

Clinical Task Instruction

Skill Shared Task

S-SP02: Assess carer strain using the Modified Caregiver Strain Index (MSCI) and provide basic/bridging intervention

VERSION CONTROL

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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI must be used under a skill sharing framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Scope and objectives of clinical task

This CTI will enable the health professional to:

- safely and effectively screen for carer strain using the Modified Caregiver Strain Index (MCSI), and record and interpret results.
- develop and implement a plan to address identified carer strain problems including contributing to the team's decision-making with regard to safety, provide standard education on strategies to reduce carer strain including available support services, or refer to other health professionals for comprehensive assessment/review.

Note: terminology in S-SP02

This CTI will use the term 'client' to refer to a person that is receiving a service from the health professional. The term 'carer' will refer to the client's caregiver. It is acknowledged that in some instances the health professional may be providing a service to the individual who is experiencing, or suspected to be experiencing, carer strain i.e. the 'client' and 'carer' are the same person. However, for clarity, the CTI will assume the client and carer to be separate people.

Requisite training, knowledge, skills and experience

Training

- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.

Clinical knowledge

- To deliver this clinical task a health professional is required to possess the following theoretical knowledge:
 - the risk factors for developing carer strain including common features and causes.
 - the rationale, purpose, benefits and limitations of identifying and assessing carer strain using a standardised and valid tool.
 - testing protocol and procedure for the MCSI including indications for use, scoring, interpretation of scores and normative data.
 - common strategies used to manage carer strain, including the rationale, limitations and risks associated with each intervention for the domains of employment, finances, physical, social and time.
 - evaluation processes to determine the effectiveness of strategies implemented for carer strain problems.
 - local carer support services available including eligibility criteria e.g. Carers Queensland, condition-specific organisations such as Dementia Australia or Cancer Council, local organised support groups, meals on wheels, home nursing services, government and non-government organisations that provide financial assistance/support.
- The knowledge requirements will be met by the following activities:
 - review of the Learning Resource.

- receive instruction from the lead health professional in the training phase.
- read and discuss the following references/resources with the lead health professional at the commencement of the training phase:
 - local processes and procedures for elder abuse, occupational violence, home visit risk assessment as appropriate for the local client cohort and service model.
 - information brochures and resources for local support services.

Skills or experience

- The following skills or experience are not specifically identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are:
 - **required** by a health professional in order to deliver this task:
 - nil.
 - **relevant but not mandatory** for a health professional to possess in order to deliver this task:
 - nil.

Indications and limitations for use of a skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which they will deliver this clinical task. The following recommended indications and limitations are provided as a guide to the use of the CTI, but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation

Indications

- The client is a carer and expresses distress or a concern about carer responsibilities.

OR

- The client expresses distress or a concern about their carer's responsibilities.

OR

- The client has a carer and is observed to be unkempt or requires changes to or additional care requirements. This may include a lack of food in the house, unexplained weight loss, home environment safety concerns, changes to personal hygiene appearance or requirements.

AND

- The carer provides the client with care/support that is likely to require significant time and/or physical effort. Responsibilities may include monitoring the client's safety and/or providing assistance with activities of daily living, for example, meals, personal hygiene, transport, shopping, organising appointments/schedules and/or finances.

Limitations

- The client does not provide consent for the task. Carers may report feeling emotional, overwhelmed or fatigued, problems with providing physical assistance, financial concerns or time management stress. If the carer reports increased strain with carer responsibilities provide

information to the carer on assessment and support options e.g. general practitioner, referral options for comprehensive psychosocial assessment or local support groups.

