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Conducting Internet-Based Environmental Scans in Community Health: Identifying Palliative Respite Services in Québec

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Abstract

Caregiving pairs receiving palliative care often face demanding, multifaceted care needs. Respite care services can offer substantial help by easing the strain on caregivers, promoting survivorship, and facilitating the option of dying at home. Nevertheless, these services remain challenging to find and access in the province of Québec, Canada, especially when relying on the wide range of online health information, which varies greatly in reliability. This project sought to (1) assemble a list of at-home palliative respite care services in Québec, Canada; (2) outline the main accessibility features of each respite care service; (3) pinpoint accessibility gaps and potential improvements; and (4) present a new approach for performing environmental scans that draws on internet search engines, internet-based community health databases, and member checking. A new environmental scan approach was applied, relying on 2 targeted internet-based databases and 1 internet search engine. The findings were screened, with data extracted, analyzed descriptively, and mapped geographically. In total, 401 services were reviewed, from which 52 at-home respite care services designed specifically for palliative populations were selected, organized, and examined. These services varied in the kinds of support provided, the types of providers involved, associated costs, and the geographic areas they covered. Accessibility was examined according to service amenability, availability, eligibility, and compatibility. The analysis uncovered significant obstacles to obtaining respite care, including insufficient readily available information about service features, limited service availability, and a lengthy, complex search process that burdens both potential users and clinicians. This environmental scan yielded valuable insights into both methodology and the current context. Since few detailed methodologies exist for internet-based environmental scans, we drew on lessons from previous studies. We developed an approach that combines internet search engines, internet-based community health databases, and member checking. We have documented our procedures thoroughly so that other researchers conducting similar community health environmental scans can follow and replicate them. In addition, the scan allowed us to catalog a range of respite care services and highlight shortcomings in how they are currently provided. The results emphasize the urgent need for more accessible and centralized information on respite care services throughout Québec. These findings will support the development of a practical, user-friendly resource that can be distributed to community support organizations across the province, ultimately reducing the extra workload caregivers and clinicians face when searching for respite care options in scattered, intricate digital environments.

Keywords: Respite care (4), Palliative care (75), Caregiving (83), Environmental scan (13), Digital methodology (1), Accessibility (148)

Introduction

Palliative caregiving is among the most demanding forms of caregiving. Respite care stands out as a key service that assists informal caregivers (that is, people who usually share a prior personal connection with the care recipient, possess no specialized training, and provide unpaid assistance) as well as care recipients, especially

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those in the palliative phase [1]. The primary purpose of respite care is to deliver temporary relief to both informal caregivers and care recipients from their mutual caregiving and care-receiving dynamic. This break enables each person to spend time apart, engage with other individuals, and pursue activities they value or must accomplish [2-4]. While respite is underway, a different individual temporarily assumes the role of caregiver for the care recipient [2, 4]. Respite services can be delivered through multiple channels (for example, palliative care programs, hospice day centers, or home care), in various locations (at home, in facilities, hospitals, or community settings), and by diverse healthcare professionals serving people with disabilities or serious illnesses [2, 3, 5, 6].

Among caregiving pairs in the palliative stage, respite care frequently plays a vital role in enabling patients to remain and pass away at home — a preference held by most individuals — while simultaneously enhancing the psychological and emotional wellbeing and overall quality of life for both parties [2, 6-9]. Moreover, these services are associated with fewer hospital admissions, lower healthcare expenditures, and reduced reliance on intensive interventions near the end of life [8, 10]. In reality, caregiving pairs facing life-limiting conditions and requiring palliative support are increasingly interested in respite care services across Canada [3, 10, 11]. Despite the clear advantages, no straightforward, complete, and user-friendly source of information appears to exist for the full range of available resources in Québec.

In Canada, and more specifically in Québec, respite care services are not covered under the Canadian Health Act that regulates healthcare nationwide. Consequently, a fragmented collection of services, financed through public programs, private for-profit entities, and private nonprofit groups, is provided to almost 1.5 million informal caregivers and care recipients in Québec [12]. Official government resources typically direct caregivers to their regional Centres intégrés de santé et de services sociaux (integrated health and social services centers) and Centres intégrés universitaires de santé et de services sociaux (integrated university health and social services centers) to inquire about respite options rather than listing individual providers [13]. Furthermore, certain nonprofit groups maintain online platforms for locating respite care within specific groups, such as Portail Répit, which focuses on caregivers of children with disabilities. The absence of a smooth, unified pathway for accessing respite care results in a prolonged, multi-stage process that can feel overwhelming for fatigued palliative caregiving pairs and demanding for nurses, who often coordinate respite and home care services.

