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Survey documents (parent interviews only) for the evaluation of the Early Childhood Care and Education (ECCE) at Tallaght West Childhood Development Initiative, by Centre for Social and Educational Research, Dublin Institute of Technology and Institute of Education, University of London, 2013

THIS VERSION OF THE SURVEY HAS BEEN PREPARED FOR THE ARCHIVE BY THE CHILDREN'S RESEARCH NETWORK PREVENTION AND EARLY INTERVENTION RESEARCH INITIATIVE (2017). SOME OF THE CONTENT OF THIS SURVEY HAS BEEN REDACTED DUE TO COPYRIGHT RESTRICTIONS ON STANDARDISED INSTRUMENTS THAT WERE USED IN THE PFL STUDY. REDACTED CONTENT IS MARKED IN THE TEXT IN YELLOW BOXES.

Survey for Parent Interview at Baseline Early Childhood Care and Education (ECCE) Evaluation

Evaluation of CDI ECCE Programme-Parent Interview

Child I.D

Date of interview

Setting Name.....

Child Name

Parent Name.....

Section 1. Your Child at Home

1.1. Does your child have?

1.1a. A regular bedtime?	Yes	No
1.1b. Rules about watching TV/Videos?	Yes	No
1.1c. How many hours of TV does your child watch in a typical weekday?		
0 hours	1 hour	1-3 hours
		3+ hours

1.2. How many days in a typical week has your child:

1.2a. Played with friends at home? (Prompt: Does your child have friends over to play?)								
0	1	2	3	4	5	6	7	Less often
1.2b. Played with friends elsewhere? (Prompt: Does she/he go anywhere else to play?)								
0	1	2	3	4	5	6	7	Less often
1.2c. Gone shopping with you?								
0	1	2	3	4	5	6	7	Less often
1.2d. Gone on visits to friends or relatives?								
0	1	2	3	4	5	6	7	Less often
1.2e. Sat down and eaten a meal with the whole family together								
0	1	2	3	4	5	6	7	Less often
1.3. Does anyone at home ever read to your child?						Yes	No	
1.3b. If yes, how often?								
On special occasions			Once a week	Several times a week	Every day	Twice a day		
1.4. Does anyone at home ever take your child to the library?						Yes	No	
1.4a. If yes, how often?								
On special occasions			Once a month	Once a fortnight	Once a week			
1.5. Does your child ever play with letters at home? Prompt: What sort of things has your child got at home to play with?)								
How many days a week?								
0	1	2	3	4	5	6	7	Less often

1.6. Can you please tell us your relationship to the child in the study?		
Natural Mother	Natural Father	Grandmother
Adoptive Mother	Adoptive Father	Grandfather
Foster Mother	Foster Father	Other:
Stepmother/father's partner	Stepfather/mother's partner	
1.7. What is your present marital/living status?		
Single/Lone parent	Separated	
Married	Divorced	
Living with partner/in a relationship	Widowed	
	Other	
1.8. Did we talk to you before at the beginning of the research?		
Yes	No	You spoke to my partner
1.9. Have you completed a parenting course since the beginning of the research?		
Yes the CDI course	Yes with some other group	No
1.10. How many times did you get home visits from preschool staff since your child started attending the preschool?		
Year 1:	Year 2:	
1.11. What did you think was the best thing about your child's preschool?		
1.12. Are there any things that you would change about the preschool?		
1.13. Think about your child leaving the preschool to attend primary school. Do you think this preschool has helped them to be ready for school?		
Helped them to be ready for school	They are still not ready for school	They are ready for school but it is not because of their preschool

1.14. Does your child ever play with numbers/sorting/matching at home? How many days a week, on average?								
0	1	2	3	4	5	6	7	Less often
1.15. How many days in an average week does your child paint and draw at home?								
0	1	2	3	4	5	6	7	Less Often
1.16. How many days in the average week have you tried to teach your child the ABC/Alphabet letters? (Prompt: Do you ever do anything like the ABC with your child at home? What have you taught/done? e.g. alphabet song, shapes of letters etc. Write down exactly what is said without any more prompts. How Often?)								
0	1	2	3	4	5	6	7	Less Often
1.17. How many days in the week have you tried to teach your child numbers, on average? Prompt: Have you done anything else with your child, such as numbers? What have you taught? (e.g. number rhymes, shapes of numbers etc. Write down anything outside of numbers based i.e. shape, money, time etc.)								
0	1	2	3	4	5	6	7	Less often
1.18. How many times in a week do <u>you</u> teach your child any songs, poems or nursery rhymes?								
0	1	2	3	4	5	6	7	Less often

Section 2. Your Education and Employment

2.1. Are you in paid work at the moment?	Yes	No
Mother	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>
2.2. If YES,	Mother	Father
Employed full-time	<input type="checkbox"/>	<input type="checkbox"/>
Employed part-time	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	<input type="checkbox"/>
2.3. If YES, How many hours a week do you work?	Mother	Father
	<input type="checkbox"/>	<input type="checkbox"/>
2.4. If, NO, what is the reason for not working?	Mother	Father
Currently looking for work	<input type="checkbox"/>	<input type="checkbox"/>
Looking after the children	<input type="checkbox"/>	<input type="checkbox"/>
Looking after relatives	<input type="checkbox"/>	<input type="checkbox"/>
In college/on a course	<input type="checkbox"/>	<input type="checkbox"/>
Other:		
2.5. What kind of job do you do (If unemployed, the last job you had and how long ago it was) Probe sensitively to elicit more information		
2.5a. Mother's Job:		
2.5b. Hours worked per week:		
2.5c. Father's Job:		
2.5d. Hours worked per week:		

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or if the statement seems silly! Please give your answers on the basis of your child's behaviour over the last six months.