- Carers with intellectual impairment, cognitive or communication problems may have difficulty in completing standardised testing. At a minimum, the carer must be able to answer simple questions accurately. If the carer is unable to complete the task, or test results are unclear, liaise with a health professional with expertise in the task.
- There is known or suspected family violence, elder abuse, current conflict or hostility between the carer and the client. Implement local procedures for safety and liaise with the primary care provider or a health professional with expertise in the task.
- The client or carer report strain that is due to new behaviour/s that are abnormal or strange e.g. acute episodes of confusion, forgetfulness or paranoia. This may be due to a new health condition or exacerbation of a pre-existing health condition e.g. urinary tract infection, hypoglycaemia, transient ischaemic attack or drug induced psychosis. If the client or carer appear unwell, including signs of sweating, pallor, psychomotor agitation, trembling or jaundice or safety, implement local procedures for emergency/urgent medical review.
- The client or carer report a worsening or acute episode of a known, or suspected mental illness e.g. depression, schizophrenia, psychosis. If the client or carer have a treating psychiatrist, liaise with the treating mental health team. If the client or carer are not under the care of a mental health team, liaise with the local mental health service.

Safety and quality

Client

- The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task:
 - the client needs to provide consent for the task. If the client requires further information for consent discuss the purpose of the carer assessment including the role and strains that carers may experience and the benefit of caring for carers. Support the client to identify the impact on their personal care arrangements if the carer was not available.
 - if as a result of this task, there is a planned change to carer duties, the client must be involved in their care planning e.g. changes to routines, introduction of services including meals on wheels or further assessments of showering or toileting for equipment needs. The timing of this discussion will be determined by the type of change/s and the impact on the client e.g. if changes are required immediately. If a care plan cannot be developed, liaise with a health professional with expertise in psychosocial assessment.
 - If the client or carer express thoughts of harm to themselves or others, cease the task and liaise urgently with a mental health service.

Equipment, aids and appliances

- MCSI was developed to screen carers after the hospital discharge of an elderly family member. It has been translated and validated in other languages, ethnic groups, short term carers or those who are looking after younger adults/children (Ramasamy, Ibrahim, Madon and Arshat, 2017). Where possible, the tool should be made available in the carers preferred language or an interpreter used. If using an interpreter, the interpreter should be instructed to relay the questions and answers in a simple and objective manner which offers no additional assistance to the carer.

Request that the interpreter advise of any subtle or unintended changes to the meaning of questions and answers due to language or cultural factors. Note any variances in the instructions provided and the use of an interpreter as part of recording test results. If the outcome is unclear, liaise with a health professional with expertise in the task.

- The MCSI can be provided to the carer to complete independently and returned for scoring. For clients with low literacy, the tool should be implemented in an interview style.

Environment

- Carers may feel uncomfortable answering questions with the client present. This may be due to respect for the client, culture or personal feelings of guilt, failure or conflict. Where possible, the carer should undertake this assessment in a private and quiet room. The participation and location of the client during assessment will be discussed as part of consent.

Performance of clinical task

1. Preparation

- Collect the local recording form and pen.

2. Introduce task and seek consent

- The health professional checks three forms of client identification: full name, date of birth, plus one of the following: hospital unit record (UR) number, Medicare number, or address.
- The health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).
- Consent is required from both the client and the carer, if they are different people, prior to commencing the task. This should include whether the client will be present during the task. See the Limitations and the Safety & quality sections above.

3. Positioning

- The client's position during the task (if present) should be:
 - comfortable, in a supportive bed or chair.
- The carer's position during the task should be:
 - sitting comfortably in a supportive chair.
- The health professional's position during the task should be:
 - sitting opposite or beside the carer.

4. Task procedure

- The task comprises the following steps:
 1. Determine the carer's suitability to undertake the carer strain assessment. Refer to the Indications and limitations, the Safety and quality section and the Guide to taking a carer history in the Learning resource.
 2. Explain the testing procedure to the carer.

3. Administer the tool by asking each question and asking the carer to answer 'yes', 'yes sometimes' or 'no'.
4. Calculate the score by counting each answer.
5. Using the information collected, discuss and clarify the level of carer strain for each of the response categories.
6. Determine if the carer would benefit from a basic/bridging intervention/s. Refer to Table 1 in the Learning resource.
7. Select appropriate basic/bridging intervention/s.
8. Discuss and develop a plan with the carer for the intervention/s. This includes asking the carer what assistance would help them, providing options for consideration and determining the need for more in-depth assessment to facilitate appropriate intervention/s. If planned intervention/s will change the care plan for the client, refer to the Safety and quality section.
9. Implement the plan including accessing local referral pathways.
10. Determine the process and method for review for each of the intervention strategies.

