



## Introduction

ALIGN Association of Community Services has contracted AndersonDraper Consulting Inc. to undertake their member survey. Consistent with questions from surveys done with members in past years, the purpose is to help identify trends, issues and opportunities relating to the workforce, contracting, funding and service provision. The survey also provides members with an opportunity to advise ALIGN on strategic direction, advocacy, training, and information needs, and to

identify where ALIGN might improve to better address member needs. All responses pertain to the April 1<sup>st</sup>, 2020 – March 31, 2021 fiscal year and for programs in Alberta.

This online survey will be open from April 7th until May 7th, 2021. Please note, completing this survey is voluntary. Your participation is greatly appreciated.

**PLEASE NOTE, YOU WON'T BE ABLE TO RE-ENTER THE SURVEY ONCE YOU EXIT. AS THE QUESTIONS ARE DETAILED, IT IS RECOMMENDED THAT YOU COMPLETE A PAPER VERSION OF THE SURVEY WITH ALL YOUR ANSWERS AND THEN ENTER YOUR RESPONSES ONLINE.** Do not submit the paper copy with responses to ALIGN.

If you have any questions about this survey, please contact ALIGN'S Executive Director [rbarraclough@alignab.ca](mailto:rbarraclough@alignab.ca) or [michelle@andersondraperconsulting.com](mailto:michelle@andersondraperconsulting.com)

A report summarizing survey findings will be posted on ALIGN's website once completed.

Thank you.

## Agency/Organization Name & Contact

- 1 What is your name (the person filling out the survey) and contact information? *Note names will not be associated with responses. This information will be used to determine response rate and survey completion.*

Contact name:

Agency/Organization:

Phone number:

E-mail address:

## Service Provider

- 2 Does your agency or organization provide services directly to children, youth and/or families? (Y/N)

*If No – skip to Indigenous Cultural Understanding section*

## Section 1: Overview of Agency

3 Which of the following participating associations do you hold membership in? Check all that apply.

- ALIGN
- CWLC
- AHVNA
- ACDS
- Other (please specify) \_\_\_\_\_

4 If your agency/organization accreditation, please select the accrediting body or if not check not accredited.

- CARF
- Canadian Accreditation Council
- Accreditation Canada
- Not accredited
- Other (please specify) \_\_\_\_\_

5 What is the total number of children served by the agency/organization? On a **monthly basis**? (drop-down list: 1-50 / 51-100 / 101 – 150 / 151-200 / 201-250/ 251-300/ 301-350/ 350 or more)

6 On an **annual basis**? (drop down 1-250 / 251-500/ 501-750 / 751-1000 / 1001 or more)

7 What is the total **number of families** served by the agency/organization? On a **monthly basis**? (drop-down list: 1-50 / 51-100 / 101 – 150 / 151-200 / 201-250/ 251-300/ 301-350/ 350 or

8 What is the **total number of families** served by the agency/organization on an **annual basis**? (drop down 1-250 / 251-500/ 501-750 / 751-1000 / 1001 or more)

9 How many filled board member positions does your agency/organization have? (drop down 1, 2, 3....15, 1)

10 How many vacant board member positions does your agency/organization have? (drop down 1, 2, 3....15, 1)

11 How many volunteers does your agency/organization have? (1-25; 26-50; 51-75; 76-100; 101 -125; 126-150; 151 or more)

12 What is the total number of employees? (1-50; 51-100; 101 -150; 151-200; 201-250; 251-300; 301-350; 351-400; 401-450; 451-500; 501 or more)

- 13 What **percent (%)** of staff are considered full time?
- 14 What **percent (%)** of staff are considered part-time?
- 15 How many employees are in FRONT LINE SERVICE DELIVERY (i.e., not administration or management)? Total: n\_\_\_\_\_
- 16 Full time: n\_\_\_\_\_
- 17 Part time: n\_\_\_\_\_
- 18 Of the total employees, how many are ADMINISTRATION: in total?
- 19 Working Full time: n\_\_\_\_\_
- 20 Working Part time: n\_\_\_\_\_
- 21 Of the total employees, how many are in SUPERVISORY/MANAGEMENT role int total:
- 22 Full time: n\_\_\_\_\_
- 23 Part time: n\_\_\_\_\_
- 24 In total, how many employees self-identify as First Nations (status), First Nations (non status), Métis or Inuit? If data not collected, leave blank, if # is zero indicate 0.
- 25 Front Line / Service Delivery: n\_\_\_\_\_
- 26 Administration: n\_\_\_\_\_
- 27 Supervisory/Management: n\_\_\_\_\_
- 28 In total, how many employees self-identify as **People of Color (POC)**? If data not collected, leave blank, if # is zero indicate 0.
- 29 Front Line / Service Delivery: n\_\_\_\_\_
- 30 Administration: n\_\_\_\_\_
- 31 Supervisory/Management: n\_\_\_\_\_

## Section 2: Contract-funded and/or Grant-funded Service Agreements

This section pertains to service agreements with Alberta Government programs that address the needs of vulnerable children and families.

