

CORE COMPETENCIES OF YOUTH WORKERS 2005

The National Council of Social Service and the National Youth Council are developing core competencies for the youth workers. The main purpose of this initiative is to professionalise youth workers and enhance the capabilities of volunteer youth workers. Your feedback through this survey would help us understand your needs and develop core competencies and a training roadmap. Thank you for your participation.

There are 3 segments to this survey. They are as follows:

General Questions on Youth Work:	Questions 1 – 5	(Page 2)
Professional Youth Workers	Questions 6 – 9	(Page 3 – 6)
Volunteer Youth Workers:	Questions 10 – 20	(Page 7 – 10)

For the purpose of this survey:

- a) *Young people are defined as those between the ages of 11 – 18 years old.*
- b) *A professional youth worker is a person who is part of a paid professional team working with young people through the provision of developmental and/or preventive and remedial services.*
- c) *A volunteer youth worker is a person who works without pay or remuneration in an organisation, with the sole purpose of contributing to the non-formal education of young people, developing their capacities and potential, to enable them to grow up as self-fulfilled individuals and active citizens.*

Agency: _____

Name: _____

Designation: _____

Email: _____

Contact no.: _____

1. Type(s) of youth programme settings (You may click on more than one box)

- Centre-based Street work (eg Outreach)
- Residential (Institution / Hostel) School-based
- Faith-based premises
- Others (please specify): _____

2. Types of youth programmes provided by youth workers (You may click on more than one box)

- Camps Groupwork
- Casework / Counselling Recreational Activities
- Home Visits Life Skills Training
- Experiential Learning Programmes Information & Referral
- Outreach (Centre-based and non-centre based)
- Others (please specify): _____

3. Key outcomes of youth programmes provided by your agency (You may click on more than one box)

- Remedial: to enable youths to cope with identified or existing issues or problems
- Preventive: to build up resiliency in youths to resist negative influences and harmful involvement
- Developmental: to prepare youths to manage life transitions and inculcate positive and social values
- Leadership: to motivate, inspire and build up leadership skills among youths

4. Please indicate the approximate number of youths served by your agency.

5. Please indicate the approximate annual operating budget of your youth programmes.

CORE COMPETENCIES OF PROFESSIONAL YOUTH WORKERS

6. Please complete the following profile for all professional youth workers in your agency. Feel free to make extra copies of this portion should you have more than seven staff.

<u>Profile</u>	<u>Staff 1</u>	<u>Staff 2</u>	<u>Staff 3</u>	<u>Staff 4</u>	<u>Staff 5</u>	<u>Staff 6</u>	<u>Staff 7</u>
a) Primary roles 1. Coordinator / Manager 2. Social worker 3. Youth worker 4. Counsellor 5. Administration 6. Others (pls specify): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 _____
b) Gender 1. Male 2. Female	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
c) Age 1. Under 18 2. 18 – 25 3. 26 – 39 4. 40+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
d) Years working in the youth sector How many years has this person worked in the youth sector? _____ years	_____ years	_____ years	_____ years	_____ years	_____ years	_____ years	_____ years

<p>e) Supervision How often does this person have formal supervision?</p> <p>1. Daily 2. Weekly 3. Fortnightly 4. Monthly 5. Quarterly 6. Less frequently than quarterly 7. Never</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
<p>f) Who provides this supervision?</p> <p>1. Management committee 2. Supervisor / Manager co-ordinator 3. Co-worker in the same organisation 4. Someone else inside the organisation 5. Peer (worker outside the organisation) 6. External consultant 7. Not applicable</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
<p>g) Education What is the highest level of education this staff member completed?</p> <p>1. GCE 'N' Levels 2. GCE 'O' Levels 3. GCE 'A' Levels 4. Certificate / Diploma 5. University degree 6. Post-graduate certifications</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

h) Qualifications Area of qualification if post-secondary education 1. Youth work 2. Social work 3. Psychology 4. Education 5. Welfare / Community work 6. Arts / Humanities 7. Communications / Art / Media 8. Management / Admin 9. Others (pls specify): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____
i) Salary range 1. Less than \$1,000 2. \$1,000 – \$1,499 3. \$1,500 – \$1,999 4. \$2,000 – \$2,499 5. \$2,500 – \$2,999 6. \$3,000 and above	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

7. Do you plan to create more youth worker positions in your agency in 5 years' time?

Yes (If yes, please state the estimated number: _____)

