

Instructions for OSA Home Support Family/Caregiver Survey

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

- For each question, please mark your choice with a blue or black pen by making a check in the square as follows:
- 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.
- Please return your completed survey in the included postage-paid envelope by March 4, 2022.
- 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 British Columbia's *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 the Office of the Seniors Advocate, PO Box 9651, STN PROV GOVT Victoria BC, V8W 9P4, 1-877-952-3181.

Home Support Family/Caregiver Survey

This section asks about your role in providing care to your family member who is receiving Home Support services.

1) What is your relationship to the person receiving Home Support services?

- Spouse
- Child
- Other family member
- Friend/neighbour

2) What is your role in providing care to your family member?

	Yes	No
In general, are you the primary caregiver for your family member?	<input type="checkbox"/>	<input type="checkbox"/>
Do you live with your family member?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a role in organizing your family member's Home Support services?	<input type="checkbox"/>	<input type="checkbox"/>

3) How often are you in the home when your family member receives Home Support services?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

The Home Support program is intended to provide assistance with activities of daily living. The intent of the program is to allow people who otherwise would not be able to live independently to remain in their own home for as long as possible. Achieving this goal requires supporting the needs of both the client and their caregiver(s).

4) Do you think the Home Support service provided to your family member is meeting their needs?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Most of the time |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Never | <input type="checkbox"/> I don't know/not sure |

5) What additional services do you think your family member needs?

Respite service is intended to allow a caregiver a break from their caregiving duties. Respite may involve your family member regularly visiting an **Adult Day Program** that assist seniors by providing supportive group programs and activities in the community, being admitted for a temporary stay of several days or weeks in a long-term care home (**facility respite**), or having a Community Health Worker visit for a **Home Support respite block** of three hours or more, including overnight in some cases.

6) What type of respite service would offer the most support to you as a caregiver? (Please mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Adult Day Program | <input type="checkbox"/> Facility respite for several days or weeks |
| <input type="checkbox"/> Home Support respite blocks | <input type="checkbox"/> Home Support overnight |
| <input type="checkbox"/> I do not want/need respite care | <input type="checkbox"/> I don't know/not sure |

7) Does your family member receive any respite services? (Please mark all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Yes – Adult Day Program → skip to Q9 | <input type="checkbox"/> Yes – in-facility respite → skip to Q9 |
| <input type="checkbox"/> Yes – Home Support respite → skip to Q9 | <input type="checkbox"/> Yes – Home Support overnight → skip to Q9 |
| <input type="checkbox"/> No | <input type="checkbox"/> I don't know/not sure |

8) If your family member does not receive respite services, have respite services ever been offered?

- | | |
|---|---|
| <input type="checkbox"/> Yes, but what was offered did not meet my needs/my family member's needs | <input type="checkbox"/> Yes, but I do not want/need respite care |
| <input type="checkbox"/> No, I have never been offered respite services, but could/would use them | <input type="checkbox"/> No, but I do not want/need respite |

9) Are you able to temporarily increase Home Support services for your family member if needed?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Most of the time |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Never | <input type="checkbox"/> I don't know/not sure |

The next few questions focus on your role as a family caregiver to a Home Support client.

10) Does the Home Support service sufficiently support you to be a caregiver?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Most of the time |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Never | <input type="checkbox"/> I don't know/not sure |

11) In the past 12 months, has your Case Manager or Community Health Worker discussed resources (such as training, support groups or online information) designed to support you in your role as a caregiver?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> I don't know/not sure | |

12) Are you aware of Family Caregivers of BC?

- Yes, and I use some of their services Yes, but I do not use any of their services
- No

13) What, if anything, do you need to better support you in your caregiving role?

The next questions ask about the care your family member receives from Community Health Workers.

14) In general, do you think the Community Health Workers...

	Always	Most of the time	Sometimes	Rarely	Never	I don't know/not sure
Have enough time to provide the care in your family member's care plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are respectful and caring to your family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are respectful and caring to <u>you</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Home Support team includes many different people. The **Case Manager** is responsible for assessing your family member’s care needs and determining how much service they will need. **Schedulers** book Home Support visits and help if visits need to be rescheduled or cancelled. Community Health Workers and Schedulers are supervised by a **Home Support Nurse Supervisor**, who is also responsible for the details of your family member’s overall care plan.

15) How do you typically contact the Home Support office?

- Telephone
- Text message
- I do not contact the office → skip to Q17
- Email
- Other

16) When contacting the Home Support office...

