STAKEHOLDER QUESTIONNAIRE

Please Tell Us What You Think About Services Provided By

XXXXX(XX)

Completing this form will help the Supporting People Team in Merton Council better understand how well XXXXX delivers services to people in the scheme shown below.

XXXXX currently receives Supporting People Grant (which meets the cost of providing ‘Housing Related Support’) from Merton Council in respect of the following service:

[Service Name]

The leaflet ‘Supporting People – reaching out in partnership’, which accompanies this document, provides more information about the Supporting People Programme.

Nearly all of our questions are presented in this format:

Is this form easy to understand?

Yes ☐ No ☐ Don’t Know ☐

For stakeholders completing this form electronically: ~
- To answer questions, click once in the appropriate box to enter a cross.
- To remove a cross entered in error, click in the box again.

If you’d like more information, please contact the Supporting People Team at Merton Council:

Nick Robinson
Review Officer
Supporting People Team
3rd Floor, Civic Centre
London Road, MORDEN
Surrey, SM4 5DX
Phone: - 020 8545 4734
E-mail: - nick.robinson@merton.gov.uk
1. **DEMAND**
1.1 Is there sufficient service user demand for this scheme?

Yes [ ] No [ ] Don’t Know [ ]

2. **NEEDS & RISK ASSESSMENTS**
2.1 Are you satisfied with the way **XXXXX** assesses the individual Needs and Risks of service users in this scheme?

Yes [ ] No [ ] Don’t Know [ ]

2.2 If you act as a referral agent for this scheme - *and prospective service users give their permission* - are the outcomes of individual Needs and Risk assessments explained to you?

Yes [ ] No [ ] Don’t Know [ ] Not Applicable [ ]

2.3 If you have the professional expertise, does **XXXXX** recognise you as an ‘external expert’ who is available to participate in assessing the Needs and Risks of service users in this scheme?

Yes [ ] No [ ] Don’t Know [ ] Not Applicable [ ]

2.4 Does **XXXXX** periodically ask for your feedback about their assessments of service user Needs and Risks in this scheme?

Yes [ ] No [ ] Don’t Know [ ]

3. **SUPPORT PLANNING**
3.1 Are you satisfied that service users in this scheme have personal Support Plans (or similar) which record intended outcomes that are both specific and appropriate to the individual?

Yes [ ] No [ ] Don’t Know [ ]

3.2 If you have the professional expertise, does **XXXXX** recognise you as an ‘external expert’ who is available to participate in forming the Support Plans of service users in this scheme?

Yes [ ] No [ ] Don’t Know [ ] Not Applicable [ ]

3.3 Does **XXXXX** periodically ask for your feedback concerning the Support Plans they operate in this scheme?

Yes [ ] No [ ] Don’t Know [ ]
4. SECURITY HEALTH & SAFETY
4.1 Are you satisfied XXXXX protects the Security, Health and Safety of service users in this scheme?

Yes ☐ No ☐ Don’t Know ☐

5. PROTECTION FROM ABUSE
5.1 Are you satisfied XXXXX safeguards the right of service users in this scheme to be protected from abuse?

Yes ☐ No ☐ Don’t Know ☐

6. FAIR ACCESS, DIVERSITY & INCLUSION
6.1 Are you satisfied XXXXX ensures that potential service users have Fair Access to this scheme?

Yes ☐ No ☐ Don’t Know ☐

6.2 Does this scheme show a commitment to the values of Diversity and Inclusion?

Yes ☐ No ☐ Don’t Know ☐

6.3 Does this scheme show a commitment to the practice of Equal Opportunity?

Yes ☐ No ☐ Don’t Know ☐

6.4 Do you consider this scheme is able to meet the specific needs of black and minority ethnic (BME) service users?

Yes ☐ No ☐ Don’t Know ☐

7. COMPLAINTS
7.1 Has XXXXX made you aware of both the complaints procedures for service users in this scheme and how you, as a stakeholder, can use them?

Yes ☐ No ☐ Don’t Know ☐

8. VALUE FOR MONEY
8.1 Schemes are said to represent ‘good’ Value for Money (VfM) if they demonstrate relatively low costs, high productivity and successful outcomes. How would you assess this scheme in the context of VfM?

Good ☐ Fair ☐ Poor ☐ Don’t Know ☐
9. **ABOUT YOU**  
9.1 Please confirm your interest/s in this scheme eg **Referral Agent, Advocate, Social Worker etc**)

10. **CHANGE**  
10.1 If there were opportunities to remodel this scheme, what would you change?

11. **ANYTHING ELSE?**  
11.1 If there’s anything else to tell us about XXXXX, please use the space below: -

Name  
Position Held  
e-mail  
Date  

Thank you for taking the time to complete this document.

Please e-mail the completed form to nick.robinson@merton.gov.uk, the Supporting People Team’s **Review Officer**, or post hard copy to the address shown on the front cover.