

**CAMBERWELL
ASSESSMENT OF NEED
FOR THE ELDERLY
(SHORT CANE)
Version I**

CODE	
------	--

Interviewee	Date	Interview Time
User		
Staff		
Carer		
Rater/Clinician		

Background Details

(please fill in blanks, or circle whichever applies)

CODE NUMBER: _____

Date of Birth: _____ AGE: _____(years)

SEX: male / female

ETHNICITY: Asian/ African/ African-American/ Black Caribbean / White/ Other _____

RELIGION: Christian/Muslim/Hindu/Jewish/Other _____

FIRST LANGUAGE : English/Other _____

MARITAL STATUS: single / married / divorced / separated / widowed

LIVING SITUATION: alone / with partner / with other relatives / with others

LIVING ENVIRONMENT: flat / house / sheltered / residential / nursing / other

PREVIOUS OCCUPATION (or partner's): _____

EDUCATION: _____(years)

CURRENT STATUS: in-patient / day-patient / community patient (Psychiatric / Geriatric/other)

MAIN DIAGNOSES (DSM-IV/ICD 10): _____

CURRENT MEDICATION: _____

DISEASE PREVENTION: (e.g. blood pressure/smoking/sleep pattern/exercise/health screening/vaccination)

DOES THE PERSON HAVE A CARER? yes / no

IS THE PERSON A CARER? yes / no

NOTES:

Instructions for the Short CANE

The Short CANE is a comprehensive, person-centred needs assessment tool that has been designed for use with the elderly. It is suitable for use in a variety of clinical and research settings. The CANE has a person-centred approach which allows views of the professional, user and carer to be recorded and compared. The instrument uses the principle that identifying a need means identifying a problem plus an appropriate intervention which will help or alleviate the need. Therefore, the CANE models clinical practice and relies on professional expertise for ratings to be completed accurately.

Administrators need to have an adequate knowledge of clinical interviewing and decision-making. Administrators should also have good working knowledge of the concepts of need, met need and unmet need. This knowledge can be gained with experience of full CANE assessments and reference to the manual.

There are 24 topics relating to the user and two (A and B) relating to the carer. There are four columns to document ratings so that one or more of the user (U), staff member (S), carer (C) or rater (clinician/researcher) (R) can each express their view. Note at the top of the column which person has been interviewed.

The Short CANE aims to assess whether there is currently a need in the specific area. A *need* is defined as a problem with a potential remedy or intervention. Use the prompts below each area on the record form to establish the user's current status with regards to the need area. If there has been a need, then assess whether it was met appropriately. Score each interviewee independently, even though the user's perceptions of need in each area may differ from others. The administrator should ask additional questions probing into the area until he or she can establish whether the person has a significant need that requires assistance and whether he or she is getting enough of the right type of help. Once this information has been gathered, a rating of need can be made.

Judgement of rating in this section should be based on normal clinical practice. The CANE is intended to be a framework for assessment grounded in good professional practice and expertise. Although Section I in each problem area is the main section of interest to CANE administrators, it often cannot be rated until adequate information has been collected about the area. When adequate information has been

gathered, the rater should clearly be able to make a clinical judgement as to whether the area is a met need, an unmet need or is not a need for the person. Confusion with ratings can be avoided by not directly asking a closed question about whether there is a problem in a certain area (e.g., 'Do you have any problems with the food here?') because the person can answer 'No'. This response may then be mistaken as a 'No need' where in fact it is a 'Met need' because the person is assisted by someone else.

