

**Consumer Contact (1996): OSHC Family Preferences,
Specifically the Child's Preferred Care, Consumer
Research Study Report, Department of Human Services
and Health, Canberra - Questionnaire**

APPROACH PARENT FIRST: Good morning/afternoon/evening, my name is .. from **CONSUMER CONTACT**, the market research company. Today we are conducting a survey about primary school children and their outside school hours activities. But first...

SCREENER: Q1. Do you have any children at primary school, aged between 5 and 12 years ? If no - terminate.

Q2. For each child ask: who looks after your child:
AFTER SCHOOL - if parents for all three -
BEFORE SCHOOL terminate and record
DURING THE HOLIDAYS (not included in quota)
 (We are only interested in children who do not have their parent care for them at these times.)

Q3. What are the ages and sex of these children ? (Start with the youngest, 5-12's)

CHILD 1: Age: ___	Male...1	Female...2	Col 4
CHILD 2: Age: ___	Male...1	Female...2	Col 5
CHILD 3: Age: ___	Male...1	Female...2	Col 6
CHILD 4: Age: ___	Male...1	Female...2	Col 7

Q4. May I have your permission to talk to.....CHILD...1234 Col 8
 (ROTATE AT RANDOM - INTERVIEWER MUST IDENTIFY WHICH CHILD - INTERVIEW CHILD ON OWN IF POSSIBLE)

ASK CHILD:

Col 9

Q5. Where do you mostly go.... **AFTER SCHOOL**

Q7.

FORMAL After care at school.....1
 Or at a hall or community centre.....2
 Child care centre.....3
 A carer's home, with other children

CODE: ___ Col 10

CODE: ___ Col 11

CODE: ___ Col 12

(Family Day Care).....4

CODE: ___ Col 13

INFORMAL My friend's place.....5

CODE: ___ Col 14

A neighbour's place/mum's friend's.....6

CODE: ___ Col 15

Relative's eg grandparents/aunt/uncle.....7

CODE: ___ Col 16

At home with older brothers/sisters.....8

CODE: ___ Col 17

At home with younger brothers/sisters.....9

CODE: ___ Col 18

At home on my own.....10

CODE: ___ Col 19

At regular activities such as sport, drama,
 ballet, etc.....11

CODE: ___ Col 20

OTHER: Specify: _____

Col 21

Nowhere/with parent.....12

CODE: ___ Col 22

Nowhere - I just catch the bus home.....13

CODE: ___ Col 23

- Q6. Where do you mostly go... **BEFORE SCHOOL**
- FORMAL Before school care at school.....1
 Or at a hall or community centre.....2
 Child care centre.....3
 A carer's home, with other children
 (Family Day Care).....4
- INFORMAL My friend's place.....5
 A neighbour's place/mum's friend's.....6
 Relative's eg grandparents/aunt/uncle.....7
 At home with older brothers/sisters.....8
 At home with younger brothers/sisters.....9
 At home on my own.....10
 At regular activities such as sport, drama,
 ballet, etc.....11
 OTHER: Specify: _____
 Nowhere/with parent.....12
 Nowhere - I just catch the bus to school...13

- Q7.
- CODE: ___ Col 25
 CODE: ___ Col 26
 CODE: ___ Col 27
- CODE: ___ Col 28
 CODE: ___ Col 29
 CODE: ___ Col 30
 CODE: ___ Col 31
 CODE: ___ Col 32
 CODE: ___ Col 33
 CODE: ___ Col 34
- CODE: ___ Col 35
 _____ Col 36
 CODE: ___ Col 37
 CODE: ___ Col 38

- Q7. For EACH CATEGORY used - BOTH BEFORE AND AFTER SCHOOL -
 when do you go to.... **RECORD ABOVE AND ON PAGE 1 (Do not circle below)**
- MONDAYS TO FRIDAYS (5 DAYS INCLUSIVE) IS CODE 1
 MONDAYS...CODE 2 TUESDAYS...CODE 3 WEDNESDAYS...CODE 4 THURSDAYS...CODE 5 FRIDAYS...CODE 6
 VARIES FROM WEEK TO WEEK, USUALLY THREE DAYS OR MORE...CODE 7
 VARIES FROM WEEK TO WEEK, USUALLY TWO DAYS OR LESS...CODE 8