The challenges involved in searching for, locating, and obtaining respite care place an unwanted extra load on informal caregivers in need of relief [11, 14]. Although many households have internet access, close to one quarter of Canadians — especially those most inclined to depend on at-home healthcare — demonstrate very limited digital usage and skills [15-17]. As a result, people with varying degrees of digital literacy (defined as the capacity to effectively use and navigate the internet and related applications and devices) are left to develop their own search strategies independently [17]. The scarcity of pertinent information and the trouble in locating services tailored to personal circumstances can make respite care effectively unreachable [7, 8, 18-20]. Given the widespread desire to die at home and the inherent difficulties of palliative caregiving, improving access to information and support services like respite care is crucial to ensure adequate assistance for everyone involved during this stage of care.

This environmental scan study sought to identify and characterize the features of in-home respite care services presently offered to caregiving pairs with palliative care requirements in the French-speaking province of Québec by (1) creating an up-to-date inventory of in-home palliative respite care services accessible to adults in Québec; (2) detailing and evaluating the primary services and accessibility characteristics of each offering; (3) recognizing deficiencies and prospects for enhancing accessibility and uptake of these services; and (4) outlining a methodology for carrying out environmental scans that utilizes different internet-based resources together with member checking.

Materials and Methods

Overview

Environmental scans provide a structured way to gather and review data on programs and services within a defined setting, to meet the specific requirements of a target population. Although no single standardized procedure has been established, these studies commonly extend their reach beyond peer-reviewed academic sources to identify all currently operating programs [21-25]. Typical environmental scan methods combine information from grey literature, web search engines, and stakeholder consultations to uncover all relevant, up-to-date, and reachable services of a particular kind within a chosen geographic area [21]. For this project, we developed and applied an original environmental scan to collect details on the respite care services currently available to people with palliative care needs in Québec.

The iterative process we designed involved six main phases: (1) carrying out a broad search of online respite and healthcare databases together with general web search engines, (2) spotting and filtering the retrieved items for suitability, (3) pulling out and assembling the relevant data, (4) consulting with subject-matter experts, (5) examining the collected information, and (6) pulling everything together into a clear summary report focused on respite care services across Québec. We used the scoping review framework outlined by Peters *et al*. [26] and also

considered approaches from earlier environmental scans. Most previous studies relied heavily on printed documents and grey literature sources rather than digital or internet-driven tools [23, 27].

Ethical considerations

Since the study was based entirely on grey literature and involved no human or animal subjects, no ethics review or approval was needed.

Eligibility criteria

A two-stage screening process was used to decide which respite care services qualified for inclusion. In the first stage, services had to satisfy four core requirements: (1) be located in Québec, (2) be managed by a recognized formal organization, (3) be delivered face-to-face, and (4) function as a separate, standalone offering. Programs providing general home support that made no clear mention of respite were ruled out, along with any paid advertisements appearing on Google. Services delivered remotely (such as video surveillance systems, sometimes called "nanny cams"), as well as unofficial help from family members, friends, or freelance workers, were excluded. Services that could only be accessed as part of a wider range of activities run by the same organization were also left out [1].

In the second stage, services that passed the initial filter were reviewed further to select those that (1) took place inside the family's own home and (2) either stated they were intended for individuals receiving palliative care or approaching the end of life, or offered specialized support for people in palliative care or at the end of life in addition to regular respite care.

Internet-based search of respite care services

Respite care services were located using two primary approaches: (1) exploring dedicated internet-based respite and healthcare databases and (2) querying the most popular general internet search engine. Search strategies and the overall method were developed in partnership with a specialized librarian and then checked by the coauthors to confirm that the chosen terms were well adapted to the Québec context. Sample keywords included "respite care," "short-term care," and "home caregiving" **(Table 1)**.

Table 1. Keywords related to the main research question and concept of respite care; keywords were translated from English to French by a bilingual member of the research team, with the corroborating assistance of DeepL Translator (DeepL SE) [28].

