



Instructions for Home Support Client Survey

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

- 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.
- You may receive assistance from a family member to complete this survey, but it is your opinion we want to hear. Details on how your family member will be able to share their own opinions are attached at the end of the survey.
- 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 Client Survey

The first few questions cover general questions about the visits you receive from the Home Support program.

1) How frequently do you receive Home Support?

- Once a week or less
- 2 - 3 days a week
- 4 - 6 days a week
- Daily

2) How many visits do you typically receive per day?

- One visit per day
- Three visits per day
- Two visits per day
- Four or more visits per day

3) Please indicate how often the following statements reflect your experience.

	Always	Most of the time	Sometimes	Rarely	Never	I don't know/not sure
Home Support visits are scheduled at a time that is convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is enough time for my Community Health Workers to provide the care in my care plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Home Support services I receive are meeting my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) Are there services you would like to receive that you are not receiving?

- Yes (please describe below)
- No

Your care plan is a document that outlines the services you are to receive through the Home Support program. The care plan is developed by you and your health authority case manager or other designated staff.

5) Do you have a paper or electronic copy of your Home Support care plan?

- Yes No

6) 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

7) In a typical week, how many different Community Health Workers provide service to you?

- 1 4
 2 5 or more
 3 I don't know/not sure

8) Do you generally have the same Community Health Workers providing your service?

- Yes No

9) Do your Community Health Workers arrive on time?

- Always Rarely
 Most of the time/usually Never
 Sometimes I don't know/not sure

10) If your Community Health Worker completes all tasks on your Home Support care plan early, what do they generally do? (Please mark all that apply.)

- Leave
- Wait in home until end of visit without doing extra tasks or socializing
- Spend time socializing with you or your family
- Not applicable – they never finish early
- Perform additional tasks in the home

11) Do your Community Health Workers:

	Always	Most of the time	Sometimes	Rarely	Never	I don't know/not sure
Communicate with you in a way you can understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take time to have a friendly conversation with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask you if there is anything they can do before they leave?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treat your loved ones, such as your spouse or children, with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep your personal information confidential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12) Do you consider your Community Health Workers to be your friends?

- Yes, all of them
- No, none of them
- Yes, some of them

13) Do you think your Community Health Workers have the skills and training they need?

- All of the skills → skip to question 15
- None of the skills
- Most of the skills
- I don't know/not sure
- Some of the skills

14) If applicable, please tell us what additional skills and training your Community Health Workers need:

15) Please rate the overall quality of the care you receive from your Community Health Workers:

- Excellent
- Fair
- Very good
- Poor
- Good

16) Please describe any concerns you have about your current Home Support services:

Your Home Support team includes many different people. Your **case manager** is responsible for assessing your care needs with you and determining how much service you will need. **Schedulers** book your Home Support visits and help you 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 development of your overall care plan.

17) How do you usually communicate with the Home Support office?

- Telephone
 E-mail
 Text message
 Other

18) 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 in a timely manner 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"/>
Are you able to make changes to your schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19) If your Community Health Worker is going to arrive more than 30 minutes late, do you receive a message letting you know?

- Yes, always
 No
 Yes, sometimes
 Not applicable

20) Do you receive advance notice if your visit is canceled?

- | | |
|--|---|
| <input type="checkbox"/> Yes, always | <input type="checkbox"/> Yes, rarely |
| <input type="checkbox"/> Yes, usually | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, occasionally | <input type="checkbox"/> Not applicable |

21) If canceled, is your visit rescheduled?

- | | |
|---|--|
| <input type="checkbox"/> Yes, it is usually rescheduled | <input type="checkbox"/> No, it is never rescheduled |
| <input type="checkbox"/> It is usually not rescheduled | <input type="checkbox"/> I have never had a visit canceled |

22) Please rate the overall quality of the care you receive from the Home Support program:

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | |

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**.

23) Do you know who to contact if you have a concern or complaint about your Home Support services or a member of your Home Support team?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

24) In the last 12 months, did you ever report a concern or complaint to your health authority about your Home Support services or a member of your Home Support team?

- | | |
|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No → skip to question 27 |
| <input type="checkbox"/> I wanted to report, but was worried it might impact my care or Home Support services → skip to question 27 | |

25) Was your concern or complaint resolved to your satisfaction?

Yes

No

26) If not, did you make a formal complaint to the Patient Care Quality Office in your health authority?

Yes

No

27) Regardless of whether you have made a concern or complaint, do you feel comfortable reporting a concern about your Home Support services?

