

RAF Families Survey 2017

As a
spouse/civil partner of an
RAF Service person,
what is life like for you?

"This survey provides your partner with the opportunity to let the Air Force Board know what they enjoy and dislike about Service life from their perspective. I am acutely aware that service in the Royal Air Force impacts tremendously on our families and this annual survey provides an invaluable way of assessing the effects of our policies over time. I will be very interested to see the findings of the survey and will ensure that the Air Force Board draws on them in focusing its efforts to improve the lives of Service personnel and their families.

Your partner's views are absolutely critical because the greater the number who respond then the better evidence we will have to drive forward the improvements that they seek. Please pass this survey onto your partner and ask them to take a few minutes to fill it in.

Thank you very much".

Air Marshal Sean Reynolds CBE DFC RAF



ABOUT THIS SURVEY

What is this survey about?

The RAF Families Survey provides spouses/civil partners with an opportunity to share their views on what life is like being married to/in a civil partnership with a member of the RAF. The survey asks questions about key welfare areas including family life, childcare, deployment, education, employment, healthcare, and housing.

Why have I received this survey?

The RAF Families Survey is sent to a random selection of Service families each year, located both within the UK and overseas. Since the Data Protection Act 1998 does not allow us to contact families directly, the Service personnel to whom the survey is addressed to is requested to pass this survey to their spouse/civil partner for completion.

How are the findings used?

The results from the survey are used to aid the development and monitoring of military personnel policies and welfare initiatives. They are also used to inform and monitor Defence personnel programmes such as the New Employment Model (NEM) and the Armed Forces Covenant.

I am also serving. Do I still need to complete it?

We are interested in capturing the views of both civilian partners and dual serving couples as they both face unique issues. If you and your spouse/civil partner are both serving in the Armed Forces, this survey should be completed by the spouse/civil partner of the named recipient of the survey.

Do I have to complete the survey?

Whilst completion is entirely voluntary, we encourage recipients to tell us their views so that we can make positive changes in the RAF.

Who will see my answers?

All replies will be treated in the strictest confidence and are completely anonymous. Your individual responses will only be seen by the civilian researchers conducting this survey and external data input contractors.

When is the deadline?

Please return your completed survey using the free-post envelope provided by **2 MAY 2017**.

COMPLETING THE SURVEY ONLINE

It is also possible to complete the RAF Families Survey online rather than returning this questionnaire. If you would prefer to complete the online version of the survey, please follow the below link.

Link: <https://surveys.mod.uk/index.php/363229?lang=en>

Token: Your serving person's Service number.

To ensure that only families of RAF personnel are able to complete the survey, participants are required to input a token (access code) before entering the online survey. Please use the serving person's Service number as your token. If you are dual-serving, please use the Service number of the person to whom this survey was addressed. Please note that the token is **not** linked to your responses and it is impossible to link responses to Service personnel. The token is simply used as a security precaution.

FURTHER INFORMATION

If you have any queries then please feel free to contact the HQ Air Occupational Psychology Team at: Air-COSPers-PolPsychGrpMbox@mod.uk or call us on 01494 495476.

ROYAL AIR FORCE FAMILIES SURVEY 2017

This survey should be completed by the SPOUSE/CIVIL PARTNER of the serving person to whom it was addressed. If both of you are serving in the Armed Forces, the survey should still be filled out by the spouse/civil partner of the addressee.

SECTION A: ABOUT YOU

1. Are you married to/in a civil partnership with a member of the Regular RAF?

Yes 1

No 2

This survey is meant for the spouse/civil partner of Regular RAF personnel only. If relevant please send on to your spouse/civil partner.

2. Are you...?

Male 1

Female 2

*Mandatory question. Your answer to this question is vital in allowing us to ensure survey findings are applicable to the RAF population. Surveys which do not include an answer to this question cannot be counted.

3. How old are you? years

4. *Where do you currently live?

England 1

Northern Ireland 2

Scotland 3

Wales 4

Cyprus 5

Other overseas 6

5. Have you ever served in the Armed Forces?

Yes, I am still serving as a Regular 1

Yes, but I am no longer serving 3

Yes, I am still serving as a Reservist 2

No, I have never served 4

SECTION B: ABOUT YOUR PARTNER

6. *What is your spouse/civil partner's rank? (Please tick one box only)

*Mandatory question. Surveys which do not include answers to this question cannot be counted.