Original English keywords	French keyword equivalents
Respite care	Soins de répit; services de répit; soins de relève; services de relève
Respite	Répit; relève
Short-term care; short term care	Soins à court terme; soins de courte durée
Sitting service	Service de garde
adult day care	Services de jour pour adultes
Day respite facility	Établissement de répit de jour; centre de répit de jour; maison de répit de jour
Hospice at home; home-based palliative care; home hospice	Soins palliatifs à domicile
Hospice day centre; palliative day centre	Centre de jour en soins palliatifs; centre de jour palliatif
Home care; Homecare; home caregiving	Soins à domicile; aide à domicile
Caregiving help	Aide aux proches aidants; soutien aux aidants
Help for caregivers	Aide destinée aux proches aidants; soutien pour aidants

Step 1: Searching internet-based respite and health care databases

Overview

Both French and English searches were performed using online resource directories aimed at caregivers and patients that focus on caregiving assistance and respite care in Québec. The two directories selected were the Canadian Cancer Society Community Services Locator and the resource directory maintained by L'Appui Proche Aidants, a Québec organization dedicated to supporting informal caregivers [29, 30]. The exact search technique was slightly adapted for each directory to fit its specific search features.

Canadian cancer society community services locator

This directory was queried using the keywords listed in Textbox 1, with the geographic location set to Québec, Canada. No additional limits or filters were applied, and results were sorted by relevance.

Textbox 1. Search permutation for Google search; "Keyword" was replaced by each keyword listed in **Table 1**. Québec, Montreal, Sherbrooke, Trois-Rivières, Chicoutimi, Saint-Jérôme, and Saint-Jean-sur-Richelieu were selected because they are populous regions in the province of Québec.
For English keywords: "Keyword" AND ("palliative" OR "hospice" OR "dying" OR "end-of-life") AND (Québec OR Montreal OR Sherbrooke OR Trois-Rivières OR Chicoutimi OR Saint-Jérôme OR Saint-Jean-sur-Richelieu)
For French keywords: "Keyword" AND ("palliatif" OR "mourant" OR "mourir" OR "fin de vie") AND (Québec OR Montréal OR Sherbrooke OR Trois-Rivières OR Chicoutimi OR Saint-Jérôme OR Saint-Jean-sur-Richelieu)

L'appui resource directory
This directory was searched by activating the "Search by Service" feature and choosing the filter subcategory "respite care services offered in the home." Because the directory does not permit a single search covering the entire province, the most populous postal codes from each of Québec's 18 health regions were entered individually to ensure coverage across Québec [31, 32]. Results were automatically ordered from closest to farthest based on the entered postal code.

Step 2: searching an internet search engine
Google, recognized as the leading search engine in Canada, was used in private browsing mode to locate additional respite care services [33]. The search string shown in Textbox 1 was chosen because it consistently produced a large volume of pertinent results.
Before running any search, Google's settings were modified to turn off personalization features linked to past searches, geographic location, and saved information. These changes helped minimize the influence of the researcher's prior browsing history or current location on the displayed results [34]. In addition, monthly Google Alerts were set up for the selected keyword combinations to capture any newly emerging results after the main search phase ended.

Step 3: Screening
Initial explorations, along with the two caregiver support databases and especially the internet search engine, yielded a large number of hits. To keep the screening process manageable while focusing on the most relevant items, the first 100 results from each search were examined. Examining the first 100 results from each search corresponds to the first 10 pages of Google results under standard default settings [35, 36]. Most internet users tend to engage primarily with content on the first page, and very few proceed to later pages [37]. Our method, therefore, extended well beyond ordinary everyday use of search engines.
Duplicate entries were eliminated, and the homepage of each remaining result was quickly scanned to assess eligibility. Items that failed to satisfy the inclusion criteria—such as informational pages offering general caregiving advice without any contact details for respite services, news stories, or broad reports on respite care—were excluded. When uncertainty arose regarding eligibility, the research team held discussions to reach a consensus on whether the service should be retained.

Step 4: Data collection
After screening, the official websites of all qualifying respite care organizations were bookmarked and carefully examined. Details were extracted concerning eligibility requirements, service characteristics, geographic coverage, intended population groups, fees, and the languages in which the respite care was provided [5]. Comparable variables have appeared in earlier studies on the topic [3, 27, 38, 39]. To maintain uniformity, one researcher performed all data extraction independently. Any uncertainties or inconsistencies were brought to the full research team for discussion and resolution.

Step 5: Conducting expert consultations
A preliminary version of the search findings, including the compiled list of services, was shared with a panel of 5 stakeholders. These experts included community professionals actively engaged in respite care coordination and related research. They were asked to review the list for accuracy, identify any missing respite care services operating in Québec, and recommend additional important features to be documented for each service [39]. The same stakeholders and organizations were later invited to comment on the draft of the final paper and its results.

