



IN CONFIDENCE

**Wave 2
2006**

Centre-based carer

Carer's name:

Please fill out this form with regard to yourself and the child named below.

Study child's name:

You are being asked to take part in *Growing up in Australia* - a study run by the Australian Institute of Family Studies on behalf of the Australian government, with data collected for the Institute by the Australian Bureau of Statistics (ABS).

All information collected will be kept strictly confidential (except where it is required to be reported by law and/or there is a risk of harm to yourself or others). To ensure that your privacy is maintained, only combined results from the study as a whole will be discussed and published. No individual information will be released to any person or department except at your written request and on your authorisation. Participation in this study is voluntary.

If you have any questions or want more information, please call **1800 005 508**. When you have completed this form please mail it back in the reply paid envelope provided (Reply Paid 76746, Sydney NSW 2000).

Please read this first

- **Important:** This form will be read using electronic equipment.
- Use **black** pen when completing this form.
- Keep each number or tick **within** the data entry boxes provided, for example
- Leave answer boxes blank where you have no response or data to enter, for example
- Do **not** use 'nil', 'n/a' or '-'
- Tick one box only unless otherwise instructed.

	2	8	5	or	✓
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The following questions are about the centre or program in which you work.

- 1 In what sector of early education is your program based?** (Please read the definitions for each option and mark the one option that best describes your program.)
- (a) Long day care program
(e.g. a centre-based child care program where the centre is open for at least 8 hours a day, five days a week and across at least 48 weeks of the year). ... 1
- (b) Long day care program in a school setting
(e.g. a centre-based child care program available only during the school terms for up to 8 hours a day, five days a week) ... 2
- (c) Occasional care program
(e.g. a centre based program that provides child care on a short-term basis. Children, within the age of 0 to 5 years, may attend half-days or full-days for a limited number of sessions per week) ... 3
- (d) Multi-purpose centre
(e.g. a centre-based program that provides long day care in addition to other child and family services, such as early intervention, family day care, family support. Include Multi-functional Aboriginal Children's Services in this option) ... 4
- (e) Pre-school program
(e.g. a program that operates only during school terms and within school hours. Children within the age range of 3 to 5 years may attend half-days or full-days for a limited number of sessions per week. In some Australian states, these programs are called kindergartens) ... 5

- 2 Under what organisational basis does your program operate?** (Please tick the one option that best describes the administrative/organisational basis under which your program operates.)

- Government school: State or Territory government ... 1
- Non-denominational Independent school ... 2
- Catholic Independent school ... 3
- Independent school sponsored by a religious faith other than Catholic ... 4
- Community-based non-profit organisation ... 5
- Non-profit organisation sponsored by a religious faith ... 6
- For-profit organisation: Private or franchised centre, commercial child care chain ... 7
- Local government ... 8
- Higher education institution: University or TAFE college ... 9
- Employer-sponsored child care: Private company ... 10

- 3 Is your centre registered with the National Childcare Accreditation Council?**

- Yes ... 1
- No ... 2
- Don't know ... 3

Please complete the following questions for the group where the study child (named on the front cover) spends most of his/her time.

4 On average, how many children are in the group on any day this child attends?

5 What is the age range within the group?

From years months

To years months

6 On average, how many adults, in paid positions, are typically in your group at a time when most children have arrived?

7 On average, how many qualified staff are typically in your group when most children enrolled in the program have arrived? (Please indicate the number of staff with a certificate/diploma/degree)

(a) Staff with Certificate

(b) Staff with Diploma

(c) Staff with Bachelor Degree

8 On average, how many children in this group are from a non-English speaking family background?

9 On average, how many children in this group are from an Aboriginal or Torres Strait Islander background?

10 On average, how many children in this group have had a diagnosed disability? (e.g. intellectual, sensory, physical, autistic spectrum disorder, developmental delay)

11 How many books and other language materials are available?

Less than 1 per child 1

At least 1 per child 2

2 or more per child 3

12 On average, how many minutes per day does someone read books or sing songs to the children?

 minutes

13 How much of your usual daily activity as a carer of the study child or other children is described by the following?

Tick one box per row only

Not at all	Somewhat	Quite a lot	Very much
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(a) Sitting and playing with children (puzzles, blocks, construction, drawing, etc.) 1... .. 2... .. 3... .. 4

(b) Singing, telling stories, reading books 1... .. 2... .. 3... .. 4

(c) Managing problem behaviour 1... .. 2... .. 3... .. 4

(d) Giving individual attention in routine care (helping child with feeding, toileting, dressing, sleep, etc.) 1... .. 2... .. 3... .. 4

(e) Organising space, equipment or toys, food and drink 1... .. 2... .. 3... .. 4