Yes

No

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

29) Have you ever asked for a particular Community Health Worker to not be sent to your home again?

Yes, and they have never come back

No

Yes, but they were still sent again

Prefer not to answer

30) Do you think Home Support program staff have ever treated you unfairly due to your nationality, ethnic origin, age, gender, sexual orientation, religion, socioeconomic status, or disability?

No

Yes; please explain below

The next questions ask you to think about ways in which your Home Support services may be different compared to before COVID-19.

31) Did your health authority contact you about how the Home Support program is handling COVID-19 and what you should expect?

Yes

No → skip to question 33

32) Are you satisfied with the information that you received from your Home Support program regarding the impact of COVID-19 on the Home Support program?

Yes

No

33) At any point during the COVID-19 pandemic, did you ask to reduce or put on hold your Home Support services?

Yes, I put my services on hold and they are still on hold

Yes, I put my services on hold but have since resumed

Yes, I requested fewer visits

No

34) At any point during the pandemic, have your Home Support services been impacted?

Yes

No → skip to question 37

35) If yes to above, how were your services impacted? (Please mark all that apply.)

I received less service (not at my request)

There were more consistent workers (same number of visits, fewer different workers)

My service level was decreased at my request

There were fewer consistent workers (same number of visits, more different workers)

I put my services on hold

I was impacted in a different way (explain below)

36) If you experienced a reduction in your Home Support services during the pandemic, did your family or another caregiver become more involved in helping to meet your care needs?

- Yes
 Not applicable (I did not experience a reduction in services)
- No

Community Health Workers are required to follow infection control precautions to reduce, as much as possible, the risk of spreading COVID-19. Your workers are required to wash their hands when they arrive in your home and wear both a mask and goggles/face shield for the entire time they are visiting. Additional types of personal protective equipment (PPE) may be used in certain situations.

37) While in your home, do your Community Health Workers...?

	Always	Most of the time	Sometimes	Rarely	Never
Wear a mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear gloves for personal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash or sanitize hands when arriving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38) How worried are you about contracting COVID-19 from your Community Health Workers?

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

39) How worried are you about contracting COVID-19 from people other than your Community Health Workers?

- Very worried
 Not at all worried
- Somewhat worried
 I do not interact with anyone else
- A little worried
 Prefer not to answer

The following questions ask about the costs of your Home Support services.

40) Do you pay for your public Home Support services?

- Yes No → skip to question 44

41) Do you find the cost of your Home Support services is causing you financial hardship or stress?

- Yes No

A temporary rate reduction (TRR) is a time-limited reduced rate for clients receiving home and community care services who would experience serious financial hardship if they were to pay their client rate.

42) Are you aware of how to apply for a Temporary Rate Reduction?

- Yes No → skip to question 44

43) Have you ever applied for a Temporary Rate Reduction?

- Yes, and I was successful No
 Yes, but I was unsuccessful

The following questions will help us to understand the different caregiving and living arrangements of Home Support clients.

44) Is English your first language?

- Yes No, my first language is: _____

45) Did someone help you complete this survey?

- I did not get any help Another family member
 Home Support staff Someone else: _____
 My spouse/partner

46) Do you use any of the following? (Please mark all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Better at Home for housekeeping, meals and/or transportation | <input type="checkbox"/> Prepared meals delivered by a private company |
| <input type="checkbox"/> Housekeeping by a private housekeeper | <input type="checkbox"/> Grocery delivery from the store |
| <input type="checkbox"/> HandyDART | <input type="checkbox"/> Medication delivery |

47) Do you live in a...

- | | |
|--|---|
| <input type="checkbox"/> Single detached home or duplex | <input type="checkbox"/> Retirement/assisted living residence |
| <input type="checkbox"/> Condominium/townhouse/apartment | <input type="checkbox"/> Other (including mobile home) |

48) Do you live alone?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No; [___] people live with me |
|------------------------------|--|

49) Aside from your Community Health Workers, is there anybody who routinely helps you with your personal care and other essential tasks, such as banking or shopping? (Please mark all that apply.)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Spouse/partner | <input type="checkbox"/> Adult child |
| <input type="checkbox"/> Friend/neighbour | <input type="checkbox"/> Other family |
| <input type="checkbox"/> Private home support | |

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. Your Community Health Workers, case manager, and other staff involved in the delivery of your services will not know your responses. Your services will not be affected by your responses. **If you have a service quality concern or need to report an incident, you should contact your 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 your experience with the Home Support program.

50) We welcome your additional comments.