Can have multiple codes in Cols 10 to 38

ASK ALL - WHETHER OR NOT CHILD IS IN FORMAL OR INFORMAL CARE:

- Q8. How do you feel about where you go... (SHOW SMILING FACES CARD)
 after school.....
 FACE A (SMILE)1 FACE B...2 FACE C....3 Don't go...4 Col 39
 before school.....
 FACE A (SMILE)1 FACE B....2 FACE C....3 Don't go...4 Col 40

- Q9. Why do you go to after care (or other) ?
- MUM (OR DAD) HAS TO GO TO WORK...1 I LIKE TO BE WITH MY FRIENDS...2 LIKE THE ACTIVITIES...3
 IT'S FUN....5 OTHER: SPECIFY: _____ Col 41

- Q10a. What do you do at care - BEFORE school ?
- DON'T GO...1 BE WITH FRIENDS...2 WATCH TV...3 READ...4 EAT BREAKFAST...5 DO HOMEWORK...6
 PLAY WITH TOYS, INSIDE...7 PLAY OUTSIDE...8 OTHER: SPECIFY: _____ Col 42

- Q10b. What do you do at care - AFTER school ?
- DON'T GO...1 BE WITH FRIENDS...2 WATCH TV...3 READ...4 EAT FOOD ...5
 PLAY WITH TOYS, INSIDE...6 PLAY OUTSIDE...7 CRAFT...8 COOKING...9 PLAY SPORTS...10
 HOMEWORK...11 USE THE COMPUTER...12 OTHER: SPECIFY: _____ Col 43

- Q11. If you have to go to care, where do you want to go: Col 44
- STAY AT SCHOOL...1 GO TO A DIFFERENT PLACE AWAY FROM SCHOOL, E.G. A CHURCH HALL...2
 AT A CARER'S HOME WITH OTHER CHILDREN...3 A PLACE WITH CHILDREN THE SAME AGE...4
 AT MY HOME WITH BROTHERS/SISTERS...5 DON'T KNOW...6 OTHER:

- Q12. What do you like most about going to care before or after school ? DO NOT PROMPT
 FRIENDS/OTHER CHILDREN...1 ACTIVITIES...2 Col 45

ASK FOR F O R M A L CARE ONLY: (INFORMAL - GO TO Q 15)

3.

Q13a. Do you get enough to eat and drink at before/after school care ?

YES.....1 NO, NOT ENOUGH TO EAT....2 NO, NOT ENOUGH TO DRINK...3

Col 46

Q13b. Do you like the food and drinks at before/after school care ?

YES....1 NO, DON'T LIKE FOOD.....2 NO, DON'T LIKE DRINKS.....3

Col 47

Q13b. What do you get to eat at care ?

MULTIPLES ALLOWED

Col 48

CEREAL.....1 TOAST....2 FRUIT...3 BREAD AND SPREAD....4 SWEET BISCUITS.....5
CAKE.....6 HOT FOOD.....7 YOGHURT.....8 MUFFINS.....9 DONUTS....10

OTHER: SPECIFY

Q13c. What do you get to drink at care ?

MULTIPLES ALLOWED

Col 49

MILK....1 FRUIT JUICE...2 CORDIAL...3 WATER...4 FIZZY DRINKS...5 OTHER:

Q13d. Can you eat as much as you like ?

YES....1 NO...2

Col 50

Q13e. Do you have to eat at a certain time ?

YES....1 NO...2 SOMETIMES...3

Col 51

Q13f. If you are hungry after that, can you go back for more ?

YES...1 NO...2 SOMETIMES....3

Col 52

Q14. How do you feel about having older/younger children at care ?

(SHOW SMILING FACES CARD)

FACE A (SMILE)1 FACE B...2 FACE C....3

Col 53

ASK ALL:

Col 54

Q15. Which of these things do you do in the holidays (READ OUT) MULTIPLES ALLOWED

(INFORMAL): MUM OR DAD LOOKS AFTER ME....1 NEIGHBOUR LOOKS AFTER ME....2
I GO TO MY FRIEND'S HOUSE(S)....3 I GO TO MY MUM'S (DAD'S) FRIEND'S HOUSE....4
I GO TO MY GRANDPARENTS.....5 GRANDPARENTS COME TO STAY WITH ME.....6
HOME ALONE.....7 HOME WITH BROTHERS/SISTERS....8

(FORMAL): I GO TO A CARER'S HOME WITH OTHER CHILDREN....9 I GO TO SPORTS CLINICS.....10
I GO TO HOLIDAY PROGRAMS....11 I GO TO CAMPS....12 I GO TO A CHILD CARE CENTRE.....13
OTHER:

ASK IF F O R M A L VACATION CARE IN Q 15. ABOVE IF INFORMAL VACATION CARE - GO TO STATS.