(f) Teaching good health practices (hand washing, healthy eating, sun protection, etc.) 1... .. 2... .. 3... .. 4

(g) Taking part in children's active outdoor play (ball play, running, etc.) 1... .. 2... .. 3... .. 4

(h) Watching or supervising child or children's play 1... .. 2... .. 3... .. 4

(i) Taking part in pretend play 1... .. 2... .. 3... .. 4

14 On average, how often do the children watch TV, DVDs or videos?

- Daily - Less than 1 hour a day 1
- Daily - 1-2 hours a day 2
- Daily - 2 or more hours a day 3
- A few times a week 4
- A few times a month 5
- Less often 6
- Never 7

15 In your program, which of the following practices have you used (or will you use) this year to involve parents?

Tick all that apply

- Parent orientation activities early in the year (e.g. meeting with the parents, written information sent to family)
- Parent participation in your program (e.g. as a volunteer or on a roster)
- Formal parent-teacher meetings about children's progress
- Parent education programs or information sessions
- Social activities for parents that promote contact or support
- Regular newsletters about your program and events
- Other

Tick one box per row only

16 Please indicate how strongly you agree or disagree with these statements as they apply to your centre:

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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- (a) Staff can rely on colleagues for support and assistance when needed 1 2 3 4 5
- (b) Staff have a clear understanding of their roles and responsibilities 1 2 3 4 5
- (c) Staff are able to contribute to decision-making about policies and practices in the centre 1 2 3 4 5
- (d) Staff go about their work with enthusiasm 1 2 3 4 5
- (e) My personal philosophy and goals are in agreement with those of the centre 1 2 3 4 5
- (f) The centre environment provides a positive working environment for staff 1 2 3 4 5

When answering the following questions, please think specifically about the study child and his/her family.

17 How long has this child been in your centre/service?

years months

18 Has the study child received any additional services that are specifically available or provided through your centre to support his/ her learning?

(e.g. speech therapy, physiotherapy, SUPS support worker)

Yes 1

No 2 Go to Question 20

Not sure 3 Go to Question 20

19 Which of the following extra services has this child received since being in your group?

Tick all that apply

- (a) Speech therapy ...
- (b) Physiotherapy ...
- (c) Occupational therapy ...
- (d) Psychological assessment ...
- (e) Learning support (preschool field officer or advisory visiting teacher) ...
- (f) Early intervention/early special education (program or support worker) ...
- (g) ESL or bilingual program or support worker ...
- (h) Behavioural management program ...

20 Compared with other children, how old would you say this child now acts?

(a) His/her own age

or

(b) Other age years months

21 Do you have any concerns about this child's learning, development or behaviour?

Yes 1

No 2 Go to Question 23

22 What are your concerns?

Tick all that apply

- (a) General developmental delay ...
- (b) How child talks and makes speech sounds ...
- (c) How child understands what you say ...
- (d) How child uses his/her hands and fingers to do things ...
- (e) How child uses his/her arms and legs ...
- (f) Hearing problems ...
- (g) Vision problems ...
- (h) Other physical concerns ...
- (i) How child responds socially to people ...
- (j) Other behaviour difficulties ...
- (k) Other concerns ...

23 Compared to other children, do you think the study child is...?

- Much easier to get on with than average 1
- Easier to get on with than average ... 2
- About average ... 3
- More difficult to get on with than average 4
- Much more difficult to get on with than average ... 5

24 How worried are you about the study child's behaviour, emotions and relationships?

- Not at all worried ... 1
- A little worried ... 2
- Worried ... 3
- Very worried ... 4

25 How worried are you about the study child's language development?

- Not at all worried ... 1
- A little worried ... 2
- Worried ... 3
- Very worried ... 4

26 During the time that the study child has been in your care, how often has a parent of this child had an informal discussion with you about him/her?

(e.g. at pick up or drop-off times)

- Every day 1
- A few times a week 2
- A few times a month 3
- Never 4
- Opportunities are not available 5

27 Please indicate how often the study child behaves in these ways when the parents drop off or pick up this child:

(If both parents take turns in dropping off or picking up this child, answer these questions for the parent who does so most frequently. If both parents drop off this child about the same amount, answer the questions for the mother.)

