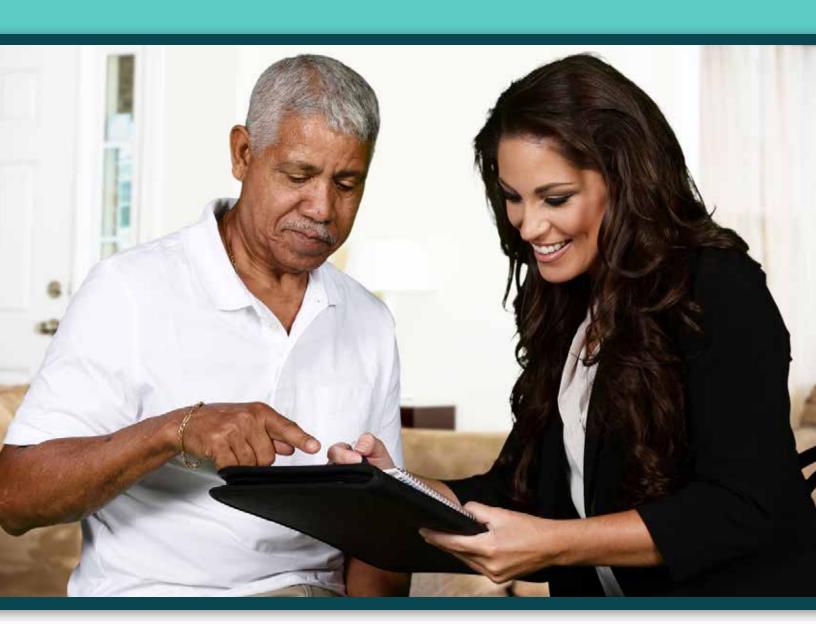
# Listening to Your Voice: Home Support Survey

**Analysis and Results** 





www.seniorsadvocatebc.ca 1-877-952-3181

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# Message from the Seniors Advocate

#### September 2016

A key function of this office is to ensure that services for seniors are planned and delivered in consultation with the seniors receiving those services and the family members who form part of their care team.

A key service that supports seniors to maintain their independence is the provincial home support program. Delivering service to approximately 20,000 seniors at any one time, home support is often the lifeline that keeps seniors from requiring residential care. I have heard from many seniors and their families how much they value home support, but also their frustrations with some aspects of the service. Given how crucial the program is, I committed to a review of the home support program to determine how it is meeting the needs of seniors in BC.

The first step in the review was to go to the people who are actually receiving the service and give them and their family members an opportunity to voice their opinion on how the service is meeting their needs. Over the past year the Office of the Seniors Advocate undertook the first comprehensive standardized survey of all home support clients in BC. Achieving this was possible only with the contributions of many people; clients, family members, service providers, front line workers and policy makers were consulted to ensure we asked the right questions to find out what we needed to know. Experts in survey design and collection were retained to ensure we had statistically valid results.

The survey was mailed to approximately 17,500 home support clients and their family members in the fall of 2015. We received almost 10,000 responses and I am grateful to the individuals who took the time and, in some cases, significant effort to complete this survey. Most importantly, seniors living in Prince George were asked the same questions as seniors living in Port McNeill or Downtown Vancouver. This, combined with the large number of responses, allows us for the first time to get a full range of the views of clients from a provincial and regional perspective.

This survey represents the direct voice of almost 10,000 clients and/or their family members. This is a strong collective voice, and one we must listen to. From those who are currently using the program, we heard that, for the most part, for most of them, it is working fairly well. There are areas where improvements can be made, however, and it is important to recognize where we could be doing a better job. In the areas where we are not meeting needs, we are mostly falling short in the provision of housekeeping services and meal preparation. For those who believe the service quality could be

improved, we need to find a way to reduce the number of different workers that some clients are experiencing and we need to increase the skills training of workers. However, clients and their families also voice strong appreciation of the care and compassion that home support workers bring to the job they do.

A keen interest of this office is the use of medications among seniors. For this reason, we took the opportunity with this survey to ask seniors some questions about their medications. While there was some encouraging news on the number of seniors who reported knowing what medications they are taking, we clearly have some distance to go to ensure seniors are aware of why they are taking the medications and what the side effects could be. Seniors need to know potential side effects of medications and report instances of these to their physician to ensure the right medication is taken in the right dose at the right time.

While the survey responses were anonymized, we were able to link the InterRAI-HC clinical client assessment information with individual responses. From this, we were able to confirm that, generally speaking, clients who responded to the survey were less frail than the general home support population. It is important to understand this when viewing the results given that increased frailty did correlate positively with lower satisfaction ratings in a number of areas.

The results of this survey have been shared with those who provide home support services—namely health authorities and contracted providers. They all share a commitment to improvement and this office will monitor progress on some of the key issues identified by clients. This survey will also inform a broader report on home support, currently underway by this office. While this survey validates that home support is fairly effective for those who receive it, there are broader questions around the accessibility of the program and whether its potential to keep seniors at home is being fully realized.

As with our past reports, this office received support and co-operation from all health authorities, service providers and the Ministry of Health in gathering the information and data required to undertake this project and I extend my personal gratitude to all.

Sincerely

Isobel Mackenzie

Seniors Advocate
Province of British Columbia

how Wark

# **Background**

Home support is a vital service supporting seniors and people with disabilities in British Columbia provided under the provincial Home and Community Care Program. Home support offers assistance with personal care (dressing, bathing) and other tasks required to keep seniors safe and in their homes, allowing them to "age in place." In British Columbia, during the course of fiscal year 2014/15, there were over 40,000 registered clients eligible to receive publicly subsidized home support; approximately 30,000 were classified as long term clients and 10,000 as short term clients. Home support is delivered by Health Authorities, either with their own staff (direct service) or through a contracted agency (contracted services).

Clients who receive home support service must pay a "per diem" charge for the service. The amount charged is based on income. A senior who is in receipt of the Guaranteed Income Supplement (GIS) has this charge waived. Effectively this means that only those with an income above the maximum GIS threshold of \$17,376 (\$22,944 for a couple) are required to pay toward their home support. A senior with an annual income of \$19,000 per year, for example, would pay roughly \$12 per day for their home support on the days they received it. With only 35% of home support clients charged a per diem, it is clear that most home support clients are low income.