5. Monitoring performance and tolerance during the task

- Common errors and compensation strategies to be monitored and corrected during task include:
 - carers may become emotionally labile while answering questions about the stress of care giving. Pause the task and provide reassurance. If the carer continues to remain emotionally labile, consider having the carer complete the MCSI at another time e.g. postal return or via telephone.
 - if the client is present during the task, they may experience a range of emotions including agitation, frustration or emotional lability. Pause the task and provide reassurance to the client. Consider continuing the task in another environment or at another time.
 - some carers may provide information that is incongruent with observations. This may be due to fear, lack of awareness, or cultural expectations or differences. Additional questions, prompts or screening tools may be required and the carer may benefit from a comprehensive psychosocial assessment as part of the management plan.
- Monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above.

6. Progression

- Task progression strategies include:
 - as carer strain may develop over time, repeat assessments may be required, for example when the client or the carer's health or social circumstances change.

7. Document

- Document the outcomes of the task as part of the skill share-trained health professional's entry in the relevant clinical record, consistent with relevant documentation standards and local procedures commenting on the carer's ability to complete the task including:
 - the carer's name and relationship to the client, and the carer's responsibilities.
 - if the client was present.

- MCSI score including the domains that were identified as causing strain e.g. financial, physical.
- the plan developed to address any carer strains identified e.g. education provided, referral for additional services or assessment.
- the process and time period for review.
- The skill shared task should be identified in the documentation as “delivered by skill share-trained allied health professional implementing S-SP02: Assess carer strain using the Modified Caregiver Strain Index (MCSI) and provide basic/bridging intervention” or similar wording.

References and supporting documents

- Borreani C & Tamburini M (2007). In Walsh et. al (Eds) Palliative Medicine, Saunders, Philadelphia.
- Marasinghe K.M (2016). Assistive technologies in reducing caregiver burden among informal caregivers of older adults: a systemic review. Disability and Rehabilitation: Assistive Technology 5(11)353-360.
- Onega, L (2013). The Modified Caregiver Strain Index (CSI). Try this: Best practices in nursing care to older adults. The Hartford Institute of Geriatric Nursing: New York University, College of Nursing. Available at: <https://www.sralab.org/sites/default/files/2017-07/issue-14.pdf>
- Ramasamy M.S, Ibrahim R, Madon Z, Arshat Z (2017). A validity study of Malay-translated version of the Modified Caregivers Strain Index Questionnaire (M-CSI-M). Journal of Business and Social Review in Emerging Economics. Available at: www.researchgate.net
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: performance criteria checklist

S-SP02: Assess carer strain using the Modified Caregiver Strain Index (MSCI) and provide basic/bridging intervention

Name:

Position:

Work Unit:

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record.			
Identifies indications and safety considerations for the task and makes appropriate decisions to implement the task, including any risk mitigation strategies, in accordance with the clinical reasoning record.			
Completes preparation for the task including collecting recording form and pen.			
Describes the task and seeks informed consent from the carer and client, as relevant.			
Prepares the environment and positions self and client appropriately to ensure safety and effectiveness of the task, including reflecting on risks and improvements in the clinical reasoning record where relevant.			
Delivers the task effectively and safely as per the CTI procedure in accordance with the Learning Resource. a) Clearly explains and demonstrates the task, checking carer (and client's) understanding. b) Determines the carer's suitability to undertake carer strain assessment. c) Administers the MCSI. d) Calculates the score by counting each answer. e) Using the information collected, discusses and clarifies the level of carer strain. f) Discusses possible options with the carer to address carer strain problems. g) If required, includes the client in development of a plan for changes to the carer responsibilities. h) If required, liaises with a health professional with expertise in psychosocial assessment. i) Implements the plan including any local referral pathways.			

j)	Determines the process and method for review for each of the intervention strategies.			
k)	During the task, maintains a safe clinical environment and manages risks appropriately.			
	Monitors for performance errors and provides appropriate correction, feedback and/or adapts the task to improve effectiveness, in accordance with the clinical reasoning record.			
	Documents in the clinical notes, including a reference to the task being delivered by the skill share-trained health professional and the CTI used.			
	If relevant, incorporates outcomes from the task into an intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record.			
	Demonstrates appropriate clinical reasoning throughout the task, in accordance with the Learning Resource.			

