

Appendix V - Final Staff Survey

The survey instrument text is provided here

Why a survey?

Non-government Organisations have reported difficulties in recruiting and developing a suitable disability sector workforce. The issues experienced by many NGOs and staff have included recruitment, training, development, management, retention, and others.

This survey takes about five minutes to complete and there is a prize!

Fill in your details on the next page.



VICRAID, ACROD and CIDA have come together with the assistance of Precision Consultancy to undertake two confidential workforce surveys. This is a survey of all NGOs (i.e. the employers) in relation to their State DisAbility Services Funded staff and this survey is for staff to complete. This vital information will be used to:

- Provide a comprehensive snapshot of the disability NGO workforce;
- Identify issues around recruiting, managing and retaining suitable staff;
- Compare the NGO workforce with that of the government sector and
- Assist NGOs, DHS and other key stakeholders plan the strategic development of the sector.

This project is vital, as it will provide the first comprehensive picture of NGO workforce and issues for ten years.

The project will be completed by 30 August. All participating NGOs will receive a full copy of the final project report including a summary to distribute to all staff.

It is most important that the enclosed surveys are completed and returned by **Friday August 9th 2002.**

How to fill out the survey:

This questionnaire has been developed for employees from Victoria non government organisation Disability services agencies. A related survey is to be administered to gather data from employers in relation to Victorian NGO Disability service agencies. The survey design has been validated by a Steering Group comprised of representatives of the three key organisations (VICRAID, ACROD and CIDA).

The types of responses required are as follows:

- For open questions clearly and legibly list the required information
- Where choices or options are given, mark your choice in the box with a 'X'
- Where more than one option is given, mark each option with an 'X' in the box provided
- Some questions require a YES or NO answer.

1. What is your age range?

15 - 19	<input type="checkbox"/>	30 - 34	<input type="checkbox"/>	45 - 49	<input type="checkbox"/>	60 - 64	<input type="checkbox"/>
20 - 24	<input type="checkbox"/>	35 - 39	<input type="checkbox"/>	50 - 54	<input type="checkbox"/>	65+	<input type="checkbox"/>
25 - 29	<input type="checkbox"/>	40 - 44	<input type="checkbox"/>	55 - 59	<input type="checkbox"/>		

2. Are you:

Female Male

3. What is your postcode at home?

4. What is your postcode at work?

For question 5 and all the below which ask about your job, please answer in terms of your main job in the non-government disability sector.

5. What was your gross salary (including tax and benefits) in the financial year 2001 – 2002?

Below \$15,000	<input type="checkbox"/>	\$40,000 - \$49,999	<input type="checkbox"/>
\$15,000 - \$19,999	<input type="checkbox"/>	\$50,000 - \$59,999	<input type="checkbox"/>
\$20,000 - \$24,999	<input type="checkbox"/>	\$60,000 - \$69,999	<input type="checkbox"/>
\$25,000 - \$29,999	<input type="checkbox"/>	More than \$70,000	<input type="checkbox"/>
\$30,000 - \$39,999	<input type="checkbox"/>		

6. Please indicate the industrial award or agreement under which you are employed.

Residential and Support Services Award	<input type="checkbox"/>	Health and Allied Agencies Award	<input type="checkbox"/>
ATSS MECA	<input type="checkbox"/>	SACS Award	<input type="checkbox"/>
Attendant Care Award	<input type="checkbox"/>	Other (please list):	<input type="checkbox"/>
Health Professionals Award	<input type="checkbox"/>		
Disability Services Award	<input type="checkbox"/>		

7. What is the client group with which you mainly work?

Developmental Delay	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	Hearing Disability	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>	Acquired Brain Injury	<input type="checkbox"/>	Speech Disability	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Deaf/Blind	<input type="checkbox"/>	Neurological Disability	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Vision Disability	<input type="checkbox"/>		

8. In which of the following services do you work (select more than one if appropriate)

Accommodation Outreach Support	<input type="checkbox"/>	In Home Accommodation Support	<input type="checkbox"/>
Advocacy Services	<input type="checkbox"/>	Independent Living Training	<input type="checkbox"/>
Aids and Equipment	<input type="checkbox"/>	Information Services	<input type="checkbox"/>
Behaviour Intervention Services	<input type="checkbox"/>	Transitional Accommodation Support	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	Productivity Investment Fund	<input type="checkbox"/>
Congregate Care	<input type="checkbox"/>	Recreation	<input type="checkbox"/>
Creating Inclusive Communities	<input type="checkbox"/>	Shared Supported Accommodation	<input type="checkbox"/>
Criminal Justice Services	<input type="checkbox"/>	Respite	<input type="checkbox"/>
Day Programs	<input type="checkbox"/>	Service Quality	<input type="checkbox"/>
Family Options	<input type="checkbox"/>	Research and Evaluation	<input type="checkbox"/>
Flexible Care Packages	<input type="checkbox"/>	Therapy	<input type="checkbox"/>
Futures for Young Adults	<input type="checkbox"/>	Home Support	<input type="checkbox"/>
Intake, Access and Response	<input type="checkbox"/>	Others (please list):	<input type="checkbox"/>

9. Which one of the following best describes your current employment status?

	Employment status	Paid hours of work per week (on average)
Full-time	<input type="checkbox"/>	<input type="checkbox"/>
Part-time	<input type="checkbox"/>	<input type="checkbox"/>
Casual	<input type="checkbox"/>	<input type="checkbox"/>