In the 2014 report *The Journey Begins*, the Seniors Advocate recognized the significance of the home support program in maintaining the ability of seniors to live independently, and highlighted concerns that were raised about the program in community town hall meetings. To determine the extent to which the program was meeting the needs of seniors, the Seniors Advocate committed to a comprehensive survey of home support clients in all parts of the province. The results of the survey will help inform a wider review of the home support program.

This report highlights the results of the survey itself. Over 5,000 responses were received from clients, and over 4,000 responses were received from family members. With this number of respondents, a robust picture can be drawn of the opinions of the home support program from the viewpoint of those who use it and their family members. This report does not address issues of access or scope of service for those who may benefit from home support but are not currently enrolled in the program. This issue and others will be addressed in a more comprehensive review of home support currently underway by the Office of the Seniors Advocate.

The full results of the survey may be found online at http://www.seniorsadvocatebc.ca

# Methodology

The objective of the survey was to understand both the client and family experience and satisfaction with BC's home support program, and to learn where things are working and where improvements can be made. Client and caregiver perspectives were sought on a range of issues, including delivery of service, services that are lacking, home support workers' skills and performance, scheduling and frequency of services, and medication care. Data breakdowns were conducted on community size, health authority, and direct service versus contracted service provider.

Development of the survey was undertaken in conjunction with a well-informed and diverse consultative group, with representatives from service providers, front-line staff, home support clients and their family members, and funding bodies. The full list of participants in the consultative group is found in Appendix A. The consultative group worked with independent experts in the survey design field to ensure the right questions were asked in the right way. This was further enhanced with cognitive testing (ensuring questions are phrased for correct interpretation by respondents) conducted with a sample of current home support clients.

A mail out survey was designed—one for clients and one for their family members. The reference point for those surveyed was any person who had received home support services over a roughly one month period in the spring of 2015 and who was not in assisted living or funded through the Choices for Supports in Independent Living (CSIL) program. Clients receiving either short term or long term home support were eligible. This resulted in 17,500 surveys being mailed in the month of September 2015, with reminders sent four weeks later to those who had not yet responded. Copies of both the cover letter and the surveys are attached in Appendix B.

The survey was anonymized but matched to data containing clinical characteristics of clients (from InterRAI homecare health assessments) as well as Ministry of Health service utilization data. This process, while maintaining complete confidentiality for the clients, allowed for the identification of patterns across different types of clients and their characteristics.

# **Response Rate**

In total, 5,336 home support clients (31% response rate) and 4,040 family caregivers (23% response rate) responded to the survey. The table below outlines responses by Health Authority.

|                         | Client | Family |
|-------------------------|--------|--------|
| IHA                     | 1182   | 893    |
| FHA                     | 1492   | 1198   |
| VCHA                    | 866    | 620    |
| VIHA                    | 1599   | 1188   |
| NHA                     | 197    | 141    |
| Public (Direct service) | 3062   | 2324   |
| Contracted              | 2274   | 1716   |

There were 397 clients for whom the only survey received was the family member survey.

# **Summary Profile of Respondents**

Clients who responded to the survey differed in some important ways compared to clients who did not respond. Higher response rates were found to be associated with higher degrees of independence and less complex care needs. Clients receiving higher service levels (more hours per month) were also less likely to respond, as compared to clients with lower service levels. More complex care needs are associated with higher service levels. Characteristics of complexity include a diagnosis of dementia (and associated worsened cognitive performance scale (CPS) score), presence of aggressive behaviours, and high MAPLe (Method for Assigning Priority Levels) score.

Not all client surveys were accompanied by a survey response from the closest family member. The responses that were received from family members displayed some different patterns to the client response surveys. Family members were more likely to respond when the client had higher physical and cognitive impairment, as measured by the activities of daily living (ADL) score and CPS score; other measures of client complexity and impairment did not differ between family responses and non-responses.

A possible reason for these observed response patterns may be that clients with greater complexity (for example, advanced dementia) may be too impaired to attempt the survey, or may have difficulty comprehending questions, even with assistance from a caregiver. The fact that family members of clients with greater physical and cognitive impairments had increased response rates also suggests that these family members were more motivated to respond to the survey and provide the OSA with valuable information on the well-being and satisfaction of B.C.'s home support clients.

# **Survey Results**

The following is a high-level summary of the survey results. Unless specifically noted, results presented below do not exhibit statistically significant differences across Health Authority, provider type (direct or contracted service), or community size. Percentages presented will not sum to 100% in all cases due to blank/disqualified responses. Responses were disqualified for reasons such as multiple answers to a question where the answers were mutually exclusive.

# **Meeting needs**

QUESTION: "Are the home support services you receive meeting your needs?"

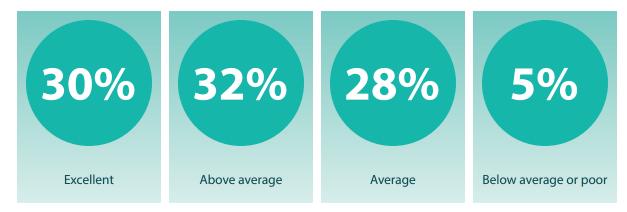


A majority of clients—78%—feel home support services are meeting their needs most or all of the time. Eleven percent of clients feel home support services sometimes meet their needs, while 4% feel the services rarely or never meet their needs.

Clients with higher degrees of impaired cognition, a high depression rating scale score, wandering and/or the presence of vision problems are more likely to rate home support services as sometimes, rarely, or never meeting their needs.

# **Quality of service**

QUESTION: "Overall, how would you rate the quality of the home support services you receive?"



A majority of clients—62%—rate the quality of their service as above average or excellent. Slightly more than one quarter of respondents rate the service as only average, but only 5% rate the service as below average or poor.

Clients receiving service directly from Health Authorities are more likely to rate the service as above average or better compared to those receiving contracted service—64% versus 59%. However, this may be partially explained by the fact that, in Metro Vancouver and Greater Victoria, where the majority of clients receive services from contracted service providers, clients also tend to have higher care needs and may face more intercultural challenges due to ethnic diversity not found on the same scale as in other parts of B.C.

