

Syracuse University Family Care Survey

The Family Care Advisory Committee, in conjunction with the Office of Human Resources, is interested in exploring current and future family care needs of Syracuse University employees. As part of this effort, we would like to know more about your experiences in addressing current and future family care needs.

The survey should take approximately 15-20 minutes to complete, depending on the extent of your family care needs. Your responses will remain confidential and only group data will be reported.

- Identify the type of family care need you are currently addressing, have addressed in the past 12 months, and anticipate addressing in the future (1-5 years).

| Type of Care | Currently | | Previously | | In 1 yr | | In 2-3 yrs | | In 4-5 yrs | |
|--------------------------------|-----------|-----|------------|-----|---------|-----|------------|-----|------------|-----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| a. Elder | [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| b. Spouse/partner | [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| c. Dependent adult child | [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| d. Child | [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| e. Grandchild | [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| f. Myself | [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| g. Other (specify _____) | [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |

- The following family care services and resources are currently provided by Syracuse University. For each of the items, please indicate if you are **aware** of the service/resource, if you **have used** the service/resource, and if you **anticipate using** the service/resource in the future. Please, select the **not applicable** response if the service or resource is not appropriate to your current or anticipated family care needs.

| | Aware | | Have Used | | | Anticipated Use | | |
|--|-------|----|----------------|-----|----|-----------------|-----|----|
| | Yes | No | Not Applicable | Yes | No | Not Applicable | Yes | No |
| Financial | | | | | | | | |
| a. Health Care Flexible Spending Account | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| b. Home and Auto Employee Insurance..... | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| c. Guaranteed Mortgage Program..... | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| d. Long-term Care Insurance..... | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| e. Discounts (e.g., tickets, bookstore) | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| Wellness | | | | | | | | |
| f. Wellness Catalog..... | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| g. Wellness Facilities | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| Child | | | | | | | | |
| h. SU Early Education and Child Care Center . | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| i. Bernice M. Wright Child Development Laboratory School..... | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| j. Child Care Resources (through Child Care Solutions)..... | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| k. Adoption Assistance | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| l. Dependent Care Flexible Spending Account..... | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| Elder | | | | | | | | |
| m. Elder Care Resources (through Onondaga County Office for the Aging) | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| Work Life | | | | | | | | |
| n. Flexible Work Schedule..... | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| o. WorkLife Series | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| p. WorkLife Quarterly Newsletters..... | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| q. Counseling Services (Faculty and Staff Assistance Program) | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| r. Affinity Groups | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| s. Dual Career Services | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| t. Other (specify _____) | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |

3. Have you encountered any **difficulties** in using campus family care services and resources (either those listed above or others not identified here)?

- Yes
- No

4. If **yes**, please identify the difficulties and provide comments or suggestions as to how SU might address them. This could include concerns about specific services or resources or more general difficulties encountered.

5. What information/support would help you in addressing your current or future family care needs? (Select all that apply.)

- Peer support
- Supervisor support
- Separation/divorce support
- Grief support
- Elder/adult care support
- Caregiver support
- Child care support
- Teen support
- Support for specific diseases (e.g., cancer, Alzheimer) (specify _____)
- Other (specify _____)

6. What would be the most helpful ways for the information/support you identified in the previous question to be provided for you to best meet your family care needs? (Select all that apply.)

- Workshops
- One-on-one sessions
- Human Resources web site
- Brochures and pamphlets
- Discussion with supervisor
- Other (specify _____)

Work Life

7. Are you currently an SU Faculty member?

- Yes (If "Yes," continue with question 12.)
- No

8. Which of the following best describes your work schedule? (Select only one response.)

- I have a flexible work schedule approved through the formal University policy and on file with the Office of Human Resources.
- I have an informal work schedule approved by my supervisor, but not arranged through the formal University Flexible Work Policy.
- I am able to address intermittent family care needs through workplace flexibility at the discretion of my supervisor.
- I work my standard hours with no workplace flexibility.
- Other (specify _____)

9. In the past 12 months, how many vacation days, personal days, sick days, and days without pay have you taken to address your **family care needs**?

| | 0 days | 1-2 days | 3-4 days | 5-6 days | More than 6 days | Not Applicable |
|---------------------------|--------|----------|----------|----------|------------------|----------------|
| a. Vacation days | [] | [] | [] | [] | [] | [] |
| b. Personal days | [] | [] | [] | [] | [] | [] |
| c. Sick days | [] | [] | [] | [] | [] | [] |
| d. Days without pay | [] | [] | [] | [] | [] | [] |

10. In the past 12 months, approximately, how much of your working time occurred outside your normal schedule due to addressing **family care needs** during your work day?

