the care of others.

Practitioners' feedback was consistent in terms of the Tool's impact on caregivers, and added that the Tool influences service plans. Practitioners also reported that the Tool helped increase their understanding of their clients' situations (and of caregiving in general) but that there are a number of potential barriers to full utilization or implementation of the Tool. They, along with managers, stated that in order for the Tool to be implemented in an agency, there needs to be strong leadership at the management level, adequate training, and clarity around the status of caregivers within the agency.

¹ For the complete Final Report and/or copy of the <u>CARE Tool Short Version</u>, contact the authors or visit www.msvu.ca/Family&Gerontology/project

There were also numerous suggestions regarding the length and structure of the Tool, which were taken into consideration in the development of a condensed version (see Appendix 4 and 5). Comments about the length of the Tool also suggested that its perceived length is directly linked to workloads.

Several countries around the world are also interested in caregiver assessment. However, a brief glance at the United States, the UK, Australia, Japan, and Germany reveals that none of them have developed a single assessment tool for caregivers. This indicates that Canada could develop avant-gardist practices by piloting a single standardized caregiver assessment tool.

There are a number of issues for consideration regarding the implementation of caregiver assessment. First, the status of caregivers as partners in care, as well as potential clients of health and social service agencies, must be clarified. Once they are recognized as clients, tools must be developed to address their situations. The CARE Tool has been shown to be adaptable to various public and private settings, and for use by a variety of professionals. The CARE Tool can play a role in prevention and is generally positively appreciated by practitioners and caregivers alike, yet to be implemented in a widespread manner it requires strong leadership, training and buy-in at all levels, and a reallocation or reorganization or current workloads. It is recommended that the CARE Tool be promoted to ensure caregiver assessment across the country particularly, but not exclusively, in homecare, day centers, and other public and not for profit services aimed at caregivers.