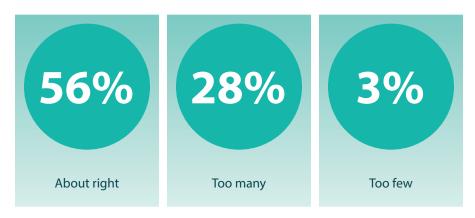
### Number of workers and use of substitute workers

#### **OUESTIONS:**

"Do you think the number of different regular home support workers you get is: About right, too many, or too few?"



"Do you think the number of different substitute home support workers you get is: About right, too many, or too few?"



Overall, 63% of clients report being satisfied with the number of regular workers providing care, while 56% are satisfied with the number of substitute workers providing care. Almost one-third of clients (28%) think they receive too many substitute workers. There is substantial variation across Health Authorities, with 21% of clients in the Northern Health Authority region feeling they receive too many substitute workers compared to 33% of clients in the Vancouver Island Health Authority region. This in part may be attributed to the fact clients in Vancouver Island Health Authority receive more home support hours, on average, than those in other health authorities, resulting in more visits and more potential home support workers.

A common criticism that service providers and Health Authorities hear from clients is that clients receive too many different home support workers. The results of the survey indicate that over half (63%) of home support clients feel they are getting the appropriate number of regular workers. This leaves 30% feeling they do not have the correct number, with 20% of clients saying they have too many workers and 10% with too few. The survey also provided space for comments; the most common complaint was in reference to the challenges of different workers, reinforcing that, for many, it is an area of concern.

Respondents to the survey showed lower acuity than the overall home support population, suggesting that clients with the most complex care needs were underrepresented in the survey responses. Clients requiring multiple visits throughout the day and who require more intense service are likely to interact with more home support workers, leading to decreased continuity of care. It is possible the level of dissatisfaction would be higher if clients with more complex needs responded to the survey at the same rate as other clients.

## Time for assessed services

**QUESTION:** "Is there enough time for your home support workers to provide the care in your care plan?"



Across B.C., 80% of clients report that their workers mostly or always have enough time to provide all prescribed services. In the Vancouver Coastal region, this falls to 68%, and 13% of clients in this region report their workers rarely or never have enough time, which is more than double the rate of the same measure for the Fraser region. Variation is also seen between clients receiving direct service and those receiving service via a contracted provider—83% of the former report their workers mostly or always had enough time, while only 76% of the latter group report this.

#### Skill of workers

**QUESTION:** "Do your home support workers have the skills they need to provide you with good care?"



Less than half of clients (47%) report their workers have all of the necessary skills to provide good care. Clients in rural communities were most likely to report favourably, with 60% saying their workers had all of the necessary skills. Clients receiving direct service from a Health Authority were more likely to rate their workers as sufficiently skilled, with 49% reporting their workers had all of the necessary skills compared to 44% of clients receiving contracted services.

#### Communication skills of workers

QUESTION: "Do your home support workers communicate with you in a way you can understand?"



Most clients have little problem communicating with their workers, with 90% reporting communication is mostly or always understandable. There is a significant difference between directly provided and contracted service, however, with 60% of clients receiving the former reporting always being able to understand their workers, but just 50% of clients receiving contracted service reporting the same. This may be explained, in part, by the multicultural environment of Metro Vancouver and Greater Victoria, where the contracted service providers deliver service.

## **Respectfulness of workers**

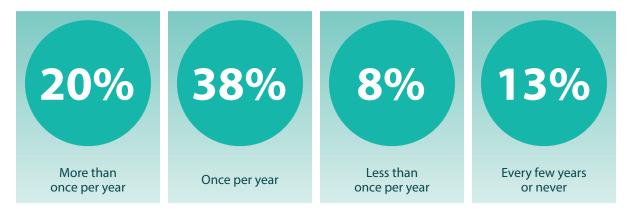
**QUESTION:** "Are your home support workers respectful and caring?"



The overwhelming majority of clients (92%) report their workers are mostly or always respectful and caring. This is largely consistent across all communities, Health Authority regions, and service types.

# Frequency of service reviews

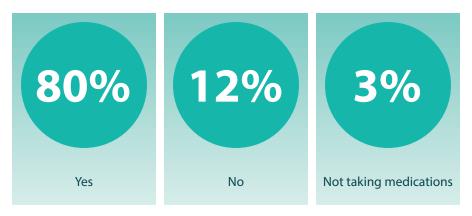
**QUESTION:** "How often does your Case Manager review with you the number of home support services you need?"



A majority (58%) of clients report their case manager reviews their home support services at least annually, although 13% report reviewing only once every few years or never. Variation exists across Health Authorities, with 63% of Vancouver Coastal clients reviewing their care plans at least yearly, while only 53% of Fraser Health clients report the same.

## **Medications**

QUESTION: "Do you know how many medications you are taking?"



**QUESTION:** "Do you know why you are taking these medications?"



**QUESTION:** "Do you know what the side effects of your medication are?"



Almost all clients are taking medication, although 12% do not know the number of medications they are taking. Many clients—33%—do not know why they are taking all of their medications, while only 17% are aware of the side effects of all of their medications. Alarmingly, 19% of clients are unaware of the side effects of any of their medications, and a further 33% are aware of the side effects of only some of their medications. These findings are consistent across all Health Authorities and service types (direct versus contracted).

Respondents who indicate knowing none of the side effects of their medications tend to be older, with more cognitive impairment, and have greater difficulty managing their medications. In addition, 55% of them do not co-reside with a primary caregiver.

## Medication in blister packs

**QUESTION:** "Do your medications come from the pharmacy in a blister pack?"



The survey showed 39% of clients receive medication in blister packs. There is variation across Health Authorities, with 32% of Vancouver Coastal clients receiving medication in blister packs and 46% of clients in the Interior Health region receiving blister packs. Home support workers are not allowed to administer a client's medication unless it comes in a blister pack, which is a common approach to improving safer medication use.