- 0 hours
- less than 1 day
- 1-3 days
- 4-5 days
- 6-8 days
- 9-10 days
- More than 10 days
- Not applicable at this time

11. The University is currently spearheading a flexible work and sustainability initiative to encourage supervisors to explore compressed work week, telecommuting, and other work schedule options with a sustainability component. How will your ability to address your family care needs be affected?

- A flexible work schedule will **not affect** meeting my family care needs.
- A flexible work schedule will make it **easier** to meet my family care needs.
- A flexible work schedule will make it **more difficult** to meet my family care needs.
- I am **unsure** as to how a flexible work schedule will affect meeting my family care needs.

To help us better understand the effect of this initiative, please, explain your response.

12. Rate the **importance** of the following work environment aspects in allowing you to meet your family care needs.

| | Not At All Important | Not Too Important | Somewhat Important | Very Important |
|----------------------------------|----------------------|-------------------|--------------------|----------------|
| a. Workplace flexibility | 1 | 2 | 3 | 4 |
| b. Support from supervisor | 1 | 2 | 3 | 4 |
| c. Support from coworkers | 1 | 2 | 3 | 4 |

13. Indicate your level of **satisfaction** with the following work environment aspects in allowing you to meet your family care needs.

| | Very Dissatisfied | Dissatisfied | Neither Satisfied Nor Dissatisfied | Satisfied | Very Satisfied |
|---|-------------------|--------------|------------------------------------|-----------|----------------|
| a. My level of workplace flexibility..... | 1 | 2 | 3 | 4 | 5 |
| b. My supervisor's level of support | 1 | 2 | 3 | 4 | 5 |
| c. My coworkers' level of support | 1 | 2 | 3 | 4 | 5 |

Child Care Needs

14. Do you currently have or anticipate having child care needs?

- Yes
- No (If "No," continue with question 23.)

15. How many children do you currently have in the following groups?

| | 0 children | 1 child | 2 children | 3 children | More than 3 children |
|---|------------|---------|------------|------------|----------------------|
| a. Infant (0-18 months) | [] | [] | [] | [] | [] |
| b. Toddler (19 months-3 years) | [] | [] | [] | [] | [] |
| c. Preschool..... | [] | [] | [] | [] | [] |
| d. Kindergarten | [] | [] | [] | [] | [] |
| e. 1 st -3 rd grade | [] | [] | [] | [] | [] |
| f. 4 th -6 th grade | [] | [] | [] | [] | [] |
| g. 7 th -9 th grade | [] | [] | [] | [] | [] |
| h. 10 th -12 th grade | [] | [] | [] | [] | [] |

16. In the past 12 months, what child care arrangements were necessitated by your work schedule? (Select all that apply.)

If you are anticipating future child care needs, please, base your response on your current work schedule. (Select all that apply.)

| Type of Care | Past 12 months | In 1 yr | In 2-3 yrs | In 4-5 yrs |
|--------------------------------------|----------------|---------|------------|------------|
| a. Full-day care | [] | [] | [] | [] |
| b. Half-day care | [] | [] | [] | [] |
| c. Before/after school care | [] | [] | [] | [] |
| d. School breaks/vacation care | [] | [] | [] | [] |
| e. Night or weekend care..... | [] | [] | [] | [] |
| f. Back-up emergency care | [] | [] | [] | [] |
| g. Sick care | [] | [] | [] | [] |
| h. Special needs assistance | [] | [] | [] | [] |
| i. Full-day care (summer only) | [] | [] | [] | [] |
| j. Half-day care (summer only) | [] | [] | [] | [] |
| k. Other (specify _____) | [] | [] | [] | [] |

