

# **ACO Salary Benchmarking & Working Patterns Survey**

Your participation in this survey is greatly appreciated. We hope this survey will generate clear insights into salaries and current working patterns across the grant-making to individuals sector. All responses will be treated in the strictest confidence and individual responses will not be identifiable.

Before answering the questions, you will find it helpful to read through this survey in its entirety using the word document included in your email. If an aspect or grade is not applicable to your organisation, please leave the appropriate sector blank and mark **"n/a"** for not applicable.

In taking part in the survey, you will receive the full benchmarking report produced by David Locke (Director of Finance and Operations, RABI/ Chair of ACO Finance Forum).

For any queries please contact: donal@aco.uk.net / rosie@aco.uk.net

**Section 1: Organisational Information**

### **1. Please enter the name of your organisation \***

|  |
| --- |
|   |

### **2. Please enter your email address  \***

|  |
| --- |
|   |

### **3. Organisation background information: \***

|  | £/ amount |
| --- | --- |
| Income per annum (£) |

|  |
| --- |
|   |

   |
| Support Expenditure (Grant & Well-being) per annum (£) |

|  |
| --- |
|   |

   |
| Total Expenditure per annum (£) |

|  |
| --- |
|   |

   |
| Number of (UK based) staff (FTE) |

|  |
| --- |
|   |

   |

**Section 2: Pay Awards**

### **4. What type of pay structure is adopted?**

|  |  |
| --- | --- |
|    | Fixed Salary |
|    | Incremental pay scale |
|    | Other (please specify):

|  |
| --- |
|   |

 |

### **5. What is (are) your normal salary review date(s)?**

|  |
| --- |
|   |

### **6. What was your last pay % award?**

|  |
| --- |
|   |

### **7. What is your intention for your forthcoming % pay award?**

|  |
| --- |
|   |

### **8. When to you intend to distribute your pay awards?**

|  |
| --- |
|   |

### **9. Have you provided lump sum payments as part of recent pay awards/cost of living payments?**

|  |  |
| --- | --- |
|    | Yes |
|    | No  |

Comment:

|  |
| --- |
|   |

 **Section 3: Salary Information**

### **10. Please fill in the table below with the information where applicable for your organisation's C-Suite & Director/ Heads of Department.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **From (£)** | **To (£)** | **Average (£)** |
| Chief Executive |   |   |   |   |
| Chief Operating Officer |   |   |   |   |
| Chief Financial Officer |   |   |   |   |
| Grants/ Charitable Services |   |   |   |   |
| Communications/Marketing |   |   |   |   |
| Fundraising |   |   |   |   |
| Finance (& Administration) |   |   |   |   |
| Information Technology (IT) |   |   |   |   |
| HR |   |   |   |   |
| Business Development |   |   |   |   |
| Impact |   |   |   |   |
| Volunteers |   |   |   |   |

Please specify others here:

|  |
| --- |
|   |

### **11. Managers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **From (£)** | **To (£)** | **Average (£)** |
| Grants/ Welfare Manager |   |   |   |   |
| Volunteer Manager |   |   |   |   |
| Administration/Office Manager |   |   |   |   |
| Chief Accountant/Finance Manager |   |   |   |   |
| Fundraising Manager |   |   |   |   |
| Marketing/ Communications Manager |   |   |   |   |
| IT Manager |   |   |   |   |
| HR Manager |   |   |   |   |
| Regional Manager |   |   |   |   |
| Office Manager |   |   |   |   |

Please specify others here:

|  |
| --- |
|   |

### **12. Officer/ Executive**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **From (£)** | **To (£)** | **Average (£)** |
| Senior Caseworker/ Grants Officer |   |   |   |  |
| Caseworker/ Grants Officer |   |   |   |  |
| IT Officer  |   |   |   |  |
| Communications/ Marketing Officer |   |   |   |  |
| Fundraising Officer |   |   |   |  |
| Impact & Evaluation Officer |   |   |   |  |
| Finance & Administration Officer  |   |   |   |  |
| Executive Assistant |   |   |   |  |
| HR Officer |   |   |   |  |

