Carers' Alert Thermometer for Stroke (CAT-S)-V3

Edge Hill University

A triage tool to identify the needs of family carers and plan support

SECTION 1: Date CAT conducted:..... **By Staff/Volunteer name:**.....

Organisation:..... **Tel:**.....

Carer's Name*:* ..... **Carer's telephone number***(s):*.....

Carer's Address*:*.....

Carer living at same address as the person? *Yes No* **Carer currently caring for anyone else?** *Yes No*

Name of person caring for: .....

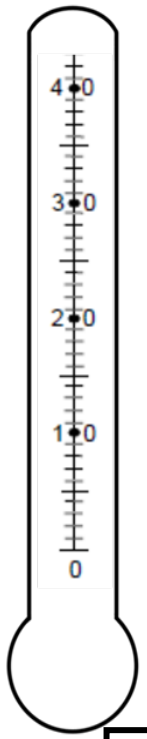
Relationship to person caring for*: (circle) Spouse/Parent/Child/Sibling/Friend/Other (please state)*.....

Have you completed a statutory carer's assessment with social services? *Yes No Unsure*

SECTION 2: IDENTIFY & ASSESS THE NEEDS OF THE CARER

Carer and staff/volunteer to discuss each question, even if no needs or concerns are identified at Q1, and circle the carer's level of perceived need has for any alerts using levels of N NONE (Score of 0), L LOW need (Score of 1), M MODERATE need (Score of 2), or H HIGH need (Score of 3). **Please provide one response for all questions.**

	1) Do you currently have any needs or concerns about providing care or your own health and well-being? *(please circle one)*					**Yes No Unsure**
PART A: THE CURRENT CARING SITUATION	**How much support do you need:-**	**0**	**1**	**2**	**3**	**SECTION 3**
	2) …with any information about the person's stroke condition and their expected recovery?	N	L	M	H	**Indicate total score for alerts identified for Q2-Q10 on or below the thermometer**
	3) …with any training or support to provide care safely? *(e.g. lifting and handling training, equipment use)*	N	L	M	H	
	4) …to manage any changes in the behaviour of the person? *(e.g. wandering, aggression)*	N	L	M	H	
	5) …to know who to call in an emergency, or out-of-hours, to discuss any concerns about the person?	N	L	M	H	
	6) …to feel involved in the decision making and listened to by professionals about the care needed by the person *(Consider if the person requires power of attorney)*	N	L	M	H	
PART B: CARER HEALTH & WELL-BEING	**7)** …about financial, legal or work issues?	N	L	M	H	
	8) …to take a break from caring during the day or overnight? *(e.g. sitting service, respite)*	N	L	M	H	
	9) …to balance your own needs with the demands of caring? *(e.g. attend own health appointments, social activities, caring for others)*	N	L	M	H	
	10) …to manage any feelings or worries that you may have? *(e.g. a 'listening ear' or having someone to talk to)*	N	L	M	H	
	If appropriate include: Do you know the person's wishes and preferences for end of life care? *(If yes, have they been written down and shared with the relevant professionals, e.g. advance care planning (ACP) document)*					**Yes No Unsure**
	11) How able do you feel to continue providing care at the current level for the person? *(please circle one number on the scale)*	**Not Very Able** 1		2	3	4 **Very Able** 5



Total Score = ☐

CONFIDENTIAL

SUGGESTED NEXT STEPS Some general guidance is given below which can be amended based on available local services and support to help guide staff responses when conducting the CAT-S. Please contact the CAT team.

Q1	If no needs raised with this opening question continue with the rest of the CAT-S. If there are needs raised, listen to them now before progressing with the CAT-S, as it will help to guide you about the carer's priorities.
Q2	Provide information to the carer if appropriate or refer to the appropriate professional or stroke team.
Q3	Identify area of need and provide information or onward referral as appropriate.
Q4	Discuss local & national sources of support for the carer & advise on routes of support for the patient e.g. GP, counselling services, community stroke teams.
Q5	If not, ensure carer knows of the GP out-of-hours service or similar (e.g. Local Stroke Association helpline)
Q6	Discuss carer's concerns; if appropriate, liaise with appropriate health & social care professionals.
Q7	Provide information on local services e.g. local carer centre or Stroke Association support services.
Q8/Q9	Provide information on local authority carer assessments, local respite care or sitting services if available.
Q10	Provide information on local services and support e.g. carer centre, support group meetings, signpost to GP.
	If appropriate, ask if they would like information on Advance Care Planning.
Q11	Identify support needs from alerts and make a plan in Section 4 below.

SECTION 4: MAKE A PLAN TOGETHER. Use this table to briefly note the details of **up to four priority alerts requiring action now,** including immediate actions taken today, and any next steps agreed.

Brief summary of needs identified by alerts (If there are several needs, ask the carer to "*identify which one thing would help you most at this time?"*)	**Any immediate action taken** e.g. information clarified, verbal or written information given, referred to see other health care professional	**Any next steps required?** e.g. Referral to other services, speak to Team Leader/Manager for advice on next steps	**Who is responsible for the next step or follow up?**	**Date of review or follow up**

SECTION 5: NEXT REVIEW Agree a review date with the carer and the person responsible for follow up. All questions should be revisited during a review to monitor the support provided and any change in the alerts. It is recommended that review dates be more frequent for carers with alerts which are considered 'HIGH' or 'MODERATE' e.g. monthly.

Date of next review:…… with……

CARER CONSENT FOR USE OF DATA

I consent to the following use of my data from the CAT form:

- ☐ anonymised information of the alerts to identify gaps in services/services development.
- ☐ to enable staff to act on my behalf to instigate support from other services/professionals to meet alerts
- ☐ **If participating**, anonymised information of the alerts being shared with Edge Hill University team for the CAT evaluation study

Carer's Signature:..... **Date**:.....