Step 6: Data analyses
A qualitative, deductive content analysis was conducted to describe and interpret the collected information systematically. A pre-established coding framework guided the process and included the following categories: service features, service length, setting, care provider, region, costs, language, eligibility criteria, and user profile [40]. In addition, a geographic map illustrating the distribution of services by region was produced using graphic design software.

A framework for defining "access" to health care was adopted during the iterative analysis phase to deepen the examination of accessibility-related findings [41]. According to Norris and Aiken [41], access to health care involves four key dimensions: (1) the family's amenability to receive services (that is, the client's willingness, awareness of the service, and surrounding contextual elements), (2) the services' availability (including aspects such as location and operating hours), (3) the eligibility of the client to use the services (including any associated costs), and (4) the compatibility between the service offered and the individual's specific needs. This model provided a useful structure for organizing our findings, aligning each coding category with one of the four components of health care accessibility.

Results and Discussion

Overview

Service descriptions and detailed service characteristics were examined using Norris and Aiken's [41] framework on personal access to health care. This allowed us to assess the overall accessibility of the identified respite care services across the four core dimensions: amenability, availability, eligibility, and compatibility.

Amenability

Altogether, 100 searches were performed: 41 using the Canadian Cancer Society Community Services Locator, 18 using the L'Appui Resource Directory, and 41 using Google (including the monthly alerts). These searches returned a combined total of 4757 results. Among them, 401 results concerned respite care services, and 52 met the inclusion criteria because they delivered in-home respite specifically designed for people with palliative care needs. The other services were provided at fixed sites (such as hospices or care facilities) and directed toward different population groups (such as children living with chronic disabilities). The primary reasons for exclusion included services operating outside Québec (n = 94), home support programs that made no mention of respite (n = 120), and — by far the largest category — websites that contained no reference to respite care (n = 2111). Two services were ultimately dropped because they offered no contact details. In several instances, the websites led to unrelated databases, general caregiver resources, news pieces, miscellaneous offerings, or obituary notices.

Figure 1 summarizes the outcomes of data collection and screening.

Google emerged as the most effective source for discovering suitable respite care services. In total, 40 eligible services (40/52, 76%) were identified through Google, of which 26 (26/40, 65%) were available only on Google and could not be found in the Canadian Cancer Society Community Services Locator or the L'Appui Resource Directory. The Canadian Cancer Society Community Services Locator contributed 23 eligible services (8 of which were unique to it), while the L'Appui Resource Directory contributed 7 eligible services (1 of which was unique to it). Consultations with experts added 3 more services, including one that was still under development, along with several that had already been captured through the other methods. A detailed overview of each service's features appears in the sections that follow.