10. Are you employed as a:

- Permanent employee
- Casual employee
- On a fixed term contract (Please insert duration of contract) months

11. Do you work shiftwork?

- Yes No

If you answered yes above, do you work

- Morning shift
- Afternoon shift
- Evening shift
- Night shift
- Changing Shifts

12. How would you describe your role in the organisation (select one only)

- Senior executive
- Manager
- Supervisor
- Professional
- Para Professional
- Direct Care Worker
- Administration
- Tradesperson
- Other (please list)

13. What is your current job title?

14. What are the main duties of this job

15. How long have you worked with your (main) current employer?

Less than 6 months	<input type="checkbox"/>	Between 4 and 6 years	<input type="checkbox"/>
Between 6 and 12 months	<input type="checkbox"/>	Between 6 and 10 years	<input type="checkbox"/>
Between 1 and 2 years	<input type="checkbox"/>	Between 10 and 20 years	<input type="checkbox"/>
Between 2 and 4 years	<input type="checkbox"/>	More than 20 years	<input type="checkbox"/>

16. What is the total length of time you have worked in the field of Disability Services?

Less than 6 months	<input type="checkbox"/>	4 – 6 years	<input type="checkbox"/>
6 – 12 months	<input type="checkbox"/>	6 – 10 years	<input type="checkbox"/>
12 – 24 months	<input type="checkbox"/>	10 – 20 years	<input type="checkbox"/>
2 – 4 years	<input type="checkbox"/>	More than 20 years	<input type="checkbox"/>

17. Do you currently work in other paid employment?

Yes No

If you answered yes above, is this employment:

- With another non government agency in the Disability Services area?
- Within Government Disability Services?
- In a field outside Disability?

18. How many employers have you had during your time working in the Disability Services field?

1 only	<input type="checkbox"/>	3 – 5	<input type="checkbox"/>	9 - 10	<input type="checkbox"/>
2 only	<input type="checkbox"/>	6 - 8	<input type="checkbox"/>	More than 10	<input type="checkbox"/>

19. What was the highest level of schooling that you completed? (tick one only)

Year 7	<input type="checkbox"/>	Year 9	<input type="checkbox"/>	Year 11	<input type="checkbox"/>
Year 8	<input type="checkbox"/>	Year 10	<input type="checkbox"/>	Year 12	<input type="checkbox"/>

20. What is the highest level of post school qualification you hold? (tick one only)

- | | | | |
|--|--------------------------|---|--------------------------|
| None | <input type="checkbox"/> | Undergraduate degree completed | <input type="checkbox"/> |
| TAFE Qualification partially completed | <input type="checkbox"/> | Post graduate qualification partially completed | <input type="checkbox"/> |
| TAFE Qualification completed | <input type="checkbox"/> | Post graduate qualification completed | <input type="checkbox"/> |
| Undergraduate degree partially completed | <input type="checkbox"/> | | |

21. Do you hold any of the following qualifications? (tick all that apply)

- | | | | |
|---------------------|--------------------------|---|--------------------------|
| ACRACS | <input type="checkbox"/> | Dual Certificate (MRN/RPN) | <input type="checkbox"/> |
| CIVICS (Disability) | <input type="checkbox"/> | Certificate II in Community Services (Disability Work) | <input type="checkbox"/> |
| DDC | <input type="checkbox"/> | Certificate III in Community Services (Disability Work) | <input type="checkbox"/> |
| IDSO | <input type="checkbox"/> | Certificate IV in Community Services (Disability Work) | <input type="checkbox"/> |
| MRN | <input type="checkbox"/> | Diploma of Community Services (Disability Work) | <input type="checkbox"/> |
| RPN | <input type="checkbox"/> | Associate Diploma of Community Services (Disability Work) | <input type="checkbox"/> |
| RN | <input type="checkbox"/> | Other (please list): | |
| YACO | <input type="checkbox"/> | | |
-

22. Are you currently studying for any formal qualification?

- Yes No

If you answered yes, please list the name of the qualification

23. How many hours have you spent in training and professional development in the following time periods:

- Last 3 months Last 12 months

24. Do you believe that you receive adequate training to perform your job effectively and efficiently?

- Yes No

If you answered no above, please add any comment to explain your answer by listing any areas in which you feel you require training.

25. Do you belong to or are you a member of any professional group or association?

Yes

No

If you answered yes to this question, please provide names of the group or association.

26. Where do you see yourself in the future?

	In 2 years	In 5 years
In my current job with the same agency	<input type="checkbox"/>	<input type="checkbox"/>
In another job with the same agency	<input type="checkbox"/>	<input type="checkbox"/>
In another non-government disability agency	<input type="checkbox"/>	<input type="checkbox"/>
Working in the government disability sector	<input type="checkbox"/>	<input type="checkbox"/>
Out the of the disability sector altogether but still in the workforce	<input type="checkbox"/>	<input type="checkbox"/>
Out of the workforce	<input type="checkbox"/>	<input type="checkbox"/>

Additional information

Is there any other information that you believe will assist in analysing the NGO Disability Services sector that has not been included in the questions on the previous pages? Please add comments below.

Thank you for completing this survey. Your input is valued by the project sponsors and will be kept confidential.