Information Letter

# ****Who we are:****

* We are a group of **[list types of Culture Change Coalition Members eg, Staff, residents, family partners etc]**.
* Our group is called the Culture Change Coalition and we are part **[list affiliated group(s) or organisation(s)]**

# ****What we’re doing:****

1. Our group wants to learn about what is positive about home and community care and then use this to picture even better possibilities for the future. Our group will then work to create actions to turn these possibilities into realities.

# ****What we are asking of you:****

1. We would like to hear about positive experiences with home and community care from the perspective of both you and your relative with dementia. This can be done by choosing one of four methods (note: you and your family member can select different methods) **[personalize this section depending on your chosen methods]**:
   1. Submitting your positive experience in writing:
      * Enclosed in this envelop is a question guide. You can use the space provided to anonymously answer the questions.
      * You can use the enclosed stamped envelope to return your anonymous submission by mail. If possible, please return within two weeks of receiving.
      * Participation should take approximately 20 minutes of your time.
   2. Sharing your positive experience over the phone:
      * You can schedule a time to share your positive experience over the phone using the attached questions as a guide by **contacting [name and position]** (Contact information is provided at end of the letter).
      * With your permission, we’d like to record the conversation so we don’t miss or forget any of it, but we’ll keep the recording private.
      * Participation should take approximately 20 minutes of your time.
   3. Sharing your positive experience in a small group discussion:
      * Contact **[name]** if you and/or your relative would like to attend a Discovery discussion session.
      * Persons with dementia can attend a discussion session with **[name]** at **[location and time]**.
      * Family members can attend a one hour discussion session hosted by the Alzheimer Society in one of the following cities: **[list locations if pertinent]** Please call **[name]** for session dates, times and locations.
      * With your permission, we’d like to record the conversation so we don’t miss or forget any of it, but we’ll keep the recording private
   4. Sharing your positive experience with someone who visits your home:
      * Contact **[names]** if you would like one of our CCC members to come to your home where you and your relative can share your positive experiences using the attached questions as a guide.
      * With your permission, we’d like to record the conversation so we don’t miss or forget any of it, but we’ll keep the recording private. You can select a location and a time convenient for you and your family member.
      * Participation should take approximately 45 minutes of your time.

# ****Participation:****

* We are inviting both you and your relative with dementia to participate.
* There are no known or anticipated risks to your participation.
* Participating in this project is completely voluntary. You may choose not to answer any question and can withdraw from participation at any time by not submitting your written responses or advising the interviewer or facilitator. A decision to participate or not will have no impact on the services you receive.

# ****Confidentiality and Contact information:****

* Everything you share will be considered confidential. No names or identifying information will be collected or shared beyond our group and will only be used for this purpose.
* Members of our group will review the stories and highlight parts that play a role in creating a positive care experience. Although these highlights may be shared with others beyond the Coalition, your specific experiences will not be shared with anyone outside of our group.
* By returning a written experience, or by contacting us, you are indicating your consent to participate in this project.
* All information provided will be kept indefinitely in a secure location in the **[group or organization name]** offices at the **[location]**
* If you have any questions about participation in this project, or if you would like an executive summary of our findings, please feel free to contact **[name and contact]**
* This study has been reviewed and received ethics clearance through **[indicate if formal ethics approval was sought and received]**. However, the final decision about participation is yours. Should you have comments or concerns resulting from your participation in this study, please contact the Director of the Office of Research Ethics, **[name and contact].** Thank you for considering participation in this project.

Yours sincerely,