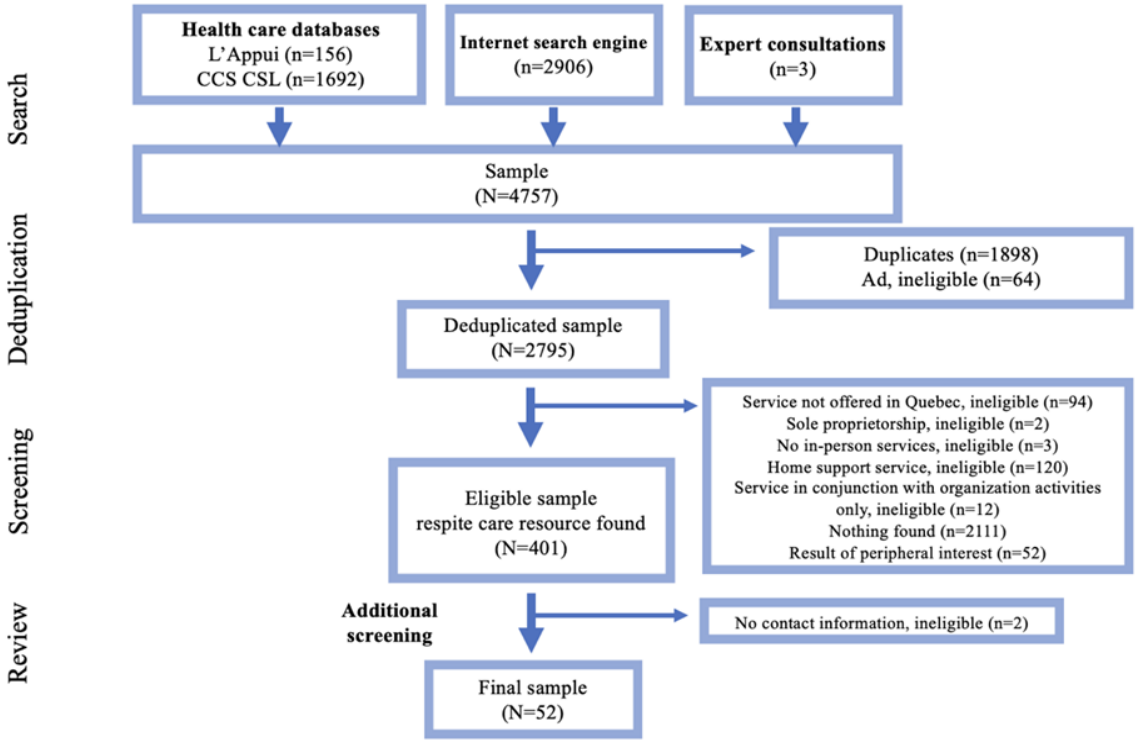

Figure 1. Flowchart of respite care data collection strategy, adapted from Moher *et al*. [42] model. CCS CCL: Canadian Cancer Society Community Services Locator.

Description of the variety of respite care services offerings

The respite care services differed considerably in the range of activities and levels of support they provided to both caregivers and care recipients. Every activity took place during a home visit in which another person came to the residence to care for the care recipient, thereby allowing the informal caregiver to leave the home if they wished.

The most frequently offered activities included accompaniment (36/52, 69%), assistance with everyday tasks (29/52, 56%), personal care (19/52, 36%), and specialized care (17/52, 33%). Many organizations provided multiple types of specialized support, including palliative and cancer care. Seven organizations (14%) explicitly stated that they incorporated symptom and pain management into their respite services. Two organizations (4%) specified certain tasks they were unable to perform during respite visits, such as administering medication or providing hygiene care. All organizations directed their primary support toward the care recipient. Nine organizations (17%) also offered some form of assistance to informal caregivers during the respite period; for example, one organization made a rest lounge available for caregivers to use while the respite provider was attending to the care recipient at home.

Availability, including flexibility

Respite care services were mainly concentrated in the eastern part of Québec, as illustrated in **Figure 2**. Only a single service was found in the regions of Abitibi-Témiscamingue, Nord-du-Québec, Nunavik, and Terres-Cries-de-la-Baie-James combined. The highest density of services was located in the Greater Montreal area, a heavily populated metropolitan zone encompassing the health regions of Montreal and Laval, along with portions of Lanaudière, Laurentides, and Montérégie [43].

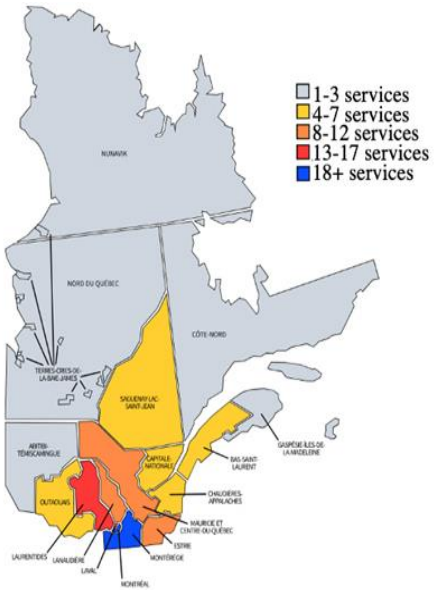

Figure 2. Locations of respite care services across Québec health regions. The map was adapted from Qualifications Québec and the Ministry of Health and Social Services [44, 45]. Some services are offered in more than 1 region.

Organizations placed considerable importance on offering flexible arrangements. Many stressed the need to adapt care plans to each family's particular circumstances and clearly indicated that both scheduled and unscheduled (emergency or on-call) respite was possible (10/52, 19%). A few services maintained a dedicated phone line for inquiries and requests that operated continuously (3/52, 6%). Most services indicated they were available seven days a week (28/52, 54%) and twenty-four hours a day (22/52, 42%), typically for short periods of a few hours (31/52, 60%) at a frequency of once or twice weekly (3/52, 6%). Several services openly advertised overnight respite (9/52, 17%) and stays exceeding 24 hours (8/52, 15%). Greater flexibility regarding hours and scheduling was sometimes provided under special circumstances. Four organizations (8%) noted that overnight support could be arranged for patients nearing the end of life. Nevertheless, the speed with which families could actually obtain these services remained uncertain, as 14 organizations (14/52, 27%) reported delays between the initial request and service delivery due to mandatory preliminary assessments or existing waitlists.

