

# Better work and Family Balance Questionnaire

**D**r Sara Charlesworth and Leonie Morgan, Senior Policy Analyst, Industrial Relations Victoria, originally formulated the following questionnaire. The survey has been adapted for use by the Council of the Ageing (COTA) as part of its needs analysis regarding better family and work life balance for the SACS sector. The COTA project was funded by Industrial Relations Victoria's Better Work and Family Balance Grants program. For more information on needs analysis go to Chapter 3 - Step 5 'Finding out what staff members want'.

## Better Work and Family Balance Questionnaire

[Your organisation] has established a Better Work and Family Balance Reference Group to assist in tailoring the organisations better work and family balance initiatives to meet the needs of staff and the organisation.

Members of our Better Work and Family Balance Reference Group include:

[insert names and contact details here]

The first stage of this project is a work and family balance needs assessment. The attached Better Work and Family Balance Questionnaire has been designed to give an indication of how [your organisation] is currently assisting staff with balancing work and family responsibilities. It will also provide valuable information on how [your organisation] can improve work and family policies and practices to further assist you with effectively meeting the needs of your work and family life.

This [your organisation] Better Work and Family Balance Questionnaire contains questions about our current workplace practices as well as questions about your experiences with balancing work and family.

We encourage you to involve your partner/spouse in this questionnaire and invite you to provide comments where appropriate.

Collated results will be used by the Better Work and Family Balance Reference Group to further develop work and family initiatives at [your organisation]

Thank you for your participation. Your assistance is a valuable step toward improving work and family initiatives at [your organisation]

Please note that this questionnaire is confidential, voluntary and anonymous.

Please place your completed questionnaire in the enclosed envelope in [nominate place] by no later than [date].

If you have any questions please contact a member of our Better Work and Family Balance Project Reference Group.

## Section A: General Information

**1. What is your Gender?**

- Male  
 Female

**2. Which of the following age groups do you belong to?**

- 16 - 25 years  
 26 - 35 years  
 36 - 45 years  
 46 - 55 years  
 56 - 65 years  
 66 + years

**3. On what basis are you currently employed with this organisation?**

- Permanent full time  
 Permanent part time  
 Casual  
 Other (please specify) \_\_\_\_\_

**4. How well do your current working hours suit your current work family balance?**

- Extremely well  
 Moderately well  
 Not at all  
 Unsure  
 Other (please specify) \_\_\_\_\_

**5. Do you currently have responsibility for dependent children?**

- Yes ☞ Go to Question 6  
 Self / Partner currently expecting child  
 Not applicable ☞ Go to Question 8

**6. If yes, how many children do you have?**

☞ Please enter a number in the box beside each item

- Infants ( 0-2 years)  
 Pre-schoolers (3-5 years)  
 Attend primary school  
 Attend secondary school  
 Adult children living at home  
 Other (please specify) \_\_\_\_\_

**7. During the past year have you had to take time off to provide any of the following support services for dependent children?**

☞ Please tick all that apply

- Care for sick or infectious child  
 Specialist appointment (eg. dentist)  
 To cover curriculum days  
 To cover for extended school holidays  
 Parent/Teacher interviews  
 Assist with excursions/camps or school based initiatives  
 To cover when usual arrangements have not been available  
 Other (please specify) \_\_\_\_\_

**8. Do you currently have responsibility for dependent adult family members?**

- Yes ☞ Go to Question 9  
 Not applicable ☞ Go to Question 11

**9. If yes, how many dependent adult family members do you have?**

☞ Please place a number beside each item

- Disability  
 Has a serious illness  
 Aged  
 Other (please specify) \_\_\_\_\_

**10. During the past year have you provided any of the following support services for adult children?**

☞ Please tick all that apply

- Frequent telephone support/visits to check dependents health & safety  
 Arranging appointments  
 Help with financial, medical and/or personal decisions or paperwork  
 Personal care (help with showering, dressing etc)  
 Provide transport for appointments, shopping and/or errands  
 Overnight visits to care for dependents  
 Household chores (cleaning, ironing etc)  
 Preparing meals  
 Other (please specify) \_\_\_\_\_

**11. During the past year has your personal workload or environment been affected by the family care responsibilities of another workmate?**

- Not applicable or not aware of responsibilities  
 No effect  
 Major impact  
 Minor impact

**12. During the past year has your work been affected by your family responsibilities?**

- Yes ☞ Go to Question 13  
 No ☞ Go to Question 15  
 Unsure

**13. If so, how has your work been affected by your family responsibilities?**

☞ Please tick all that apply

- No effect on work  
 Had to commence work late - had to leave work early  
 Had to take time off work when regular family responsibility arrangements altered  
 Increased stress level/anxiety and distraction  
 Had to change work duties/position  
 Didn't apply for work promotion  
 Unable to attend work training and development offered  
 Had to change place of employment  
 Had to change work hours/shifts

- Had to reduce hours of employment (eg. from full time to parttime)
- Had to take time off when family member sick
- Considering resigning
- Unable to work additional hours, overtime or desired shift
- Unable to take job that involved travel
- Scheduling holiday time
- Had to take work home
- Lack of management support
- Other (please specify) \_\_\_\_\_

## Section B: About your organisation

### 14. Does your organisation currently have a written work and family policy?

- Yes
- No
- Don't know

### 15. If yes, do you think it is easy to understand how this policy can be used to assist staff to balance their work and family responsibilities?

- Yes
- No
- Unsure

### 16. Are you familiar with the processes involved in taking up your organisations current flexible work arrangements to help you balance your work and family responsibilities?

- Yes
- No
- Unsure

### 17. Depending on the organisation's structure, there are a range of work and family arrangements that can be offered. Please indicate the work and family arrangements listed below that you are using or have used in the last year to assist you with balancing your work with your family responsibilities.

 Please tick all that apply

#### Flexible work arrangements

- Part-time work
- Time off in lieu of overtime
- Job share
- Flexible start and finish times
- Employee choice rostering
- Telecommuting/work from home

#### Flexible leave arrangements

- Carers leave
- Parental leave
- Paid maternity leave
- Paid paternity leave
- Paid adoption leave
- Unpaid maternity leave
- Unpaid paternity leave
- Unpaid adoption leave
- Paid ante-natal leave

- Lactation leave
- Banking or rostered days off
- Purchased leave eg. 48/52 or 50/52 arrangements
- Part day absences
- Long service leave on part pay
- Bereavement leave
- Cultural/religious leave
- Leave without pay


#### Other arrangements to assist work and family balance

- In an emergency, access to a room where children or other family members can wait for you
- Access to a private room for breastfeeding or expressing
- Access to a private room where personal calls can be made or received
- Organisational support for gathering information about childcare, elder care or other family related services
- Networks, seminars and discussion groups on work and family topics
- Newsletters, noticeboards to remain informed of work/family policy and practice
- Other (please specify) \_\_\_\_\_

### 18. Do you know where you would go to find out more about flexible work and family options within your organisation?

- Yes
- No
- Unsure

### 19. In addition to the arrangements that you currently use, which of the following additional arrangements/facilities would assist you with balancing work and family responsibilities, if they were made available to you at your workplace?

 Please note that some of these may be more appropriate to your workplace than others - tick all the boxes that apply

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