Those getting all of their medications in blister packs tend to be older, more cognitively impaired, have the most difficulty managing their medications, and are also the least likely to co-reside with their primary caregiver. Among these survey respondents, 79% receive blister packs all of the time and 11% do so most of the time.

While those receiving medications in blister packs appear to be those most likely to benefit from their safety and convenience, among those who do not receive blister packs, one quarter of respondents have great difficulty managing their medications and take an average of over six different medications.

## **Additional services**

**QUESTION:** "Are there services you would like to receive through home support that you are not receiving?"



The most frequently requested service by clients is help with household chores (28% of responses), followed by help preparing meals (12%), and help getting outside (7%).

Clients assessed as having great difficulty in performing ordinary housework (from InterRAI homecare health assessments) are much more likely to respond that home support services did not always meet their needs. In addition, clients expressing unmet needs for housekeeping and meal preparation in the survey are much less likely to respond that the services always met their needs.

It is observed that 28% of home support clients use private cleaning services, and 8% receive cleaning services through the Better at Home program. When survey data is linked to home support utilization data, and results broken down by co-payment status, approximately 40% of clients with a co-payment have private cleaners compared to 28% of clients with no co-payment.

## Client and family agreement

The Office received 3,602 surveys where both the client and family member completed the survey. Overall, results for both groups are similar. From this sample, 78% of paired responses indicate both clients and family caregivers agree home support mostly or fully meets the needs of the client, while 57% agree home support is very good or excellent. Where the client and family member have different answers, clients are more likely than family members to be the one giving the more favourable rating.

# Conclusion

The results of this survey confirm most clients receiving home support in British Columbia are mostly satisfied with the service they receive. However, the results underscore the fact there are some areas requiring attention. The lack of continuity in home support workers is an issue some respondents highlighted, commenting that rotating workers can cause confusion and can erode the quality of care seniors receive. The need for more service, particularly housekeeping services, is also an important message that warrants a more focused exploration, as is the need to make improvements in the skills and training of home support workers. Responses regarding medication also highlight the need for more work to be done to provide education to both clients and their caregivers regarding exactly what medications are being taken and their potential side-effects. The Office of the Seniors Advocate will be conducting further examination of these issues. A comprehensive review of the home support system is currently underway, to be released later in 2016, where specific recommendations will be directed to service providers and policy makers.

# Appendix A: Consultative Group Membership

| Membership         | Organization                               |
|--------------------|--------------------------------------------|
| Isobel Mackenzie   | Office of Seniors Advocate                 |
| Bruce Ronayne      | Office of Seniors Advocate                 |
| Bianca Wallace     | Office of Seniors Advocate                 |
| Lena Cuthbertson   | Providence Health                          |
| Lillian Parsons    | Providence Health                          |
| Carla Dempsey      | BC Government and Service Employees' Union |
| Carol Wood         | BC Government and Service Employees' Union |
| Holly Reid         | BC Government and Service Employees' Union |
| Mary Jean Power    | BC Nurses' Union                           |
| Allison Jones      | QMUNITY                                    |
| Marcy Cohen        | Canadian Centre for Policy Awareness       |
| Sonia Chaudhary    | Progressive Intercultural Com. Serv. Soc.  |
| Sharon Farrish     | MS Society of Canada                       |
| Elissa Gamble      | Bayshore Home Health                       |
| Krista Frazee      | Alzheimer Society of BC                    |
| Devon Mymko        | Saint Elizabeth Health Care                |
| Catherine Barnardo | Fraser Health                              |
| Sharon Whitby      | Interior Health                            |
| Maggie Schulz      | Vancouver Island Health                    |

# Appendix B: Cover Letter and Survey (Client and Family)

<DATE>, 2015

<Client Name>

<Address Line 1><Address Line 2>

<City><Province>

<Postal Code>

Dear Home Support Client,

The Office of the Seniors Advocate is conducting a survey of all publicly funded home support clients in B.C. We are sending you this letter to invite you to participate.

You may or may not know about the Office of the Seniors Advocate. We are an independent office of the provincial government and we monitor seniors' services. We know how important home support services can be, so we are interested in evaluating B.C.'s home support program.

In this envelope you will find two surveys – one for you to complete and a different one for you to give to a family member if you would like us to hear their opinion. Instructions on how to complete the surveys as well as a postage-paid return envelope are also included inside. Please ensure your completed surveys reach us no later than December 2, 2015.

I want to personally assure you that at all times your personal information will be protected and kept confidential, and will only be used as authorized under the *BC Freedom of Information and Protection of Privacy Act*. Your responses *will not* be shared with your home support staff.

I hope you will take this opportunity to voice your opinions about the home support services you receive, and I invite you to answer frankly. The responses we receive from you and other clients will help us to improve the quality of home support in B.C.

I apologize if this letter reaches families of clients who have passed away. If you are a grieving family member receiving this letter, please accept my heartfelt condolences. If you wish to complete the family survey to provide opinions on the services your loved one received, please feel free to do so.

If you have any questions or concerns or wish to be removed from the survey, please call us toll-free at 1-877-952-3181, Monday to Friday, 8:30 am to 4:30 pm, excluding statutory holidays. A list of some key subsidies for seniors is provided on the back of this page.

Sincerely,

Isobel Mackenzie Seniors Advocate

Office of the Seniors Advocate Province of British Columbia

1-877-952-3181 www.seniorsadvocatebc.ca 1st Floor, 1515 Blanshard Street PO Box 9651 STN PROV GOVT Victoria BC V8W 9P4

# As a senior in B.C., you may be eligible for some key financial subsidies.

**1. Health coverage.** Medical Services Plan (MSP) Premium Assistance provides a subsidy for monthly MSP premiums based on income.

Call: 1-800-663-7100

**2. Financial assistance with prescription drugs.** Fair PharmaCare subsidizes the costs for eligible drugs.

Call: 1-800-663-7100

**3. Rent subsidies.** Shelter Aid for Elderly Renters (SAFER) provides monthly cash payments to subsidize rents for low and moderate income seniors.

Call: 1-800-257-7756

**4. Grants to help you make your home more accessible.** Home Adaptations for Independence (HAFI) provides a grant to low-income seniors to modify their home for continued independent living.