Air Commodore or above (OF 6+) 1

Warrant Officer or Master Aircrew (OR 9) 7

Group Captain (OF 5) 2

Flight Sergeant or Chief Technician (OR 7) 9

Wing Commander (OF 4) 3

Sergeant (OR 6) 10

Squadron Leader (OF 3) 4

Corporal (OR 4) 11

Flight Lieutenant (OF 2) 5

Lance Corporal (OR 3) 12

Flying Officer or Pilot Officer (OF 1) 6

Junior Technician or Aircraftman/Leading Aircraftman/Senior Aircraftman (OR 1 / 2) 13

7. Where is your spouse/civil partner currently stationed?

- | | | | | | |
|------------------|--------------------------|---|----------------|--------------------------|---|
| England | <input type="checkbox"/> | 1 | Wales | <input type="checkbox"/> | 4 |
| Northern Ireland | <input type="checkbox"/> | 2 | Cyprus | <input type="checkbox"/> | 5 |
| Scotland | <input type="checkbox"/> | 3 | Other overseas | <input type="checkbox"/> | 6 |

8. What Station/Unit is your partner based at? _____

SECTION C: SERVICE LIFE

9. How satisfied are you with your quality of life, being married to/in a civil partnership with a member of the RAF?

- | | | | | |
|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|
| Very satisfied | Satisfied | Neither satisfied nor
dissatisfied | Dissatisfied | Very dissatisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |

10. How would you feel if your partner chose to leave the RAF?

- | | | | | | |
|-------------------------|--------------------------|---|----------------------------|--------------------------|---|
| I would be much happier | <input type="checkbox"/> | 1 | I would be less happy | <input type="checkbox"/> | 4 |
| I would be happier | <input type="checkbox"/> | 2 | I would be much less happy | <input type="checkbox"/> | 5 |
| I would be no different | <input type="checkbox"/> | 3 | Don't know | <input type="checkbox"/> | 6 |

11. (a) In the last 12 months, how often have you done the following...?

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | All the time | A lot | Sometimes | Occasionally | Never |
| a Encouraged your partner to <u>stay</u> in the RAF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b Encouraged your partner to <u>leave</u> the RAF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 |

(b) What were your main reasons for encouraging the serving person to stay in the RAF?

- _____
- _____
- _____

(c) What were your main reasons for encouraging the serving person to leave the RAF?

- _____
- _____
- _____

12. Have you moved in the last 12 months?

Yes, for Service reasons 1

Yes, for other reasons 2

No 3

13. How many times have you moved for Service reasons over the last 5 years?

None 1

Three times 4

Once 2

More than three times 5

Twice 3

14. (a) Do you live separately from your spouse/civil partner during the working week?

Yes 1

No 2

If no, please go to question 15.

(b) If yes, how often do you see your spouse/civil partner?

Weekly 1

Less than monthly 4

Fortnightly 2

Other 5

Monthly 3

15. In the past 12 months approximately how much time has your spouse/civil partner spent away from home for Service reasons?

Not been away 1

Up to 9 months 5

Up to 1 month 2

Up to 12 months 6

Up to 3 months 3

Not applicable 7

Up to 6 months 4

16. Please indicate the extent to which you agree or disagree with the following statements. (Please tick one box per line).

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Applicable
a Spouses/civil partners of serving personnel are well supported by the RAF	<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 My spouse/civil partner is able to take annual leave at a time that suits our family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c We are able to make long-term plans as a family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d I feel valued by the RAF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e I embrace being a part of the wider RAF community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f I feel part of the wider RAF community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

17. How positive or negative do you feel about the following aspects of Service family life...?

	Very positive	Positive	Neither positive nor negative	Negative	Very negative	Not Applicable
a Effect on my career	<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 Effect on my children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c RAF provided facilities (housing, Messes etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d Effect on relationship with my spouse/civil partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e Number of house moves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f Household income	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g Knowing other military families	<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 Community support for my family (HIVE, Chaplaincy, Community Support Officer, coffee shop etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i Amount of separation from spouse/civil partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j Prospects for buying own home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
k Opportunities for travel	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
l Pride in my spouse/civil partner being in the Service.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
m Job security	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
n The stability of my family life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
o The serving person's work-life balance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