Eligibility

The identified respite care services mainly served care recipients who were in palliative care, nearing the end of life, diagnosed with conditions such as cancer, older adults, or people experiencing reduced independence. Support was also extended to family caregivers and close relatives. Certain organizations list explicit entry conditions, for instance, requiring the care recipient to be at the end of life, receiving palliative care, having a cancer diagnosis, or living within a defined geographic zone. Even so, nearly half of the organizations chose not to publish their eligibility rules (24/52, 46%).

Twenty services (38%) were provided completely free to users, whereas twenty-seven services (52%) required payment. In the majority of cases (23/27, 85%), these charges were not clearly listed or readily visible on the organization's website, forcing families to contact the provider directly to learn the details. Where fees were openly stated, they ranged from CAD $15 (US $11.08) per day up to CAD $32 (US $23.63) per hour. The lowest rates fell noticeably below Québec's minimum hourly wage of CAD $15.25 (US $11.26) [46].

Compatibility

Of the 52 services located, 29 (56%) were operated by entities registered as nonprofit organizations under Québec's Enterprise Register [47]. Delivery of respite care was handled most often by volunteers (17/52, 33%), by teams of health professionals that included nursing staff and patient care attendants (21/52, 40%), or by a blend of volunteers and professional caregivers (4/52, 8%). Volunteer-led services were generally offered at no charge and focused primarily on companionship, while professional health care services tended to emphasize clinical support and came with fees. Nevertheless, a substantial number of staff and volunteers had received specialized training for the client group they assisted (23/52, 44%; for example, end-of-life support). Organizations repeatedly stressed the value of consistent caregivers and ensuring a strong fit between the caregiving pair and the assigned personnel.

Twenty-nine organizations (56%) maintained websites in only one language (either French or English), and 20 organizations (38%) offered bilingual websites (French and English). A large portion of the service websites failed

to indicate which languages were actually supported during care delivery (18/52, 35%). When language details were provided, some services operated solely in French (9/52, 17%), others offered bilingual English and French support (17/52, 33%), and a smaller group assisted in three or more languages (8/52, 15%). Furthermore, the websites themselves were not consistently presented in the same languages that the services claimed to deliver.

Member-checking feedback from organizations

Emails were sent to the respite care organizations to verify the accuracy of the information we collected. 15 organizations (29%) responded with comments, helping validate the project findings. The most typical responses involved providing additional details not available on their public websites. For example, several organizations expanded on the specific activities offered during respite visits (5/15, 33%), clarified the languages available for service delivery (6/15, 40%), or provided more precise information on availability and duration of care (3/14, 21%). In a few instances, data taken from the websites proved inaccurate and required correction by the organizations. One organization, for instance, disclosed fees that differed from the amounts posted online.

Overview

Respite care services must prioritize high standards of quality and safety. Norris and Aiken's [41] framework on personal access to health care was recognized after the initial analysis and aligned closely with the themes that emerged. The findings were examined through the lens of how well these services fit within this accessibility framework. The following section addresses the key gaps related to amenability, the broad range of service types, the restricted availability of services, and the effects of eligibility criteria and providers. It also covers the limitations and strengths of the present research, along with directions for future studies.

Amenability: Gaps affecting the amenability of respite care services

Advanced digital health literacy requirements, incomplete information, and language barriers emerged as major gaps that hindered the availability of respite care services during this environmental scan.

Developing effective search strategies, reviewing thousands of results, and ultimately identifying only a limited number of relevant respite care services for palliative care families in Québec demanded considerable time and strong digital literacy skills. Even experienced users might lack the mental bandwidth for such a laborious process, especially while managing the intense demands of palliative caregiving. Caregivers and clinicians alike may lack familiarity with advanced online search techniques or be unable to invest the time and effort required. As a result, this demanding search-and-screening effort represents a significant barrier to accessibility. Best practice guidelines should tackle this issue, potentially by introducing collaboratively designed digital solutions (eg, chatbots) or dedicated care navigators [7, 19, 48, 49].

