

## **Resident Involvement Evaluation Form**

We recognise the importance of involving residents in the decision making process and are committing to improving the ways in which you can participate as part of our Resident Involvement Framework.

In order to make changes that make a real difference we need your feedback.

Please take a few minutes to read through and complete the following form returning it by Freepost (no stamp required) to:

**The Community Investment Officer**

**Freepost Plus RSAC-KKUU-JURA**

**One Housing Group (Suttons Wharf South)**

**44 Palmers Road**

**London E2 0TA**

As a thank you we will enter your name into a quarterly draw to win a food hamper from Marks & Spencer or £25 worth of gift vouchers. The deadline for the June draw is **Friday 26<sup>th</sup> June 2009**.

If you need help completing the form or have any queries about our Resident Involvement Framework then please contact the Community Investment Officer on **020 8821 5162** or email [communityinvestment@onehousinggroup.co.uk](mailto:communityinvestment@onehousinggroup.co.uk)

### **1) About You**

(Please fill this out in full so your details can be entered into our prize draw).

**Name**

**Address**

**Postcode**

**Tel No**

**Email**

## **2) You're Involvement**

Please indicate below how often you attend meetings or events organised by OHG?

**Weekly**

**Fortnightly**

**Monthly**

**Yearly**

## **3) Your Views**

In your opinion how can improvements be made to the following:

-Times of meetings and events

-Location

-Accessibility

-Venue

-Attendance Allowance (**£30 is given for Consumer Panels and £25 for Focus Groups**).

-Childcare/Carer Provisions

-Information provided before a meeting or event

-Information provided after the meeting or event.

-Refreshments

#### **4) Other Suggestions:**

We currently use a number of methods to ensure that those on our database are provided with the correct information and notified about meeting and events. If you have received information from us please rate each method shown using the scoring system below:

**1 – Poor    2 – Satisfactory    3 – Good    4 – Excellent**

-Noticeboards

-Website

-Email

-Flyers

-Newsletters

-Local Radio

-Meetings

-Door-Knocking

What in your opinion is the best way to promote involvement opportunities and events?

Do you have access to the internet? **Please tick your choice.**

**Yes No**

If you have answered No, would you utilise the Residents computers that we have available in our local Community Centres? **Please tick your choice.**

**Yes No**

Do you access OHG Website? **Please tick your choice.**

**Yes No**

Do you have any feedback about the site?

## **5) Information**

What information do you think the Community Investment Team should provide to all residents about Resident Involvement Opportunities (including Community Investment projects)?

## **6) Training**

We offer free training to residents, have you participated in any of these courses to date? ***Please tick your choice.***

**Yes No**

If you have answered Yes please list the courses you have attended and when. If No, would you be interested in finding out more?

**If you have taken part in our courses please answer the following:**

What did you enjoy about the course/s you attended?

What are your views on the trainers delivery of the course and course material provided?

What improvements do you feel could be made?

What courses would you like to see included in the Training Programme?

## **7) The Role of our Consumer Panels and Forums**

The Regional Consumer Panels and Maintenance Forum review services on a regular basis. The service areas reviewed to date have included:

Customer Services

Housing Management

Community Investment

Work Matters (Employment & Training)

Youth Services

Income Team

Complaints Audit

Which of the following services areas do you think we should be monitoring for 2009/10?

**Please give a reason for your choices below:**

Service Improvement

Community Investment

Marketing and PR

Housing Management

Income Management

Repairs

What other items would you like to see on the agenda?

**8) Your Community:**

Do you put what you have learnt on training courses in practice in within community and share you skills with others? ***Please tick your choice.***

**Yes No**

If No, why? Would you like information and advice on how you can?

Are you aware of the funding information listed below that we provide for residents. **Please delete a response as appropriate**

Funding Surgery **Yes/No**

Funding Database **Yes/No**

Community Chest Funding – Island Homes residents only **Yes/No**

Community Action Funding – Small Grants **Yes/No**

If you answered no to any of the above, would you be interested in finding out more where appropriate?

We are always looking for volunteers to participate in our Community Investment Projects listed below. Would you be interested in participating? **Please delete a response as appropriate**

Community Centres – Management **Yes/No**

Estate Inspections Arts and Crafts **Yes/No**

Admin Support **Yes/No**

To be interviewed as a case study **Yes/No**

In your opinion what incentive should we offer residents to get involved?

Equipment

Vouchers

Cash

Training

Other (please specify)

**Thank you for taking the time to complete this survey. Please also complete the equalities questionnaire on the following pages. It will be separated from the main form, however, we require the information to ensure a diverse mix of residents are accessing our services.**

**Yours sincerely**

**Michelle Mulcare – Group Community Investment Manager**

# EQUALITIES QUESTIONNAIRE

|  |   |  |  |   |
|--|---|--|--|---|
| <b>Explain</b>   |   | <i>To help us monitor our services so that we make sure all of our residents have access to them – please could you assist us by answering the following...</i>                              |  |   |
| Do you have any long-standing illness, disability or infirmity that limits your daily activities in any way?   |   |  |  |   |
| Yes    No  |   |  |  |   |
| If yes, please provide further information:  |   |  |  |   |
| _____  |   |  |  |   |
| <b>Physical Disability</b>   |   | <b>Sensory Impairment</b>  |  |   |
| Have Restricted Mobility   |   | Visually Impaired  |  |   |
| Use A Wheelchair   |   | Hearing Impaired   |  |   |
| Have Difficulty Walking Up Steps   |   |  |  |   |
| Do Not Wish To State   |   |  |  |   |
| <b>Other (please specify):</b> _____   |   |  |  |   |
| How would you describe yourself? As....  |   |  |  |   |
| <b>WHITE</b>   | <b>BLACK OR BLACK BRITISH</b>   | <b>ASIAN OR ASIAN BRITISH</b>  | <b>MIXED</b>   | <b>CHINESE OR OTHER ETHNIC GROUP</b>  |
| <input type="checkbox"/> UK White<br><input type="checkbox"/> Irish White<br><input type="checkbox"/> Turkish<br><input type="checkbox"/> Turkish Cypriot<br><input type="checkbox"/> Greek<br><input type="checkbox"/> Greek Cypriot<br><input type="checkbox"/> Kosovan<br><input type="checkbox"/> Eastern European<br><input type="checkbox"/> Kurdish Turkish<br><input type="checkbox"/> Other White | <input type="checkbox"/> Black African<br><input type="checkbox"/> Black Caribbean<br><input type="checkbox"/> Ethiopian<br><input type="checkbox"/> Somalian<br><input type="checkbox"/> Other Black | <input type="checkbox"/> Sri Lankan<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Indian<br><input type="checkbox"/> Other Asian | <input type="checkbox"/> White/Black Caribbean<br><input type="checkbox"/> White/Black African<br><input type="checkbox"/> White Asian<br><input type="checkbox"/> Other Mixed | <input type="checkbox"/> Chinese<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Iranian<br><input type="checkbox"/> Iraqi (inc Iraqi Kurdish)<br><input type="checkbox"/> Iraqi other<br><input type="checkbox"/> Other |
| <input type="checkbox"/> I would prefer not to give details about my ethnic origin.  |   |  |  |   |

Do you require:

**Language translation**

**If yes which language?.....**

Which age group do you fall into?

18 – 30  31 – 44  45 – 59  60+

Record gender

Male  Female

|                         |  |
|-------------------------|--|
| <b>Name</b>             |  |
| <b>Address</b>          |  |
| <b>Telephone Number</b> |  |
| <b>Email</b>            |  |

**Form Completed by:** .....

**Date:** .....