

RAF Families Survey 2020

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

"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 that impact over time. The Air Force Board will draw on the findings of this survey, focusing its efforts to improve the lives of our people and their families. Your partner's views are absolutely critical in this because the greater the number of responses, the better will be the evidence for making improvements or reinforcing the positive aspects. I would be grateful therefore, if you could pass this survey to your partner and ask them to take a few minutes to fill it in. Thank you, in advance, for your contribution".

Air Marshal Andrew Turner CB CBE
AMP



MESSAGE FROM ARMED FORCES COVENANT

“The Armed Forces Covenant is a promise from the nation, that the Armed Forces community are treated fairly and face no disadvantage in accessing public and private services, with special provision made for those who have sacrificed the most, including the bereaved and injured.

In response to last year’s FamCAS we will continue to provide support to help improve the schools admission process for Service children and fully consider the impact of frequent mobility on children’s educational attainment, especially children with disabilities and/or special educational needs.

Our website (<https://www.armedforcescovenant.gov.uk/>) will continue to be regularly updated with developments on these and other initiatives, along with case studies illustrating the support available to families.

But we know that there is still work to be done, and we need your feedback so that we know where to focus our efforts. The Families Survey is important to us because it comes direct from you, and gives you the opportunity to tell us how your partner's service impacts on family life. I encourage you to take this opportunity to share your views, and highlight any issues which are important to you.”

Thank you
Jenna Clare and Bryony Hamilton
Head of Armed Forces Covenant Team

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 (2018) 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 Armed Forces People Programme) 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 to arrive by **1st May 2020**

COMPLETING THE SURVEY ONLINE

This survey is also available to complete online at the link below. **It is strongly recommended that you open the survey in Google Chrome.**

YOU WILL REQUIRE A TOKEN TO ACCESS THE ONLINE SURVEY.

This is your serving person's Service number and is case sensitive. If you are dual-serving, please use the Service number of the person to whom this survey was addressed.

<https://surveys.mod.uk/index.php/945776?lang=en>

Why do I have to enter my partner'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 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 Emma Fairclough (HQ Air Occupational Psychology Team) at Air-COSPers-PolPsychGrpMbox@mod.gov.uk or call us on 01494 497111.

ROYAL AIR FORCE FAMILIES SURVEY 2020

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.

<https://www.gov.uk/government/publications/ministry-of-defence-privacy-notice/mod-privacy-notice#how-we-collect-or-process-your-data>

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

Prefer not to say 3

*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. **If your response is England, please complete Q5.**

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. If you currently live in England, which region do you live in?

East Midlands 1

East of England 2

London 3

North East England 4

North West England 5

South East England 6

South West England 7

West Midlands 8

Yorkshire and the Humber 9

6. Have you ever served in the Armed Forces?

Yes, I am still serving as a Regular 1

Yes, I am still serving as a Reservist 2

Yes, but I am no longer serving 3

No, I have never served 4

7. What is the highest level of qualification you have completed? (Please tick one box only)

- | | | | |
|---|----------------------------|--|----------------------------|
| Secondary Education (GCSE/O-Levels) | <input type="checkbox"/> 1 | Post-graduate Degree (MA, MSc, PhD, etc.) | <input type="checkbox"/> 5 |
| Post-Secondary Education (College, A-Levels, NVQ3 or below or similar) | <input type="checkbox"/> 2 | Professional Qualification (e.g. teaching, nursing, accounting, civil engineering) | <input type="checkbox"/> 6 |
| Vocational Qualification (Diploma, Certificate, BTEC, NVQ 4 and above or similar) | <input type="checkbox"/> 3 | Other | <input type="checkbox"/> 7 |
| Undergraduate Degree (BA, BSc, etc.) | <input type="checkbox"/> 4 | | |

