

Home care services for people under 65 years of age

1. The home care service overall



a. How satisfied are you with your home care service overall?

b. Does the home care service meet your needs for help and support?

- Yes
- Partly
- No
- Don't know/no opinion

2. Influence



a. Do the staff consider your opinions and wishes regarding the way the help is provided?

b. Can you generally influence the times when the staff come round?

3. Do you have an action plan?






The planning that concerns you and how things are in your home

- Yes
- No (if no, go on to question 5)
- Don't know






4. Did you help to produce your action plan?

- Yes
- No
- Don't know

5. How well the help is provided

Very badly	Quite badly	Neither well nor badly	Quite well	Very well	Don't know/no opinion
					

a. How well do you think the staff carry out their duties?

No, never	Rarely	Sometimes	Usually	Yes, always	Don't know/no opinion
					

b. Do the staff generally come round at the agreed time?

c. Do the staff generally have enough time to do their duties at your home?

d.

6. Treatment

No, never	Rarely	Sometimes	Usually	Yes, always	Don't know/no opinion
					

a. Do the staff generally treat you well?

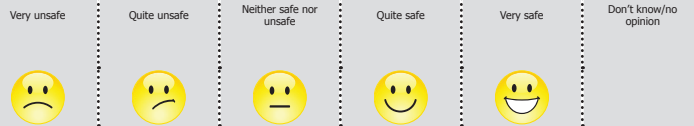
b. In the past year, have you experienced any of the following in your contacts with the staff?

Tick all that apply
The staff:

- Made negative comments about you, your things or your home.
- Treated you disrespectfully in their choice of words, manner of speech or gestures.
- Talked down to you, for example as if you were a child.
- Ignored your wishes regarding e.g. toilet visits, showers or dressing.
- Were heavy-handed during e.g. toilet visits, showers or dressing.
- Showed distaste when carrying out their care duties.
- Acted inappropriately in any other way.

No, I have not experienced any of the above situations in the past year.

7. Safety



a. How safe or unsafe does it feel to live at home with the support of the home care service?

b. Do you trust the staff who come to your home?

- Yes, all the staff
- Yes, most of the staff
- Yes, some of the staff
- No, none of the staff
- Don't know/no opinion

8. Meals

a. Do the home care staff help you with cooking or food portions delivered to your home?

- Yes, they help me with cooking
- Yes, I have food portions delivered to my home
- No, I do not receive help with meals from the home care staff. Go to Activities



b. Does the food taste good?

9. Activities

a. Have you been allowed walks or outdoor time?

- Yes
- No go on to Discrimination at the centre



b. Are you satisfied with the walks or outdoor time?

10. Discrimination at the centre

Discrimination is when you are offended, disadvantaged or treated differently to others by a staff member. The disadvantages or offences must be connected to some of the seven discrimination reasons (gender, gender identity or expression, ethnic origin, religion or other interpretation of belief, disability, sexual orientation and age) If a user in a home offends other users it is called harassment.

Do you feel you have been discriminated against in your housing in the last 12 months?

- Yes
- No
- Prefer not to answer
- Don't know

If yes, answer questions 11,12; otherwise go direct to question 14

11. What was the reason you felt discriminated against? You can select more than one option

- Because I am a woman (gender)
- Because I am a man (gender)
- Because I feel like a woman/man/something else although I was born male or female (gender identity or expression)
- Because I come from another country (ethnic origin)
- Because of my religion (religion or other interpretation of belief)
- Because I suffer from a disability (disability)
- Because I am/fall in love with or want to have sex with someone of the same gender as myself (sexual orientation)
- Because of my age (age)
- Another reason
- Don't know
- Prefer not to answer

12. Did you tell the staff what happened?

- Yes
- No
- Prefer not to answer

If yes, answer question 13; otherwise go direct to question 14

13. If you did tell them, do you think things have improved?

- Yes
- No
- Prefer not to answer

14. Contact with the city authorities

Yes	Partly	No	Don't know/no opinion
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a. Were you well treated by your assistance handling officer?

b. Are the handling officer's decisions adapted to your needs?

c. Do you know which services you have been granted?

Yes
 No go on to question e.

Yes	Partly	No	Don't know/no opinion
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d. Do you receive the home care services which the assistance handling officer has decided on?

Yes	Partly	No	Don't know/no opinion
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e. Are you aware that you can choose who provides your home care service (municipal home care or various private companies)?

f. Who chose your home care service?

- I chose myself
- I chose together with a relative/friend
- A relative/custodian chose for me
- Someone else chose for me
- Don't know/no opinion

g. Do you know where to turn if you wish to make comments or complaints about the home care service?

Yes
 No

15. Closing questions

a. How often do you receive home care services?

- Every day
- Once or more a week
- Less than once a week

b. Is it usually the same person from the home care service who visits you?

Yes
 No

c. Did you answer the questions yourself?

- Yes, all by myself
- No, with a friend, relative or someone else
- No, someone else answered for me