Call: 1-800-257-7756

**5. Subsidized public transit.** The Bus Pass Program provides a \$45 annual pass for low-income seniors for use on public transit (HandyDART excluded).

Call: 1-866-866-0800

**6. Province will pay your property tax.** The Property Tax Deferment Program allows seniors to defer paying property taxes.

Call: 1-888-355-2700

If you have questions about other programs or services, please call the Office of the Seniors Advocate toll-free at: 1-877-952-3181, Monday to Friday, 8:30 am – 4:30 pm.

## **Instructions for Home Support Client Survey**

This survey asks questions about the home support services you receive.

- There are no right or wrong answers just your views and opinions. You are free to skip any questions that you do not want to answer.
- You may receive assistance from a family member to complete this survey, but it is your opinion we want to hear. Your family member will be able to share their own opinions in the blue survey included here.
- Please return your completed surveys in the postage-paid envelope provided by December 2, 2015.
- Please note that your name and contact information will be kept confidential and will be kept separate from all survey responses. Your information will only be used as authorized under the BC Freedom of Information and Protection of Privacy Act.
- Your name is not required for this survey. For reporting purposes, responses will be grouped together and summarized. When survey results are published, your responses will be combined with the responses of others so that you cannot be identified.
- If you have any questions or need help in completing this survey you are welcome to call the Office of the Seniors Advocate at 1-877-952-3181, Monday to Friday, 8:30 am 4:30 pm, except statutory holidays.
- Your feedback is very important for improving home support services in BC. Thank you! Your survey responses are collected by the Office of the Seniors Advocate, Ministry of Health, under Sections 26(a), 26(c), and 26(e) of the Freedom of Information and Protection of Privacy Act as well as under Section 7(a) of the Seniors Advocate Act, and they will be used for program planning and evaluation. If you have any questions about the collection of this personal information, please contact Bianca Wallace; Research Officer; 1st Floor, 1515 Blanshard Street, PO Box 9651 Stn Prov Govt, Victoria BC V8W 9P4; 250-952-3041.

# **OSA Home Support Survey - Client**

Your care plan lays out the type and frequency of home support services you receive.

| 1. | How involved were you or your family member in developing your home support care plan? |                                              |  |  |  |  |
|----|----------------------------------------------------------------------------------------|----------------------------------------------|--|--|--|--|
|    | ☐ Extremely involved                                                                   | ☐ Slightly involved                          |  |  |  |  |
|    | □ Very involved                                                                        | ☐ Not involved at all                        |  |  |  |  |
|    | ☐ Somewhat involved                                                                    | ☐ I don't know                               |  |  |  |  |
| 2. | Are the home support services yo                                                       | u receive meeting your needs?                |  |  |  |  |
|    | □ Always                                                                               | ☐ Rarely                                     |  |  |  |  |
|    | ☐ Most of the time                                                                     | □ Never                                      |  |  |  |  |
|    | ☐ Sometimes                                                                            | ☐ I don't know                               |  |  |  |  |
| 3. | Are there services you would like not receiving?                                       | to receive through home support that you are |  |  |  |  |
|    | □ No                                                                                   | ☐ Yes (Please list below)                    |  |  |  |  |
| 4. | •                                                                                      | duled at a time that is convenient for you?  |  |  |  |  |
|    | ☐ Always                                                                               | □ Rarely                                     |  |  |  |  |
|    | ☐ Most of the time                                                                     | □ Never                                      |  |  |  |  |
|    | ☐ Sometimes                                                                            | ☐ I don't know                               |  |  |  |  |
| 5. | How often do you get a home sup                                                        | port visit?                                  |  |  |  |  |
|    | ☐ Once a week                                                                          | ☐ 2 – 3 times a week                         |  |  |  |  |
|    | ☐ 4 – 6 times a week                                                                   | ☐ Three or more times a day                  |  |  |  |  |
|    | ☐ Once a day                                                                           | ☐ I don't know                               |  |  |  |  |
|    | ☐ Twice a day                                                                          |                                              |  |  |  |  |

| 6.  | In a | a typical month, how many different <i>r</i> | egu   | lar Home Support Workers do you get?       |
|-----|------|----------------------------------------------|-------|--------------------------------------------|
|     |      | 1                                            |       | 4                                          |
|     |      | 2                                            |       | 5 or more                                  |
|     |      | 3                                            |       | I don't know                               |
| A s | ubs  | titute fills in for your regular Home Su     | ıpp   | ort Workers when they are sick or away.    |
| 7.  | In a | a typical month, how many different s        | ubs   | titute Home Support Workers do you get?    |
|     |      | 0 - 1                                        |       | 6 - 7                                      |
|     |      | 2-3                                          |       | 8 or more                                  |
|     |      | 4 - 5                                        |       | I don't know                               |
| 8.  | Do   | you think the number of different reg        | gula  | r Home Support Workers you get is:         |
|     |      | Too many                                     |       | About right                                |
|     |      | Too few                                      |       |                                            |
| 9.  | Do   | you think the number of different su         | bsti  | tute Home Support Workers you get is:      |
|     |      | Too many                                     |       | About right                                |
|     |      | Too few                                      |       |                                            |
| 10. | Are  | e you satisfied with the service you ge      | t fro | om your regular Home Support Workers?      |
|     |      | Always                                       |       | Rarely                                     |
|     |      | Most of the time                             |       | Never                                      |
|     |      | Sometimes                                    |       | Not applicable                             |
| 11. | Are  | e you satisfied with the service you ge      | t fro | om <i>substitute</i> Home Support Workers? |
|     |      | Always                                       |       | Rarely                                     |
|     |      | Most of the time                             |       | Never                                      |
|     |      | Sometimes                                    |       | Not applicable                             |
| 12. | Do   | your Home Support Workers arrive o           | n ti  | me?                                        |
|     |      | Always (go to question 14)                   |       | Rarely                                     |
|     |      | Most of the time                             |       | Never                                      |
|     |      | Sometimes                                    |       | I don't know                               |
| 13. | ls i | t a problem for you when your Home           | Sup   | port Workers are not on time?              |
|     |      | Always                                       |       | Rarely                                     |
|     |      | Most of the time                             |       | Never                                      |
|     |      | Sometimes                                    |       | I don't know                               |