Q16a. When you go to these places, what sorts of things do you do ? READ OUT

MULTIPLES ALLOWED

Col 55 Q16a.

Q16b.

PLAY WITH FRIENDS.....1
PLAY GAMES.....2
GO ON EXCURSIONS.....3
PLAY SPORT.....4
DO CRAFT.....5
DO OTHER ACTIVITIES LIKE DRAMA OR DANCE...6
COOKING.....7
WATCH TV.....8
OTHER:

CODE: _____ Col 56
CODE: _____ Col 57
CODE: _____ Col 58
CODE: _____ Col 59
CODE: _____ Col 60
CODE: _____ Col 61
CODE: _____ Col 62
CODE: _____ Col 63
CODE: _____ Col 64

Q16b. FOR EACH ACTIVITY IN Q16A. ASK....how do you feel about doing this ?
(SHOW SMILING FACES CARD) RECORD ABOVE IN COLS 56 TO 64.

DO NOT RECORD BELOW

FACE A (SMILE)is code 1 FACE B.. is code 2 FACE C....is code 3

Q16c. Do you generally go to this holiday activity by yourself or do you go with friends or your brothers or sisters ?

Col 65

GO ON OWN....1 GO WITH FRIENDS....2 GO WITH BROTHERS OR SISTERS...3

COMPLETE INTERVIEW WITH PARENT:

STATISTICAL DATA.....

Finally, we need some data for statistical purposes:

INTERVIEWER RECORD: Female primary carer of this child.....1 Male...2 Col 66

AGE OF PRIMARY CARER: UNDER 25...1 25 TO 35...2 36 TO 45...3 OLDER...4 Col 67

NUMBER OF CHILDREN IN HOUSEHOLD: _____ Col 68

AGES OF CHILDREN IN HOUSEHOLD...FIVE AND UNDER, NOT AT PRIMARY SCHOOL (SEE Q3. AND RECORD OTHERS) 1...2...3...4...5 Col 69
OVER 12 YEARS, NOT AT PRIMARY SCHOOL 13....14....15....16....17....18

ARE YOU: A SINGLE PARENT....1 MARRIED...2 DE FACTO...3 OTHER PARTNER...4 Col 70

IS THE FEMALE PARENT.... WORKING FULL TIME...1 WORKING PART TIME...2 SHIFT WORK...3 STUDYING....4 NON PAID WORK....5 PENSION.....6 OTHER: _____ Col 71

IS THE MALE PARENT....WORKING FULL TIME....1 WORKING PART TIME....2 SHIFT WORK....3 STUYDING....5 NON PAID WORK.....5 PENSION...6 OTHER: _____ Col 72

FOR PARENT WITH LEAST HOURS WORKED: What are your normal working hours during the day ? START TIME: ___ : ___ HOURS Col 110 FINISH TIME: ___ : ___ HOURS (24 hour clock) Col 73

WHAT IS YOUR TOTAL HOUSEHOLD INCOME GROUP - before tax: Under \$25,000 pa....1 \$25,001 to \$35,000...2 \$35,001 to \$45,000...3 \$45,001 to \$66,000....4 \$66,001 to \$100,000...5 Col 74
Over \$ 100,000.....6

Do you come from a Non English speaking background ? Yes...1 No...2 Col 75

Are you an Aborigine or Torres Strait Islander ? Yes...1 No...2 Col 76

Does the child we talked about have a disability ? Yes...1 No...2 Col 77

Do you, as the child's primary carer, have a disability ? Yes...1 No...2 Col 78

INTERVIEWER CODE: SYDNEY...1 MELB...2 BRIS...3 ADEL...4 PERTH...5 HOBART...6 RURAL/REG/REMOTE ...7 Col 79

RESPONDENT'S NAME: _____ PHONE () _____ DATE: /12/95
ADDRESS: _____ (street) _____ (suburb)

INTERVIEWER SIGN: I HAVE CONDUCTED THIS INTERVIEW ACCORDING TO THE INSTRUCTIONS GIVEN TO ME.