18. Which of the following best sums up your awareness of the Armed Forces Covenant?

I've never heard of it 1 I've heard of it and know a little about it 3

I've heard of it but know nothing about it 2 I've heard of it and know a lot about it 4

For details of the Covenant go to:
<https://www.gov.uk/government/policies/armed-forces-covenant>

19. How advantaged or disadvantaged do you feel when you compare yourself to the general public on these Covenant issues...?

	Very advantaged	Advantaged	Neither advantaged nor disadvantaged	Disadvantaged	Very disadvantaged	Don't Know / Not Applicable
a Housing	<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 Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c Healthcare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d Family life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e Childcare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

20. Are there any other areas in which you feel particularly *advantaged* when compared to the general public?

21. Are there any other areas in which you feel particularly *disadvantaged* when compared to the general public?

22. (a) Are you currently registered to vote?

Yes, and I registered without difficulty 1

Yes, but I had some difficulty registering 2

No, I chose not to register 3

No, I was not able to register 4

Don't know 5

Prefer not to say 6

Please go to SECTION D:
YOUR WELL-BEING

(b) If yes, which registration option did you use?

I'm registered as an ordinary/residential voter
Registered for 1 year, via the annual update of voters (annual canvass) 1

I'm registered as a Service voter
Registered for 5 years, via a Service declaration 2

I'm registered as an overseas voter
Registered for 1 year, in the same way as non-Forces British citizens living overseas 3

Don't know 4

SECTION D: YOUR WELL-BEING

As part of measuring national well-being we are interested to understand how satisfied you are with your life in general. The questions below are not linked to the Service but to your life in general.

23. (a) Overall, how satisfied are you with life nowadays?

Not at all 0 1 2 3 4 5 6 7 8 9 10 Completely

(b) Overall, how happy did you feel yesterday?

Not at all 0 1 2 3 4 5 6 7 8 9 10 Completely

(c) Overall, how anxious did you feel yesterday?

Not at all 0 1 2 3 4 5 6 7 8 9 10 Completely

(d) Overall, to what extent do you feel the things you do in your life are worthwhile?

Not at all 0 1 2 3 4 5 6 7 8 9 10 Completely

SECTION E: WELFARE SUPPORT

24. Do you know where to go for support from the RAF should you need it?

Yes 1
No 2

25. Do you know where to go for Service-provided welfare support and information while your spouse/civil partner is on an operational tour?

Yes 1
No 2
Not applicable 3

26. Which Station/Unit do you access welfare support from? _____

27. Below is a list of support services that are available to RAF personnel and their families. Please indicate:

- (a) Whether you have heard of them. (Tick all that apply)
- (b) Whether you have used them. (Tick all that apply)
- (c) How satisfied you were with them. (Only rate your satisfaction if you have actually used the service)

	Heard of this?	Used this?	If you have used it, how satisfied you were with it?				
			Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
a Soldiers, Sailors, Airmen & Families Association (SSAFA)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b The RAF Families Federation	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c HIVE	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d Joint Casualty and Compassionate Centre (JCCC)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e Airplay (RAF Benevolent Fund youth support and childcare service)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f RAF Community Support and Welfare Team	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g Station Community Support Officer (SCSO)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h Joint Service Housing Advice Office (JSHAO)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i Community Development Officers	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION F: ACCOMMODATION

28. How far away do you live from your spouse/civil partner's duty station?

- | | | | |
|------------------|----------------------------|--------------------|----------------------------|
| Less than 1 mile | <input type="checkbox"/> 1 | 20-50 miles | <input type="checkbox"/> 4 |
| 1-9 miles | <input type="checkbox"/> 2 | More than 50 miles | <input type="checkbox"/> 5 |
| 10-19 miles | <input type="checkbox"/> 3 | | |

29. (a) Do you own your own home?

- Yes, I am living in it 1
- Yes, but not living in it 2
- No 3
- No, but I am currently saving to buy a house in the future 4

If yes, please go to question 30.

