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| Section 1: Personal information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.1** Employer: |  |  |  | **1.2** Title: |  |
|  | Name of the Organization/ Ministry /Department/Institution you are presently working for |  |  |  | Work title/ name of position |
| **1.3** Location: |  |  |
|  | Town/City | Province/State |
| **1.4** Your age:  | [ ]  under 25 [ ]  26-35 [ ]  36-45 [ ]  46-55 [ ]  56-65 [ ]  66 and over |  **1.5** Your Gender:  | [ ]  Female [ ]  Male  |  |
| **1.6** Highest level of education / academic qualification (select one) **🖉** |  |  |  |

[ ]  University Degree (BA, MA, PhD) relevant to the social service workforce (minimum 3 years training at university)[ ]  University Degree (BA, MA, PhD) unrelated to the social service workforce (minimum 3 years training university)[ ]  Diploma or certificate program relevant to the social service workforce (minimum 1 year training at university)[ ]  Diploma or certificate program unrelated to the social service workforce (minimum 1 year training at university)[ ]  Short-term training relevant to the social service workforce (less than 1 year)[ ]  Short-term training unrelated to the social service workforce (less than 1 year)[ ]  No relevant training **1.7** What year did you complete your highest level of education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Section 2: General information**2.1** Please describe the main area of your work**:** (🖉 add job functions as outlined in national definition of SSW)[ ]  function one [ ]  function two [ ]  function three [ ]  function tour [ ]  function five **2.2** Do you have job a description? [ ]  Yes | [ ]  NoIf No, please explain **2.3** Does the work you do correspond with your job description? [ ]  Yes | [ ]  NoIf No, please explain **2.4** What are the 3 biggest challenges you are facing in your everyday job? ☐ low salaries ☐ lack of training and professional knowledge ☐ high workload ☐ poor supervision and support system ☐ low motivation ☐ limited resources to work with ☐ low authority ☐ ineffective interagency collaboration☐ lack of clarity in roles/performance expectations ☐ poor work conditions/facilities ☐ lack of career advancement opportunities ☐ weak information management, records, data management☐ otherIf Other, please explain **2.5** How long have you been employed in your current position?[ ]  less than 1 year [ ]  1 – 2 years [ ]  3 - 4 years [ ]  5 - 9 years [ ]  10 years or more**2.6** How long have you been employed in the field of social services?[ ]  less than 1 year [ ]  1 – 2 years [ ]  3 - 4 years [ ]  5 – 9 years [ ]  10 years or more**Please note if you strongly agree, agree, neither agree or disagree, disagree or strongly disagree with the following statements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree |
| **2.7** I am satisfied with my pay | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **2.8** I have the proper supplies and equipment to do my job | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **2.9** I feel that I am making a positive impact in people’s lives through this job | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **2.10** My employer has put adequate measures in place to ensure the safety and security of everyone in my workplace | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

 |  |
| Section 3: Supervision |  |
| **3.1** Do you have an immediate supervisor? [ ]  Yes | [ ]  No**3.2** How often do you meet with your supervisor one on one?[ ]  Weekly [ ]  Monthly [ ]  3-4 times a year [ ]  less often [ ]  never**3.3** What type of support does your supervisor provide? (please check the appropriate box for each question)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To me, my supervisor….** | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree |
| a. Sets clear job performance expectations | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| b. Provides constructive feedback on my work skills   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Helps with decision making in difficult situations  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Helps me to learn best practices | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| e. Discusses ethical aspects of the work with me | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| f. Discusses my personal safety and comfort in my role  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| g. Helps me with self care and stress management tips | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| h. Discusses my professional development and career goals | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| i. Helps identify new training opportunities  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| j. Discusses administrative issues  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**3.4** How often do you have group supervision or structured peer support sessions? [ ]  Weekly [ ]  Monthly [ ]  3-4 times a year [ ]  less often [ ]  never**3.5** Do you consider the existing supervision system effective for meeting your needs? [ ]  Yes | [ ]  NoPlease provide any additional feedback or recommendations related to supervision Section 4: Training **Please note if you strongly agree, agree, neither agree or disagree, disagree or strongly disagree with the following statements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree |
| **4.1** The training I have is adequate to successfully do my job | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **4.2** My organization encourages my participation in training | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **4.3** Trainings are geographically accessible for me | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |
| **4.4** Trainings are financially accessible for me | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **4.5** I am given enough guidance and training to help me in my career path  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **4.6**  Before I started this job, I had an orientation that helped me learn about my organization and role | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any additional feedback or recommendations related to training **🖉** *(the following questions are here as an example but should be adapted to fit the roles and functions of those completing the survey. If electronic, the questions can be specific to the response in question #2.1)* * 1. Do you feel competent in your knowledge to identify potential abuse, exploitation, neglect, or violence?

 [ ]  Very competent [ ]  Competent [ ]  Somewhat competent [ ]  Not at all [ ]  Does not apply to my work* 1. Do you feel competent in your knowledge to appropriately respond to and help children and families affected by abuse, exploitation, neglect, or violence?

[ ]  Very competent [ ]  Competent [ ]  Somewhat competent [ ]  Not at all [ ]  Does not apply to my work* 1. Do you feel competent in your knowledge to facilitate an assessment of needs and strengths of clients and families, that includes aspects of health, education, social protection and child protection?

[ ]  Very competent [ ]  Competent [ ]  Somewhat competent [ ]  Not at all [ ]  Does not apply to my work* 1. Do you feel competent to actively engage clients in developing a case plan to address their strengths and needs?

[ ]  Very competent [ ]  Competent [ ]  Somewhat competent [ ]  Not at all [ ]  Does not apply to my work* 1. Do you feel competent to make referrals to available programs and services for the population of clients that you serve?

[ ]  Very competent [ ]  Competent [ ]  Somewhat competent [ ]  Not at all [ ]  Does not apply to my workSection 5: Professional Association**5.1** Are you a member of a professional association? [ ]  Yes | [ ]  NoIf yes, please provide the name of the association **5.2** How long have you been a member of your professional association?[ ]  less than 1 year [ ]  1 – 2 years [ ]  3 - 4 years [ ]  5 years or more**5.3** Do you receive any support from the professional association? [ ]  Yes | [ ]  NoIf yes, please explain **5.4** Do you feel you benefit professionally by being a member of the association? [ ]  Yes | [ ]  NoIf yes, please explain **5.5** Did the professional association require you to sign a code of ethics? [ ]  Yes | [ ]  NoIf yes, please explain  END OF SURVEY |  |
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