

Appendix 8 Sample questionnaire to local advice agencies prior to establishing a referral network

A referral network for xxxx (city/area)

Questionnaire for xxx advice agencies

ABOUT YOUR ORGANISATION (Please complete with details of the organisation, not those of the person completing the questionnaire)

Name of Contact Person	
Role of Contact Person	
Address of the organisation	
Telephone Number	
Fax Number	
Website	
E-mail address	

In what areas of law does your organisation provide a service?	Information & sign-posting	Advice Only	Casework/ acting for the client	Representation at Courts and Tribunals
Debt				
Welfare Benefits				
Housing				
Employment				
Immigration/Asylum				
Domestic Violence				
Family				
Discrimination				
Mental Health				
Disability				
Community Care				
Education				
Other general legal matters				
Other (please specify)				

How are these services funded?	Legal Services Commission	Financial Inclusion Fund	Local Authority	Other (please specify)
Debt				
Welfare Benefits				
Housing				
Employment				
Immigration/Asylum				
Domestic Violence				
Family				
Discrimination				
Mental Health				
Disability				
Community Care				
Education				
Other general legal matters				
Other (please specify)				

How many advisers does your organisation employ?	Actual Number	Full-time Equivalent
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How many volunteers does your organisation have?	Actual Number	Full-time Equivalent
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How many solicitors does your organisation employ?	Actual Number	Full-time Equivalent
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What geographical area does your organisation cover?	
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Does your organisation provide any outreach services in xxx City?	Yes	No
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If yes, please state where and when outreach is delivered and whether access is by drop-in or appointment		
Outreach Venue	Opening Times	Access: drop-in etc.
1.		
2.		
3.		
4.		

Does your organisation restrict its services to any particular client group?	Yes	No
If Yes, which groups?	Please Tick	
People eligible for legal aid		
Ethnic Minority group(s) – state which		
People with disabilities		
Young people		
Older people		
Carers		
Women		
Lesbian, gay, bisexual, transgender		
Other (please specify)		

Does your organisation provide advice in languages other than English?	Yes	No
If Yes, which languages?	Please Tick	
Urdu		
Hindi		
Punjabi		
Gujerati		
Bengali		
Somali		
Polish		
Others (say which)		

CURRENT REFERRAL ARRANGEMENTS

Does your organisation currently refer clients to other advice services in xxx City?	Yes	No
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Where do you currently refer clients for advice, casework or representation?	Xxx Law Centre	Xxx Debt Advice Service	Private Practice Solicitors	Other agencies (state which)
Debt				
Welfare Benefits				
Housing				
Employment				
Immigration/Asylum				
Domestic Violence				
Family				
Discrimination				
Mental Health				
Disability				
Community Care				
Education				
Other general legal matters				
Other (please specify)				
Are there occasions when it is not possible to make a referral?			Yes	No
If yes, what is the reason?			Tick all which apply	
No local organisation offers the service required				
The service is only available for fee-paying clients				
Local organisations have no capacity to accept referrals				
Other reasons- say what				

Does your organisation monitor referrals (e.g. by contacting the client to ask for feedback)?	Yes	No
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If yes, are clients generally able to obtain advice from the agencies to which they are referred?	Yes	No
If no, what are the reasons?	Tick all which apply	
The client did not contact the agency		
The client was unable to contact the agency because of access problems: e.g. physical access, language		
The client contacted the agency but was unable to see an adviser in time for the problem to be resolved		
The client received some advice but did not receive all the help needed to resolve the problem		

Other reasons (say which)	
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What does your organisation consider to be the biggest gap in advice provision in xxx City?	Advice Only	Casework/ acting for the client	Representation at Courts and Tribunals
Debt			
Welfare Benefits			
Housing			
Employment			
Immigration/Asylum			
Domestic Violence			
Family			
Discrimination			
Mental Health			
Disability			
Community Care			
Education			
Other general legal matters			
Other (please specify)			

A REFERRAL NETWORK FOR xxx (city/area)

Would your organisation like to join a referral network in xxx City if one could be set up?	Yes	No
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If yes, would your organisation be able/willing to receive referrals?	Yes	No
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What sort of referral arrangements would work best for your organisation?	Tick all which apply
Contact by telephone and give verbal details of the referral	
Contact by fax using a standard referral template	
Contact by e-mail using a standard referral template	
Internet-based referral system	
Ability to make/receive direct appointments for referred clients	
Other arrangement – say which	

End of questionnaire