- 32 What is the total annual dollar amount of your contract-funded and/or grant-funded agreements with **Alberta Children's Services** to provide services to vulnerable children and families? (less than .5 million; .5 million -1 million; 1 million – 2 million; 2 million – 4 million; 4-8 million; more than 8 million)
- 33 What is the total annual dollar amount of your contract-funded and/or grant-funded agreements with **Alberta Community and Social Services** to provide services to vulnerable

children and families? less than .5 million; .5 million -1 million; 1 million – 2 million; 2 million – 4 million; 4-8 million; more than 8 million)

34 What is the total annual dollar amount of your contract-funded and/or grant-funded agreements with **other Ministries** (i.e., Alberta Health, Solicitor General etc.) to provide services to vulnerable children and families? less than .5 million; .5 million -1 million; 1 million – 2 million; 2 million – 4 million; 4-8 million; more than 8 million)

35 In which program areas do you have a CONTRACT or GRANT funded agreement (check all that apply)?

- Child Intervention Services (CI)
- Early Intervention (EI)
- Family Support for Children with Disabilities (FSCD)
- Fetal Alcohol Spectrum Disorder (FASD)
- Family Resource Network Hub and/or Spoke (FRN)
- Prevention of Family Violence and Bullying (PFVB)
- AHS / Ministry of Health
- Other (please specify) \_\_\_\_\_

36 For one of the CONTRACT and/or GRANT funded agreement identified above, please indicate if any of the following changes were made to it in the last fiscal year (April 1, 2020 – March 31st, 2021).

- Cost of Living Increase? Y/N/Not Sure/NA
- Cost of Operations Increase? Y/N/Not Sure/NA
- Contract went to Tender? Y/N/Not Sure/NA

37 If you have more than one CONTRACT/and or GRANT funded agreement, please specify in any of the following changes were made to any other ones in the last fiscal year (April 1, 2020 – March 31st, 2021).

- Cost of Living Increase? Y/N/Not Sure/NA
- Cost of Operations Increase? Y/N/Not Sure/NA
- Contract went to Tender? Y/N/Not Sure/NA

## Section 3: Workforce Characteristics

### Workforce Questions

Please respond to the following questions based on your complete workforce, including the workforce associated with all funding sources, program areas and association memberships combined.

38 Please specify the distribution (percentage) of gender for your workforce.

- Female
  - Male
  - Transgender
  - Non-binary
  - Other \_\_\_\_\_
- 39 Please specify the percentage (%) of your overall workforce fall into the following age distribution categories.
  - <25
  - 25-34
  - 35-44
  - 45-54
  - 55-64
  - >65
- 40 Please indicate approximately what percentage of your workforce have been with your agency for the following amount of time.
  - Less than a year (%)
  - 1 to less than 2 years (%)
  - 2 to less than 3 years
  - 3 to less than 4 years
  - 4 to less than 5 years
  - 5 to less than 10 years
  - 10 years or more
- 41 Please indicate the percentage (%) of employees have achieved the following categories of educational attainment.
  - High school diploma (#)
  - Post secondary certificate
  - Post secondary diploma
  - Bachelor's Degree
  - Graduate Degree
- 42 Please indicate the **percentage (%)** employees are at each of the following pay categories (Hourly rate of pay).
  - \$15-20
  - \$21-25
  - \$26-30
  - \$31-35
  - \$36-40
  - \$41-45

- \$46-50
- \$50+

43 Please indicate what **percentage (%)** of your workforce work in the following provincial area:

- North
- Edmonton
- Calgary
- Central
- South

## Staff Vacancy and Turnover

For your total workforce (service delivery and non-service delivery combined) please enter the following vacancy and turnover information:

- 44 Total number of current vacancies (drop down 1-5; 6-10; 11-15; 16-20; 21-25; 26 or more)
- 45 Total number of **Front-line service delivery** current vacancies (drop down 1-25 or more)
- 46 Total number of hires in the previous fiscal year (drop down 1-25 or more)
- 47 Total number of **Front-line service delivery** hires within the last year (drop down 1-25 or more)
- 48 If your organization monitors its overall annual vacancy rate, please enter the current rate as a percentage. %\_\_\_\_\_
- 49 If your organization monitors its overall annual turnover rate, please enter the current rate here as a percentage of the overall staffing number. %\_\_\_\_\_
- 50 Has your turnover rate changed in the past fiscal year? Yes/No/Not Sure  
Comments?

## Section 4: Attraction and Retention

51 What is the average length of turnover (how many weeks does it take to replace staff) at your agency? less than a month, 1-2 months, 3-4 months, 5-6 months, longer than 6 months.

52 In terms of your staff overall (service delivery and non-service delivery) what are the main reasons (top three) for staff turnover?