Comments:

Record of assessment competence:

Assessor name:	Assessor position:	Competence achieved: / /
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Scheduled review:

Review date: / /	
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S-SP02: Assess carer strain using the Modified Caregiver Strain Index (MSCI) and provide basic/bridging intervention

Clinical reasoning record

- The clinical reasoning record can be used:
 - as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting.
 - after training is completed for the purposes of periodic audit of competence.
 - after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.
- The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: _____

1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

2. Client

Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

General care plan

- insert concise point/s on the client's general and profession-specific/allied health care plan e.g. acute inpatient, discharge planned in 2/7

Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

Other considerations

- insert concise point/s of relevance to the task not previously covered. If none - omit.

3. Task indications and precautions considered

Indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement/not implement the task including risk management strategies.

4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

Skill share-trained health professional

Name:

Position:

Date this case was discussed in supervision:

Outcome of supervision discussion:

Lead health professional (trainer)

Name:

Position:

/ /

e.g. further training, progress to final competency assessment

Assess carer strain using the Modified Caregiver Strain Index (MSCI) and provide basic/bridging intervention: Learning resource

Required reading

- Australian Government (2018). myagedcare. Useful contacts for carers. Available at: <https://www.myagedcare.gov.au/caring-someone/useful-contacts-carers>
- American Nurse Today (2010). Caring for caregivers: what is proven to relieve caregiver strain and burden? Vol 5 No 8. Available at: <https://www.americannursetoday.com/caring-for-caregivers-what-is-proven-to-relieve-caregiver-strain-and-burden/>
- Mayo Clinic (2018). Healthy Lifestyle: Stress Management. Caregiver stress: Tips for taking care of yourself. Available at: <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/caregiver-stress/art-20044784>
- Onega L.L (2008). Helping those who help others. The Modified Caregiver Strain Index. American Journal of Nursing:108(9), 62-69. Available at: <https://nursing.ceconnection.com/ovidfiles/00000446-200809000-00026.pdf>

Example recording form

- EAHRU (2016). NSW Elder Abuse Toolkit – identifying and Responding to the Abuse of Older People: yje 5-step Approach. Tool 1.12: Modified Caregiver Strain Index. P25. Available at: https://www.ageingdisabilitycommission.nsw.gov.au/_data/assets/pdf_file/0007/665557/NSW-Elder-Abuse-Toolkit.pdf

Optional reading and viewing

- Wantanabe A, Fukuda M, Suzuki M, Kawaguchi T, Habata T, Akutsu T, Kanda T (2015). Factors decreasing caregiver burden to allow patients with cerebrovascular disease to continue in long-term home care. Journal of Stroke and Cerebrovascular diseases 24(2): 424-430. Available at: <https://www.sciencedirect.com/science/article/pii/S1052305714004698>
- American Journal of Nursing (2008). Video Gallery. How to try this video: The Modified Caregiver Strain Index (CSI). Available at: <https://journals.lww.com/ajnonline/Pages/videogallery.aspx?videoid=11&autoplay=true>
This DVD demonstrates use of the use of MCSI for a carer where the client is in a residential care facility, it is provided for education purposes only. Limitations in this CTI should still be applied.

Example carer support resources

A range of services are available to support carers. Often support services are associated with particular conditions e.g. cancer, dementia, disability, mental health, hearing difficulties. Specific resources related to the client groups and carer supports in the local area should be reviewed as part of the training phase. The following list is provided for learning purposes only and should be tailored to include resources that reflect the needs of the clients and carers in the local community.

