

## Review of the Emergency Relief Scheme

### Telephone questionnaire

#### Introduction

Could I speak to (insert name of interviewee)

I am calling you from Harrow Council and my name is (insert name of interviewer). We are reviewing the Emergency Relief Scheme and therefore ringing a sample of people who have been unsuccessful and successful in getting support from the scheme. We want to find out your views on the way the scheme has worked for you. If you wish your name can be kept anonymous when you give the feedback.

Would you be happy to answer a few questions?

Yes

No

If the person doesn't want to complete the questionnaire please thank them for their time and note on the spread sheet.

If the person does want to respond then please ask the following questions:

#### Questionnaire

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##### **Question 1**

Do you want your name to be kept anonymous?

Yes

No

If the person responds yes please do not register name or address on the spread sheet

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##### **Question 2**

Was the Emergency Relief Scheme application process simple to follow?

Yes

No

If the person has answered no please ask them what could be improved.

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**Question 3**

Were you offered help from the Emergency Relief Scheme?

Yes  No

If the person answered no please go straight to question 6

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**Question 4**

Did you accept the support that was offered to you?

Yes  No

If the person answered yes please go straight to question 5

If the person answered no to this question please state below the reasons why they didn't accept the support.

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**Question 5**

Did the support you received meet your emergency need?

Yes  No

If the person has answered no please ask for their reasons

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**Question 6**

Were you signposted to any other services?

Yes  No

If the person has answered no please go straight to question 9

If you have answered yes please advise the services you were signposted to.

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**Question 7**

Did you go to the signposted services for help?

Yes

No

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**Question 8**

Did you find the services useful?

Yes

No

If you have answered no please give your reasons

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**Question 9**

Was there anything that we could have done differently/better?

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## Monitoring Information

Please note that we have to ask some personal questions to help us to ensure that everybody in the community is able to access our services. You do not have to answer these questions and if you do your replies will not be used in a way that identifies you.

### Age - What is your age group?

Under 16	<input type="text"/>	16 – 24 years	<input type="text"/>
25 – 44 years	<input type="text"/>	45 – 64 years	<input type="text"/>
65 & over	<input type="text"/>		

### Disability – Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months?

No	<input type="text"/>	Yes, affecting mobility	<input type="text"/>
Yes, affecting hearing	<input type="text"/>	Yes, affecting vision	<input type="text"/>
Yes, a learning disability	<input type="text"/>	Yes, mental ill-health	<input type="text"/>
Yes, another form of disability, please specify	<input type="text"/>		

### Ethnic origin - What is your ethnic origin?

#### Asian or Asian British

Afghani	<input type="text"/>	Bangladeshi	<input type="text"/>
Chinese	<input type="text"/>	Indian	<input type="text"/>
Pakistani	<input type="text"/>	Sri Lankan	<input type="text"/>
Any other Asian background – please specify	<input type="text"/>		

#### Black or Black British

African	<input type="text"/>	Caribbean	<input type="text"/>
Somali	<input type="text"/>		
Any other Black background – please specify	<input type="text"/>		

#### Mixed background

White and Black African	<input type="text"/>	White and Black Caribbean	<input type="text"/>
White and Asian	<input type="text"/>		
Any other mixed background - please specify	<input type="text"/>		

#### Other ethnic background

Arab	<input type="text"/>	Iranian	<input type="text"/>
Any other Ethnic group – please specify	<input type="text"/>		

**White or White British**

Albanian	<input type="checkbox"/>	English	<input type="checkbox"/>
Gypsy / Irish Traveller	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Polish	<input type="checkbox"/>	Romanian	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Any other White background - please specify	<input type="text"/>		

**Marriage or Civil Partnership**

Are you married?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you in a Civil Partnership?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Pregnancy or Maternity**

Have you been pregnant and / or on maternity leave during the past 2 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Religion and belief - What is your religion?**

Buddhism	<input type="checkbox"/>	Judaism	<input type="checkbox"/>
Christianity (all denominations)	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>	Zoroastrian	<input type="checkbox"/>
Islam	<input type="checkbox"/>	No religion / Atheist	<input type="checkbox"/>
Jainism	<input type="checkbox"/>	Other -please specify	<input type="text"/>

**Sex - Are you?**

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Is your gender identity the same as the gender you were assigned at birth?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Sexual orientation - What is your sexual orientation?**

Bisexual	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>
Gay Woman / Lesbian	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
Other – Please specify	<input type="text"/>		