One of the most notable difficulties in this project was the lack of complete information. A large proportion of the respite care organizations' websites failed to provide essential details about their services, including fees, eligibility criteria, or current availability. Although some missing details could be obtained by contacting the organizations directly, many did not reply to our inquiries. Such incomplete information discourages access and frequently leaves caregivers with unresolved questions and uncertain expectations [50]. Consequently, caregivers often struggle to determine whether a particular service suits their specific circumstances, whether they qualify, or what steps are required to obtain it. Similarly, clinicians may find it challenging to identify available community services, make appropriate referrals, or understand the application process. This problem is further compounded when organizational websites are offered in only one language, as observed in our sample. To improve accessibility, respite care organizations should aim to present comprehensive service information online and actively integrate input from clinicians, caregivers, and care recipients. Such improvements would help make services more reachable, practical, and truly centered on family needs [2, 48].

Types of services: Complex variety of respite care service offerings

Respite care services exist in numerous formats and should aim to meet a wide spectrum of individual needs [5, 6, 48, 51, 52]. Commonly emphasized priorities in end-of-life home care include physical support (e.g., symptom management) and psychosocial support (e.g., interpersonal connection), areas in which nurses are typically well positioned to contribute [2, 6, 16, 50, 51, 53, 54]. Services directed at caregivers, such as rest lounges or psychological support, can reduce caregiver burden in specific ways and better prepare them to continue supporting their loved one [9, 52].

The 52 respite care services in our sample offer a diverse array of offerings that reflect the varied priorities of families navigating palliative care. These results challenge the frequent criticism that respite care tends to focus exclusively on caregivers' needs and burdens while overlooking those of the care recipient [2]. The findings further indicate that services can meet a broad array of needs and give caregivers more options for using their respite time [3]. Nevertheless, the wide variation in how services are described can complicate users' and clinicians' efforts to compare available options within their communities and choose the most suitable ones. A standardized method for reporting core service details across providers—such as a regularly updated, user-friendly

database—would be valuable for identifying optimal service models. Organizations should also explore ways to deliver high-quality services using cost-effective approaches to enhance at-home respite care throughout Québec's regions.

Availability: Limited and sparse availability of services

Rural and Indigenous communities frequently encounter service offerings that fail to match family needs and preferences or to facilitate dying at home [20, 52]. This study revealed a shortage of in-person respite care services in Western and Northern Québec. These regions account for approximately 2.2% of Québec's population (estimated at 195,409 in 2022) and 2.5% of the province's annual deaths (1,719 deaths in 2021) [43, 55]. The results highlight the resource scarcity already noted in existing literature [56]. To allow more caregiving dyads to access suitable respite care, it is essential to expand infrastructure, allocate targeted funding, and increase service options, especially in rural and Indigenous areas of Québec. Efforts in these regions should emphasize inclusivity, community leadership, and family-centered strategies [56].

According to best practice guidelines, flexibility in service delivery is a critical factor for meeting the evolving needs of both caregivers and care recipients, sustaining a continuum of care, respecting client diversity, and maximizing the benefits of the respite period [5, 6, 19, 48]. In Québec, the 52 identified services showed considerable variation in their hours of operation and frequency of availability. Highly flexible options—those accessible 24 hours a day, 7 days a week, for extended durations (hours to days), or with "on-call" support—allow caregiving dyads to engage in a wider range of activities (eg, sleeping, running errands, or socializing) compared with services restricted to fixed hours. Greater flexibility can also enable faster access during sudden or unplanned situations while ensuring continued care for the recipient. Given the broad spectrum of availability observed, some services appear to meet the level of flexibility recommended by current guidelines. Overall, these findings underscore broader gaps and barriers that hinder the accessibility and utilization of respite care services.

Eligibility: Eligibility requirements limiting access to respite care services

The population requiring respite care is highly diverse [11]. As a result, eligibility rules can unintentionally restrict access for families who may benefit most from home-based nursing services, particularly those with limited financial means or who speak minority languages [3, 7, 16, 20]. Services that do not impose strict eligibility requirements or are provided at no cost are likely to attract a broader group of families in need. Organizations that clearly state eligibility criteria may do so to guarantee local access or to ensure services are appropriately tailored to a specific group (ie, individuals at the end of life). However, the most flexible services identified were typically fee-based. Consequently, financial constraints may prevent families who need these services most from using them.

Compatibility: Provider impact on the compatibility of respite care services

A strong therapeutic relationship among the caregiver, the care recipient, and the respite care provider is crucial for service satisfaction and is strongly associated with improved caregiver wellbeing [5, 7, 8, 19, 57]. Many organizations stressed the value of consistent caregiving staff in their descriptions, noting that continuity helps foster trust and collaboration. These observations suggest that leaders should focus on building more diverse, multidisciplinary teams, providing enhanced training, and increasing provider stability to improve the overall quality of respite care delivery.

