



Needs Assessment: Caregiver Survey

Thank you for participating in this survey. Your responses will help our Area Agency on Aging (AAA) understand the needs of older adults and their caregivers in our community. Your responses will be kept confidential and will not be shared outside your AAA and the Executive Office of Elder Affairs.

1. What specific supports would help you as a caregiver? *(Select all that apply)*

- Respite Care: Temporary relief from caregiving responsibilities.
- Support Groups: Access to support groups for emotional and social support.
- Financial Assistance: Help with costs related to caregiving.
- Training and Education: Training on caregiving skills, dementia care, and information on managing specific conditions.
- Medical Support: Assistance with managing the care recipient's medical needs, including access to healthcare professionals.
- Legal Assistance: Help with legal issues related to caregiving, such as power of attorney and guardianship.
- Transportation Services: Access to transportation for the care recipient's medical appointments and other needs.
- Home Modifications: Assistance with making the home safer and more accessible for the care recipient.
- Care Coordination: Help with coordinating care and services for the care recipient.
- Mental Health Support: Access to mental health services for the caregiver's own well-being.
- Technology Support: Assistance with using technology to monitor and care for the care recipient.
- Information and Resources: Access to information and resources about caregiving and available services.
- In-Home Care Services: Access to professional in-home care services to assist with caregiving tasks.
- Nutritional Support: Assistance with meal planning and preparation for the care recipient.
- Work-Life Balance Support: Resources to help balance caregiving responsibilities with work and personal life.
- Community Resources: Information about community resources and services available to caregivers.
- Other (Please specify): _____

2. Needs

Please review the list below and select your care recipient's most important needs related to aging. The examples under each category do not include all possible examples, so you can select a category even if you do not see your care recipient's specific need listed.

Select all needs that are important to your care recipient:

- Access to Services
 - For example, getting help with Food/SNAP benefits and financial services, and applying for health insurance.
- Affordable Health Care
 - For example, accessing affordable health services, insurance, managing prescription costs.
- Access to Health Care
 - For example, finding a doctor, accessing health services, attending falls prevention classes, exploring alternative medicine options, and receiving medical home visits.
- Affordable Housing
 - For example, finding affordable housing, getting on waitlists for subsidized units, and accessing rental assistance.
- Housing Accessibility and Maintenance
 - For example, finding accessible housing, and assistance with property repairs and upkeep.
- In-Home Support for Maintaining Independence
 - For example, help with aging in place, assistance with activities of daily living (such as bathing, toileting, dressing, feeding, walking, grooming), home and property maintenance (snow removal, lawn care, leaf removal), housing modifications, general tasks, balance and mobility issues, and obtaining needed devices.
- Long Term Services & Supports
 - For example, accessing home care services, better staffing at long-term care facilities, support in rural towns, and increased case management.
- Assistance Managing Other Expenses
 - For example, assistance with non-housing and non-healthcare-related expenses, such as taxes, utilities, and food.
- Legal Services
 - For example, finding legal counsel to address concerns with income and public benefits, health care, long-term care, nutrition, housing, utilities, protective services, abuse, neglect, age discrimination, and defense of guardianship.
- Mental & Behavioral Health Support
 - For example, finding mental health classes & education, counseling, help with depression, anxiety, and stress, addressing alcohol & drug abuse.
- Nutrition Support
 - For example, access to healthy food, help with meal preparation, delivery assistance, and addressing food insecurity.
- Safety & Security
 - For example, home modifications for balance & falls prevention, coping with abuse, exploitation, mistreatment, public safety, and community safety.