| 14. | ls t<br>pla |                                                           | por  | t Workers to provide the care in your care  |
|-----|-------------|-----------------------------------------------------------|------|---------------------------------------------|
|     |             | Always (go to question 14)                                |      | Rarely                                      |
|     |             | Most of the time                                          |      | Never                                       |
|     |             | Sometimes                                                 |      | I don't know                                |
| 15. | Are         | e your Home Support Workers respect                       | tful | and caring?                                 |
|     |             | Always (go to question 14)                                |      | Rarely                                      |
|     |             | Most of the time                                          |      | Never                                       |
|     |             | Sometimes                                                 |      | I don't know                                |
| 16. |             | your Home Support Workers treat yoth dignity and respect? | ur l | oved ones, such as your spouse or children, |
|     |             | Always (go to question 14)                                |      | Never                                       |
|     |             | Most of the time                                          |      | I don't know                                |
|     |             | Sometimes                                                 |      | Not applicable                              |
|     |             | Rarely                                                    |      |                                             |
| 17. | Do          | your Home Support Workers commu                           | nica | te with you in a way you can understand?    |
|     |             | Always (go to question 14)                                |      | Rarely                                      |
|     |             | Most of the time                                          |      | Never                                       |
|     |             | Sometimes                                                 |      | I don't know                                |
| 18. | Do          | your Home Support Workers respect                         | you  | ır ethnic and cultural needs?               |
|     |             | Always (go to question 14)                                |      | Never                                       |
|     |             | Most of the time                                          |      | I don't know                                |
|     |             | Sometimes                                                 |      | Not applicable                              |
|     |             | Rarely                                                    |      |                                             |
| 19. | Do          | your Home Support Workers respect                         | you  | r sexual orientation?                       |
|     |             | Always (go to question 14)                                |      | Rarely                                      |
|     |             | Most of the time                                          |      | Never                                       |
|     |             | Sometimes                                                 |      | I don't know                                |
| 20. |             | you believe your Home Support World infidential?          | kers | keep your personal information              |
|     |             | Always (go to question 14)                                |      | Rarely                                      |
|     |             | Most of the time                                          |      | Never                                       |
|     |             | Sometimes                                                 |      | I don't know                                |

|     | סט                       | your nome support workers have to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ne sk | ills they need to provide you with good care?                                                                                                                                   |
|-----|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                          | All the skills (go to question 23)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       | None of the skills                                                                                                                                                              |
|     |                          | Most of the skills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       | I don't know                                                                                                                                                                    |
|     |                          | Some of the skills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |                                                                                                                                                                                 |
| 22. | Ple                      | ase tell us what skills your Home Su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | por   | t Workers are lacking:                                                                                                                                                          |
|     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                 |
|     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                 |
|     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                 |
|     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                 |
|     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                 |
|     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                 |
|     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                 |
|     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                 |
|     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                 |
| 23. | You                      | ur <i>Case Manager</i> is the person from t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | he h  | ealth authority who authorizes the number                                                                                                                                       |
|     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                 |
|     | rev                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -     | for. How often does your Case Manager                                                                                                                                           |
|     | _                        | riew with you the number of hours of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -     | ne support services you need?                                                                                                                                                   |
|     |                          | More than once a year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -     | ne support services you need?  Once every few years                                                                                                                             |
|     |                          | More than once a year  Once a year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -     | ne support services you need?  Once every few years  Never                                                                                                                      |
|     |                          | More than once a year Once a year Less than once a year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | f hon | ne support services you need?  Once every few years  Never I don't know                                                                                                         |
|     | <br> -<br> -<br> -<br> - | More than once a year Once a year Less than once a year  once a war  hen you call with questions about you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | f hon | ne support services you need?  Once every few years  Never                                                                                                                      |
|     | <br> -<br> -<br> -<br> - | More than once a year Once a year Less than once a year en you call with questions about your swered in a timely manner?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | f hon | ne support services you need?  Once every few years  Never  I don't know  ome support services, are your questions                                                              |
|     | □ □ Wh                   | More than once a year Once a year Less than once a year  once a war  hen you call with questions about you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | f hon | ne support services you need?  Once every few years  Never I don't know                                                                                                         |
|     | □ □ Wh                   | More than once a year Once a year Less than once a year en you call with questions about you swered in a timely manner? Always (go to question 14)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | f hon | ne support services you need?  Once every few years  Never  I don't know  ome support services, are your questions  Rarely                                                      |
|     | Whans                    | More than once a year Once a year Less than once a year en you call with questions about you swered in a timely manner? Always (go to question 14) Most of the time Sometimes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | f hon | ne support services you need?  Once every few years  Never I don't know ome support services, are your questions  Rarely Never I don't know                                     |
|     | Whans                    | More than once a year Once a year Less than once a year en you call with questions about you swered in a timely manner? Always (go to question 14) Most of the time Sometimes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | f hon | Once every few years  Never I don't know  me support services, are your questions  Rarely  Never                                                                                |
|     | Whans                    | More than once a year Once a year Less than | f hon | ne support services you need? Once every few years Never I don't know ome support services, are your questions Rarely Never I don't know the home support services you receive? |
|     | Whans                    | More than once a year Once a year Less than | f hon | Once every few years Never I don't know ome support services, are your questions  Rarely Never I don't know he home support services you receive?  Below average                |