Good morning/afternoon/evening, my name is .. from CONSUMER CONTACT, the market research company. Today we are conducting a survey about primary school children and their outside school hours activities.

SCREENER: Q1. Do you have any children at primary school, aged between 5 and 12 years ? If no - terminate. Are you the primary carer for this child/these children ? If no - secure primary carer as respondent.

Q2. For each child ask: who looks after your child:
 AFTER SCHOOL - if parent for all three -
 BEFORE SCHOOL terminate and record
 DURING THE HOLIDAYS (not included in quota)
 (We are only interested in children who do not have their parent care for them at these times).

Q3. What are the ages and sex of these children ? (Start with the youngest)

CHILD 1:	Age: ___	Male....1	Female...2	Col 4
CHILD 2:	Age: ___	Male....1	Female...2	Col 5
CHILD 3:	Age: ___	Male....1	Female...2	Col 6
CHILD 4:	Age: ___	Male....1	Female...2	Col 7

Q4. Let's talk about CHILD ...1234 (ROTATE AT RANDOM) Col 8
 (INTERVIEWER MUST IDENTIFY WHICH CHILD)

Q5. What does this child do after school, or before school ? (If only vacation/holidays care used skip to Q13.)

		Col 9	Q6.
Formal	After school care		
	- at the school	1	Col 10 Code: ___
	- elsewhere	2	Col 11 Code: ___
	Before school care		
	- at the school	3	Col 12 Code: ___
	- elsewhere	4	Col 13 Code: ___
	Long Day Care centre for 0-5's	5	
	Family Day Care - care provided in carer's home through a central coordination unit	6	Col 14 Code: ___
	Employer organised centre	7	Col 15 Code: ___
informal	Nanny - paid	8	Col 16 Code: ___
	Relative - paid	9	Col 17 Code: ___
	Relative - unpaid	10	Col 18 Code: ___
	Friend's house - paid	11	Col 19 Code: ___
	Friend's house - unpaid	12	Col 20 Code: ___
Neither	child alone	13	Col 21 Code: ___
	child at home with other siblings	14	Col 22 Code: ___

Q6. For EACH CATEGORY used - do you use on average....RECORD ABOVE in Cols 10 to 22 (Do not circle code below)

Monday to Friday (5 days inclusive) Code 1 WRITE IN CODE NUMBER(S) ABOVE

Mondays Code 2 Tuesdays Code 3 Wednesdays Code 4 Thursdays Code 5 Fridays Code 6

Varies from week to week, usually three days or more Code 7

Varies from week to week, usually two days or less Code 8 Can have multiple codes per Col



Good morning/afternoon/evening, my name is .. from CONSUMER CONTACT, the market research company. Today we are conducting a survey about primary school children and their outside school hours activities.

SCREENER: Q1. Do you have any children at primary school, aged between 5 and 12 years ? If no - terminate. Are you the primary carer for this child/these children ? If no - secure primary carer as respondent.

Q2. For each child ask: who looks after your child:
 AFTER SCHOOL - if parent for all three -
 BEFORE SCHOOL terminate and record
 DURING THE HOLIDAYS (not included in quota)
 (We are only interested in children who do not have their parent care for them at these times).

Q3. What are the ages and sex of these children ? (Start with the youngest)

CHILD 1:	Age: ___	Male...1	Female...2	Col 4
CHILD 2:	Age: ___	Male...1	Female...2	Col 5
CHILD 3:	Age: ___	Male...1	Female...2	Col 6
CHILD 4:	Age: ___	Male...1	Female...2	Col 7

Q4. Let's talk about CHILD ...1234 (ROTATE AT RANDOM) Col 8
 (INTERVIEWER MUST IDENTIFY WHICH CHILD)

Q5. What does this child do after school, or before school ? (If only vacation/holidays care used skip to Q13.)

