

MFS/PSP OUTCAN Community Needs Assessment Survey

DEMOGRAPHICS

Sex

- Male Female

What is your age range?

- Under 20
 20-29
 30-39
 40-49
 50-59
 60+

How are you connected to the military?

- Military member
 Spouse/partner of a military member
 Son or daughter of a military member
 Sponsored Civilian Employee
 Other _____

Where are you in your posting?

- Arrived within the last year
 Leaving in the next year
 Mid posting

What is your first official language?

- English
 French
 Other _____

Where are you currently located?

_____ City

_____ Country

For the remainder of this survey, please think about your experiences in your current location and respond accordingly.

YOUR EXPERIENCE

	<i>If you wanted related services and/or support, would you know where to get it?</i>
<i>Were you satisfied with your transition from Canada to your current location?</i> <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes Comments:	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes

Annex A - Survey Questions

<p><i>Do you feel capable of managing general health and lifestyle stresses for your family and yourself?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes Comments:</p>	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes
<p><i>Do you feel well equipped to handle emergency situations in an out-of –Canada (OUTCAN) environment?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes Comments:</p>	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes

	<i>How important is this to you?</i>	<i>If you felt you needed related services and/or support, would you know where to go?</i>
<p><i>Did you feel welcomed by the community when you arrived?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes Comments:</p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p><i>Do you have access to resources that enable you to pursue your future employment and career goals?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes Comments:</p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p><i>Do you feel well equipped to pursue your educational goals?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes <input type="checkbox"/> Not applicable Comments:</p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p><i>Do you have opportunities to learn the predominant official language of your new international community?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes Comments:</p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p><i>Do you use a Military Family Service centre?</i> <input type="checkbox"/> No <input type="checkbox"/>Yes <input type="checkbox"/>There is not a physical center in my location If yes, for what purpose? <i>If not, why not?</i></p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p><i>Do you feel a part of the Canadian community locally and/or across Europe?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes Comments:</p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes

Annex A - Survey Questions

<p><i>Have you had an opportunity to be engaged in community development activities, for example Advisory Committee membership, focus groups and/or volunteering?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes Comments:</p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p><i>Do you feel you have the opportunity to provide input into Military Family Services?</i></p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes

What have been your top 3 challenges with this posting?

What do you wish you had known before you moved to your current location?

What is your biggest concern regarding your return to Canada?

If you have children, please answer the following questions:

	<i>How important is this to you?</i>	<i>If you felt you needed related services and/or support, would you know where to go?</i>
<p><i>Do your children under the age of 12 have opportunities for social interaction and learning be it within the Canadian or international communities?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes Comments:</p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p><i>Do your children aged 12 to 18 have opportunities for social interaction and learning be it within the Canadian or international communities?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes Comments:</p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p><i>Do you have access to parent and caregiver education and resources?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes Comments:</p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes

Annex A - Survey Questions

<p><i>Do you feel well equipped to manage child care needs in emergency situations?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes Comments:</p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p><i>Do you have access to child care options?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes Comments:</p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p><i>Do you feel well equipped to manage your children’s educational needs?</i> <input type="checkbox"/> No <input type="checkbox"/>Somewhat <input type="checkbox"/>Yes Comments:</p>	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important	<input type="checkbox"/> No <input type="checkbox"/> Yes

Have you been separated from the military member in your family due to a deployment, training, unexpected work load, family emergency or illness?

Yes No

Were you prepared?

<i>Before</i>	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes	What challenges, if any, did you encounter?
<i>During</i>	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes	What challenges, if any, did you encounter?
<i>After</i>	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes	What challenges, if any, did you encounter?

Were you contacted by Military Family Services?

		Did you feel supported during this period?
<i>Before</i>	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes
<i>During</i>	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes
<i>After</i>	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes

The European Fund is the overarching Non-Public Fund (NPF) entity in Formation Europe that provides funding to its members (you and your family) for morale and welfare initiatives that are not a public responsibility. These morale and welfare initiatives fall under the Personal Support Programs (PSP) mandate and are delivered in most cases by PSP personnel. The EF funds the

Annex A - Survey Questions

<i>following key PSP programs that are available to all EF members across Europe regardless of location. Keeping in mind the vast geographical dispersion of members throughout Europe, do you feel that your European Funds are being well spent?</i>	
Chalet Program (16% of EF)	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
European Fund Grant – both Unit Fund members and Non-Unit Fund members (82% of EF)	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Deployment Support (<1% of EF)	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Academic Program (1% of EF)	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<i>Can you suggest any other PSP morale and welfare program(s) that could be funded through the European Fund? Keep in mind it must be open to all European Fund members.</i>	

	<i>How important is this to you?</i>
<i>Do you feel you have the opportunity to provide input into Personnel Support Programs?</i> <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes Comments:	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Very important

The following questions are based on your specific location and the European Fund Grant funding received either in the form of a Unit Fund Grant for Unit Fund members or a Non-Unit Fund Grant for members who due to their geographical location do not belong to a Unit Fund.

Unit Fund (UF) Member – Members co-located with a number of other CAF families and have access to PSP funding and activities via a Unit Fund. (Note: all members in the UK are members of the UK Unit Fund.)

Non-Unit Fund (NUF) Member – Members located in areas with a very small number of CAF families and have access to PSP funding on an individual basis.

Based on the definitions above, are you a UF member or a NUF member?

- UF – (will answer questions **A** and **B** below.)
 NUF – (will answer question **C** below.)

A. Do you and your family participate in UF Activities?

Yes

What motivates you to participate? Check all that apply.

- Cost Convenience Community spirit Other

No.

Why not? Check all that apply.

- Cost Timing Not interested Other

B. What types of activities would you like to see offered at your location? Check all that apply.

- Cultural/arts Outdoor/adventure Social/wellness
 Sports Special events Group travel
 Other _____

C. Have you utilized the European Fund Grant?

Yes

What did you use it for? Check all that apply.

- Gym/fitness membership Cultural Travel
 Lessons (music, language.) Sports Club Restaurant
 Entertainment (movies, concerts.) Recreation Other

No.

Why not? Check all that apply.

- Unaware of grant No need No Time Other

Annex A - Survey Questions

<i>Are you aware of the PSP morale and welfare benefits, rebates and/or programs available to you and your family in your area?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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<i>Are you satisfied with the PSP services you receive?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No If NO, how could we improve?
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<i>Is there something PSP offers in your area that you feel is not necessary?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please specify.
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<i>How did you hear about PSP services in Europe?</i>	<input type="checkbox"/> Members in my community told me <input type="checkbox"/> I received an email from PSP <input type="checkbox"/> Welcome briefing <input type="checkbox"/> I found information on-line <input type="checkbox"/> Other _____
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<i>How would you like to receive PSP information in the future? Check all that apply.</i>	<input type="checkbox"/> Web-site <input type="checkbox"/> Newsletter <input type="checkbox"/> Email <input type="checkbox"/> Facebook <input type="checkbox"/> Other _____
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Thank you very much for participating in the MFS/PSP OUTCAN Community Needs Assessment Survey. Your time is very much appreciated and will assist PSP and MFSE to better meet your needs and provide the services you value.