| 26. P | lease describe any concerns you have a      | bou  | it your current home support services: |
|-------|---------------------------------------------|------|----------------------------------------|
|       |                                             |      |                                        |
|       |                                             |      |                                        |
|       |                                             |      |                                        |
|       |                                             |      |                                        |
|       |                                             |      |                                        |
|       |                                             |      |                                        |
|       |                                             |      |                                        |
|       |                                             |      |                                        |
|       |                                             |      |                                        |
| 27. D | o you receive any of the following serv     | ices | ? (Please check all that apply)        |
|       | l Cleaning through the Better At Home p     | orog | ıram                                   |
|       | l Cleaning by a private cleaner             |      |                                        |
|       | Pre-made meals delivered to my home         |      |                                        |
|       | Groceries delivered to my home              |      |                                        |
|       | Additional home support services hired      | d pr | ivately                                |
|       | l Attend an Adult Day Program               |      |                                        |
|       | Stayed in a respite bed in the last year    |      |                                        |
|       | l Live in assisted living or retirement hor | ne   |                                        |
|       | l Use HandyDART                             |      |                                        |
|       | l None                                      |      |                                        |
| 28. D | o you know how many prescription me         | dic  | ations you are taking?                 |
|       | l Yes                                       |      |                                        |
|       | l No                                        |      |                                        |
|       | l I am not taking any medications (go to    | que  | estion 33)                             |
| 29. D | o you know why you are taking these r       | ned  | ications?                              |
|       | l All of them                               |      | Some of them                           |
|       | l Most of them                              |      | None of them                           |
| 30. D | o you know what the side effects of yo      | ur n | nedications are?                       |
|       | l All of them                               |      | Some of them                           |
|       | l Most of them                              |      | None of them                           |

|       |                                                                   | sep  | arate pouch. Do your medications come       |
|-------|-------------------------------------------------------------------|------|---------------------------------------------|
| fr    | om the pharmacy in a blister pack?                                |      |                                             |
|       | l All                                                             |      | None                                        |
|       | l Most                                                            |      | None, I have my own system                  |
|       | l Some                                                            |      | I don't know                                |
|       | l A few                                                           |      |                                             |
|       | as your family doctor or a nurse or a pho<br>ou in the last year? | arm  | acist reviewed all of your medications with |
|       | l Yes                                                             |      |                                             |
|       | l No                                                              |      |                                             |
|       | l I don't know                                                    |      |                                             |
| 33. D | id someone help you complete this sur                             | vey  | ?                                           |
|       | My spouse                                                         |      |                                             |
|       | Another family member                                             |      |                                             |
|       | Home support staff                                                |      |                                             |
|       | Someone else (please specify):                                    |      |                                             |
|       | l I did not get any help                                          |      |                                             |
|       | someone did help you complete this so<br>nat apply)               | urve | ey, how did they help you? (Please mark all |
|       | Read the questions to me                                          |      |                                             |
|       | Wrote down the answers I gave                                     |      |                                             |
|       | Answered the questions for me                                     |      |                                             |
|       | l Talked with me about what my answer                             | s sh | ould be                                     |
|       | Translated the questions into my langu                            | age  |                                             |
|       | l I did not get any help                                          |      |                                             |
|       |                                                                   |      |                                             |

| ontact 1-877-9 | 52-3181, Mone | day to Friday | <b>,</b> , 8:30-4:30, ex | ccept statutory | holidays.) |
|----------------|---------------|---------------|--------------------------|-----------------|------------|
|                |               |               |                          |                 |            |
|                |               |               |                          |                 |            |
|                |               |               |                          |                 |            |
|                |               |               |                          |                 |            |
|                |               |               |                          |                 |            |

Thank you for participating in this survey!

## **Instructions for Home Support Family Member Survey**

This survey asks questions about the home support services your family member receives.

- There are no right or wrong answers just your views and opinions. You are free to skip any questions that you do not want to answer.
- If you have any questions or need help in completing this survey you are welcome to call the Office of the Seniors Advocate at 1-877-952-3181, Monday to Friday, 8:30 am 4:30 pm, excluding statutory holidays.
- Please return your completed surveys in the postage-paid envelope provided by December 2, 2015.
- Please note that all survey responses will be protected and kept completely confidential and will only be used as authorized under the B.C. Freedom of Information and Protection of Privacy Act.
- Your name is not required for this survey. For reporting purposes, responses will be grouped together and summarized. When survey results are published, your responses will be combined with the responses of others so that you cannot be identified.
- Your feedback is very important for planning and improving home support services in B.C.
   Thank you!

Your survey responses are collected by the Office of the Seniors Advocate, Ministry of Health, under Sections 26(a), 26(c), and 26(e) of the Freedom of Information and Protection of Privacy Act as well as under Section 7(a) of the Seniors Advocate Act, and they will be used for program planning and evaluation. If you have any questions about the collection of this personal information, please contact Bianca Wallace; Research Officer; 1st Floor, 1515 Blanshard Street, PO Box 9651 Stn Prov Govt, Victoria BC V8W 9P4; (250) 952-3041.

# **OSA Home Support Survey – Family Member**

| 1. | In general, are you your family member's primary caregiver?                                                      |
|----|------------------------------------------------------------------------------------------------------------------|
|    | □ Yes                                                                                                            |
|    | □ No                                                                                                             |
| 2. | What is your relation to your family member? (Please mark all that apply)                                        |
|    | □ Spouse                                                                                                         |
|    | □ Child                                                                                                          |
|    | ☐ Other family member                                                                                            |
|    | ☐ Friend/neighbour                                                                                               |
|    | □ Other:                                                                                                         |
| 3. | Do you live with your family member?                                                                             |
|    | □ Yes                                                                                                            |
|    | □ No                                                                                                             |
| 4. | How often are you in the home when your family member receives home support services?                            |
|    | □ Always                                                                                                         |
|    | ☐ Most of the time                                                                                               |
|    | □ Sometimes                                                                                                      |
|    | □ Rarely                                                                                                         |
|    | □ Never                                                                                                          |
| 5. | What legal authority do you have for your family member? (Please mark all that apply)                            |
|    | ☐ Manage finances                                                                                                |
|    | ☐ Make health care decisions                                                                                     |
|    | □ None                                                                                                           |
|    | The home support care plan lays out the type and frequency of home support services your family member receives. |
| б. | Were you involved in developing your family member's care plan as much as you                                    |
|    | wanted?                                                                                                          |
|    | □ Yes                                                                                                            |
|    | □ No                                                                                                             |
|    | ☐ I did not want to be involved                                                                                  |
|    | □ Idon't know                                                                                                    |

