

## APPENDIX B QUESTIONNAIRE FORM USED IN THE HOUSEHOLD SURVEY

**ISLINGTON COUNCIL IS A DATA CONTROLLER UNDER THE DATA PROTECTION ACT 1998 AND IS THEREFORE REQUIRED TO COMPLY WITH THE EIGHT PRINCIPLES OF GOOD INFORMATION HANDLING PROVIDED IN THE ACT. WE WILL ENSURE THAT YOUR INFORMATION IS PROCESSED FAIRLY AND LAWFULLY AND USED ONLY FOR THE INTENDED PURPOSES**

Interviewer's Name .....

Unique ID

--	--	--	--	--

1. Date of (arranged) visit 

--	--	--	--	--	--

,

2. Name (if consent given) address and postcode.

Name						
Number						
Street						
Postcode						

3. Nature of relationship between respondent and children in household

	Please tick
Mother	<input type="checkbox"/>
Father	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>
Other	<input type="checkbox"/>
Please state nature of 'other' relationship	

4. Details of respondent

Gender		Age Years	Ethnicity	Religion	First language	Respondent is raising children on their own	
F	M					Yes	No

**5. Details of all children and young people under 18 in household. (If no child is in childcare or early education complete this question then skip to question 9)**

Name	Child	Gender		Date of birth				Ethnicity	Religion	1 <sup>st</sup> Language	In Childcare		Childcare type										Other Childcare type	In early education		Early Education type			Special Edu Needs		Disabl ed	
		F	M										Y	N	1	2	3	4	5	6	7	8		9	10	Y	N	1	2	3	Y	N
	1 <sup>st</sup>	F	M								Y	N	1	2	3	4	5	6	7	8	9	10		Y	N	1	2	3	Y	N	Y	N
	2 <sup>nd</sup>	F	M								Y	N	1	2	3	4	5	6	7	8	9	10		Y	N	1	2	3	Y	N	Y	N
	3 <sup>rd</sup>	F	M								Y	N	1	2	3	4	5	6	7	8	9	10		Y	N	1	2	3	Y	N	Y	N
	4 <sup>th</sup>	F	M								Y	N	1	2	3	4	5	6	7	8	9	10		Y	N	1	2	3	Y	N	Y	N
	5 <sup>th</sup>	F	M								Y	N	1	2	3	4	5	6	7	8	9	10		Y	N	1	2	3	Y	N	Y	N
	6 <sup>th</sup>	F	M								Y	N	1	2	3	4	5	6	7	8	9	10		Y	N	1	2	3	Y	N	Y	N
	7 <sup>th</sup>	F	M								Y	N	1	2	3	4	5	6	7	8	9	10		Y	N	1	2	3	Y	N	Y	N
	8 <sup>th</sup>	F	M								Y	N	1	2	3	4	5	6	7	8	9	10		Y	N	1	2	3	Y	N	Y	N
	9 <sup>th</sup>	F	M								Y	N	1	2	3	4	5	6	7	8	9	10		Y	N	1	2	3	Y	N	Y	N
	10 <sup>th</sup>	F	M								Y	N	1	2	3	4	5	6	7	8	9	10		Y	N	1	2	3	Y	N	Y	N

**Code: Childcare Type**

1: Full-day Care, 2: Sessional Care, 3: Childminder, 4: After school club, 5: Breakfast club, 6: Holiday play scheme, 7: Friends/family, 8: Nanny, 9: Au Pair, 10: Other

**Code: Early Education Type**

1: Islington Council Nursery School/Unit, 2: Independent/private/voluntary preschool, 3: ‘Children Come First’ approved childminder network

**6. What are the reason(s) 3 and 4 year olds are not attending early education? (Skip this question and go to Q7 if all 3 and 4 year olds are in early education or do not have 3 or 4 year olds)**

Children too young at that age to be in education	<input type="checkbox"/>
None available near home or work	<input type="checkbox"/>
Too difficult to get to	<input type="checkbox"/>
Quality is not good enough	<input type="checkbox"/>
Sessional early education does not fit in with working patterns	<input type="checkbox"/>

Want to keep children at home	<input type="checkbox"/>
Providers cannot cater for my child's needs	<input type="checkbox"/>
Providers cannot support child(ren)with SEN/Disability	<input type="checkbox"/>
Providers charge additional fees	<input type="checkbox"/>
Missed out because cut off dates are used which do not fit with my children's birth dates	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>

**7. Details of main childcare used** (*Skip this question and go to Q9 if no children are currently attending childcare*)

Child	Start Time				End time				No of weeks	Actual average cost per hour				Days used							Would you like or need to change this in next 12 months	
										£		p		S	M	T	W	T	F	S		
1 <sup>st</sup>																				Y	N	
2 <sup>nd</sup>																				Y	N	
3 <sup>rd</sup>																				Y	N	
4 <sup>th</sup>																				Y	N	
5 <sup>th</sup>																				Y	N	
6 <sup>th</sup>																				Y	N	
7 <sup>th</sup>																				Y	N	
8 <sup>th</sup>																				Y	N	
9 <sup>th</sup>																				Y	N	
10 <sup>th</sup>																				Y	N	

