



HOUSING ASSOCIATION QUESTIONNAIRE

Stakeholder Survey

June 2010

This questionnaire is intended for individuals who work within the Housing Association sector and who are involved with Praxis Care services.

Your responses to this questionnaire are completely **confidential**. Only the researcher will have access to this information. When the results are analysed and written up, you will not be identified in any way.

When you have completed this questionnaire, please place it in the pre-paid envelope provided and return to:

Tara Hollway
Research Officer
Praxis Care
25-31 Lisburn Road
Belfast, BT9 7AA

If you have any questions relating to either this questionnaire or the Stakeholder Survey, please contact:

Tara Hollway
Direct line: 028 90 727 191
E-mail: tarahollway@praxiscaregroup.org.uk

WORKING RELATIONSHIP

1. How would you describe your working relationship with Praxis Care?

(Please tick one only)

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very poor	<input type="checkbox"/>
Don't know/not relevant	<input type="checkbox"/>

2. How would you describe your knowledge of the work Praxis Care carries out?

(Please tick one only)

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very poor	<input type="checkbox"/>
Don't know/not relevant	<input type="checkbox"/>

3. To what extent do you agree or disagree that Praxis Care is a quality organisation with which to do business with?

(Please tick one only)

Strongly agree	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Neither agree nor disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Strongly disagree	<input type="checkbox"/>
Don't know/not relevant	<input type="checkbox"/>

4. As an organisation, to what extent do you agree or disagree that Praxis Care:

(Please tick one box for each statement)

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know/ not relevant
a. Has a clear management structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Manages changes and restructuring effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has a clear set of objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Works well to achieve objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Has a strong user involvement ethos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Effectively monitors and evaluates its services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How would you rate the Praxis Care staff you have contact with in the following areas:

(Please tick one box for each statement)

	Excellent	Good	Poor	Very Poor	Don't know/ not relevant
a. Helpfulness/supportiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Willingness to listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Promptness of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6a. Have you made any complaints to Praxis Care in the last 12 months?

(Please tick one only)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

6b. If Yes, Do you feel that your complaint was dealt with adequately?

(Please tick one only)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Still being processed	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

7. Have you given any positive feedback (verbal or written compliments) to Praxis Care in the last 12 months?

(Please tick one only)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

COMMUNICATION

8. How helpful are Praxis Care staff when you request information? *(Please tick one only)*

Very helpful	<input type="checkbox"/>
Quite helpful	<input type="checkbox"/>
Quite unhelpful	<input type="checkbox"/>
Very unhelpful	<input type="checkbox"/>
Don't know/Not relevant	<input type="checkbox"/>

9. To what extent do you feel your organisation is kept up to date with activity and developments within Praxis Care?

(Please tick one only)

Very much	<input type="checkbox"/>
Quite a bit	<input type="checkbox"/>
Somewhat	<input type="checkbox"/>
A little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
Don't know/Not relevant	<input type="checkbox"/>

10. Do you feel that Praxis Care provides your organisation with adequate information on the quality and effectiveness of its services?

(Please tick one only)

Always	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Never	<input type="checkbox"/>
Don't know/Not relevant	<input type="checkbox"/>

11. In which ways would you like to be kept up-to-date with information from Praxis Care?

(Please tick all that apply)

E-mail	<input type="checkbox"/>
Regular newsletter	<input type="checkbox"/>
Praxis Care Website	<input type="checkbox"/>
Annual Report	<input type="checkbox"/>
Local forums/meetings	<input type="checkbox"/>
Organisational AGM	<input type="checkbox"/>
Other (please state):	

SERVICE PROVISION AND DEVELOPMENT

12a. Do you have a joint management agreement with Praxis Care?

(Please tick one only)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know/not relevant	<input type="checkbox"/>

12b. If NO, what type of agreement is in place? *(Please tick one only)*

Service level agreement	<input type="checkbox"/>
Working protocol	<input type="checkbox"/>
Other <i>Please state:</i>	<input type="checkbox"/>

13. How often is the joint management agreement, service level agreement or working protocol monitored?

(Please tick one only)

Quarterly	<input type="checkbox"/>
6-monthly	<input type="checkbox"/>
Annually	<input type="checkbox"/>
Never	<input type="checkbox"/>
Other <i>Please state:</i>	<input type="checkbox"/>
Don't know/not relevant	<input type="checkbox"/>

14. Can you recommend any improvements to the agreement you have in place with Praxis Care?

(Please state)

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15a. Is your scheme part of the common selection scheme?

(Please tick one only)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know/not relevant	<input type="checkbox"/>

15b. If Yes, do you feel this is appropriate?

(Please tick one only)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know/not relevant	<input type="checkbox"/>

16. Do you think that Praxis Care provides an innovative approach to the development of new services?

(Please tick one only)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know/not relevant	<input type="checkbox"/>

17. Can you recommend any additional services that Praxis Care could provide to improve upon its service provision?

(Please state)

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18a. Do you view Praxis Care as a preferred provider?

(Please tick one only)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know/not relevant	<input type="checkbox"/>

18b. If No/Don't know, please state why:

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19. To what extent does Praxis Care meet your expectations as a service provider?
(Please tick one only)

Very much	<input type="checkbox"/>
Quite a bit	<input type="checkbox"/>
Somewhat	<input type="checkbox"/>
A little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
Don't know/not relevant	<input type="checkbox"/>

20. How do you rate Praxis Care's fulfilment of its contractual obligations? (Please tick one only)

Excellent	<input type="checkbox"/>
Above average	<input type="checkbox"/>
Average	<input type="checkbox"/>
Below average	<input type="checkbox"/>
Extremely poor	<input type="checkbox"/>
Don't know/Not relevant	<input type="checkbox"/>

21. How would you rate Praxis Care's fulfilment of its lease obligations regarding repair? (Please tick one only)

Excellent	<input type="checkbox"/>
Above average	<input type="checkbox"/>
Average	<input type="checkbox"/>
Below average	<input type="checkbox"/>
Extremely poor	<input type="checkbox"/>
Don't know/Not relevant	<input type="checkbox"/>

22. To what extent does Praxis Care comply with statutory legislation relating to buildings? (Please tick one only)

Very much	<input type="checkbox"/>
Quite a bit	<input type="checkbox"/>
Somewhat	<input type="checkbox"/>
A little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
Don't know/not relevant	<input type="checkbox"/>

GENERAL

23. Taking everything into consideration, how would you rate Praxis Care as an organisation? (Please tick one only)

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very poor	<input type="checkbox"/>
Don't know/Not relevant	<input type="checkbox"/>

24. If you would like to make any additional comments, please do so here:

Thank you for completing this questionnaire.

This code is confidential and for administrative purposes only. It is used to identify respondents and non-respondents to enable a reminder to be sent only to those who have not responded.

Code:				
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