No

8. What are the 7 most important core competencies of a professional youth worker in your agency? (Please tick a maximum of 7 boxes)

Knowledge on children and youth development

Organisational Skills (Event / Project Management)

- | | |
|---|---|
| <input type="checkbox"/> Leadership Skills | <input type="checkbox"/> Coaching Skills |
| <input type="checkbox"/> Mentoring Skills | <input type="checkbox"/> Facilitation Skills |
| <input type="checkbox"/> Counselling Skills | <input type="checkbox"/> Communication Skills |
| <input type="checkbox"/> Problem-solving Skills | <input type="checkbox"/> Conflict Resolution Skills |
| <input type="checkbox"/> Teamwork and Group Dynamics | <input type="checkbox"/> Safety and Risk Management |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Ability to Work with Parents |
| <input type="checkbox"/> Others (please specify): _____ | |

9. Please rank the top 5 competencies that your organisation feels its professional youth workers should have but are currently lacking. (Please rank in descending order of importance from 1 – 5, 1 being the most important.)

- | | | | |
|----------------------|--|----------------------|------------------------------|
| <input type="text"/> | Knowledge on children and youth development | | |
| <input type="text"/> | Organisational Skills (Event / Project Management) | | |
| <input type="text"/> | Leadership Skills | <input type="text"/> | Coaching Skills |
| <input type="text"/> | Mentoring Skills | <input type="text"/> | Facilitation Skills |
| <input type="text"/> | Counselling Skills | <input type="text"/> | Communication Skills |
| <input type="text"/> | Problem-solving Skills | <input type="text"/> | Conflict Resolution Skills |
| <input type="text"/> | Teamwork and Group Dynamics | <input type="text"/> | Safety and Risk Management |
| <input type="text"/> | Outreach | <input type="text"/> | Ability to Work with Parents |
| <input type="text"/> | Others (please specify): _____ | | |

CORE COMPETENCIES OF VOLUNTEER YOUTH WORKERS

10. How many volunteer youth workers do you have in your organisation?

11. What is the age range of your volunteer youth workers?

12. How does your organisation recruit volunteer youth workers? (Please tick all applicable boxes)

- From religious groups
- From former members
- Advertisements on your organisation's website
- Advertisements on government and national websites (like NCSS or NVPC)
- Open recruitment (through talks / seminars / roadshows)
- Recommendations / Referrals / Word-of-mouth
- Others (please specify): _____

13. What are your organisation's current selection / screening processes for volunteer youth workers?

- | | |
|--|---|
| <input type="checkbox"/> Application Forms | <input type="checkbox"/> Recommendation |
| <input type="checkbox"/> Interviews | <input type="checkbox"/> Declaration |
| <input type="checkbox"/> Character Referees/Testimonials | <input type="checkbox"/> Probation Period |
| <input type="checkbox"/> None | <input type="checkbox"/> Others (please specify): _____ |

14. What are the 7 most important core competencies of a volunteer youth worker in your agency? (Please tick a maximum of 7 boxes)

- Knowledge of the organisation's values
- Knowledge on children and youth development
- Organisational Skills (Event / Project Management)
- Leadership Skills
- Coaching Skills
- Mentoring Skills
- Facilitation Skills
- Counselling Skills
- Communication Skills
- Problem-solving Skills
- Conflict Resolution Skills
- Teamwork and Group Dynamics
- Safety and Risk Management
- Ability to Administer First Aid
- Ability to Work with Parents
- Others (please specify): _____

15. Please rank the top 5 competencies that your organisation feels its volunteer youth workers should have but are currently lacking. (Please rank in descending order of importance from 1 – 5, 1 being the most important.)

- Knowledge of the organisation's values
- Knowledge on children and youth development
- Organisational Skills (Event / Project Management)
- Leadership Skills
- Coaching Skills
- Mentoring Skills
- Facilitation Skills
- Counselling Skills
- Communication Skills
- Problem-solving Skills
- Conflict Resolution Skills
- Teamwork and Group Dynamics
- Safety and Risk Management
- Ability to Administer First Aid
- Ability to Work with Parents
- Others (please specify): _____

16. Please indicate the core responsibilities of your volunteer youth workers. (Please tick all applicable boxes)

Casework

Counselling

Groupwork

Organise Indoor Activities

Organise Outdoor Activities

Safety and Risk Management

Home Visits

Mentoring

Outreach Programmes (going to places where the youths are)

Others (please specify): _____

17. How do you wish to improve volunteer management in your organisation?

18. Apart from training, what else can be done to support your organisation in helping its volunteer youth workers achieve competency in their core roles?

