|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 that includes your supervisory duties? [ ]  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** There are 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** How many staff do you supervise? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_****3.4** Please think about your role as a supervisor and check the appropriate box for each question

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In my role as a supervisor, I ….** | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree |
| a. Set clear job performance expectations for workers I supervise | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| b. Provide them with constructive feedback on their work skills  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Help them with decision making in difficult situations  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Help them to learn best practices | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| e. Discuss ethical aspects of the work  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| f. Discuss their sense of personal safety and comfort in their role | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| g. Discuss self care and stress management tips | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| h. Discuss their professional development and career goals | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| i. Help identify new training opportunities  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| j. Discuss administrative issues  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**3.5** How often do you hold group supervision or structured peer support sessions? [ ]  Weekly [ ]  Monthly [ ]  3-4 times a year [ ]  less often [ ]  never**3.6** 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 have enough access to 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.)* * 1. Do you feel competent in your knowledge of theoretical models of supervision?

 [ ]  Very competent [ ]  Competent [ ]  Somewhat competent [ ]  Not at all [ ]  Does not apply to my work* 1. Do you feel competent in your ability to establish and articulate measurable outcomes for learning and performance of supervisees?

[ ]  Very competent [ ]  Competent [ ]  Somewhat competent [ ]  Not at all [ ]  Does not apply to my work* 1. Do you feel competent in your knowledge of providing feedback on job performance to supervisees?

[ ]  Very competent [ ]  Competent [ ]  Somewhat competent [ ]  Not at all [ ]  Does not apply to my work* 1. Do you feel competent in your knowledge of social work ethics?

[ ]  Very competent [ ]  Competent [ ]  Somewhat competent [ ]  Not at all [ ]  Does not apply to my work* 1. Do you feel competent in your knowledge of the stages of stress, burnout, and compassion fatigue and how to communicate with supervisees about these issues?

[ ]  Very competent [ ]  Competent [ ]  Somewhat competent [ ]  Not at all [ ]  Does not apply to my work* 1. Do you feel competent in your ability to manage conflict and disagreement?

[ ]  Very competent [ ]  Competent [ ]  Somewhat competent [ ]  Not at all [ ]  Does not apply to my work* 1. Do you feel competent in your knowledge of up-to-date evidence-based practices in your area of work?

[ ]  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 |  |