Best practice guidelines for respite care emphasize that providers need appropriate skills, training, and experience to ensure safe, effective support [5, 19, 48, 57]. Volunteers can be highly beneficial, yet they are often restricted in the range of tasks they may perform [8, 48, 58]. This constraint likely explains why volunteer-led services in our sample mainly focused on companionship, an approach well-suited to addressing individualized psychosocial needs [59]. These limitations may deter some families whose requirements go beyond basic support [5]. By comparison, professional health care providers bring formal qualifications and expertise that allow them to deliver structured, specialized interventions aligned with typical caregiver demands, care recipient needs, and the complexities of palliative care [50, 51, 54, 59]. Nurses, in particular, frequently hold clinical, coordination, and leadership roles in palliative and home care settings thanks to their comprehensive approach and close relationships with families [60, 61]. Within our sample of 52 services, those delivered by health care professionals tended to emphasize physical care, symptom control, and other nursing-specific interventions. Partnerships between professionals and volunteers, observed across several services, offer a promising way to deliver affordable, family-oriented respite while addressing shortages of professional resources [60]. In addition, targeted training programs provided by some agencies can help define clear roles, enabling providers to deliver specialized, high-quality care for people living with cancer, at the end of life, or receiving palliative support [48]. Transparent details about care providers could also boost participation in local respite initiatives, for example, by developing provider networks and joint training programs.

Limitations and strengths

This research faced several constraints, including dependence on publicly available online data, restriction to English and French only, narrow search parameters (three databases or engines with a limit of 100 results each), and the effects of search engine algorithms. The analysis captures only what appears on the internet and input from a small subset of organizations, so it may not perfectly reflect the true characteristics or current offerings of respite services. Many services were excluded because they described home care without explicitly mentioning respite. Consequently, some programs that actually provide respite but do not market it under that label may have been missed. Still, "respite care" is the dominant term in the literature and the one most caregivers are likely to use when searching for temporary relief from caregiving duties [2, 8]. Future work could investigate the services excluded from this scan (such as general home care or out-of-home options) to develop a more complete understanding of community-based support available to caregivers and care recipients.

Resource limitations also meant that not every postal code in the L'Appui Resource Directory could be examined, and screening was limited to the first 100 results per search. This cutoff has been used in other grey literature reviews and is reasonable given that the majority of user attention focuses on the first page of search results [35, 36, 62]. Even with these precautions, some smaller or less visible respite programs may have gone undetected. Google's ranking algorithms could still have influenced result order despite efforts to reduce bias. Nevertheless, the combination of multiple methods employed here helps address these challenges.

Overall, the environmental scan approach created for this project proved effective in locating a broad range of at-home palliative respite services across Québec and in summarizing their main characteristics [21, 63]. Several innovative techniques—integrating various search engines with community health databases, using postal codes for geographic targeting, and gathering expert input through member-checking—offer a useful model for other researchers mapping services while limiting selection bias [64]. Future expansions might incorporate additional tools such as Google Maps or AI chatbots; however, these were explored and later discontinued because of insufficient established methods and their current inability to produce relevant outcomes.

Opportunities for future research

Caregivers frequently struggle with information overload when seeking health services online, underscoring the need for a well-organized, centralized database [6, 7, 19, 53]. Up-to-date, clear, and complete listings of respite care services are therefore essential to (1) help families learn about local options and how to access them, (2) enable clinicians to inform and refer patients more effectively, and (3) support the growth of existing programs and the creation of new resources [49]. Best practice guidelines and digital platforms should be regularly revised, expanded, and validated with input from both users and service organizations to address real-world search challenges better. Useful features could include searchable filters for provider type, fees, service details, and eligibility criteria. The methods and insights from this study may also interest clinicians and policymakers involved in planning as Canada continues shifting toward community-based, person-centered care away from institutional settings.

Conclusion

A thorough mapping of available respite care services is vital for understanding overall service coverage and pinpointing the obstacles individuals and clinicians face when trying to locate support [4, 48]. This project's results indicate that finding, navigating, and accessing respite care remains difficult for families in need and for clinicians making referrals. The evidence highlights the importance of establishing a single, searchable database that provides clear information on respite services available throughout Québec communities. The combined data-source methodology developed here can also serve as a practical framework to guide future environmental scans of other community health services.

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