Tick one box per row only

Never	Sometimes	Often	Always	Not dropped off by a parent
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- (a) When this child arrives he/she greets you enthusiastically 1 2 3 4 5
- (b) When this child arrives he/she seems angry or sad 1 2 3 4 5
- (c) While the parent is there, this child maintains physical contact with the parent 1 2 3 4 5
- (d) While the parent is there, this child plays with other children 1 2 3 4 5
- (e) While the parent is leaving, this child says goodbye in some way (smiles, waves, etc.) 1 2 3 4 5
- (f) While the parent is leaving, this child seems angry or sad 1 2 3 4 5
- (g) After the parent leaves, this child becomes involved (in an activity) within 3 minutes 1 2 3 4 5
- (h) The parent stays too long before leaving 1 2 3 4 5
- (i) Upon return of the parent, this child greets the parent as soon as possible 1 2 3 4 5
- (j) This child stops playing easily when the parent arrives 1 2 3 4 5
- (k) When upset, this child accepts comfort from the parent 1 2 3 4 5
- (l) This child cooperates in getting ready to go home 1 2 3 4 5
- (m) At the point of leaving this child is upset 1 2 3 4 5
- (n) In general, the child ignores or avoids the parent 1 2 3 4 5

Tick one box per row only

28 How well does the study child...?

Doesn't do it at all	Does it, but not well	Does it well	Not sure
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- (a) Do simple pretending play like feeding a doll or stuffed animal ... 1 ... 2 ... 3 ... 4
- (b) Pretend one object is a substitute for something else, like using a towel as a blanket or a box for a house ... 1 ... 2 ... 3 ... 4
- (c) Play a simple give-and-take game with another child, like rolling a ball back and forth... 1 ... 2 ... 3 ... 4
- (d) Cooperate with another child to do something together, like building a tower together with blocks ... 1 ... 2 ... 3 ... 4
- (e) Play pretend games with other children, by using props, like dressing up or using kitchen tools when playing house 1 ... 2 ... 3 ... 4
- (f) Play group games with other children that have rules, like tag, hide-n-seek, or duck-duck goose ... 1 ... 2 ... 3 ... 4

29 For each of the following statements, please tick the box which best describes the study child in the last month:

Never the case	Seldom the case	Sometimes the case	Often the case	Very often the case	Always the case	Not applicable
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- (a) This child enjoys attending child care ... 1. ... 2. ... 3. ... 4. ... 5. ... 6. ... 7
- (b) This child is comfortable with most of the children ... 1. ... 2. ... 3. ... 4. ... 5. ... 6. ... 7
- (c) This child tends to avoid contact with other children ... 1. ... 2. ... 3. ... 4. ... 5. ... 6. ... 7
- (d) This child really enjoys the games and play materials at child care ... 1. ... 2. ... 3. ... 4. ... 5. ... 6. ... 7

30 For each of the following statements, please tick one box to best describe the study child in the last month:

	Not true/ Rarely	Somewhat true/ Sometimes	Very true/ Often	Not applicable
(1) Shows pleasure when she/he succeeds (e.g. claps for self)	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(2) Gets hurt so often that you can't take your eyes off him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(3) Seems nervous, tense or fearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(4) Is restless and can't sit still	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(5) Follows rules	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(6) Wakes up during nap time and needs help to fall asleep again	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(7) Cries or tantrums until he/she is exhausted	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(8) Is afraid of certain places, animals or things	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(9) Has less fun than other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(10) Looks for a caregiver when upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(11) Cries or hangs on to parent when he/she tries to leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(12) Worries a lot or is very serious	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(13) Looks right at you when you say his/her name	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(14) Does not react when hurt	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(15) Is affectionate with loved ones	<input type="checkbox"/> 1... ..	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3... ..	<input type="checkbox"/> 4
(16) Won't touch some objects because of how they feel	<input type="checkbox"/> 1... ..	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3... ..	<input type="checkbox"/> 4
(17) Has trouble falling asleep or staying asleep	<input type="checkbox"/> 1... ..	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3... ..	<input type="checkbox"/> 4
(18) Runs away in public places	<input type="checkbox"/> 1... ..	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3... ..	<input type="checkbox"/> 4
(19) Plays well with other children (not including brother/sister)	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(20) Has trouble adjusting to changes	<input type="checkbox"/> 1... ..	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3... ..	<input type="checkbox"/> 4
(21) Tries to help when someone is hurt (e.g. gives a toy)	<input type="checkbox"/> 1... ..	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3... ..	<input type="checkbox"/> 4
(22) Often gets very upset	<input type="checkbox"/> 1... ..	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3... ..	<input type="checkbox"/> 4
(23) Gags or chokes on food	<input type="checkbox"/> 1... ..	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3... ..	<input type="checkbox"/> 4
(24) Imitates playful sounds when you ask him/her to	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(25) Refuses to eat	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(26) Hits, shoves, kicks or bites children (not including brother/sister)	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(27) Is destructive. Breaks or ruins things on purpose	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(28) Points to show you something far away	<input type="checkbox"/> 1	<input type="checkbox"/> 2... ..	<input type="checkbox"/> 3	<input type="checkbox"/> 4

30 For each of the following statements, please tick one box to best describe the study child in the last month: *(continued)*

