

Guide to Completing Care Needs Assessment reports for children/young people aged 0-18 years

The Care Needs Assessment (CNA) report (0-18 yrs) is used by icare to make an assessment of a care need for a child/young person. For children 5-15 years the PCANS2 must also be completed and attached to the CNAR. This guide aims to assist assessors in completing an icare Care Needs Assessment report for children and young people.

Category	Target group
Care Needs Assessment (Complex)	<p>Participants with:</p> <ul style="list-style-type: none"> • Multiple injury types (more than 2 domains of function need detailed observational assessment) • Complex functional impairments • Multiple activity/participation locations to be considered (in home, local community, workplace, holidays, other) • Multiple environmental and/or personal barriers to be considered • Rapidly & significantly changing or fluctuating functional capability &/or other circumstances requiring detailed re-assessment on each occasion • Information & feedback to be obtained from multiple stakeholders <p>History throughout the preceding care period of multiple complaints or issues identified by any stakeholder regarding the care program or an indication that the participant’s current care needs are not being appropriately met</p> <p>Includes all Care Needs Assessments for children and for adults when they are the first assessment completed following discharge from in-patient hospital or rehabilitation facility</p>

General notes:

- PCANS-2 should be completed as part of the care needs assessment or when there is a significant change in function or circumstances for children aged 5-15 years.
- The care needs assessor must have completed PCANS2 training before assessing children in the Lifetime Care Scheme.
- The PCANS-2 scoring sheet should be submitted with the care needs report.
- The PCANS-2 is not normed for children under 5 years old. Panel assessors can use the template as a guide in providing their report. If a field is not relevant to a child, leave it blank or write N/A.
- Care needs for children relate only to activities where the injury results in an additional need for care which is not part of the normal parenting responsibility for a child of that age. Under each domain where Time required per routine is required, include only the time in addition to what would be expected of a normally developing child/young person.
- Assessors will be forwarded a referral form with background information to assist in completing the care needs assessment. It will also indicate the category of assessment being requested.
- Assessors should focus on the care need that exists in the child’s current circumstances and note informal care that is provided by family, friends or other funded services under relevant individual tasks. This can be summarised in the section titled ‘The Child’s Current Situation’. Icare will arrange

for an updated care needs assessment should the child's circumstances change substantially.

- The care needs assessor is not required to locate providers unless this is specifically requested in the referral for care needs assessment. The case manager or icare contact is expected to coordinate this support with the child's family.
- An Attendant Care Service Request (ACSR) is to be submitted with a Care Needs Assessment Report if care services are being requested by the child and their family. Requests for funded care may differ from the assessed care need.
- icare will determine funding support based on the information provided in the care needs assessment report and the ACSR.

NOTE: it may not be possible to include all care tasks details in the initial care needs assessment report as therapy programs may not yet be fully implemented.

Completing the CNA Report Template

Dates

- The proposed care period should be the length of time the assessor can reasonably predict that the care need is likely to remain unchanged.
- Care periods for a child may range from a minimum of 16 weeks in the initial post discharge DSN period up to a year. Children will continue to have care needs assessments annually or more frequently due to developmental changes which may impact on the care required. Care Needs Reviews are not used for children.

The child/young person's current situation

- Provide a brief summary of information which impacts on care needs or care provision.
- Relevant information should include family circumstances including who else lives in the household, their roles and responsibilities, what the facilities are like, involvement of any other family members who don't live in the home, or any other factors which may impact on the child's care.
- Include a summary of current care supports where these are not funded by icare
- Note activities the child was involved in prior to injury eg sports, whether the child is at school, what type of school/class if applicable, and any support such as SSLO support being provided.

Feedback on current care program

- Include feedback on the impact of current care arrangements on family members where relevant, as well as what care family members may be providing.
- This section should highlight what is working well and what is causing difficulties.
- Care needs assessors should seek feedback from Care Coordinators, rather than approaching individual support workers, as Care Coordinators can provide more comprehensive information on the attendant care program.

Injury Information

- A brief description of the relevant injuries will be provided with the referral.
- Other injury types - summarise the injury and affected limbs or body systems
- Non injury- related health conditions impacting care should be documented to facilitate a comprehensive assessment of a person's care needs.

PCANS-2 summary

- Include a summary of the PCANS-2 findings explaining the PCANS -2 intensity and extent of support needs scores.

Behaviour support

- Assessor should be aware of any behaviour support plan (BSP) in place and consider the implications in any recommendations made, eg if the BSP recommends training of support workers, ensure that this included if not previously approved or provided.

24 hour care

- Tick “yes” in circumstances where a care need is identified for intermittent activities throughout the day/night such as transfers, mobility, continence/toileting and/or behaviour management and where 24-hour care is recommended due to the frequency and intermittent nature of these activities. This recommendation should be clearly supported by the information in the report body, particularly in the High Level Needs section following.

Assessment

For children aged 5-15, PCANS-2 domains have been correlated with the relevant domain of activity where applicable.

High Level Needs

- This domain should provide sufficient reasoning for the level of care needed where the 24-hour box required box was ticked “yes” in the previous section.
- Under Other observations, include any other high-level needs such as aspiration risk.