		Q6.	
Formal	After school care	Col 9	
	- at the school	1	Col 10 Code: ___
	- elsewhere	2	Col 11 Code: ___
	Before school care		
	- at the school	3	Col 12 Code: ___
	- elsewhere	4	Col 13 Code: ___
	Long Day Care centre for 0-5's	5	
	Family Day Care - care provided in carer's home through a central coordination unit	6	Col 14 Code: ___
	Employer organised centre	7	Col 15 Code: ___
Informal	Nanny - paid	8	Col 16 Code: ___
	Relative - paid	9	Col 17 Code: ___
	Relative - unpaid	10	Col 18 Code: ___
	Friend's house - paid	11	Col 19 Code: ___
	Friend's house - unpaid	12	Col 20 Code: ___
Neither	child alone	13	Col 21 Code: ___
	child at home with other siblings	14	Col 22 Code: ___

Q6. For EACH CATEGORY used - do you use on average....RECORD ABOVE in
 Cols 10 to 22 (Do not circle code below)
 Monday to Friday (5 days inclusive) Code 1 WRITE IN CODE NUMBER(S) ABOVE
 Mondays Code 2 Tuesdays Code 3 Wednesdays Code 4 Thursdays Code 5 Fridays Code 6
 Varies from week to week, usually three days or more Code 7
 Varies from week to week, usually two days or less Code 8 Can have multiple codes per Col

Q7. How many sessions of care do you pay for ?
 All...1 none...2 Other: _____

2.
 Col 23

Q8. For EACH *FORMAL* CATEGORY used -
 AFTER SCHOOL BEFORE SCHOOL LONG DC FAMILY DC EMPLOYER

If you have a permanent place do you pay for sessions your child may not attend ?

Yes.....1.....1.....1.....1.....1
 No.....2.....2.....2.....2.....2

Can you ring up for the service on the day and book your child in ?

Yes.....3.....3.....3.....3.....3
 No.....4.....4.....4.....4.....4

Q9. For EACH CATEGORY used, *FORMAL* or *INFORMAL* -
 AFTER SCHOOL BEFORE SCHOOL LONG DC FAMILY DC EMPLOYER

How satisfied are you with this overall service/arrangement ?

Very satisfied.....1.....1.....1.....1.....1
 Somewhat satisfied.....2.....2.....2.....2.....2
 Not sure/neither/don't know.....3.....3.....3.....3.....3
 Somewhat dissatisfied.....4.....4.....4.....4.....4
 Very dissatisfied.....5.....5.....5.....5.....5

Col 34 NANNY Col 35 RELATIVE Col 36 FRIEND Col 37 CHILD ALONE Col 38 CHILD & SIBS.
 Very satisfied.....1.....1.....1.....1.....1
 Somewhat satisfied.....2.....2.....2.....2.....2
 Not sure/neither/don't know.....3.....3.....3.....3.....3
 Somewhat dissatisfied.....4.....4.....4.....4.....4
 Very dissatisfied.....5.....5.....5.....5.....5

Q10. For EACH *FORMAL* CATEGORY used -
 AFTER SCHOOL BEFORE SCHOOL LONG DC FAMILY DC EMPLOYER

How satisfied are you with:
 The LOCATION of the service

Very satisfied.....1.....1.....1.....1.....1
 Somewhat satisfied.....2.....2.....2.....2.....2
 Not sure/neither/don't know.....3.....3.....3.....3.....3
 Somewhat dissatisfied.....4.....4.....4.....4.....4
 Very dissatisfied.....5.....5.....5.....5.....5

The OPENING time

Very satisfied.....6.....6.....6.....6.....6
 Somewhat satisfied.....7.....7.....7.....7.....7
 Not sure/neither/don't know.....8.....8.....8.....8.....8
 Somewhat dissatisfied.....9.....9.....9.....9.....9
 Very dissatisfied.....10.....10.....10.....10.....10

The CLOSING time

Very satisfied.....11.....11.....11.....11.....11
 Somewhat satisfied.....12.....12.....12.....12.....12
 Not sure/neither/don't know.....13.....13.....13.....13.....13
 Somewhat dissatisfied.....14.....14.....14.....14.....14
 Very dissatisfied.....15.....15.....15.....15.....15

The ACTIVITIES/PROGRAM content, specifically for the age of your child

Very satisfied.....16.....16.....16.....16.....16
 Somewhat satisfied.....17.....17.....17.....17.....17
 Not sure/neither/don't know.....18.....18.....18.....18.....18
 Somewhat dissatisfied.....19.....19.....19.....19.....19
 Very dissatisfied.....20.....20.....20.....20.....20

The PHYSICAL surroundings of the venue - INDOORS

Very satisfied.....	21.....	21.....	21.....	21.....	21.....
Somewhat satisfied.....	22.....	22.....	22.....	22.....	22.....
Not sure/neither/don't know.....	23.....	23.....	23.....	23.....	23.....
Somewhat dissatisfied.....	24.....	24.....	24.....	24.....	24.....
Very dissatisfied.....	25.....	25.....	25.....	25.....	25.....

