



IN CONFIDENCE



Wave 2 2006

Home-based carer

Carer's name:

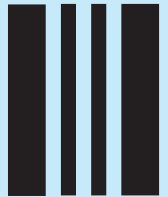
Please fill out this form with regard to yourself and the child named below.

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).

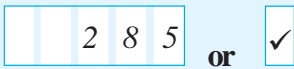
All information collected will be kept strictly confidential (except where it is required to be reported by law and/or there is a risk of harm to yourself or others). To ensure that your privacy is maintained, only combined results from the study as a whole will be discussed and published. No individual 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.



GROWING UP IN AUSTRALIA

The first questions are about the study child (as named on the front page) and other children you may look after.

1 How long have you been looking after this child?

years months

2 What is your relationship to this child?

- Grandparent 1
- Other relative 2
- Friend 3
- Neighbour 4
- Nanny 5
- Family Day Carer 6
- Registered home-based carer 7
- Other 8

3 Do you take the study child to any special groups when he/she is in your care? (e.g. a playgroup, swimming classes, etc.)

Yes 1
No 2

4 On average, how many children do you care for on any day that the study child is with you? (Please include your own children.)

- (a) Only this study child
- or**
- (b) Number of children aged less than five years
- (c) Number of children aged five years and older

5 On average, what is the general age range of the children you usually look after on the days this study child is in your care?

From years months
To years months

6 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
- (j) Housekeeping and other family chores 1 2 3 4

7 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

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

Minutes

9 On average, how often does the child/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

10 Are you a Family Day Carer?

- Yes 1
- No 2 Go to Question 25

11 Is your family day care scheme registered with the National Childcare Accreditation Council?

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

12 Has the study child received any additional services that are specifically available or provided through your FDC scheme to support his/her learning? (e.g. speech therapy, physiotherapy, SUPS support worker)

- Yes 1
- No 2 Go to Question 14
- Don't know 3 Go to Question 14

13 Which of the following extra services has this child received since being in your care?

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 ...

14 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

15 On average, how many children in your care are from a non-English speaking family background?

16 On average, how many children in your care are from an Aboriginal or Torres Strait Islander background?

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

18 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'.)

19 Counting this year, for how many years have you worked as a Family Day Care provider? (If just started this year, write '01'.)

20 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

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

Yes 1

No 2 Go to Question 23

22 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

23 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

24 Please indicate the extent to which you agree or disagree with these statements, as they apply to your work as a Family Day Care provider:

Tick one box per row only

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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- (a) I can rely on others for support and assistance when needed ... 1 ... 2 ... 3 ... 4 ... 5
- (b) I have a clear understanding of my roles and responsibilities ... 1 ... 2 ... 3 ... 4 ... 5
- (c) I am able to contribute to decision-making about policies and practices in this FDC scheme ... 1 ... 2 ... 3 ... 4 ... 5
- (d) Care providers in this scheme go about their work with enthusiasm ... 1 ... 2 ... 3 ... 4 ... 5
- (e) My personal philosophy and goals are in agreement with those of this FDC scheme ... 1 ... 2 ... 3 ... 4 ... 5

The following questions are about the study child's abilities and behaviour.

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

(a) His/her own age

or

(b) Other age years months

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

Yes 1

No 2 Go to Question 28

27 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 ...

28 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

29 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

30 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

Tick one box per row only

31 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

32 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

33 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
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- (1) Shows pleasure when he/she succeeds (e.g. claps for self) ... 1 ... 2 ... 3 ... 4
- (2) Gets hurt so often that you can't take your eyes off him/her ... 1 ... 2 ... 3 ... 4
- (3) Seems nervous, tense or fearful ... 1 ... 2 ... 3 ... 4
- (4) Is restless and can't sit still ... 1 ... 2 ... 3 ... 4
- (5) Follows rules ... 1 ... 2 ... 3 ... 4
- (6) Wakes up during nap time and needs help to fall asleep again ... 1 ... 2 ... 3 ... 4

33 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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- (7) Cries or tantrums until he/she is exhausted 1 2 3 4
- (8) Is afraid of certain places, animals or things 1 2 3 4
- (9) Has less fun than other children 1 2 3 4
- (10) Looks for a caregiver when upset 1 2 3 4
- (11) Cries or hangs on to parent when he/she tries to leave 1 2 3 4
- (12) Worries a lot or is very serious 1 2 3 4
- (13) Looks right at you when you say his/her name 1 2 3 4
- (14) Does not react when hurt 1 2 3 4
- (15) Is affectionate with loved ones 1 2 3 4
- (16) Won't touch some objects because of how they feel 1 2 3 4
- (17) Has trouble falling asleep or staying asleep 1 2 3 4
- (18) Runs away in public places 1 2 3 4
- (19) Plays well with other children (not including brother/sister) 1 2 3 4
- (20) Has trouble adjusting to changes 1 2 3 4
- (21) Tries to help when someone is hurt (e.g. gives a toy) 1 2 3 4
- (22) Often gets very upset 1 2 3 4
- (23) Gags or chokes on food 1 2 3 4
- (24) Imitates playful sounds when you ask him/her to 1 2 3 4
- (25) Refuses to eat 1 2 3 4
- (26) Hits, shoves, kicks or bites children (not including brother/sister) 1 2 3 4
- (27) Is destructive. Breaks or ruins things on purpose 1 2 3 4
- (28) Points to show you something far away 1 2 3 4
- (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

Tick one box per row only

34 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

35 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

The following questions are about your own background and qualifications.

36 Are you male or female?

Male 1

Female 2

37 What was your age last birthday?

years

38 In which country were you born?

Australia ... 1

United Kingdom ... 2

Ireland ... 3

New Zealand ... 4

Italy ... 5

Vietnam ... 6

China ... 7

Greece ... 8

Germany ... 9

Philippines ... 10

Other ... 11

39 On average, how many hours per week do you care for children other than your own?

35 hours or more per week ... 1

Less than 35 hours per week ... 2

40 Is this work paid or unpaid?

Paid ... 1

Unpaid ... 2

Both ... 3

Other ... 4

41 What was the highest year of primary or secondary school that you completed?

Year 12 or equivalent ... 1

Year 11 or equivalent ... 2

Year 10 or equivalent ... 3

Year 9 or equivalent ... 4

Year 8 or below ... 5

Never attended school ... 6

Still at school ... 7

42 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

None of the above ... 7

43 Do any of the following organisations assist you in your work with children or in meeting their families needs? (e.g. by providing play material or offering training)

Family Day Care unit or scheme ... 1

School, Pre-school or Child Care centre ... 2

Community organisation ... 3

Church organisation ... 4

Other ... 5

44 Are you a Child Care Benefit Registered carer (so that a parent may claim Child Care Benefit by presenting receipts to the Family Assistance office)?

Yes 1

No 2

45 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 48.

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

Relative 1

Friend 2

Colleague 3

Other 4

47 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.

48 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.