	Always	Most of the time	Sometimes	Rarely	Never	I don't know/not sure
Are you able to reach someone when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are they helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you leave a message or send an email, does someone get back to you quickly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If making a change to your family member’s schedule, is your request met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17) Are you aware of a situation where Home Support Services staff have ever treated your family member unfairly due to their nationality, ethnic origin, age, gender, sexual orientation, religion, socioeconomic status, or disability?

No

Yes; please explain below

Can you please explain how your family member was treated unfairly?

18) Please rate the overall quality of the services your family member receives from the Home Support program:

Excellent

Very good

Good

Fair

Poor

Your family member's **Home Support care plan** is a document that outlines the services they are to receive through the Home Support program. The care plan is developed by your family member's case manager or clinician, in consultation with your family member and sometimes yourself as a designate decision maker.

19) How involved were you or another family member in developing your family member's Home Support care plan?

Extremely involved

Very involved

Somewhat involved

Slightly involved

Not involved at all

20) Do you have online access to your family member's Home Support schedule?

Yes

No, but another family member has access

No

I don't know/not sure

Sometimes, situations arise where you or your family member are unhappy with the service quality, safety, or type of care being delivered. In these situations, you may want to talk with someone at the Home Support office. You may want to discuss a concern to see if it can be resolved or monitored. For more serious or ongoing concerns, you may want to file a formal complaint.

21) Do you know who you should contact if you have a concern or complaint about your family member's Home Support services?

Yes

No → skip to Q27

22) Do you feel comfortable reporting a concern or complaint about your family member's Home Support services?

Yes, always → skip to Q24

Yes, sometimes

No

23) Is there anything in particular that made you feel uncomfortable about reporting a concern or complaint?

24) In the last 12 months, have you contacted the Home Support Services team because you had a concern or complaint about your family member's Home Support services?

Yes

No → skip to Q27

No, I wanted to report, but was worried it might impact my family member's care or Home Support services → skip to Q27

25) Was your concern or complaint addressed by the Home Support Services team?

Yes → skip to Q27

No

While concerns or complaints should be addressed directly by the Home Support Services team, if they are not, concerns may be escalated to the Patient Care Quality Office (PCQO). Each health authority has a PCQO to independently address concerns related to health authority staff, services, and facilities.

26) When the Home Support team was not able to address your concern, did you make a formal complaint to the Patient Care Quality Office in your family member's health authority?

Yes

No

The next questions ask you to think about ways in which your family member's Home Support services may have been impacted during the COVID-19 pandemic.

27) At any point during the pandemic, was there an impact to your family member's Home Support services?

Yes

No → skip to Q31

28) If yes to above, how were your family member's Home Support services impacted? (Please mark all that apply.)

Less service (not by request)

Service level was decreased at my or my family member's request

There was more consistency in workers (same number of visits, fewer workers)

There was less consistency in workers (same number of visits, more workers)

My family member's services were put on hold (by request)

My family member was impacted in a different way (explain below)

Please explain how your family member's Home Support services were impacted.

29) If your family member experienced a reduction in Home Support services during the pandemic, did you or others become more involved in helping to meet your family member's care needs? (Please mark all that apply.)

- Yes, I became more involved Yes, others became more involved
- No → skip to Q31

30) If you or others became more involved in helping meet your family member's care needs, how many additional hours per week do you estimate you and/or others spend caregiving?

_____ hours per week

31) Prior to the vaccine, were you worried about your family member contracting COVID-19 from their Community Health Workers?

- Very worried Somewhat worried
- A little worried Not at all worried
- Prefer not to answer

32) What is your involvement with your family member’s doctor (or nurse practitioner)?
(Please mark all that apply.)

- I regularly attend appointments
- I speak on the phone with the doctor
- I make medical decisions with or for my family member
- I provide translation
- I provide transportation to appointments
- Other
- I am not involved with my family member’s doctor

Thank you very much for sharing your feedback with us. Please be assured that your responses are confidentially 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. Your answers cannot be used to identify you or your family member. Your family member’s Community Health Workers, case manager, and other staff involved in the delivery of services will not know your responses. Your family member’s services will not be affected by your responses. **If you or your family member have a service quality concern or need to report an incident, you should contact your family member’s health authority case manager or Patient Care Quality Office.** Our office can help you find the appropriate channel for this. We can also answer any questions you may have about this survey. Our contact information is on the cover letter of this survey. Once again, thank you for taking the time to share your experience with us. The final question on this survey is an open comment field for any feedback you wish to share with us about you or your family member’s experience with the Home Support program.

33) We welcome your additional comments.