The PHYSICAL surroundings of the venue - OUTDOORS

Very satisfied.....	26.....	26.....	26.....	26.....	26.....
Somewhat satisfied.....	27.....	27.....	27.....	27.....	27.....
Not sure/neither/don't know.....	28.....	28.....	28.....	28.....	28.....
Somewhat dissatisfied.....	29.....	29.....	29.....	29.....	29.....
Very dissatisfied.....	30.....	30.....	30.....	30.....	30.....

The NUMBER of staff

Very satisfied.....	31.....	31.....	31.....	31.....	31.....
Somewhat satisfied.....	32.....	32.....	32.....	32.....	32.....
Not sure/neither/don't know.....	33.....	33.....	33.....	33.....	33.....
Somewhat dissatisfied.....	34.....	34.....	34.....	34.....	34.....
Very dissatisfied.....	35.....	35.....	35.....	35.....	35.....

The QUALITY of the staff

Very satisfied.....	36.....	36.....	36.....	36.....	36.....
Somewhat satisfied.....	37.....	37.....	37.....	37.....	37.....
Not sure/neither/don't know.....	38.....	38.....	38.....	38.....	38.....
Somewhat dissatisfied.....	39.....	39.....	39.....	39.....	39.....
Very dissatisfied.....	40.....	40.....	40.....	40.....	40.....

The FOOD

Very satisfied.....	41.....	41.....	41.....	41.....	41.....
Somewhat satisfied.....	42.....	42.....	42.....	42.....	42.....
Not sure/neither/don't know.....	43.....	43.....	43.....	43.....	43.....
Somewhat dissatisfied.....	44.....	44.....	44.....	44.....	44.....
Very dissatisfied.....	45.....	45.....	45.....	45.....	45.....

The COST

Very satisfied.....	46.....	46.....	46.....	46.....	46.....
Somewhat satisfied.....	47.....	47.....	47.....	47.....	47.....
Not sure/neither/don't know.....	48.....	48.....	48.....	48.....	48.....
Somewhat dissatisfied.....	49.....	49.....	49.....	49.....	49.....
Very dissatisfied.....	50.....	50.....	50.....	50.....	50.....

SECURITY of the venue

Very satisfied.....	51.....	51.....	51.....	51.....	51.....
Somewhat satisfied.....	52.....	52.....	52.....	52.....	52.....
Not sure/neither/don't know.....	53.....	53.....	53.....	53.....	53.....
Somewhat dissatisfied.....	54.....	54.....	54.....	54.....	54.....
Very dissatisfied.....	55.....	55.....	55.....	55.....	55.....

TRANSPORT arrangements to and from the service (if any)

Very satisfied.....	56.....	56.....	56.....	56.....	56.....
Somewhat satisfied.....	57.....	57.....	57.....	57.....	57.....
Not sure/neither/don't know.....	58.....	58.....	58.....	58.....	58.....
Somewhat dissatisfied.....	59.....	59.....	59.....	59.....	59.....
Very dissatisfied.....	60.....	60.....	60.....	60.....	60.....

ASK ALL:

Q11. How much do you pay on an average school week for your outside school hours care ?

\$ _____

Col 44

a. Is that charged by the hour or by the session ?

By the hour...1 By the session....2

Col 45

- 4.
- b. Do you receive Child Care Assistance (previously known as fee relief) ? Yes...1 No...2 Don't know...3 Col 46
- c. How much Child Care Assistance do you receive each week? Don't know...1 \$ _____ Col 47
- d. Are you aware of the Child Care Cash Rebate ? Yes...1 No...2 Don't know...3 Col 48
- If yes, have you ever claimed the rebate through Medicare ? Yes...1 No...2 Don't know...3 Col 49
- e. Do you receive any other deductions...from the service, Local government of the State government ? No...1 Yes, from the service...2 Col 50
Yes, from Local government...3 Yes, from State government...4 Don't know...5 Col 51 - SPARE

Col 52 Col 53 Col 54 Col 55 Col 56

Q12. For EACH CATEGORY used, *FORMAL* or *INFORMAL* -

AFTER SCHOOL BEFORE SCHOOL LONG DC FAMILY DC EMPLOYER

Does your child require transport to or from school to this care ?

