

Development and explanation of the CANS: a scale to measure community care needs after brain injury.

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Introduction: Research showed that there was no one, adequate scale which captured all relevant areas of care needed following traumatic brain injury and which was sensitive to change over time.

Objectives: To develop a care needs scale and research its psychometric properties.

Methods: A pilot study was conducted to investigate available scales. This study revealed that there were no such scale and a new tool was developed, the CANS (Care and Needs Scale). Several studies have been conducted on the reliability and validity of the CANS indicating good inter-rater reliability, stability, concurrent validity, predictive validity and responsiveness. The CANS comprises two sections: Section 1 is a list of 24 activities, grouped according to categories of very basic ADL or severe cognitive/behavioural disability, through to activities which are considered more support needs, not active care. Section 2 is a scale of how long someone can be left alone and how often they need the care or support endorsed in Section 1. After consideration of both sections a numerical scale score is reached which indicates the overall level of care and support needed.

Practice implications: The CANS is now available for use with people after a TBI. It is used in NSW by the Life Time Care Scheme. It has been found to be easy to use in different settings and at different time points post-TBI.

Conclusions: This presentation will present the development of the CANS, its psychometric properties, and how it can be used by clinicians, researchers and funding bodies.