SECTION B: ABOUT YOUR PARTNER

8. 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 |

9. Which station/unit is your partner based at? _____

10. *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+) | <input type="checkbox"/> 1 | Warrant Officer or Master Aircrew (OR 9) | <input type="checkbox"/> 7 |
| Group Captain (OF 5) | <input type="checkbox"/> 2 | Flight Sergeant or Chief Technician (OR 7) | <input type="checkbox"/> 9 |
| Wing Commander (OF 4) | <input type="checkbox"/> 3 | Sergeant (OR 6) | <input type="checkbox"/> 10 |
| Squadron Leader (OF 3) | <input type="checkbox"/> 4 | Corporal (OR 4) | <input type="checkbox"/> 11 |
| Flight Lieutenant (OF 2) | <input type="checkbox"/> 5 | Lance Corporal (OR 3) | <input type="checkbox"/> 12 |
| Flying Officer or Pilot Officer (OF 1) | <input type="checkbox"/> 6 | Junior Technician or Aircraftman/Leading Aircraftman/Senior Aircraftman (OR 1/2) | <input type="checkbox"/> 13 |

SECTION C: SERVICE LIFE

11. 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"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

12. 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 |

13. (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 stay in the RAF | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b Encouraged your partner to leave the RAF | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

If you have never encouraged your partner to stay or leave, please go to **Question 14 (page 5)**.

(b) If applicable, what were your main reasons for encouraging the serving person to stay in the RAF?

1. _____
2. _____
3. _____

(c) If applicable, what were your main reasons for encouraging the serving person to leave the RAF?

1. _____
2. _____
3. _____

14. Have you moved in the last 12 months?

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

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

- None 1
- Once 2
- Twice 3
- Three times 4
- More than three times 5

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

- Yes 1
- No 2

If no, please go to **Question 17**.

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

- Weekly 1
- Fortnightly 2
- Monthly 3
- Less than monthly 4
- Other 5

17. 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 1 month 2
- Up to 3 months 3
- Up to 6 months 4
- Up to 9 months 5
- Up to 12 months 6
- Not applicable 7

18. 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
g I feel isolated at times	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

19. 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 (e.g. 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 of 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

20. 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.armedforcescovenant.gov.uk/>

21. 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
f Access to commercial products & services (i.e. insurance, mobile, broadband, financial products and services)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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

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

24. (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 (Page 8)**.

(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

25. 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 particularly to the Service but to your life in general.

	<u>Not at all</u>									<u>Completely</u>	
a Overall, how satisfied are you with life nowadays?	<input type="checkbox"/> ₀	<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"/> ₁₀
b Overall, how happy did you feel yesterday?	<input type="checkbox"/> ₀	<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"/> ₁₀
c Overall, how anxious did you feel yesterday?	<input type="checkbox"/> ₀	<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"/> ₁₀
d Overall, to what extent do you feel the things you do in your life are worthwhile?	<input type="checkbox"/> ₀	<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"/> ₁₀

26. How often do you feel lonely?

- Never ₁
- Hardly ever ₂
- Occasionally ₃
- Sometimes ₄
- Often/Always ₅

SECTION E: WELFARE SUPPORT

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

- Yes ₁
- No ₂

28. Which station/unit do you access welfare support from? _____

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

1. Whether you have heard of them. (Tick all that apply)
2. Whether you have used them. (Tick all that apply)
3. 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

30. 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	

31. 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 33.**

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

- a I/we don't want to own a home at this stage in my/our life/career(s) 1
- b Living in Service accommodation is better suited to my family's needs at present than home ownership 1
- c I/we want to be able to move with my spouse/civil partner when he/she is posted 1
- d I/we don't want to buy a home where we are currently located 1
- e 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 1
- f I/we can't afford to buy a suitable home at the moment 1
- g I/we don't want to risk losing money 1
- h I/we wouldn't be able to live in the home 1
- i I/we had difficulties getting a mortgage 1
- j Other reason 1