(b) If you don't own your own home, which of the following statements apply to you? (Tick all that apply)

- | | |
|---|---|
| I/we don't want to own a home at this stage in my/our life/career(s) <input type="checkbox"/> 1 | I/we can't afford to buy a suitable home at the moment <input type="checkbox"/> 1 |
| Living in Service accommodation is better suited to my family's needs at present than home ownership <input type="checkbox"/> 1 | I/we don't want to risk losing money <input type="checkbox"/> 1 |
| I/we want to be able to move with my spouse/civil partner when he/she is posted <input type="checkbox"/> 1 | I/we wouldn't be able to live in the home <input type="checkbox"/> 1 |
| I/we don't want to buy a home where we are currently located <input type="checkbox"/> 1 | I/we had difficulties getting a mortgage <input type="checkbox"/> 1 |
| I am expecting my spouse/civil partner to be posted overseas or to an area where I/we don't want to buy a home <input type="checkbox"/> 1 | Other reason <input type="checkbox"/> 1 |

30. What type of accommodation do you live in during the working week? (Tick one box only)

- | | |
|--|---|
| Service Family Accommodation (SFA) <input type="checkbox"/> 1 | Property I/we own <input type="checkbox"/> 5 |
| Substitute Service Family Accommodation (SSFA) <input type="checkbox"/> 2 | Privately rented accommodation <input type="checkbox"/> 6 |
| Single Living Accommodation (SLA) <input type="checkbox"/> 3 | Other accommodation <input type="checkbox"/> 7 |
| Substitute Service Single Living Accommodation (SSSA) (formerly SSLA) <input type="checkbox"/> 4 | |

31. What type of accommodation would you prefer to live in during the working week? (Tick one box only)

- | | | | |
|---|----------------------------|--------------------------------|----------------------------|
| Service Family Accommodation (SFA) | <input type="checkbox"/> 1 | Property I/we own | <input type="checkbox"/> 5 |
| Substitute Service Family Accommodation (SSFA) | <input type="checkbox"/> 2 | Privately rented accommodation | <input type="checkbox"/> 6 |
| Single Living Accommodation (SLA) | <input type="checkbox"/> 3 | Other accommodation | <input type="checkbox"/> 7 |
| Substitute Service Single Living Accommodation (SSSA) (formerly SSLA) | <input type="checkbox"/> 4 | | |

32. If you live in SFA or SSFA, how satisfied or dissatisfied are you with each of the following...?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know / Not Applicable
a The overall standard	<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 The value for money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c The response to requests for maintenance/repair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d The quality of maintenance/repair work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e How fairly Service accommodation is allocated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f The security of your SFA/SSFA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g The cleanliness of your accommodation when moving in	<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 The speed at which accommodation is allocated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

SECTION G: EMPLOYMENT & TRAINING

33. What is your current employment status? (Tick all that apply)

- | | | | |
|-----------------------------------|----------------------------|---|----------------------------|
| In full-time employment | <input type="checkbox"/> 1 | Not employed – not seeking employment | <input type="checkbox"/> 1 |
| In part-time employment | <input type="checkbox"/> 1 | In full-time education/personal development | <input type="checkbox"/> 1 |
| Self-employed | <input type="checkbox"/> 1 | In part-time education | <input type="checkbox"/> 1 |
| Homemaker/parent at home | <input type="checkbox"/> 1 | My immigration status means I am unable to work | <input type="checkbox"/> 1 |
| Not employed – seeking employment | <input type="checkbox"/> 1 | Not applicable | <input type="checkbox"/> 1 |

34. If you have a job, how satisfied are you with the following...?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know	Not applicable
a Your job overall	<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
b That your qualifications match your job	<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
c That your job matches your skills and experiences	<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

35. In the last 12 months, have you had to leave a civilian job or long-term training programme due to Service reasons?

- Yes 1
 No 2
 Not applicable 3

36. (a) Have you been looking for a job in the last 12 months?

- Yes 1
 No 2

If no, please go to question 37.

(b) If yes, did you have any difficulty finding suitable employment?

- Yes 1
 No 2

If no, please go to question 37.