- ◆ *No need:* Score 0 there if there is no need in the area; then go on to the next page. In this situation, the user is coping well independently and does not need any further assistance, for example, the user has reported that they are successfully administering their own medication and do not have any problematic side effects, or a staff member reports that the user appeared to be comfortable in his or her home environment and that no alterations to the building are needed or planned.
- ◆ *Met need:* Score 1 if the need is met or if there is a minor need requiring no significant intervention. A need is met when there is a mild, moderate or serious problem which is receiving an intervention that is appropriate and potentially of benefit. This category is also used for problems which would normally not be of clinical significance and would not require a specific intervention, for example, the user is receiving an assessment for poor eyesight or a district nurse is overseeing the administration of medications each day.
- ◆ *Unmet need:* Score 2 if the need is currently unmet. An unmet need is a serious problem requiring intervention or assessment, which is currently receiving no assistance or the *wrong* type or level of help, for example, if a staff member reported that the user was incontinent of large amounts of urine every night despite toileting twice during the night and the use of pads, or a carer reported that the user had become very hard of hearing and had not received an assessment or suitable hearing aids.
- ◆ *Unknown:* Score 9 if the person does not know about the nature of the problems or about the assistance the person receives; then go on to the next page. Such a score may mean that further information is needed to make a rating

Scoring

It is to be noted that scoring is a secondary aspect of the CANE, as its primary purpose is to identify and assess individual unmet needs. The total CANE score is based on the rating of Section 1 of each of the 24 problem areas. The two areas (A and B) relating to carer's needs are not added into this total score. Count the total number of met needs (rated as a 1 in

Section 1) out of a maximum of 24. Count the total number of unmet needs identified (rated as a 2 in Section 1) out of a maximum of 24. Count the total number of needs identified (rated as a 1 or 2 in Section 1) out of a maximum of 24. The raters' (clinicians or researchers) ratings are made based on all the information gathered through the assessment. Raters' ratings of Section 1 are used as the basis for total CANE scores.

Short CANE

User Name: _____ Date: _____

Ratings: 0 = no need 1 = met need 2 = unmet need 9 = unknown

Interviewee: U = User C = Carer S = Staff R = researcher	U	C	S	R
1. ACCOMMODATION Does the person have an appropriate place to live?				
2. LOOKING AFTER THE HOME Is the person able to look after their home?				
3. FOOD Does the person get enough of the right type of food to eat?				
4. SELF CARE How does the person look after their self-care?				
5. CARING FOR SOMEONE ELSE Does the person care for another? Can they manage this caring?				
6. DAYTIME ACTIVITIES How does the person occupy their day?				
7. MEMORY Does the person have a problem with memory?				
8. EYESIGHT / HEARING How is the person's eyesight and hearing?				
9. MOBILITY / FALLS How does the person get around inside and outside their home?				
10. CONTINENCE Is the person continent?				
11. PHYSICAL HEALTH How is the person's physical health?				
12. DRUGS Does the person have problems with medication or drugs?				
13. PSYCHOTIC SYMPTOMS Does the person ever hear or see things other do not?				
14. PSYCHOLOGICAL DISTRESS Does the person have problems with mood or anxiety?				
15. INFORMATION (ON CONDITION & TREATMENT) Has the person had clear information about their condition?				
16. SAFETY TO SELF (DELIBERATE SELF-HARM) Is the person a danger to themselves?				
17. SAFETY TO SELF (INADVERTENT SELF-HARM) Does the person have accidents?				
18. SAFETY TO SELF (ABUSE/ NEGLECT) Is the person at risk from others?				
19. BEHAVIOUR Is the person's behaviour problematic for others?				
20. ALCOHOL Does the person have a drinking problem?				
21. COMPANY Does the person have an adequate social life?				
22. INTIMATE RELATIONSHIPS Does the person have a close emotional/physical relationship?				
23. MONEY/ BUDGETING How does the person manage their money?				
24. BENEFITS Is the person receiving the benefits he/she is entitled too?				
A. CARERS NEED FOR INFORMATION Has the carer been given all the information they need about the person's condition and treatment?				
B. CARERS PSYCHOLOGICAL DISTRESS Is the carer currently psychologically distressed?				
Met Needs: Count the number of 1s in the column (1 to 24 only).				
Unmet Needs: Count the number of 2s in the column (1 to 24 only)				
Total Needs: Add number of Met needs and Unmet needs (1 to 24 only)				