YES.....1.....1.....1.....1.....1

NO.....2.....2.....2.....2.....2

Col 57 Col 58 Col 59 Col 60 Col 61

NANNY RELATIVE FRIEND CHILD ALONE CHILD & SIBS.

YES.....1.....1.....1.....1.....1

NO.....2.....2.....2.....2.....2

If yes, what type of transport do they use ? Col 63

PUBLIC TRANSPORT BUS...1 BUS PROVIDED BY CENTRE...2 TAXI...3 CARER'S CAR...4

WALK...5 OTHER...5

How much does this transport cost per week ? Col 64

Nothing...1 \$ _____

Do you pay for transport or does the service pay for this ? Col 65

Service pays...1 I pay...2

Q13. Please recall over the last 12 months, how many weeks did you use VACATION CARE ? None...99 - go to Q13J _____ Col 66

a. On average, how many days per week did you use vacation care ? _____ Col 67

b. Is the vacation care you use connected to your outside school hours care service ? Yes...1 No...2 Don't know...3 Col 68

c. If yes, do you receive any priority of access ? Yes...1 No...2 Don't Know...3 Col 69

d. What are the hours of operation of this vacation care ? Col 70
Varies...1 Don't know...2
Opens at _____ : _____ HOURS Col 71
Closes at _____ : _____ HOURS (use 24 hour clock)

e. Do these hours meet your needs ? Yes...1 No...2 Sometimes...3 Col 72

f. How much do you pay for vacation care on average Col 73

.. Per day \$ _____ Col 74

.. Per week \$ _____ Col 75

.. Per session ? \$ _____

g. Are the fees you pay for vacation care affordable to you ? Yes...1 No...2 Col 76

5.
 h. Do you receive Child Care Assistance (fee relief) for vacation care services ?
 Yes....1 No....2 Not sure....3 Col 77
 If yes: How much per session ? \$ _____ Col 78

i. Are you able to claim the Child Care Cash Rebate for vacation care services you use ?
 Don't know...4 Col 79
 Yes....1 No, BECAUSE THE SERVICE IS NOT REGISTERD....2 No, - BECAUSE OF SOME OTHER REASON....3

ASK ALL:
 j. Have you experienced any difficulty in accessing vacation care services ?
 Yes....1 No....2 Not sure....3 Col 80
 If yes: why was that ? Waiting lists....1 None in area....2 Too expensive/can't afford...3
 Times not suitable....4 Programs not suitable...5 OTHER: SPECIFY: _____ Col 81

k. Do you and/or your partner take holidays separately to look after the children during school holidays ?
 Yes...1 No....2 Sometimes...3 Col 82

Q14. What arrangements do you make for PUPIL FREE DAYS ?
 Parent takes the day off work...1 Neighbours/friends care for child...2 Family cares for child...3
 Take child to work with me....4 Child at home alone....5 Child at home with siblings....6
 OTHER: SPECIFY: _____ Col 83

Q15. If you could improve outside school hours care services, would you like:
 READ OUT -
 Earlier drop off times Yes...1 No...2 DK...3 Col 84
 Later pick up times Yes...1 No...2 DK...3 Col 85
 Cheaper services Yes...1 No...2 DK...3 Col 86
 Separate services for children aged 5 to 8 and those aged 9 to 12 years Yes...1 No...2 DK...3 Col 87
 Better range of activities for children Yes...1 No...2 DK...3 Col 88
 All services linked and located on school premises
 .. including vacation care Yes...1 No...2 DK...3 Col 89
 .. excluding vacation care Yes...1 No...2 DK...3 Col 90

Q16. In an IDEAL WORLD what is your preferred option for this child.. PUPIL FREE
 (READ OUT).. AFTER SCHOOL/ BEFORE SCHOOL/ IN HOLIDAYS / DAYS

	Col 91	Col 92	Col 93	Col 94
ON THE SCHOOL PREMISES.....1	1	1	1	1
AT A CENTRE, AWAY FROM THE SCHOOL.....2	2	2	2	2
IN FAMILY DAY CARE.....3	3	3	3	3
IN THE CHILD'S OWN HOME WITH A CARER.....4	4	4	4	4
AT HOME WITH OTHER SIBLINGS.....5	4	5	5	5
AT HOME ALONE.....6	6	6	6	6
AT HOME WITH EITHER PARENT.....7	7	7	7	7
AT HOME WITH ADULT FAMILY MEMBER/RELATIVE...8	8	8	8	8

