



We are contacting all *SUPPORTING PEOPLE* service users

The ***Supporting People Team*** in Merton Council wants to know how good its services are.

**As part of this, please tell us what you think about
XXXXX**

This form has 8 pages, but most questions can be answered by ticking one of three boxes, for example: -

1. Is this form easy to understand?

Yes No Not Sure

Need Help to Answer Questions?

If you find it hard filling in the form, try to get help from a friend, a relative or someone else who does **not** work for **XXXXX**.

You can always contact a member of the ***Supporting People Team*** at Merton Council if you'd like more information: -

Yvonne Jones
 Supporting People Team
 3rd Floor, Civic Centre
 London Road, MORDEN
 Surrey, SM4 5DX
Phone: - 020 8545 3844
E-mail: - yvonne.jones@merton.gov.uk



**Please post the completed form back to Merton Council in the envelope
which came with this.**
There's no need for a stamp.

Questions start on the next page.....

1. QUESTIONS ABOUT HOW XXXXX FIRST BEGAN HELPING YOU

1.1 Did **xxxxx** ask you about the help/support you need?

Yes

No

Not Sure

1.2 Did **xxxxx** give you a copy of what they reckoned your help/support needs were? They may have called this a “**Needs Assessment**”.


Yes


No


Not Sure

1.3 If you think **xxxxx** missed anything you need help with please tell me what this is in the space just below: -

Overall, how do you rate the way **xxxxx** first worked out the help/support you need?

Good


Not Sure


Poor


2. QUESTIONS ABOUT THE HELP YOU ARE GETTING NOW

2.1 In the box just below, please give one or two examples of the help/support you are getting from **XXXXX** now.

2.2 Details about the help/support you actually get from (or through) **XXXXX** should be written down in what's usually called a "**Support Plan**".

Did **XXXXX** ask you if you wanted a copy of your **Support Plan**?

Yes

No

Not Sure

2.3 Do you get the chance to talk about your **Support Plan** with **XXXXX** to make sure it's up-to-date and to add or change anything?


Yes


No

Not Sure

Overall, how do you rate the way **XXXXX helps/supports you now?**

Good


Not Sure


Poor


3. QUESTIONS ABOUT BEING SAFE AND SECURE IN YOUR HOME

3.1 Has **xxxxx** talked to you about being **safe and secure** in your home or given you written information on this (maybe a form or leaflet)?

Yes

No

Not Sure

3.2 Do you feel safe where you are living?

Yes

No

Not Sure

If you answered “**No**” or “**Not Sure**” please tell me why in the space below: -

3.3 Has **xxxxx** or anyone else checked that your home is safe? This could include checking locks, windows, electric/gas/water supplies.

Yes

No

Not Sure

3.4 Apart from ‘phoning 999, can you contact anyone in an emergency if or when **xxxxx’s** offices are closed?

Yes

No

Not Sure

If ‘**Yes**’, please tell me who you can contact in the space just below: -

Overall, how do you rate the way **xxxxx** helps you keep safe and secure in your home?

Good



Not Sure



Poor



4. QUESTIONS ABOUT ABUSE, HARASSMENT AND BULLYING

4.1 Has **xxxxx** talked to you about **abuse** or given you written information (maybe a form or leaflet) on what to do if you felt you were being abused or harassed or bullied?

Yes

No

Not Sure

4.2 Does the information from **xxxxx** make it clear about what you should do if you (or someone else you know getting help/support from **xxxxx**) were being abused or harassed or bullied?

Yes

No

Not Sure

Overall, how do you rate the advice **xxxxx** gives about protecting the people they help/support from abuse, harassment and bullying?

Good



Not Sure



Poor



5. QUESTIONS ABOUT BEING TREATED FAIRLY

5.1 Do you feel that **xxxxx** treats you **fairly**?

Yes

No

Not Sure

If you answered “**No**” or “**Not Sure**” please tell me why in the space below: -

5.2 Do you think **xxxxx** treats you the same as other people they help?

Yes

No

Not Sure

If you answered “**No**” or “**Not Sure**” please tell me why in the space below: -

5.3 Has **xxxxx** asked if you have any particular cultural, religious and/or other personal needs?

Yes

No

Not Sure

Overall, how do you rate the way **xxxxx** treats you?

Good



Not Sure



Poor



6. QUESTIONS ABOUT MAKING A COMPLAINT

6.1 Has **xxxxx** given you written information (maybe a form or leaflet) or talked to you on how to **complain** about them? You might want to complain if you were unhappy with the way **xxxxx** were doing (or not doing) things for you.

Yes

No

Not Sure

6.2 If you have ever made a complaint about **xxxxx**, please tell me what happened in the space below: -

6.3 Does anything put you off from making a complaint against **xxxxx**?

Yes

No

Not Sure

If you answered 'Yes' please tell me what it is that puts you off complaining against **xxxxx** in the space below: -

Overall, how do you rate the advice **xxxxx** gives on how you can complain against them?

Good



Not Sure



Poor



LAST PAGE

About You

NAME

ADDRESS

If you don't want to give these details just leave the spaces blank.

How long have you been getting help from xxxxx?

.....

Usually, all the information we get this way is confidential.

However, if you told us something that meant your own safety or the safety of another person was at risk, we would have to share that information with others.

Anything Else?

If there's anything else you'd like to tell us about **xxxxx** or the help/support you get from them, please use the space below (add another piece of paper if you need to)

THANK YOU

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