	Not True	Somewhat True	Certainly True
2.6. Considerate of other people's feelings			
2.7. Restless, overactive, cannot stay still for long			
2.8. Often complains of headaches, stomach-aches or sickness			
2.9. Shares readily with other children (treats, toys, pencils etc.)			
2.10. Often has temper tantrums or hot tempers			
2.11. Rather solitary, tends to play alone			
2.12. Generally obedient, usually does what adult requests			
2.13. Many worries, often seems worried			
2.14. Helpful if someone is hurt, upset or feeling sick			
2.15. Constantly fidgeting or squirming			
2.16. Has at least one good friend			
2.17. Often fights with other children or bullies them			
2.18. Often unhappy, down-hearted or tearful			
2.19. Generally liked by other children			
2.20. Easily distracted, concentration wanders			
2.21. Nervous or clingy in new situations, easily loses confidence			
2.22. Kind to younger children			
2.23. Often argumentative with adults			
2.24. Picked on or bullied by other children			
2.25. Often volunteers to help others (parents, teachers, other children)			
2.26. Can stop and think things out before acting			
2.27. Can be mean, spiteful to others			
2.28. Gets on better with adults than with other children			
2.29. Many fears, easily scared			
2.30. Sees tasks through to the end, good attention span			

2.31. Over the last month, do you think that your child has had difficulties in one or more of the following areas:

**Emotions, concentration, behaviour or being able to get on with other people?
(Circle the areas that apply and record multiple entries if necessary)**

No	Yes-minor difficulties	Yes-definite difficulties	Yes-severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.32. If you have answered "Yes", please answer the following questions... Do these difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.33. Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
2.33a. Home Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.33b. Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.33c. Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.33d. Leisure Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.34. Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.35. Since your child came to preschool, are their problems/difficulties:

Much worse	A bit worse	About the same	A bit better	Much better
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.36. Has you and your child's involvement in this preschool/school been helpful in other ways, e.g. advice, making problems more bearable, giving you ideas?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by circling the number that goes with the option that comes *closest to* describing how you feel. Please do not leave any blanks

BELOW SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Parent Stress Scale (Berry and Jones, 1995)

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
2.37. Parenting Stress Scale item 1	1	2	3	4	5
2.38. Parenting Stress Scale item 2	1	2	3	4	5
2.39. Parenting Stress Scale item 3	1	2	3	4	5
2.40. Parenting Stress Scale item 4	1	2	3	4	5
2.41. Parenting Stress Scale item 5	1	2	3	4	5
2.42. Parenting Stress Scale item 6	1	2	3	4	5
2.43. Parenting Stress Scale item 7	1	2	3	4	5
2.44. Parenting Stress Scale item 8	1	2	3	4	5
2.45. Parenting Stress Scale item 9	1	2	3	4	5
2.46. Parenting Stress Scale item 10	1	2	3	4	5
2.47. Parenting Stress Scale item 11	1	2	3	4	5
2.48. Parenting Stress Scale item 12	1	2	3	4	5
2.49. Parenting Stress Scale item 13	1	2	3	4	5

2.50. Parenting Stress Scale item 14	1	2	3	4	5
2.51. Parenting Stress Scale item 15	1	2	3	4	5
2.52. Parenting Stress Scale item 16	1	2	3	4	5
2.53. Parenting Stress Scale item 17	1	2	3	4	5
2.54. Parenting Stress Scale item 18	1	2	3	4	5

2.55. How would you rate the quality of the preschool service you and your child received?

2.56. Did you get the kind of preschool service you wanted?

2.57. To what extent did the service meet the needs of you and your child?

2.58. If a friend was in need of a childcare setting, would you recommend the preschool setting to him or her?

2.59. How satisfied are you and your child with the amount of help you received from staff?

2.60. Has the preschool setting and staff helped you to deal more effectively with any problems you or your child might have had?

2.61. In a overall general sense, how satisfied are you with the preschool service received by you and your child?

2.62. If you had the opportunity, would you send another one of your children to this preschool?

Think about the preschool setting that your child attends. Thinking about the life of you and your child before and after, rate the different aspects of the programme in terms of how useful it was to you and your child

	Not at all useful	Not useful	Neither/ undecided	Quite useful	Very useful
2.63. Speech and language therapist	1	2	3	4	5
2.64. Summer programme					
2.65. Meals and snacks					
2.66. Better child: staff ratios (more staff)					
2.67. Rubs for 2 years					
2.68. Parent Programme					

Father		
2.69. If YES,	Mother	Father
Employed full-time	<input type="checkbox"/>	<input type="checkbox"/>
Employed part-time	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	<input type="checkbox"/>
2.70. If YES, How many hours a week do you work?	Mother	Father
	<input type="checkbox"/>	<input type="checkbox"/>
2.71. If, NO, what is the reason for not working?	Mother	Father
Currently looking for work	<input type="checkbox"/>	<input type="checkbox"/>
Looking after the children	<input type="checkbox"/>	<input type="checkbox"/>
Looking after relatives	<input type="checkbox"/>	<input type="checkbox"/>
In college/on a course	<input type="checkbox"/>	<input type="checkbox"/>
Other:		
2.72. What kind of job do you do (If unemployed, the last job you had and how long ago it was) Probe sensitively to elicit more information		
2.72a. Mother's Job:		
2.72b. Hours worked per week:		
2.72c. Father's Job:		
2.72d. Hours worked per week:		