Not true/ Rarely	Somewhat true/ Sometimes	Very true/ Often	Not applicable
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- (29) Hits, bites or kicks parent/s ... 1 ... 2 ... 3 ... 4
- (30) Hugs or feeds dolls or stuffed animals ... 1 ... 2 ... 3 ... 4
- (31) Seems very unhappy, sad, depressed or withdrawn ... 1 ... 2 ... 3 ... 4
- (32) Hurts other children on purpose ... 1 ... 2 ... 3 ... 4
- (33) When upset, gets very still, freezes or doesn't move ... 1 ... 2 ... 3 ... 4

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Tick one box per row only

31 For each of the following statements please indicate the nature of your relationship with the study child:

Definitely does not apply	Not really	Neutral/ Not sure	Applies somewhat	Definitely applies
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- (a) I share an affectionate, warm relationship with this child 1... 2... 3... 4... 5
- (b) This child and I always seem to be struggling with each other (i.e. having a hard time getting along) ... 1... 2... 3... 4... 5
- (c) If upset, this child will seek comfort from me ... 1... 2... 3... 4... 5
- (d) This child is uncomfortable with physical affection or touch from me ... 1... 2... 3... 4... 5
- (e) This child values his/her relationship with me ... 1... 2... 3... 4... 5
- (f) When I praise this child, he/she beams with pride ... 1... 2... 3... 4... 5
- (g) This child spontaneously shares information about himself/herself ... 1... 2... 3... 4... 5
- (h) This child easily becomes angry with me ... 1... 2... 3... 4... 5
- (i) It is easy to be in tune with what this child is feeling ... 1... 2... 3... 4... 5
- (j) This child remains angry or resistant after being disciplined 1... 2... 3... 4... 5
- (k) Dealing with this child drains my energy ... 1... 2... 3... 4... 5
- (l) When this child is in a bad mood, I know we're in for a long and difficult day ... 1... 2... 3... 4... 5
- (m) This child's feelings towards me can be unpredictable or can change suddenly ... 1... 2... 3... 4... 5
- (n) This child is manipulative with me ... 1... 2... 3... 4... 5
- (o) This child openly shares his/her feelings and experiences with me ... 1... 2... 3... 4... 5

The following questions are about your own background, qualifications and experience.

32 Are you male or female?

Male 1

Female 2

33 What was your age last birthday?

years

34 What is your current work status?

Paid, full-time (35 hours or more per week) 1

Paid, part-time (less than 35 hours per week) 2

Unpaid, full time ... 3

Unpaid, part-time ... 4

Both paid and unpaid (35 hours or more) ... 5

Both paid and unpaid (less than 35 hours) ... 6

Other ... 7

35 Counting this year, for how many years have you worked for 10 hours or more per week in child care settings, early education programs or school settings? (Include paid and unpaid positions. If just started this year, write '01'.)

years

36 Counting this year, for how many years have you worked in this centre/program, even if your position has changed? (If just started this year, write '01'.)

years

37 What is the highest educational qualification you have completed?

Doctoral degree ... 1

Masters degree ... 2

Graduate Diploma or Graduate Certificate ... 3

Bachelor Degree (including Honours) ... 4

Diploma or Associate Diploma ... 5

Certificate ... 6

Year 12 ... 7

Other ... 8

38 If you have completed a post secondary qualification, what is the field of study of your highest level qualification?

Early Childhood Education ... 1

Child Care ... 2

Primary/Secondary Education ... 3

Nursing ... 4

Special Education ... 5

Another field ... 6

None or not completed ... 7

39 Are you currently studying for a qualification that will expand your skills and knowledge in child care or early childhood education?

Yes

No ▶ Go to Question 41

40 What is the field of study of your current course?

Early Childhood Education ... 1

Child Care ... 2

Primary/Secondary Education ... 3

Nursing ... 4

Special Education ... 5

Another field ... 6

41 In the last 12 months, what is your best estimate of your hours spent on professional development activities? (e.g. in-service programs, child-free days, seminars, workshops, conferences and short courses. Base your estimate on hours of attendance, with one day of participation equal to 6 hours)

- Nil 1
- 1 to 6 hours (1 day) 2
- 7 to 12 hours (2 days) 3
- 13 to 18 hours (3 days) 4
- 19 to 24 hours (4 days) 5
- More than 25 hours (5 or more days) 6

42 What is your name?

Please complete the questions below if you have filled in this form on behalf of the study child’s carer. Otherwise go to Question 45.

43 What is your relationship to the study child’s carer

- Supervisor 1
- Other colleague 2
- Other 3

44 What is the reason for filling in this form on behalf of the study child’s carer?

Please provide your contact details below in case we need to contact you regarding the information on this form.

45 Your contact details

Work Phone: Mobile:

Thank you for taking the time to fill in this form.

Please return the form in the reply paid envelope provided.

