

Q1. What is your relationship to the person receiving Home Support services?

Spouse	24%
Child	45%
Other family member	26%
Friend/neighbour	5%

Q2. What is your role in providing care to your family member?

	Yes	No
In general, are you the primary caregiver for your family member?	82%	18%
Do you live with your family member?	51%	49%
Do you have a role in organizing your family member's Home Support services?	91%	9%

Q3. How often are you in the home when your family member receives Home Support services?

Always	21%
Most of the time	21%
Sometimes	33%
Rarely	19%
Never	6%

Q4. Do you think the Home Support service provided to your family member is meeting their needs?

Always	16%
Most of the time	44%
Sometimes	26%
Rarely	10%
Never	3%
I don't know/not sure	2%



Q6. What type of respite service would offer the most support to you as a caregiver? (Please mark all that apply.)

Adult Day Program	25%
Facility respite for several days or weeks	27%
Home Support respite blocks	38%
Home Support overnight	21%
I do not want/need respite care	23%
I don't know/not sure	17%

Q7. Does your family member receive any respite services? (Please mark all that apply.)

Yes – Adult Day Program → skip to Q9	11%
Yes - Facility respite for several days or weeks → skip to Q9	6%
Yes - Home Support respite blocks → skip to Q9	17%
Yes - Home Support overnight → skip to Q9	1%
No	68%
I don't know/not sure	4%

Q8. If your family member does not receive respite services, have respite services ever been offered?

Yes, but what was offered did not meet my needs/my family member's needs	20%
Yes, but I do not want/need respite care	8%
No, I have never been offered respite services, but could/would use them	41%
No, but I do not want/need respite	31%

Q9. Are you able to temporarily increase Home Support services for your family member if needed?

Always	10%
Most of the time	14%
Sometimes	19%
Rarely	12%
Never	13%
I don't know/not sure	32%

Q10. Does the Home Support service sufficiently support you to be a caregiver?

Always	13%
Most of the time	34%
Sometimes	24%
Rarely	13%
Never	9%
I don't know/not sure	8%

Q11. 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?

Yes	24%
No	65%
I don't know/not sure	11%

Q12. Are you aware of Family Caregivers of BC?

Yes, and I use some of their services	8%
Yes, but I do not use any of their services	19%
No	73%

Q14. 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?	18%	39%	19%	12%	6%	5%
Are respectful and caring to your family member?	43%	41%	9%	2%	0%	4%
Are respectful and caring to you?	48%	33%	9%	2%	1%	7%

Q15. How do you typically contact the Home Support office?

Telephone	83%
Email	7%
Text message	1%
Other	1%
I do not contact the office → skip to Q17	8%



Q16. 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?	12%	41%	27%	15%	4%	1%
Are they helpful?	26%	39%	25%	7%	2%	1%
If you leave a message or send an email, does someone get back to you quickly?	16%	36%	22%	16%	5%	5%
If making a change to your family member's schedule, is your request met?	23%	32%	21%	10%	4%	10%

Q17. 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?

Yes; please explain	11%
No	89%

Q18. Please rate the overall quality of the services your family member receives from the Home Support program:

Excellent	16%
Very good	31%
Good	27%
Fair	18%
Poor	8%

Q19. How involved were you or another family member in developing your family member's Home Support care plan?

Extremely involved	28%
Very involved	36%
Somewhat involved	19%
Slightly involved	7%
Not involved at all	11%

Q20. Do you have online access to your family member's Home Support schedule?

Yes	51%
No, but another family member has access	4%
No	26%
I don't know/not sure	19%



Q21. Do you know who you should contact if you have a concern or complaint about your family member's Home Support services?	
Yes	70%
No → skip to Q27	30%
Q22. Do you feel comfortable reporting a concern or complaint about your family member's Home Support services?	
Yes, always → skip to Q24	68%
Yes, sometimes	23%
No	9%
Q24. 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	49%
No → skip to Q27	45%
No, I wanted to report, but was worried it might impact my family member's care or Home Support services → skip to Q27	5%
Q25. Was your concern or complaint addressed by the Home Support Services team?	
Yes → skip to Q27	69%
No	31%
Q26. 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	22%
No	78%
Q27. At any point during the pandemic, was there an impact to your family member's Home Support services?	
Yes	53%
No → skip to Q31	47%

Q28. If yes to above, how were your family member's Home Support services impacted? (Please mark all that apply.)

Less service (not by request)	33%
Service level was decreased at my or my family member's request	6%
There was more consistency in workers (same number of visits, fewer workers)	3%
There was less consistency in workers (same number of visits, more workers)	22%
My family member's services were put on hold (by request)	6%
My family member was impacted in a different way (explain below)	12%

Q29. 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	37%
Yes, others became more involved	11%
No → skip to Q31	9%

Q30. 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?

0-5 hours	36%
6-10 hours	28%
11-15 hours	10%
16-20 hours	7%
over 20 hours	19%

Q31. Prior to the vaccine, were you worried about your family member contracting COVID-19 from their Community Health Workers?

Very worried	31%
Somewhat worried	24%
A little worried	26%
Not at all worried	17%
Prefer not to answer	2%



Q32. What is your involvement with your family member's doctor (or nurse practitioner)? (Please mark all that apply.)	
I regularly attend appointments	67%
I speak on the phone with the doctor	70%
I make medical decisions with or for my family member	60%
I provide translation	18%
I provide transportation to appointments	60%
Other	9%
I am not involved with my family member's doctor	6%