Q17. Here are some NEW IDEAS on this topic, please tell me how appealing each one is:
 CODES VERY APPEALING...CODE 1 QUITE APPEALING...CODE 2 NOT SURE/NEITHER/DON'T KNOW...3
 NOT VERY APPEALING.....4 NOT AT ALL APPEALING.....5
 IDEA 1: A MATERIALS OR EDUCATION KIT FOR PARENTS OF CHILDREN WHO COULD MIND THEMSELVES AFTER SCHOOL AT HOME, ALONE CODE: _____ Col 95
 IDEA 2: A PHONE LINK UP WITH AN OLDER MEMBER OF THE COMMUNITY FOR CHILDREN WHO MIND THEMSELVES AFTER SCHOOL AT HOME, ALONE CODE: _____ Col 96

IDEA 4: SCHOOL-BASED FAMILY DAY CARE (THAT IS, THE SCHOOL CO-ORDINATES A REGISTER OF PARENTS AT HOME AND CHILDREN REQUIRING CARE ARE LOOKED AFTER BY THOSE PARENTS) CODE: ___ Col 98

- Q18. Did your child attend any child care before they started going to school at a centre (such as _____; Long Day Care) or Family Day Care? Col 99
 Yes.....1 No...2 - skip to STATISTICAL DATA AT END
- If yes, what was your reason for needing this form of care before your child started going to school? Col 100
 Work related....1 Study.....2 Looking for work....3 Not work related....4
- What did you pay on average per week for this form of child care (before your child starting going to school) \$ _____ Col 101
- How many hours of care was this for each week? _____ Col 102

STATISTICAL DATA.....

- Finally, we need some data for statistical purposes:
 INTERVIEWER RECORD: Female primary carer of this child.....1 Male...2 Col 103
- AGE OF PRIMARY CARER: UNDER 25...1 25 TO 35....2 36 TO 45...3 OLDER....4 Col 104
- NUMBER OF CHILDREN IN HOUSEHOLD: _____ Col 105
- AGES OF CHILDREN IN HOUSEHOLD...FIVE AND UNDER, NOT AT PRIMARY SCHOOL (SEE Q3. AND RECORD OTHERS) 1...2...3...4...5 Col 106
 OVER 12 YEARS, NOT AT PRIMARY SCHOOL 13....14....15....16....17...18
- ARE YOU: A SINGLE PARENT....1 MARRIED...2 DE FACTO...3 OTHER PARTNER...4 Col 107
- IS THE FEMALE PARENT.... WORKING FULL TIME...1 WORKING PART TIME...2 SHIFT WORK...3 STUDYING...4 NON PAID WORK....5 PENSION.....6 OTHER: _____ Col 108
- IS THE MALE PARENT.....WORKING FULL TIME....1 WORKING PART TIME....2 SHIFT WORK....3 STUYDING....5 NON PAID WORK.....5 PENSION...6 OTHER: _____ Col 109
- FOR PARENT WITH LEAST HOURS WORKED: What are your normal working hours during the day? START TIME: ___ : ___ HOURS Col 110 FINISH TIME: ___ : ___ HOURS (24 hour clock) Col 111
- WHAT IS YOUR TOTAL HOUSEHOLD INCOME GROUP - before tax: Under \$25,000 pa....1 \$25,001 to \$35,000...2 \$35,001 to \$45,000...3 \$45,001 to \$66,000....4 \$66,001 to \$100,000...5 Over \$ 100,000.....6 Col 112
- Do you come from a Non English speaking background? Yes...1 No...2 Col 113
- Are you an Aborigine or Torres Strait Islander? Yes...1 No...2 Col 114
- Does the child we talked about have a disability? Yes...1 No...2 Col 115
- Do you, as the child's primary carer, have a disability? Yes...1 No...2 Col 116
- INTERVIEWER CODE: SYDNEY...1 MELB...2 BRIS...3 ADEL...4 PERTH...5 HOBART...6 RURAL/REG/REMOTE ...7 Col 117

RESPONDENT'S NAME: _____ PHONE () _____ DATE: /12/95