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

- Service Family Accommodation (SFA) 1
- Substitute Service Family Accommodation (SSFA) 2
- Single Living Accommodation (SLA) 3
- Substitute Service Single Accommodation (SSSA) (formerly SSLA) 4
- Property I/we own 5
- Privately rented accommodation 6
- Other accommodation 7

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

- Service Family Accommodation (SFA) 1
- Substitute Service Family Accommodation (SSFA) 2
- Single Living Accommodation (SLA) 3
- Substitute Service Single Accommodation (SSSA) (formerly SSLA) 4
- Property I/we own 5
- Privately rented accommodation 6
- Other accommodation 7

35. 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

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

- a In full-time employment 1
- b In part-time employment 1
- c Self-employed 1
- d Homemaker/parent at home 1
- e Not employed – seeking employment 1
- f Not employed – not seeking employment 1
- g In full-time education/personal development 1
- h In part-time education 1
- i My immigration status means I am unable to work 1
- j Not applicable 1

37. If you have a job, how satisfied or dissatisfied 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

38. 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

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

- Yes 1
 No 2

If no, please go to **Question 40.**

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

- Yes 1
 No 2

If no, please go to **Question 40.**

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

- | | | |
|---|---|----------------------------|
| a | A lack of relevant qualifications | <input type="checkbox"/> 1 |
| b | Your employment history (i.e. changing jobs frequently) | <input type="checkbox"/> 1 |
| c | Being overseas with your spouse/civil partner | <input type="checkbox"/> 1 |
| d | Having a spouse/civil partner who is often away | <input type="checkbox"/> 1 |
| e | Having a spouse/civil partner in the Armed Forces | <input type="checkbox"/> 1 |
| f | Access to affordable and quality childcare | <input type="checkbox"/> 1 |
| g | Partner unable to assist with care responsibilities | <input type="checkbox"/> 1 |
| h | Extended family too far away to assist with childcare | <input type="checkbox"/> 1 |
| i | Other (please specify) | <input type="checkbox"/> 1 |

40. 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 42.**

41. 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 |

42. 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 | <input type="checkbox"/> 1 | No difficulty | <input type="checkbox"/> 4 |
| Some difficulty | <input type="checkbox"/> 2 | Not applicable | <input type="checkbox"/> 5 |
| A little difficulty | <input type="checkbox"/> 3 | | |

43. 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 |

44. If the MOD offered courses to help you find/change employment would you use them?

- Yes 1
 No 2
 Not applicable 3

If no or not applicable, please go to **SECTION H: ASSIGNMENTS (Page 13)**.

45. Which of the following would help you find/change employment? (Tick all that apply)

- a CV writing course 1
- b Interview skills course 2
- c Access to jobs database 3
- d Career consultancy service 4
- e Self-employment/small business course 5
- f Other 6
- g Not applicable 7

SECTION H: ASSIGNMENTS

46. 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 |

47. 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

48. 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

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

- Too often 1
- About right 2
- Not often enough 3

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

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

51. 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

52. 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 17)**.

53. 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 |

54. 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 | <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 | <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. 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 |

56. 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

57. 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)

- a HIVE 1
- b Padre 1
- c Chain of command 1
- d Community Support Team 1
- e Soldiers, Sailors, Airmen & Families Association (SSAFA) 1
- f Community Development Officer 1
- g Other (please specify) 1

58. 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 (e.g. 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

59. 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 (e.g. 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

60. 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 (e.g. 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

61. (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 (Page 17).

(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 (Page 17).

(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
 A few months 2
 More than a few months 3
 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 staff, SSAFA)?

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

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

SECTION J: CHILDCARE

62. Do you have any children?

- Yes 1
 No 2

If you do not have any children, please go to SECTION L: HEALTHCARE (Page 21).

63. If you have children, how many children do you have in the following age groups?

- a Under 5 years
 b 5-11 years
 c 12-17 years
 d 18 years or older, in full-time education
 e 18 years or older, not in full-time education

Please write the number of children in each box. If you don't have any children of that age please put '0'

64. (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 Question 66

(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 65**.