TRAINING OF VOLUNTEER YOUTH WORKERS

19. Does your organisation provide structured induction / training for your volunteer youth workers?

Yes

No

If yes, please go on to Question 20.

20. Please fill in the types of training and tick the relevant boxes respectively on the next page. (Please use Annex A if you need additional space)

Types of Training	<u>Trainer</u> Where do the training scope / materials come from?	<u>Duration</u> What is the average duration of the training?	<u>Fees</u> Does the volunteer youth worker pay for the training?	<u>Outreach</u> Do you conduct this training course to other organisations?
Example: 1. Indoor Training / Orientation Session	<input type="checkbox"/> In-house <input type="checkbox"/> External Provider <input type="checkbox"/> Others	<input type="checkbox"/> Less than 2 hours <input type="checkbox"/> 2 to 8 hours <input type="checkbox"/> 8 to 24 hours <input type="checkbox"/> More than 24 hours	<input type="checkbox"/> No <input type="checkbox"/> Yes, up to 20% <input type="checkbox"/> Yes, above 50% <input type="checkbox"/> Yes, 100%	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. First Aid Training	<input type="checkbox"/> In-house <input type="checkbox"/> External Provider <input type="checkbox"/> Others	<input type="checkbox"/> Less than 2 hours <input type="checkbox"/> 2 to 8 hours <input type="checkbox"/> 8 to 24 hours <input type="checkbox"/> More than 24 hours	<input type="checkbox"/> No <input type="checkbox"/> Yes, up to 20% <input type="checkbox"/> Yes, above 50% <input type="checkbox"/> Yes, 100%	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.	<input type="checkbox"/> In-house <input type="checkbox"/> External Provider <input type="checkbox"/> Others	<input type="checkbox"/> Less than 2 hours <input type="checkbox"/> 2 to 8 hours <input type="checkbox"/> 8 to 24 hours <input type="checkbox"/> More than 24 hours	<input type="checkbox"/> No <input type="checkbox"/> Yes, up to 20% <input type="checkbox"/> Yes, above 50% <input type="checkbox"/> Yes, 100%	<input type="checkbox"/> No <input type="checkbox"/> Yes

4.	<input type="checkbox"/> In-house <input type="checkbox"/> External Provider <input type="checkbox"/> Others	<input type="checkbox"/> Less than 2 hours <input type="checkbox"/> 2 to 8 hours <input type="checkbox"/> 8 to 24 hours <input type="checkbox"/> More than 24 hours	<input type="checkbox"/> No <input type="checkbox"/> Yes, up to 20% <input type="checkbox"/> Yes, above 50% <input type="checkbox"/> Yes, 100%	<input type="checkbox"/> No <input type="checkbox"/> Yes
5.	<input type="checkbox"/> In-house <input type="checkbox"/> External Provider <input type="checkbox"/> Others	<input type="checkbox"/> Less than 2 hours <input type="checkbox"/> 2 to 8 hours <input type="checkbox"/> 8 to 24 hours <input type="checkbox"/> More than 24 hours	<input type="checkbox"/> No <input type="checkbox"/> Yes, up to 20% <input type="checkbox"/> Yes, above 50% <input type="checkbox"/> Yes, 100%	<input type="checkbox"/> No <input type="checkbox"/> Yes
6.	<input type="checkbox"/> In-house <input type="checkbox"/> External Provider <input type="checkbox"/> Others	<input type="checkbox"/> Less than 2 hours <input type="checkbox"/> 2 to 8 hours <input type="checkbox"/> 8 to 24 hours <input type="checkbox"/> More than 24 hours	<input type="checkbox"/> No <input type="checkbox"/> Yes, up to 20% <input type="checkbox"/> Yes, above 50% <input type="checkbox"/> Yes, 100%	<input type="checkbox"/> No <input type="checkbox"/> Yes

Please return the completed survey by **16th September 2005**, either by fax to **6462-4609** or via email to **siti_rohana_hamson@ncss.gov.sg**

For enquiries, please call Ms Siti Rohana at 6210-2506.

The information provided by you in this survey would be treated as confidential.

Thank you for your participation. ☺