- Pay and Benefits
- Employment Status / Hours of Work
- Career Advancement
- Further Education / Schooling
- Maternity Leave / Family Support
- Having to Move
- Stress / Burnout / Health
- Job Challenges (Role/Fit)
- Termination
- Personal

Covid related issues  
Other

53 Over the past six months what emerging trends, if any, have you noticed with your staff in terms of health and safety (sick days, WCB claims), qualifications, experience, etc.? (open ended)

## Section 5: Program and Service Closures and Openings

54 Are you currently considering closing a program? Yes / No

55 If yes, what type of program are you currently considering closing? (add drop down list: group care, early intervention, other \_\_\_\_\_ please specify) and why? (drop down list staffing issues; insufficient funding to continue; decrease in need for program; other please specify\_\_\_\_\_)

56 What, if any, mitigation strategies have you employed to prevent the program closure? open ended.

57 During the past six months, has your agency/organization closed services to children and families? Yes / No

58 What type of service closed (Group Care, Residential Treatment, Foster Care, FSCD ) and why. (drop down list – staffing issues; insufficient funding to continue; decrease in need for program; other please specify\_\_\_\_\_)

59 How many children/families were affected by the program/service closure? n\_\_\_\_\_

60 What has been the impact of the closure? (open ended)

61 Are you currently considering opening a program? (Yes / No) If yes, what type of program are you considering opening?

62 If yes, why are you considering opening a program?  
(drop down: increased demand/need, filling an existing service gap, serving a focused or specialized group, a result of successes in the tendering and funding approval process, other please specify).

63 During the past twelve months has your agency/organization opened services to children and families? (Yes / No), If yes, what type?

64 How long has the program been open? less than a month, 1 month to less than 3 months, 3 to 6 months, 6 months or longer)

65 How many children will benefit from the program?

66 What has been the impact of the program opening? (open ended)

67 What do you anticipate being some longer lasting changes to programming and service delivery as a result of COVID? (open ended)

## Section 6: Occupational Health & Safety

68 Does your agency/organization have an occupational health and safety organizational management system in place? Yes / No

69 Are there any areas of concern that ALIGN can support you specifically to do with occupational health and safety requirements? open ended.

70 What are your occupational health and safety concerns? (check all that apply)

- WCB costs
- Insurance costs
- Other? please specify \_\_\_\_\_

## Section 7: Indigenous Cultural Understanding

71 What activities is your agency/organization doing or has done to ensure strong cultural connections?

72 Does your agency/organization practice ceremony (e.g., smudging, sweats etc.)?

73 Does your agency/organization have relationships with Elders or Knowledge Keepers to support staff and families? Yes/No/Working on it

74 Overall, how would you rate your organizations KNOWLEDGE of Indigenous Cultural Understanding?

Very low; Low; Moderate; High; Very high

75 Please describe what resources/training you would find helpful to support the growth of Indigenous Cultural Understanding within your agency/organization? (open ended)

## Section 8: Anti-Racism

76 Has your agency/organization developed any policies on anti-racism?

Yes/No/Underway

77 If yes, did your organization develop policies on anti-racism prior to 2020? (Yes/No)

78 Has your agency/organization developed any training focusing on anti-racism?

Yes/No/Underway

79 Are there any areas of concern that ALIGN can support you specifically to do with increasing anti-racism or systemic racism? open ended.

## Section 9: Advocacy

80 Has ALIGN advocated for your needs in the previous fiscal year? Yes/No/Not sure

81 In the past fiscal year have you/ your agency participated in the advocacy process? (Y/N/Do not Know). If yes, please indicate how you participated (Drop down list: writing letters to your MLA, attending ALIGN meetings, participating in agenda forums...., other)

82 Please recommend any advocacy efforts that are needed for ALIGN in the coming year: (open ended)

## Section 10: Measurement and Evaluation

- 83 What tools does your agency/organization use to measure change in children and families? (open ended)
- 84 Does your agency/organization have an evaluation specialist on staff? Yes/No (describe)
- 85 Are there any areas of that ALIGN can support you specifically to do with measurement and evaluation? (open ended)

## Section 11: Information, Training, Priorities and Areas to Improve

- 86 Do you receive adequate information in terms of updates, events, current actions, etc. from ALIGN? (Y/N/Not sure) Please comment.
- 87 Have you or some of your staff participated in any training or conferences offered by ALIGN over the last fiscal year? (Yes / No)
- 88 Please identify any additional training opportunities you would be interested in ALIGN offering. open ended.
- 89 Is ALIGN's website meeting your agencies needs? If no, how could ALIGN improve the website to better meet our needs? open ended.
- 90 What, if any, additional information, or activities could ALIGN provide members? open ended.
- 91 What is ALIGN doing well in serving your agency? open ended.
- 92 What could ALIGN improve upon to better serve your agency? open ended.

Thank you for completing this survey.