(c) If you experienced difficulty finding suitable employment, was it because of any of the following? (Tick all that apply)

- | | | | |
|---|----------------------------|---|----------------------------|
| A lack of relevant qualifications | <input type="checkbox"/> 1 | Having a spouse/civil partner in the Armed Forces | <input type="checkbox"/> 1 |
| Your employment history (ie changing jobs frequently) | <input type="checkbox"/> 1 | Access to affordable and quality childcare | <input type="checkbox"/> 1 |
| Being overseas with your spouse/civil partner | <input type="checkbox"/> 1 | Partner unable to assist with care responsibilities | <input type="checkbox"/> 1 |
| Having a spouse/civil partner who is often away | <input type="checkbox"/> 1 | Other (please specify) | <input type="checkbox"/> 1 |

37. In the last 12 months, have you or your family accompanied your spouse/civil partner on overseas assignments?

- Yes 1
 No 2

If no, please go to question 39.

38. If yes, were you able to...?

- | | Yes, without difficulty | Yes, but with some difficulty | No, I was unable to | No, I did not need to |
|--|----------------------------|-------------------------------|----------------------------|----------------------------|
| a Obtain paid employment overseas | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b Access Service-provided information before moving overseas | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

39. Have you had any difficulty claiming Job Seekers' Allowance due to being married to/in a civil partnership with a member of the RAF?

- A lot of difficulty 1
 Some difficulty 2
 A little difficulty 3
 No difficulty 4
 Not applicable 5

40. In the last 12 months have you or your family been able to...?

	Yes, without difficulty	Yes, but with some difficulty	No, I was unable to	No, I did not need to
a Access Further or Higher Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b Continue a course previously started	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

SECTION H: ASSIGNMENTS

41. How would you rate the length of the most recent assignments the serving person has had?

	Far too long	Too long	About right	Too short	Far too short	Not Applicable
a Accompanied assignments	<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 Unaccompanied assignments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

42. How satisfied were you with the amount of notice the serving person was given for their current assignment?

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION I: OPERATIONAL TOURS

43. To what extent do you agree or disagree with the following statements relating to operational tours...?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Applicable
a The prospect of the serving person doing an operational tour is a problem	<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 Coping when the serving person is on operational tour is a problem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c My children's behaviour is negatively affected when the serving person is on an operational tour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d The relationship between my children and the serving person is disrupted by operational tours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

44. What is your view of the frequency of operational tours?

Too often 1

About right 2

Not often enough 3

45. What is your view of the length of operational tours?

- Too long 1
- About right 2
- Too short 3

46. When was your spouse/civil partner's last operational tour?

- Currently on operational tour 1
- In the last 12 months 2
- 1 to 2 years ago 3
- 3 to 5 years ago 4
- More than 5 years ago 5
- Not applicable 6

If your partner's last operational tour was more than 3 years ago, please go to SECTION J: CHILDCARE (Page 14).

47. How long was the serving person's most recent operational tour, excluding any pre-deployment training?

- | | |
|--|--|
| Up to 1 month <input type="checkbox"/> 1 | 6-9 months <input type="checkbox"/> 5 |
| 1-2 months <input type="checkbox"/> 2 | 9-12 months <input type="checkbox"/> 6 |
| 2-4 months <input type="checkbox"/> 3 | More than 12 months <input type="checkbox"/> 7 |
| 4-6 months <input type="checkbox"/> 4 | Don't know <input type="checkbox"/> 8 |

48. Thinking about your spouse/civil partner's most recent operational tour, how satisfied were you with...?

- | | Very satisfied | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Very dissatisfied | Not Applicable |
|--|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------------|----------------------------|
| a Separation from your spouse/civil partner during pre-deployment training | <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 Ability of your spouse/civil partner to spend time with you/your family during their post-operational deployment leave | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

49. How satisfied were you with the information and support you received prior to the serving person's most recent operational tour?

- | Very satisfied | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Very dissatisfied |
|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

50. Considering your spouse/civil partner's most recent operational tour, please answer the following questions about information and support received prior to their tour.