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

65. 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 (e.g. 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

66. Have you needed childcare for school age children in the last 12 months (e.g. breakfast clubs, after school clubs, child minder, pickups, school holiday clubs etc.)

Yes 1

No 2

If no, please go to **Question 68**

67. 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

68. Do you currently access any forms of free informal childcare for any of your children? (e.g. grandparents, extended family, friends, etc.)?

Yes, at least weekly 1

Yes, at least monthly but less than weekly 2

Yes, occasionally 3

No 4

69. Where do you access the majority of your childcare (formal or informal)? (Please tick one box only)

- Close to work 1
- Close to home 2
- Close to school 3
- Other 4
- Not applicable 5

70. Do you currently take up the offer of any Government initiatives around childcare? (Please tick all that apply)

- a Salary Sacrifice Scheme 1
- b Tax-Free Childcare Accounts 2
- c Free Childcare hours 3
- d Other 4
- e No, I do not currently use any Government initiatives around childcare 5

If a, b, c, or d, please go to **SECTION K: CHILDREN'S EDUCATION (page 19)**

71. If not, what is the main reason? (Please tick one box only)

- I am not aware of these schemes 1
- I do not think I am eligible for any of these schemes 2
- I do not need any of these schemes 3
- The schemes do not suit my personal circumstances 4
- The process is too difficult/time consuming 5
- Other 6

SECTION K: CHILDREN'S EDUCATION

72. 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 21)**.

73. If you have children of school age, please tell us the number of children you have at each type of school.

- a State school
- b Service school
- c Independent day school
- d Independent boarding school
- e Other

If you do not have any children at that type of school please put '0'

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

Yes 1

No 2

75. (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 76.

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

- a Insufficient transportation to school 1
- b Distance to school 1
- c Getting a place at the school of your choice 1
- d Getting enough information about schools in your area 1
- e Not enough places at your local school 1
- f Unsuitable educational standard of your local school 1
- g Children could not attend the same school together 1
- h Obtaining support for Special Educational Needs (SEN) 1
- i School admission application period did not coincide with notification of assignment 1
- j Local Authority was unsupportive 1
- k Continuing your children's education without a gap 1
- l Differences in syllabus 1
- m Other difficulty 1

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

76. Did any of your children change school in the last 12 months?

Yes, for Service reasons 1

Yes, for other reasons 2

No 3

If no, please go to
SECTION L: HEALTHCARE (Page 21).

77. If any of your children changed schools in the last 12 months, were you able to apply within the timeframe for the normal point of entry to a school (i.e. within the school's application period for the beginning of Reception, Year 7 or Year 12 or equivalent)?

Yes 1

No 2

78. If any of your children changed school in the last 12 months, did you apply for a place at a State school?

Yes 1

No 2

If no, please go to
SECTION L: HEALTHCARE (Page 21).

79. Which of the following best describes your child's school allocation? (Please tick one box only)

- My child was allocated a place at their 1st choice of school 1
- My child was allocated a place at their 2nd or 3rd choice of school 2
- My child was not allocated a place at one of their 3 preferred choices 3
- Other 4

Please use the box at the end of the survey to tell us more.

80. Which of the following best describes how you felt about your child's school allocation?

- I was happy with their allocation 1
- I was not entirely happy with their allocation but chose not to appeal 2
- I appealed against their allocation 3

If you didn't appeal, go to **SECTION L: HEALTHCARE**

81. If you did appeal, how satisfied or dissatisfied were you with the following...?

- | | Very satisfied | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Very dissatisfied |
|-----------------------------|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------------|
| a The appeals process | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b The outcome of the appeal | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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 22)**.

82. 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 83 if you have moved within the last 12 months. If you have not moved, please go to **SECTION M: FURTHER COMMENTS (Page 22)**.

83. 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 |

84. (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 22)**.

(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

85. 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.