Please specify others here:

|  |
| --- |
|   |

 **Section 4: Working Patterns**

### **13. Do you have a flexible working/working from home policy?**

|  |  |
| --- | --- |
|    | Yes |
|    | No |

Comment:

|  |
| --- |
|   |

### **14. What % of your staff work:**

|  | % |
| --- | --- |
| Office based |

|  |
| --- |
|   |

   |
| Hybrid (part office/ part home) |

|  |
| --- |
|   |

   |
| Remote (full time home based) |

|  |
| --- |
|   |

   |

Comment:

|  |
| --- |
|   |

### **15. Where applicable, have you amended your staff's contract of employment to reflect hybrid/ remote working patterns?**

|  |  |
| --- | --- |
|    | Yes |
|    | No |

Comments:

|  |
| --- |
|   |

### **16. How many days minimum do you require your staff to work from the office?**

|  |  |
| --- | --- |
|    | 0 |
|    | 1 |
|    | 2 |
|    | 3 |
|    | 4 |
|    | 5 |

Comment:

|  |
| --- |
|   |

### **17. What core hours do you require your staff to work per day?**

|  |  |
| --- | --- |
|    | 9.00-17.00 |
|    | 10.00-16.00 |
|    | Other |

If other, please specify:

|  |
| --- |
|   |

### **18. Do you operate a compressed hours model (e.g. 4 day week)?**

|  |  |
| --- | --- |
|    | Yes |
|    | No |

Comments:

|  |
| --- |
|   |

### **19. Do you still maintain head/regional offices for staff?**

|  |  |
| --- | --- |
|    | Yes |
|    | No |

Comments:

|  |
| --- |
|   |

### **20. If you have a hybrid/ remote working model, how do you maintain internal team communication (e.g. Teams/physical meetings)?**

|  |
| --- |
|   |

### **21. For staff working from home, do you provide any financial provision for:**

|  | Yes | No | Sometimes |
| --- | --- | --- | --- |
| I.T. equipment |    |    |    |
| Phone |    |    |    |
| Chair/desk |    |    |    |
| Financial allowance |    |    |    |
| Other |    |    |    |

Please specify other here:

|  |
| --- |
|   |

### **22. For your hybrid/ remote staff- do you have a policy for reimbursing staff travel costs outside of core office days?**

|  |  |
| --- | --- |
|    | Yes |
|    | No |

Comments:

|  |
| --- |
|   |

### **23. Do you intend to change your working arrangements in the next twelve months?**

|  |  |
| --- | --- |
|    | Yes |
|    | No |

Comments:

|  |
| --- |
|   |

**6. Section 5: Employee Benefits**

### **24. Please indicate which Employee Benefits your organisation offers:**

|  | Yes | No |
| --- | --- | --- |
| Enhanced Pension Scheme (above stakeholder) |    |    |
| Enhanced Paid Parental Leave (above statutory) |    |    |
| Professional Development Training |    |    |
| Professional Membership Subscription |    |    |
| Paid Care Leave |    |    |
| Childcare Cost Support |    |    |
| Car/ Care Allowance |    |    |
| Health Insurance |    |    |
| Employee Assistance Programme |    |    |
| Cycle Loan |    |    |
| Season Ticket Loan |    |    |
| Death in Service/ Life Insurance |    |    |
| Staff Perk Scheme e.g Discount card, vouchers, cash back |    |    |
| Long-service Leave |    |    |

If other, please specify:

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| --- |
|   |

### **25. If you were to complete a future Salary Benchmarking & Working Patterns Survey, which month would be the most useful for your organisation?**

|  |
| --- |
|   |

Thank you for completing the survey, we greatly appreciate you taking the time to do so.