17. In the past 12 months, what were your **primary** child care arrangements? (Select all that apply.)

If you are anticipating future child care needs, please, base your response on your desired child care arrangement. (Select all that apply.)

| Type of Arrangement | Past 12 months | In 1 yr | In 2-3 yrs | In 4-5 yrs |
|---------------------------------|----------------|---------|------------|------------|
| a. Relative in my home | [] | [] | [] | [] |
| b. Non-relative in my home..... | [] | [] | [] | [] |
| c. In a relative's home | [] | [] | [] | [] |
| d. Family child care home..... | [] | [] | [] | [] |
| e. Child care center..... | [] | [] | [] | [] |
| f. Other (specify _____) | [] | [] | [] | [] |

18. How satisfied are you with your current child care arrangement(s)?

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied
- Not applicable at this time

19. Which **one** of the following issues is of greatest concern to you in addressing your current or future child care needs?
- Affordability of care
 - Reliability of caregiver
 - Quality of care
 - Convenient location
 - Other (specify _____)
20. How has the University helped you in addressing your child care needs? (Select all that apply.)
If you are anticipating future child care needs, please, base your response on your current concerns. (Select all that apply.)
- Flexible work schedule
 - On-site day care center
 - Supportive work environment
 - Workshops (WorkLife Series sponsored by Faculty and Staff Assistance Program, Staff 2 Staff sponsored by Office of Human Resources, Learning Opportunities courses)
 - Affinity group
 - Guidance from Human Resources regarding Family and Medical Leave (FMLA)
 - Informational access to child care resources
 - Other (specify _____)
21. What information/support would help you in addressing your current child care needs? (Select all that apply.)
If you are anticipating future child care needs, please, base your response on your projected concerns. (Select all that apply.)
- Guidance from Human Resources regarding Family and Medical Leave (FMLA)
 - Transitioning back to work after child birth
 - Campus and community child care resources and services
 - Child care referral list
 - Child care consumer information
 - Babysitting matching service for tweens/teens
 - Balancing home and work life
 - Managing stress
 - Computer access during work hours
 - Phone access during work hours
 - Privacy (e.g., phone calls, lactation)
 - Other (specify _____)
22. How can the University further support you in addressing your **current or future child care needs**?

Elder/Adult Care Needs

23. Do you currently have or anticipate having elder/adult care needs?
- Yes
 - No (If "No," continue with question 32.)
24. In the past 12 months, on average, how many **hours per week** did you spend providing elder/adult care?
- 0 hours
 - 1-5 hours
 - 6-10 hours
 - 11-15 hours
 - 16-20 hours
 - 21-25 hours
 - More than 25 hours

Not applicable at this time

25. How far must you travel, or would you anticipate traveling, to provide elder/adult care?

- The elder/adult lives with me
- Less than 10 miles
- 10-30 miles
- 31-60 miles
- 61-90 miles
- 91-120 miles
- Over 120 miles

26. How satisfied are you with your current elder/adult care arrangement?

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied
- Not applicable at this time

27. Which **one** of the following issues is of greatest concern to you in addressing your current or future elder/adult care needs?

- Access to available resources
- Flexible work schedule
- Financial impact
- Caring for myself
- Other (specify _____)

28. Which of the following do you take advantage of in supporting yourself as a caregiver? (Select all that apply.)

- Exercise program
- Relaxation techniques
- Spirituality
- Nutrition
- Personal time
- Support of friends and family
- Other (specify _____)
- Not applicable at this time

29. Which of the following current University services/practices have been helpful in addressing your elder/adult care needs? (Select all that apply.)

If you are anticipating future elder/adult care needs, please, base your response on your projected concerns. (Select all that apply.)