Self-Care

- Time required - Provide an indication of the time the task takes each time it is performed. NOTE: this is the **additional** time above what would be expected of a normally developing child/young person
- Time required (hours per week)- indicate total hours over a week for the noted tasks

Day to Day Routine and Responsibilities

- Communication and household management may include periodic tasks and regular tasks appropriate to the child’s circumstances and age eg set up for devices, use of telephone and computer etc,
- Use the “Other” section to include any additional routine tasks specific to the child.
- For adolescents only: Include gardening, home maintenance task, laundry, car cleaning under Household chores- if they apply

Current Rehabilitation Program Activities

- Frequency of current and planned rehabilitation activity attendance in the nominated care period should be included to help clarify care required for injury related transport support and assistance with completing therapy tasks/home programs. This could include some support with homework or with a home exercise program, for example.

Life and Relationships

- This section refers to a range of activities that enable a child to manage self eg time management, respond to changes in routine, problem solving and planning etc.
- In the case of support required to attend school/TAFE/University, it is important to clarify whether the support is a care need or a learning support need.
- Note the type of school the child/young person attends. If the child is attending school, the report should note whether SSLO support is being used, and what other support may be needed.
- If an ACSR is being submitted for a child at school, consider completing separate timetables for school terms and holiday periods.

Overnight Care

- Overnight care is considered a normal parenting responsibility to at least age 15-16 years. While by age 5 years a child would usually be able to sleep through the night, parental sleep disturbances or interruptions may be related to the child/young person's sleep which *may* then result in a care need.
- Alternatives to overnight care should always be explored. Remember to consider the potential impact of overnight care on the person and their family.
- Where the child has a need for overnight care, beyond the expectations of normal parenting responsibility, indicate whether the person requires sleepover or active support during the night. Clear justification is required for either recommendation.
- Sleepover support is where the worker sleeps over and is on-call. There are no scheduled tasks. It is a continuous period of 8 hours incorporating up to two 30-minute wake ups. Children should be assessed as needing either 0 or 7 inactive sleepovers. They can request up to their assessed need.
- Active support is where there are scheduled tasks. For active support, provide a description of the specific support the person requires including the tasks performed throughout the night and estimated duration/frequency.

Two-person service

- The following factors should be considered when reviewing the need for two-person services:
 - Upper body control
 - The presence of spasms or contractures
 - Height and/or weight
 - Body shape, brittleness of bones or skin integrity
 - A need for positioning or repositioning
 - Behaviour
 - Continence

Registered Nursing

- icare adheres to the ACIA guidelines regarding care tasks that require a Registered Nurse. Refer to link in 'useful references'.

Environmental and other considerations/risks

- include whether there are any WHS issues, an equipment maintenance plan in place, an emergency plan for specific situations, when and who should review.

Recommendations from the Reviewer

- indicate any additional issues, separate to care needs identified through the CNA process that are recommended for follow up by the icare contact such as;
 - identified training needs for support workers,
 - exploration of new equipment needs
 - identification of equipment maintenance needs
 - medical/specialist follow up
 - review of behaviour support programs

Summary of overall care need related to the person's injury

- the total care hours per week should not exceed:
 - 168 hours for a child requiring 24hrs active care = 24hrs x 7days.
 - 112 hours + 7 sleepovers for a child requiring 24 hr care with only inactive sleepover = 16hrs per day x 7 days + 7 inactive sleepovers
- The hours of care required per week should reflect a usual school week. If the care needs differ for the non-school weeks, this should be noted in the "other irregular and periodic hours required in the period" box in the Support summary table

Category of Attendant Care Support Required

- Select and explain the required categories of support to assist in supporting optimal match with an attendant care provider with the appropriate staff skills.

Useful references

Guidance on the Support Needs of Adults with Spinal Injury (3rd ed, 2017) - Best practice tool to inform and guide people around why a person with a spinal cord injury needs assistance from support workers

Care and Needs Scale Manual (V2, July 2017) and form - Tool designed to measure the level of support needs of older adolescents and adults (16 years and older) with traumatic brain injury.

PCANS-2 Manual, FAQs and ePCANS-2 explanatory document - Paediatric Care and Needs Scale (PCANS-2)

Planning with an injured person The participant's current My Plan is available from the icare contact.

Living with Attendant Care - Information about living and working with attendant care providers including a resource about two-person care activities

Current treating team reports - Any reports by treating practitioners which might impact activities, participation, functional capability, potential or expected improvements. Key reports should be provided with referral or be available from the icare contact

ACIA Guidelines - icare adheres to the Attendant Care Industry Association (ACIA) guidelines regarding care tasks that require a Registered Nurse

Modified Care Giver Strain Index - screens for caregiver strain with long-term family caregivers.

Outcome measures -Transport Accident Commission - Guidelines for providers - Standard Outcome Measures, TAC Vic.

Other Tools

Other assessment/outcome measurement tools considered useful and appropriate by the care needs assessor to support their reasoning to establish the participant's care needs. These may have been completed as part of the CNA or may have been provided by others. eg Mayo-Portland Adaptability Inventory (MPAI) which includes adjustment

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