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| a Did you receive a HIVE Deployment Support Pack giving information about available support and welfare? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b Did your spouse/civil partner give you a Compassionate Travel From Overseas Card (a card detailing how to ask for the return of the serving person from overseas for compassionate reasons)? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c Were you made aware of the RAF Community website (www.raf.mod.uk/community)? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d Before the serving person went away, were you aware of the Point Of Contact (POC) scheme and who you could contact during the operational tour? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e Were you able to access pre-deployment family briefings, either face to face or remotely? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

51. What, if any, Service-provided welfare support did you access while your spouse/civil partner was on their last operational tour? (Please tick all that apply)

- | | | | |
|------------------------|---------------------------------------|-------------------------------|---------------------------------------|
| HIVE | <input type="checkbox"/> ₁ | SSAFA | <input type="checkbox"/> ₁ |
| Padre | <input type="checkbox"/> ₁ | Community Development Officer | <input type="checkbox"/> ₁ |
| Chain of Command | <input type="checkbox"/> ₁ | Other (please specify) | <input type="checkbox"/> ₁ |
| Community Support Team | <input type="checkbox"/> ₁ | | |

52. How satisfied were you with the following BEFORE your spouse/civil partner's most recent operational tour...?

- | | Very satisfied | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Very dissatisfied | Did not use |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a Welfare support you used (eg information, Padre, support staff, welfare organisations, etc.) | <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 Direct contact and support from your spouse/civil partner's Chain of Command/Unit | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| c Facilities and events to meet with other spouses and families | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

53. How satisfied were you with the following DURING your spouse/civil partner's most recent operational tour...?

- | | Very satisfied | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Very dissatisfied | Did not use |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a Welfare support you used (eg information, Padre, support staff, welfare organisations, etc.) | <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 Direct contact and support from your spouse/civil partner's Chain of Command/Unit | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| c Facilities and events to meet with other spouses and families | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| d Lines of communication with your spouse/civil partner | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| e The level of support offered by the Point Of Contact (POC) scheme in the event of a problem | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

54. How satisfied were you with the following AFTER your spouse/civil partner's most recent operational tour...?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Did not use
a Welfare support you used (eg information, Padre, support staff, welfare organisations, etc.)	<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 Direct contact and support from your spouse/civil partner's Chain of Command/Unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c Facilities and events to meet with other spouses and families	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

55. (a) Do you feel that your spouse/civil partner's behaviour changed as a result of their experiences on an operational tour?

- Yes 1
 No 2
 Not applicable 3

If no or not applicable, please go to SECTION J: CHILDCARE.

(b) If yes, do you feel your spouse/civil partner's behaviour change had a negative impact on you or your family?

- Yes 1
 No 2
 Not applicable 3

If no or not applicable, please go to SECTION J: CHILDCARE.

(c) If yes, approximately how long did the change in your spouse/civil partner's behaviour last once he/she had returned home?

- A few weeks 1 More than a few months 3
 A few months 2 Not applicable 4

(d) If your spouse/civil partner's behaviour change had a negative impact on you or your family, did you seek professional help (eg GP, unit staffs, SSAFA)?

- Yes, I sought help 1 No 3
 Yes, my partner sought help 2 Not applicable 4

(e) If help was not sought, please briefly specify why.

SECTION J: CHILDCARE

56. (a) Do you have any children?

- Yes 1
 No 2

If you do not have any children, please go to SECTION L: HEALTHCARE (page 17).

(b) If yes, how many children do you have in the following age groups? (Please write the number of children in each box. If you don't have any children of that age please put '0').

Under 5 years	<input type="text"/>	18 years or older, in full-time education	<input type="text"/>
5-11 years	<input type="text"/>	18 years or older, not in full-time education	<input type="text"/>
12-17 years	<input type="text"/>		

57. (a) Have you needed early years (children between 0-4 years) childcare in the last 12 months?

Yes 1
No 2

If no, please go to SECTION K: CHILDREN'S EDUCATION.

(b) If yes, have you been able to access early years (0-4 years) childcare?

Yes 1
No 2

If yes, please go to question 58.

(c) If no you could not access early years (0-4 years) childcare, what difficulties did you have?

58. How satisfied or dissatisfied are you with the following aspects of your local early years (0-4 years) childcare facilities?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
a Access (eg distance, transportation, waiting lists)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b Quality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c Cost	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d Opening hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION K: CHILDREN'S EDUCATION

59. (a) Do you have any children of school age?