**Code: Childcare Type**

1: Full-day Care, 2: Sessional Care, 3: Childminder, 4: After school club, 5: Breakfast club, 6: Holiday play scheme, 7: Friends/family, 8: Nanny, 9: Au Pair, 10: Other

**Code: Early Education Type**

1: Islington Council Nursery School/Unit, 2: Independent/private/voluntary preschool, 3: 'Children Come First' approved childminder network

**8. If you have used childcare during holidays – which holidays?**

<input type="checkbox"/> Summer	<input type="checkbox"/>	<input type="checkbox"/> Autumn half term	<input type="checkbox"/>	<input type="checkbox"/> December	<input type="checkbox"/>
<input type="checkbox"/> Spring half term	<input type="checkbox"/>	<input type="checkbox"/> Easter	<input type="checkbox"/>	<input type="checkbox"/> Summer half term	<input type="checkbox"/>
<input type="checkbox"/> All	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>		

**9. Does anyone in the household need to change their present childcare arrangements to enable them to remain in work or training?**

Yes         No   

*(Complete Q9 and then if respondents children are not currently using childcare as per Q5, or needing to change their childcare arrangements as per Q9 go to Q21)*

**10. What is the main reason you use childcare or want to use childcare?**

Enable you to work

Enable you to train / study

Social benefits for children

Learning benefits for children

To have time for myself

Other (specify below)

**11. If you said you would like/need to change any of your childcare arrangements above, what would you change?**

Child	Type of childcare preferred										Start time				End time				Average cost per hour		Days						
																			£	p	S	M	T	W	T	F	S
1 <sup>st</sup>	1	2	3	4	5	6	7	8	9	10																	
2 <sup>nd</sup>	1	2	3	4	5	6	7	8	9	10																	
3 <sup>rd</sup>	1	2	3	4	5	6	7	8	9	10																	
4 <sup>th</sup>	1	2	3	4	5	6	7	8	9	10																	
5 <sup>th</sup>	1	2	3	4	5	6	7	8	9	10																	
6 <sup>th</sup>	1	2	3	4	5	6	7	8	9	10																	
7 <sup>th</sup>	1	2	3	4	5	6	7	8	9	10																	
8 <sup>th</sup>	1	2	3	4	5	6	7	8	9	10																	
9 <sup>th</sup>	1	2	3	4	5	6	7	8	9	10																	
10 <sup>th</sup>	1	2	3	4	5	6	7	8	9	10																	

**12. What issues prevent you from changing present childcare arrangements / If you are not using a childcare service what is preventing you?**

Costs too much	<input type="checkbox"/>
Not worth using childcare as cannot find job which pays enough to cover costs	<input type="checkbox"/>
None available near home or work	<input type="checkbox"/>
Cannot get places at same provider for multiple children/brothers /sisters	<input type="checkbox"/>
Too difficult to get to	<input type="checkbox"/>
Quality is not good enough	<input type="checkbox"/>
(Other) Providers do not offer care that fits in with working patterns	<input type="checkbox"/>
(Other) Providers cannot cater for my child's needs	<input type="checkbox"/>
Want to keep children at home	<input type="checkbox"/>
Children old enough to look after themselves	<input type="checkbox"/>
Do not trust anyone else to care for my children	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>

**13. How important are these factors in choosing childcare?**

	Important	Not Important		Important	Not Important
Safety and security			Quality of facilities		
Close to home			Opening hours		
Close to sibling's school			Caters for special needs		
Close to work			Close to place of study		
Your own Home			OfSTED registered provision		
Qualified staff			Cost and charges		
Atmosphere			Other – (please state)		

**14. What is the one most important factor when selecting childcare?**

	Important		Important
1.	Safety and security	8.	Quality of facilities
2.	Close to home	9.	Opening hours
3.	Close to sibling's school	10.	Caters for special needs
4.	Close to work	11.	Close to place of study
5.	Your own Home	12.	OfSTED registered provision
6.	Qualified staff	13.	Cost and charges
7.	Atmosphere	14.	Other – (please state)

**15. How satisfied are you with your current childcare against these factors?**

	Satisfied	Not Satisfied		Satisfied	Not Satisfied
Safety and security			Quality of facilities		
Close to home			Opening hours		
Close to sibling's school			Caters for special needs		
Close to work			Close to place of study		
Your own Home			OfSTED registered provision		
Qualified staff			Cost and charges		
Atmosphere			Other – (please state)		