7. When you have questions about your family member's home support services, does a

|                                                                                               | member of the care team answer your questions in a timely manner?                                        |                                                                                    |  |  |  |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|--|--|
|                                                                                               |                                                                                                          | Always                                                                             |  |  |  |
|                                                                                               |                                                                                                          | Most of the time                                                                   |  |  |  |
|                                                                                               |                                                                                                          | Sometimes                                                                          |  |  |  |
|                                                                                               |                                                                                                          | Rarely                                                                             |  |  |  |
|                                                                                               |                                                                                                          | Never                                                                              |  |  |  |
|                                                                                               |                                                                                                          | I don't know                                                                       |  |  |  |
| 8.                                                                                            | Is there enough time for the Home Support Workers to provide the care in your family member's care plan? |                                                                                    |  |  |  |
|                                                                                               |                                                                                                          | Always                                                                             |  |  |  |
|                                                                                               |                                                                                                          | Most of the time                                                                   |  |  |  |
|                                                                                               |                                                                                                          | Sometimes                                                                          |  |  |  |
|                                                                                               |                                                                                                          | Rarely                                                                             |  |  |  |
|                                                                                               |                                                                                                          | Never                                                                              |  |  |  |
|                                                                                               |                                                                                                          | I don't know                                                                       |  |  |  |
| 9.                                                                                            | In g                                                                                                     | general, are the Home Support Workers respectful and caring to your family member? |  |  |  |
|                                                                                               |                                                                                                          | Always                                                                             |  |  |  |
|                                                                                               |                                                                                                          | Most of the time                                                                   |  |  |  |
|                                                                                               |                                                                                                          | Sometimes                                                                          |  |  |  |
|                                                                                               |                                                                                                          | Rarely                                                                             |  |  |  |
|                                                                                               |                                                                                                          | Never                                                                              |  |  |  |
|                                                                                               |                                                                                                          | I don't know                                                                       |  |  |  |
| 10. In general, do the Home Support Workers treat you with dignity and respect?               |                                                                                                          |                                                                                    |  |  |  |
|                                                                                               |                                                                                                          | Always                                                                             |  |  |  |
|                                                                                               |                                                                                                          | Most of the time                                                                   |  |  |  |
|                                                                                               |                                                                                                          | Sometimes                                                                          |  |  |  |
|                                                                                               |                                                                                                          | Rarely                                                                             |  |  |  |
|                                                                                               |                                                                                                          | Never                                                                              |  |  |  |
|                                                                                               |                                                                                                          | I don't know                                                                       |  |  |  |
|                                                                                               |                                                                                                          | Not applicable                                                                     |  |  |  |
| 11. Do you believe the home support services provided to your family member meet their needs? |                                                                                                          |                                                                                    |  |  |  |
|                                                                                               |                                                                                                          | Always (go to guestion 13)                                                         |  |  |  |

|            |     | Most of the time                                                                                       |
|------------|-----|--------------------------------------------------------------------------------------------------------|
| ı          |     | Sometimes                                                                                              |
| ı          |     | Rarely                                                                                                 |
| ı          |     | Never                                                                                                  |
| ı          |     | I don't know                                                                                           |
| 12.        | Wh  | nat additional services do you believe your family member needs?                                       |
|            |     |                                                                                                        |
|            |     |                                                                                                        |
|            |     |                                                                                                        |
|            |     |                                                                                                        |
|            |     |                                                                                                        |
|            |     |                                                                                                        |
|            |     |                                                                                                        |
|            |     |                                                                                                        |
|            |     |                                                                                                        |
| <b>13.</b> | Do  | the home support services your family member receives sufficiently support you in                      |
| ?          | yοι | ur caregiving role?                                                                                    |
| ı          |     | Yes                                                                                                    |
| I          |     | No                                                                                                     |
| ı          |     | I do not provide caregiving to my family member                                                        |
|            |     | erall, how would you rate the quality of the home support services that your family mber is receiving? |
| ı          |     | Excellent                                                                                              |
| ı          |     | Very Good                                                                                              |
| ı          |     | Good                                                                                                   |
| ı          |     | Fair                                                                                                   |
| ı          |     | Poor                                                                                                   |
|            |     | nat is your involvement with your family member's physician? (Please mark all that ply)                |
| ı          |     | Regularly attend appointments                                                                          |
| ı          |     | Speak on the phone with the physician                                                                  |
| ı          |     | Make medical decisions with or for family member                                                       |
|            |     | Provide translation for the physician                                                                  |

| Provide transportation to appointments                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Other                                                                                                                                                                                                                                                                |
| I am not involved with my family member's physician                                                                                                                                                                                                                  |
| you know all of the medications your family member is taking?                                                                                                                                                                                                        |
| Yes                                                                                                                                                                                                                                                                  |
| No                                                                                                                                                                                                                                                                   |
| He/she does not take any medications (go to question 19)                                                                                                                                                                                                             |
| you know the side effects of all of the medications your family member is taking?                                                                                                                                                                                    |
| Yes                                                                                                                                                                                                                                                                  |
| No                                                                                                                                                                                                                                                                   |
| hat is your role in helping with your family member's medications? (Please mark all at apply)                                                                                                                                                                        |
| Remind family member to take medication                                                                                                                                                                                                                              |
| Give the medication from:                                                                                                                                                                                                                                            |
| Pill bottle                                                                                                                                                                                                                                                          |
| Blister pack                                                                                                                                                                                                                                                         |
| Dosette (pill box)                                                                                                                                                                                                                                                   |
| Set up the dosette                                                                                                                                                                                                                                                   |
| I do not help with my family member's medications                                                                                                                                                                                                                    |
| e welcome your additional comments. (Please do not provide your name or phone imber. Should you wish to speak to someone regarding your family member's home pport, please contact 1-877-952-3181, Monday to Friday, 8:30 am - 4:30 pm, excluding atutory holidays). |
|                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                      |

Thank you for participating in this survey!

#### **Email**

info@seniorsadvocatebc.ca

## By Phone

Toll-free 1-877-952-3181

#### **In Victoria**

250-952-3181

Open Monday to Friday, 8:30-4:30

Translation services available in more than 180 languages.

#### By Fax

250-952-3034

#### By Mail

Office of the Seniors Advocate 1st Floor, 1515 Blanshard Street PO Box 9651 STN PROV GOVT Victoria BC V8W 9P4

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