- Transportation Access and Availability
 - For example, finding rides for appointments or social activities, more bus/carpool opportunities, help with public transportation, and weekend transportation.
- Workforce Development
 - For example, finding employment, flexible job opportunities, retraining opportunities, and jobs that pay well.
- Assistance Addressing Social Isolation
 - For example, finding companionship, accessing affordable technology, phone/internet programs, regular connections, and formal & informal supports.
- Opportunities for Leisure, Recreation, & Socialization
 - For example, finding and participating in social activities, information about programs, reduced rates at sites/museums, outdoor spaces for seniors, and socialization in rural communities.
- Civic Engagement / Volunteer Opportunities
 - For example, finding volunteer opportunities, older adult community involvement, and participating in neighborhood activities.
- Learning & Development Opportunities
 - For example, finding educational programs, learning new skills (such as using emails, internet, apps, etc.), and digital technology training.
- Staying Active / Wellness Promotion
 - For example, finding classes on healthy aging, information on physical wellness, fitness programs, exercise classes for older adults, and support for caregivers.
- Addressing Ageism and Age Discrimination
 - For example, preventing negative stereotyping, prejudice, and discrimination based on age.
- Overcoming Language / Communication Barriers
 - For example, finding interpreting/translation services, finding information about services and resources in different languages, and enrolling in ESL classes.
- LGBTQIA+ Support
 - For example, finding providers who understand Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Ally, and other identities issues, integrating into the community, and receiving support for dealing with bias.
- Spirituality Support
 - For example, finding faith-based activities, developing opportunities for spiritual growth, and addressing missing in-person services.
- Other (Please specify): _____

3. Ranking Needs

Please rank the top 3 needs you selected in the list above, based on their importance to your care recipient.

To rank the needs, return to the Question 2 list you just completed and write a '1' next to the need that is most important to your care recipient, a '2' next to the second most important need, and a '3' next to the third most important need.

4. Which of the following currently apply to your care recipient? (Select all that apply)

- Experience issues with abuse, neglect, or exploitation
- Live with Alzheimer's or dementia
- Experience memory or thinking problems
- Need access to cultural or social activities (such as cultural events, religious services, social groups)
- Live with vision loss
- Live with hearing loss
- Live with physical disabilities (including mobility impairments and chronic physical health issues)
- Are in frail or weak health
- Are a grandparent raising grandchildren
- Have housing concerns (such as trouble affording rent, unsafe living conditions)
- Often feel lonely or isolated (such as limited social interactions, lack of companionship)
- Need legal services (such as help with housing issues, government benefits, power of attorney, and legal advice)
- Are part of the LGBTQIA+ community
- Have mental or emotional health issues (such as anxiety, depression, stress)
- Need help with meals or nutrition (such as difficulty cooking, need for meal delivery)
- Live in a rural area (limited access to services, remote location)
- Have employment or job-related needs (such as job search assistance, workplace accommodations)
- Other (Please specify): _____

5. What town/city does your care recipient live in? _____

6. What is your care recipient's age? _____

7. How would you describe your care recipient's gender identity? (Select all that apply)

- Man
- Woman
- Non-binary, gender non-conforming, or genderqueer
- Don't know
- Not listed above (Please specify): _____
- Prefer not to say

8. What is your care recipient's race or ethnicity? (Select all that apply. Note, you may report more than one group.)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Middle Eastern or North African
- Hispanic or Latino
- Some other race or ethnicity: _____

9. Does your care recipient speak a language other than English at home?

- Yes
- No

10. If yes, what is this language?

- Spanish
- Portuguese
- Chinese (including Mandarin and Cantonese)
- French
- Haitian Creole
- Vietnamese
- Italian
- Russian
- Arabic
- Korean
- Other: _____

11. How well does your care recipient speak English?

- Very Well
- Well
- Not Well
- Not at All

12. Is your care recipient's total annual household income less than \$20,000? (Optional)

- a. Yes
- b. No
- c. Prefer not to answer

13. Is your care recipient currently a MassHealth member?

- Yes
- No
- I don't know

14. Do you or your care recipient have any additional input or thoughts you'd like to share with us?

For more information, resources, or to get connected with your Area Agency on Aging (AAA), Springwell, please call 617-926-4100 or visit our website at www.springwell.com.