**16. How far in minutes are you prepared to travel to childcare?**

**17. How far in minutes are you prepared to let your child/ren travel on their own to childcare?**

**18. How do you usually find out about childcare?**

CIS	<input type="checkbox"/>
Friends	<input type="checkbox"/>
GP	<input type="checkbox"/>
Health visitor	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Job Centre	<input type="checkbox"/>
Library	<input type="checkbox"/>
Relatives	<input type="checkbox"/>
School	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>

**19. Would you like more information about the types of childcare available, or about the different types of help you can obtain for paying for the costs of childcare?**

Yes  No

**20. Do you need one-to-one help in finding childcare?**

Yes  No

**21. Have you heard of the Children's Information Service**

Yes  No

**22. Have you used the CIS?**

Yes  No

**23. What have you used the CIS for?**

Information on childcare	<input type="checkbox"/>
Information on early education	<input type="checkbox"/>
Information on tax credits	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>

**24. What is your current working status?**

	<b>Temp</b>	<b>Perm</b>
Full time work	<input type="checkbox"/>	<input type="checkbox"/>
Part time work over 16 hours per week	<input type="checkbox"/>	<input type="checkbox"/>
Part time work under 16 hours per week	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	
Full time parent	<input type="checkbox"/>	
Full time carer of adult	<input type="checkbox"/>	
Long term sick or disabled	<input type="checkbox"/>	
Student	<input type="checkbox"/>	
Other (specify below)	<input type="checkbox"/>	

**25. Are you claiming Child Tax Credit?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

<b>Why not</b>							
Don't know	<input type="checkbox"/>	Not eligible	<input type="checkbox"/>	Too difficult	<input type="checkbox"/>	Other ( <i>please specify</i> )	<input type="checkbox"/>

**26. Are you claiming Working Tax Credit?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

<b>Why not</b>							
Don't know	<input type="checkbox"/>	Not eligible	<input type="checkbox"/>	Too difficult	<input type="checkbox"/>	Other ( <i>please specify</i> )	<input type="checkbox"/>

**27. Are you claiming the childcare element of Working Tax Credit to help with childcare costs?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

<b>Why not</b>							
Don't know	<input type="checkbox"/>	Not eligible	<input type="checkbox"/>	Too difficult	<input type="checkbox"/>	Other ( <i>please specify</i> )	<input type="checkbox"/>

**28. Are you claiming any of the following benefits?**

	Yes	No
Income support	<input type="checkbox"/>	<input type="checkbox"/>
Housing benefit	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity benefit	<input type="checkbox"/>	<input type="checkbox"/>
Job seekers allowance	<input type="checkbox"/>	<input type="checkbox"/>
Health related benefits	<input type="checkbox"/>	<input type="checkbox"/>

**29. Are you aware of any of the following?**

Hand respondent CIS red and yellow leaflet

	Yes	No
Childcare Affordability Programme	<input type="checkbox"/>	<input type="checkbox"/>
Care to Learn	<input type="checkbox"/>	<input type="checkbox"/>
Childcare Vouchers	<input type="checkbox"/>	<input type="checkbox"/>
Education Maintenance Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Adult Learning Grant	<input type="checkbox"/>	<input type="checkbox"/>
Career Development Loans	<input type="checkbox"/>	<input type="checkbox"/>
Learner Support Grants	<input type="checkbox"/>	<input type="checkbox"/>

30. If you have children aged 8 to 10, would you like them to go to an Islington Secondary School?

Yes   
    
  No   
    
  Don't know   

31. If you don't want your child to go to an Islington secondary school, what is your preference? *(Mark all that apply)*

Nearest school	<input type="checkbox"/>
Single sex school	<input type="checkbox"/>
Faith school	<input type="checkbox"/>
SEN provision	<input type="checkbox"/>
Selective school (specialism)	<input type="checkbox"/>
Grammar School	<input type="checkbox"/>
Independent School	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

**32. How will you decide where to send your child?** *(Mark all that apply)*

Ask friends	<input type="checkbox"/>
Ask primary School	<input type="checkbox"/>
Choose nearest school	<input type="checkbox"/>
Let child decide	<input type="checkbox"/>
Use admission booklets from LBI and other authorities	<input type="checkbox"/>
OfSTED inspection reports	<input type="checkbox"/>
Use choice advisers	<input type="checkbox"/>
Visit as many schools as possible myself	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**33. Where might you go for information and help with parenting your children?**

GP or health centre	<input type="checkbox"/>
Health visitor	<input type="checkbox"/>
Children's Centre or Early Years Centre	<input type="checkbox"/>
Social Services (Children and Families)	<input type="checkbox"/>
Child and Adolescent Mental Health Service (CAMHS)	<input type="checkbox"/>
School	<input type="checkbox"/>
Family or friends	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Books	<input type="checkbox"/>
Phone help line	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

**34. Would you be prepared to be interviewed in more depth about any help you need with parenting?**

Yes   No

**35. Would you be willing to join a focus group to discuss childcare in more depth?**

Yes   No

**36. If yes – What is your contact phone number?**

**37 . Any other comments?**

**Thank you for your time!**