- Flexible work schedule
- Supportive work environment
- Workshops (WorkLife Series sponsored by Faculty and Staff Assistance Program, Staff 2 Staff sponsored by Office of Human Resources, Learning Opportunities courses)
- Affinity group
- Guidance from Human Resources regarding Family and Medical Leave (FMLA)
- Informational access to elder/adult care resources
- Other (specify _____)

30. What information/support would help you in addressing your current elder/adult care needs? (Select all that apply.)

If you are anticipating future elder/adult care needs, please, base your response on your projected concerns. (Select all that apply.)

- Guidance from Human Resources regarding Family and Medical Leave (FMLA)
- Campus and community elder/adult care resources and services
- Care options
- Elder/adult consumer information
- Health care proxy
- Living wills
- Power of attorney
- Insurance benefits and eligibility
- Government sponsored programs
- Facilitating sensitive conversations with family members
- Concerns associated with long distance family care needs
- Balancing home and work life
- Managing stress
- Caregiver support options
- Computer access during work hours
- Phone access during work hours
- Privacy (e.g., phone calls)
- Other (specify _____)

31. How can the University further support you in addressing your **current or future elder/adult care needs**?

Family Care Needs of Coworkers

32. I am supportive of my coworkers when they are addressing family care needs.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly agree
- Not applicable at this time

33. Please, rate the **impact** that the family care needs of your coworkers have on you in the following aspects of your work.

| | Negative Impact | | No Impact | | Positive Impact | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Quality of work I produce..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Quantity of work I produce..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Timeliness of my work output..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My morale..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My absenteeism..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My workload..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My home/work life balance..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Advancement in my position..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Perspective on workplace flexibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

34. How can the University further support you in addressing the **impact of your coworkers' family care needs**?

Supervisory Role

35. Do you currently function in a supervisory capacity?

- Yes
- No (If “No,” continue with question 39.)

36. Please, rate the **impact** that the family care needs of those you supervise have on the following aspects of your work area.

| | Negative Impact | No Impact | Positive Impact |
|---|--------------------|--------------|--------------------|
| a. Quality of work area output..... | [] | [] | [] |
| b. Quantity of work area output | [] | [] | [] |
| c. Timeliness of work area output..... | [] | [] | [] |
| d. Effectiveness of work area | [] | [] | [] |
| e. Morale..... | [] | [] | [] |
| f. Absenteeism..... | [] | [] | [] |
| g. Workload..... | [] | [] | [] |
| h. Perspective on flexible scheduling . | [] | [] | [] |

37. What information/support would help you in addressing the impact of the family care needs of those you supervise on your work area? (Select all that apply.)

- University policies
- Supervisor training and workshops
- Cross training of staff in your work area
- Availability of temporary employees
- Other (specify _____)

38. How can the University support you in your supervisory role as you address the **impact of the family care needs of those you supervise on your work area?**

Overall

39. Overall, how **successful** are you at meeting your family care needs during the work day?

- Not at all successful
- Not too successful
- Somewhat successful
- Very successful
- Not applicable at this time

40. Overall, how **helpful** has the University been in assisting you to meet your family care needs?

- Not at all helpful
- Not too helpful
- Somewhat helpful
- Very helpful
- Not applicable at this time

41. Over the past two years, have you considered or have you chosen to change jobs within the University in order to **better meet your family care needs?**

- Yes
- No

Please, explain.

42. Please, share any additional comments regarding your family care needs.

In order to understand if we are meeting the needs of various groups of individuals within the SU community, we would appreciate your response to the following items. Responses will remain confidential and only group data will be reported.

43. Which **category** best describes you?

- Faculty (Tenured)
- Faculty (Tenure Track)
- Faculty (Non-Tenure Track)
- Part-time Faculty
- Adjuncts United – Part-time faculty
- Security Police and Fire Professionals – Department of Public Safety
- Teamsters, Local 517 – Parking and Transit Services Employees
- SEIU Local 200 United – Physical Plant, Food Services, Housing and Food Services Maintenance, Library staff
- Exempt staff
- Nonexempt staff
- Graduate assistant
- Teaching assistant
- Other (specify: _____)

44. What is your **gender**?

- Female
- Male
- Transgender

45. What is your current **relationship status**?

- Living with partner
- Married
- Separated or divorced
- Single
- Widowed