Addiction and Mental Health

- Metro South Health (2014). Metro South Addiction and Mental Health Services: Family and Carer Support. Available at: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0035/594917/rg_carer.pdf

Alzheimer's

- Alzheimer's Association: caregiver stress check if caring for someone with dementia. Available at: <https://alz.org/help-support/caregiving/caregiver-health/caregiver-stress-check>

Cancer

- Cancer Council Queensland (2019). Caring for yourself. Available at: <https://cancerqld.org.au/cancer-information/learn-to-cope/carer-support/>

Dementia

- Dementia Australia: Support. Available at: <https://www.dementia.org.au/support/in-your-region/qld>.

General

- Queensland Government (2017). Are you caring for someone at home? Available at: <http://conditions.health.qld.gov.au/HealthCondition/condition/12/60/175/gtm.start>

Stroke

- Stroke Association (2018). Stroke a carer's guide. Available at: <https://www.stroke.org.uk/resources/stroke-carer%E2%80%99s-guide>.
- Stroke Foundation (2015). Support needs of carers. Available at: <https://strokefoundation.org.au/Blog/2015/05/14/Support-needs-of-carers>.
- Stroke4carers. Available at: https://www.stroke4carers.org/?page_id=791.

Guide to taking a carer history

As part of conducting the MCSI, the following information is required. It may be sourced from the medical chart, carer and/or client prior to conducting screening.

Client

- What activities does the client require support with? This may include management of meals (purchasing of food, cooking), personal care/hygiene (grooming, dressing, showering and toileting), household tasks (cleaning and maintenance), shopping/managing bills, transport, emotional support, medications, communication, etc. This question will assist in identifying the current support provided.
- Describe the type of support required for each activity including:
 - by whom e.g. spouse, children, providers.
 - level required e.g. supervision, moderate or full assistance.
- Determine if the client is finding the current carer arrangements are meeting each of their care needs. This question will assist in identifying areas that may require adjustment.
- Determine how long the carer has provided support. Evidence indicates that the longer the time support is provided, the more likely strain will arise.

- Has the client observed, or are they concerned that the carer is experiencing carer strain? This may include signs of poor personal hygiene, appearing unkempt, increasing irritability, impatience, or emotional lability, social isolation or health problems.

The MCSI should be completed by interviewing the carer. To assist in clarifying information on the MCSI, the following prompts are useful.

Carer

- Determine the relationship between the carer and the client e.g. spouse, child, sibling, neighbour. This may prompt further questioning on whether the carer resides with the client and how support is provided at other times e.g. when the carer is at work.
- Determine the carer's health status. This provides information on medical conditions that impact on their ability to provide care e.g. physical problems including musculoskeletal deformities and/or weaknesses, cardiorespiratory conditions, recent diagnoses or health decline.
- Determine the type of support that the carer provides for the client and the length of time they have provided it.

If the list of carer activities does not match the client's needs, determine if there are gaps in client care i.e. physical, social, emotional, financial.

Interventions

Implementation of support services or assistive technologies can assist carers by reducing time, level of assistance and energy put towards caregiving, anxiety and fear, task difficulty, safety risk, particularly for activities requiring physical assistance and increasing the independence of the client (Marasinghe, 2016).

Table 1 provides a decision support tool for possible solutions and interventions to support in reducing carer strain.

Table 1: A decision support tool for possible solutions and interventions to reduce carer strain