Yes 1
No 2

If you do not have children of school age, please go to SECTION L: HEALTHCARE (page 17).

(b) If yes, please tell us the number of children you have at each type of school. (If you do not have any children at that type of school please put '0').

State school	<input type="text"/>	Independent boarding school	<input type="text"/>
Service school	<input type="text"/>	Other	<input type="text"/>
Independent day school	<input type="text"/>		

60. Have you needed childcare for school age children in the last 12 months (eg breakfast clubs, after school clubs, child-minder, pickups, school holiday clubs etc)?

- Yes 1
 No 2

If no, please go to question 62.

61. How satisfied or dissatisfied are you with the following aspects of your local childcare for school age children...?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
a Availability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b Quality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c Cost	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d Opening hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

62. Do you receive Continuity of Education Allowance (CEA)?

- Yes 1
 No 2

63. (a) Did you experience any difficulties with your children's schooling in the last 12 months?

- Yes 1
 No 2

If no, please go to question 64.

(b) If yes, did you experience any of the following difficulties? (Tick all that apply)

- | | | | |
|---|----------------------------|--|----------------------------|
| Insufficient transportation to school | <input type="checkbox"/> 1 | Obtaining support for Special Educational Needs (SEN) | <input type="checkbox"/> 1 |
| Distance to school | <input type="checkbox"/> 1 | School admission application period did not coincide with notification of assignment | <input type="checkbox"/> 1 |
| Getting a place at the school of your choice | <input type="checkbox"/> 1 | Local Authority was unsupportive | <input type="checkbox"/> 1 |
| Getting enough information about schools in your area | <input type="checkbox"/> 1 | Continuing your children's education without a gap | <input type="checkbox"/> 1 |
| Not enough places at your local school | <input type="checkbox"/> 1 | Differences in syllabus | <input type="checkbox"/> 1 |
| Unsuitable educational standard of your local school | <input type="checkbox"/> 1 | Other difficulty | <input type="checkbox"/> 1 |
| Children could not attend the same school together | <input type="checkbox"/> 1 | | |

Please use the box at the end of the survey to tell us of any other difficulties.

64. Did any of your children have to change school in the last 12 months?

- Yes, for Service reasons 1
 Yes, for other reasons 2
 No 3

SECTION L: HEALTHCARE

In this section we wish to ask about the provision of healthcare services for Service families (excluding serving persons).

If you and your spouse/civil partner are both currently serving in the Armed Forces and have no children, please go to SECTION M: FURTHER COMMENTS (page 18).

65. In the last 12 months have you/your children been able to access the following healthcare services?

	Yes, without difficulties	Yes, but with some difficulties	No, I was unable to	No, I did not need to
a Dental treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b GP (including Nurse/Midwife etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c Mental health treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d Hospital or specialist services (including Orthodontist)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Please use the text box at the end of the survey to tell us about the difficulties you may have encountered.

Please only complete question 66 if you have moved within the last 12 months. If you have not moved, please go to SECTION M: FURTHER COMMENTS (page 18).

66. If you/your children were undergoing a course of treatment with any of the following services at the time of your move, were you/your children able to continue the treatment in your new location?

	Yes, without difficulties	Yes, but with some difficulties	No, I was unable to continue treatment	Not Applicable – not undergoing treatment
a Dental treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b GP (including Nurse/Midwife etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c Mental health treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d Hospital or specialist services (including Orthodontist)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

67. (a) In the last 12 months, have you or any of your children been on a waiting list for an operation/consultants appointment?

- Yes 1
No 2

If no, please go to SECTION M: FURTHER COMMENTS (page 18).

(b) If yes, was the waiting time increased as a result of moving?

- Yes 1
No 2
Don't know 3
Not applicable 4

SECTION M: FURTHER COMMENTS

68. Please add any comments you wish to make about any other Service-related issues you have faced in the last 12 months.

Thank you very much for completing this survey.

Completed questionnaires should be returned using the free-post envelope provided. In the UK this does not need a stamp and can be posted in public mailboxes. All answers will be treated in the strictest confidence.