Cause of caregiver strain	Example responses	Possible solutions	Intervention
Employment	Poor work-life balance. Needing to take time off work for carer responsibilities.	Reduce work hours.	Encourage discussion with the employer, workplace human resource department or Fairwork Australia for workplace flexibility options to support carer duties. If the client needs support to examine work options, refer for counselling.
		Provide information on carer payment or allowance.	Facilitate Centrelink paperwork completion. If the client reports or is observed to require support to locate and/or complete paperwork, implement local workplace processes e.g. social work assistant, Indigenous Liaison Officer.
Financial	Carer has had to reduce work and income to provide care.	Provide information on carer payment or allowance.	Facilitate Centrelink paperwork completion. If the client reports or is observed to require support to locate and/or complete paperwork, implement local workplace processes e.g. social work assistant, indigenous liaison officer.
Physical	Sleep disturbances e.g. the client gets in/out of bed for toileting or wanders around the house.	If due to mattress disturbance, suggest separate sleeping arrangements.	Client and carer to arrange.
		If concerns are for client safety, this should be discussed with the healthcare team.	Liaise with the healthcare team regarding medication, toileting/ continence and bed alarm options.
	Lifting in/out of chair/bed/car.	Assistive technology e.g. manual handling equipment.	Facilitate assessment of bed mobility and standing transfers.
	Support with personal cares e.g. toileting, showering, grooming or dressing.	Assistive technology e.g. showering/toileting equipment, and/or introduction of personal care attendant services.	Facilitate assessment of personal care activities toileting, showering, grooming or dressing.

Cause of caregiver strain	Example responses	Possible solutions	Intervention
	Support with cleaning, shopping or transport.	Domestic assistant services. Transport services including community buses.	Facilitate pathway/linkages for domestic and/or transport services.
	Carer is unable to leave the house due to physical needs of the client.	Respite care options including short or extended.	Facilitate pathway/linkages for respite assessment including funding options e.g. NDIS, ACAT.
Social	Carer is unable to leave the house or go on holidays due to the physical needs of the client. Carer reports restrictions on free time.	Respite care options including short or extended.	Facilitate pathway/linkages for respite assessment including funding options e.g. NDIS, ACAT.
	Carer expresses feelings of being disconnected from social support services including family, friendship and hobby groups.	Support groups.	Facilitate pathways/ linkages with relevant support groups e.g. grief, disease specific (alcoholics anonymous, cancer, dementia).
		Counselling.	Facilitate access to a comprehensive psychosocial assessment.
Emotional adjustments	The carer reports that the behaviour of the client is upsetting or there has been a significant change to the relationship e.g. more arguments, reduced communication.	Counselling.	Facilitate access to a comprehensive psychosocial assessment.
	The carer expresses feelings of being overwhelmed, not coping, anxious or excessively worried. They may also report a change in appetite or sleep habits, loss of interest in activities that they usually enjoy, feeling flat, or having a low mood.		
Time/Confining and family adjustments	Inconvenience – takes lots of time.	Determine the activity that is taking time, and if supports or is appropriate.	Refer to relevant category in table for employment, financial, physical and social causes.
	Expressed difficulty meeting work commitments, other family commitments. Reports disrupted routines, lack of privacy.	Counselling.	Facilitate access to a comprehensive psychosocial assessment.

Outcome of assessment for carer strain

Screening for carer strain rarely indicates no strain. The opportunity to discuss possible solutions to reduce carer strain is often a collaboration between the client, carer and health professional. The MCSI is the tool that assists in supporting this discussion and identifying where additional supports may be beneficial. It is also a useful outcome measure to assess the impact of interventions.

A higher score on the MCSI indicates a higher level of carer strain. The MCSI provides the ability to choose a middle category response which is best suited to some situations and can support more targeted interventions for carers. As carer strain scores are not directly categorised as low, moderate or high, professional judgement is needed to evaluate the level of carer strain, including identification of those who may benefit from more in-depth assessment and follow-up. If the outcome of the task is unclear, liaise with a health professional with expertise in psychosocial assessment.

Table 1 supports the skill share-trained health professional to identify possible solutions and intervention options that may reduce carer strain. The implementation of supports and/or further assessment is always collaborative unless safety concerns are present. Refer to Indications and Limitations, Safety and quality sections.

The outcome of the modified caregiver strain index therefore consists of:

- Providing information on support options available including pathways to access. See Table 1.
- Developing a plan and a time period for review.
- Monitoring for carer strain as follows:
 - if the developed plan includes psychosocial assessment such as counselling, the skill share-trained health professional should liaise with the health professional receiving the referral to discuss coordination of care for ongoing management and review.
 - if carer strain is maintained or increases during the intervention period, liaise with the multidisciplinary health care team to assist care planning e.g. general practitioner, Aged Care Assessment Team, social worker.